



# news&views

## GWSCSW Members Travel to Cuba

Steve Szopa

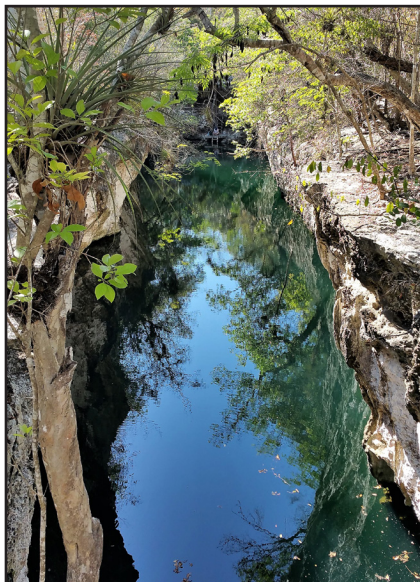
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Entire Tour Group

On Saturday April 29, a group of four GWSCSW members and two spouses returned from a nine day cross-cultural trip to Cuba. We all agreed that the trip was a unique, meaningful and enjoyable experience. We stayed in privately run bed-and-breakfasts called Casas Particulares. We also ate at private, individually-owned restaurants called Paladares. We saw sights in Old and New Havana, the Bay of Pigs, Trinidad and had an

opportunity to speak in depth with a Cuban psychiatrist. We will be scheduling a meet-up at which time we will talk about the social, economic and human rights situations that we observed on our trip. I encourage you to attend this free event. Once the date is chosen, it will be posted on the listserv. We are also interested in knowing if anyone would like to participate in a trip like this in the future. ❖



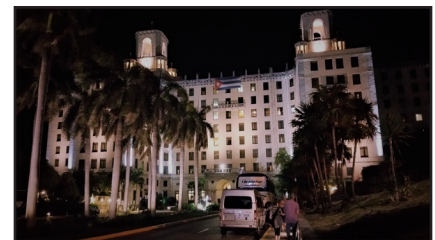
Natural Swimming Hole in Cienaga de Zapata, Largest Wetlands in Caribbean



Street in Trinidad at Dusk



Buildings on the Malecon in Old Havana (Avenida de Maceo)



Hotel Nationale Havana, where Obama stayed

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# President's Message

Steve Szopa



Steve Szopa

I am writing this message having just returned from a trip to Cuba with a small group of Society members (see front page). It was a wonderful opportunity to experience Cuba before all the pluses and minuses of "progress" change it forever. We were responsible tourists in that we stayed at Casas Particulares, privately owned homes that Cuban people rent out as Bed and Breakfasts. These accommodations were chosen because the fees that we paid go to Cuban citizens, not the Cuban government. We also brought our own shopping bags, water bottles and took other measures to avoid contributing to Cuba's waste-management difficulties. We ate at our casas or at paladars privately owned by Cuban people. My fellow travelers and I were the minority with only a rudimentary knowledge of the local language and cultural norms. As the child of a diplomat, I lived overseas and was usually the minority but rarely felt different because of the wonderful naivety of childhood. As an Americanized adult, Cuba was a true cross-cultural experience. I look forward to sharing more about our travels in a future newsletter issue.

The trip to Cuba began just days after a very positive diversity presentation at our recent Board Meeting. I feel a synergy between the Board's enthusiasm about diversity and this trip to a formerly closed off country. One recommendation the diversity trainers made was to establish an ongoing Committee on Diversity. We currently have a great Ad Hoc Committee on Diversity, and I have greatly appreciated the efforts of Kate Rossier, Steve Wechsler, Jennifer Greenberg, Amanda Slatus, Rosemary Moulton and Susan Post. They have done a wonderful job assessing our strengths and needs in the area of diversity as well as in laying out the groundwork for future goals. I have been thinking about forming a committee like this for the last few months, have mentioned it to some possible committee members and have been fortunate to have received some positive responses. If you feel that you have something to contribute to such a committee, please reach out to me.

I envision a diverse committee of 6-8 people who would meet autonomously and offer recommendations to increase our Society's diversity, equity and inclusiveness. The values of equity and inclusiveness are inherent in our Society, but GWSCSW does not resemble the diverse make-up of the DC Metro area. I look forward to learning about ways to reach out to Clinical Social Workers who might believe that they would not feel "at home" as a member.

Our national group, CSWA, recently circulated a Diversity Survey of it's own. If enough of our Society members filled it out, we will gain valuable information about the needs of our members. If more data is needed, the Diversity Committee may send out a short follow-up survey in the future.

Another way we are reaching out to a wider variety of potential members is the Outreach Project to Agency-Based Clinical Social Workers. I am appreciative to Nancy Harrington and Sue Stevens who are breathing new life into this project. I believe that this project will attract young and diverse new members. I will update you on the progress of this project in the next Newsletter.

If you are not able to serve on the ongoing Diversity Committee, I am still very interested in your feedback. Please feel free to email me with any thoughts or recommendations at: stevezopa@gmail.com. ❖

***I hope you have a wonderful Summer!***



GWSCSW ready to take on Cuba!

The process of revising the Bylaws began last Spring when Susan Post and Sue Stevens began to look at what needed to be changed. Their goal was to eliminate outdated provisions and to make the Bylaws as simple, clear and flexible as possible. The Board and Executive Committee worked through five revisions to get to the final document (which was approved at the Board of Directors meeting on Jan. 10 and updated by electronic vote in April.)



Some of the updates are:

- All positions can be co-led, and committees may be created, as needed
- Electronic meetings and votes may be held
- To qualify for a Student membership, Masters level students and above may not be licensed
- Graduate members may hold elected offices and no longer are required to be working toward advanced clinical licensure
- Officers and Directors shall be elected every two years for a two year term and the President, with the consent of the Board, may call for interim elections
- For Board and Executive Committee decisions, a majority of those eligible to vote must be present and then a majority of those is necessary to approve any measure ❖

The bylaws can be found on the website at:

<http://gwscsw.org/resources/Documents/Bylaws-Jan2016.pdf>

***Thanks to all who  
helped with this update.***

# MARYLAND LICENSING CHANGES

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*Judy Gallant, Director, Legislation & Advocacy*

Heads up, Marylanders! Significant changes and clarifications to the statute governing Maryland social work licensees passed during the recent General Assembly session. The bill is expected to be signed into law by Governor Hogan, and the Board will work on drafting specific regulations — how the new law's provisions will be carried out- soon after.

Making changes to any law is complex, and determining what would be best for our profession requires the work of many parties. The Maryland Board of Social Work Examiners (MdBSWE) formed a Task Force on Statutes and Regulations in the spring of 2016 and ended its work in December. Our Society participated throughout: as part of the Task Force, we were able to provide valuable input on goals and language, help shift the direction in some areas and add clarifying amendments in others. I am very grateful to Gil Bliss, Linda Friskey, Joel Kanter, and the members of the Maryland Legislation and Advocacy Committee for their investment of time, energy and thoughtfulness. Through our work together, we were also able to prepare our lobbyist, Pam Metz Kasemeyer, to deal with changes that can occur during the legislators' debates prior to the final vote.

Major changes are summarized below, although of course the MdBSWE will be notifying all licensees of the changes (make sure they have your current mailing address and email). Information on the Task Force process and how certain decisions were made follows the summary.

## **LGSW to be renamed LMSW - Licensed Master of Social Work**

Beginning July 1, 2018, the category of LGSW will become LMSW (Licensed Master of Social Work) for all new licensees, and all LGSWs shall be considered licensed as an LMSW by the Board for the remainder of the term of their license.

## **Private Practice Changes**

Beginning on January 1, 2020, only LCSW-Cs will be allowed to have a private practice to diagnose and treat mental illness and substance use disorders. Currently, LGSWs and LCSWs are permitted to have a private practice, billing patients and insurance companies under their own name, as long as they are supervised by an LCSW-C. However, as of 1/1/20, they will be able to be a part of a private practice only if the fiduciary and legal responsibility for clinical cases is shouldered by an LCSW-C.

## **A New Category: Independent Practice for LBSWs, LGSWs, and LMSWs**

LBSWs, LGSWs, and LMSWs may qualify for Independent Practice, a new category which does NOT include diagnosing or providing psychotherapy for mental illness and substance use disorders. In order to qualify, the person must have completed at least 3 years as a licensee with supervised experience of at least 4,500 hours after receiving the Baccalaureate or Master's degree and with a minimum of 150 hours of face-to-face supervision. Once a licensee has paid applicable fees and been approved by the Board to become an Independent Practitioner, a list on the Board's website will document this designation.

Someone who has been designated as being in Independent Practice will no longer be required to be supervised in order to act within their scope of practice. They will be able to bill independently for those services, such as helping a family find a caregiver for an elderly relative. The Independent Practitioner may subsequently qualify to supervise licensees within their license or those with less education or training, after having completed the required coursework to become a supervisor and after having registered with the Board.

## **Reactivation, Reinstatement, Reissuance and More**

The new law outlines specific processes and requirements for reactivating a license the licensee has requested be placed on inactive status within five years, for reinstating a license on non-renewed status within five years, and for reinstating a license after a lapse of more than five years.

The new law will also have updated requirements regarding criminal background checks, standard now for most health professions in Maryland. Additionally, there are technical changes around the makeup of Board members and the grandfathering of current LGSWs with 10 years of active practice into independent practice. Regulations to spell out the ways certain aspects of the law will be implemented will be adopted by BSWE by June 30, 2018.

## About the Process and the Logic Behind the Recommendations

The process of reaching agreement on a bill such as this is a complicated one. Stakeholders, in this case primarily NASW, GWSCSW's Md Legislative Committee, and representatives of State agencies, must come together and also work with the Board and legislators in the process. Some members of the Task Force argued that LGSWs have been put at a disadvantage compared to Counselors in agencies in more rural areas because of the current requirement to be continually supervised by LCSW-Cs, and agencies did not want to spend more money to comply with this requirement. Although imperfect, the changes regarding the ability to qualify for Independent Practice and, subsequently, to supervise at one's own level, are meant to address this loss of hiring of social workers. These changes will also permit the LBSW or LGSW/LMSW, who has, for example, spent years helping families that need caretakers for a family member, to create their own organization to assist families.

In addition, the Task Force was concerned about increased evidence of inexperienced social workers opening clinical practices directly following graduation with a master's degree in Social Work. With the new limits on who may be in private practice, the public will now have greater protection and clarity about the experience level of their therapist.

The new statute brings the Maryland law closer in language and licensure categories to those recommended in the most recent version of the Model Practice Act (developed by the Association of Social Work Boards). One goal was to provide greater standardization of terminology and regulation from jurisdiction to jurisdiction, which can promote increased public understanding of social work, and the potential for increased mobility for qualified social workers.

The text of the law, with the changes it went through, can be found at <http://mgaleg.maryland.gov/2017RS/bills/hb/hb1183E.pdf>.

Anyone interested in improving laws such as this that affect our practice so directly, please contact the chair of your jurisdiction's Legislation & Advocacy Committee. ❖

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*Judy Gallant, LCSW-C, is the director of the Society's Legislation & Advocacy program, as well as chair of the Maryland Clinical Social Work Coalition, our GWSCSW legislative committee in Maryland. She maintains a private practice in Silver Spring.*

# WELCOME

## *new members*

### **Affiliate Member**

Simon Feuerman

### **First Year Graduates**

Patrick Cody

Tory Dorfman

Rachel Keller

Katya Kumthekar

Sarah Levy

Nina Lovelace

Alyssa Marshall

Katie Piura

Chrissy Wallace

Kyle Wehrend

### **Full Members**

Ruthie Arbit

MaryAnn Blotzer

Sophia Coudenhove

Marlene Drucker

Eileen Epstein

Eileen Fenrich

Sharon Fisher

Hope Freed

Kimberly Gillette

Cyndi Glass

Sterling Hawkins

Cheryl Hughes

Emma Kupferman

Adrienne Londeree

Mandi Mader

Enid McKitrick

Deborah Permut

Jordana Ravick

Phillip Reynolds

Cynthia Rogers

Robert Seiler Jr

Sara Staggs

Margie Stohner

Melissa Susser

Elizabeth Tschoegl

Heidi Vanderwerff

Katherine Voglmayr

Marilyn Williams

Iris Ysern LCSW-C

Oksana Zadoro

### **Graduate Members**

Cecilia Brickerd

Jeanne Meyer

Sandra Murphy

Rina Phillips

Rachel Spence

Jen Virgo

### **Retiree Member**

Rosemary Hodges

### **Student Members**

Srabonti Ali

Brittany Bright

Stephanie Brumfield

Angelinna Caisa

Claire Carmody

Lara Drazin

Rebecca Ellison

Melanie Froemke

Marlena Green

Tsoghig Maryann Hekimian

Raylene Hesselberg

Laura Hoover

Ami Kernan

Margarita Kogan

Jacqueline Macedo

Leslie McGovern

Cara Morro

Walido Mukhtar

Tracy Pleasure

Maggie Rosenbaum

Alex Schneider

Christopher Straley

Sana Sumbal

Shelly Williams



# ECOPSYCHOLOGY: CONNECTING OUR HEALING TO THE HEALING OF THE PLANET

.....

*Kelli Cronin*

As I write this article, I note that Earth Day was just last week, and the Climate March is set for tomorrow when temperatures are predicted to hit the steamy 90s. Climate scientists claim we're at 'a point of no return.' This seems an opportune time to look at the relationship between people's healing *and* the healing of our planet. Ecopsychology is a term coined by Theodore Roszak, in his 1992 book, *The Voice of the Earth*. In it, Roszak posits that humans are emotionally bonded to the earth - that our well-being and the well-being of the planet are inextricably linked - and that our alienation from it is, in fact, our 'underlying neurosis.' Roszak, a historian, claims that "once upon a time, all psychologies were ecopsychologies," that all healing was holistic, and "those who sought to heal the soul took it for granted that human nature is densely embedded in the world we share with animal, vegetable, mineral, and all unseen powers of the cosmos."

In my practice, clients often tell me they feel ungrounded, lonely, detached, and disconnected. Entering into a deeper relationship with the natural world can alleviate some of these feelings. The emotional and spiritual benefits are matched with physiological benefits. Recent mainstream news sources have reported about the "forest-bathing" initiative in Japan, and a New York Times article was titled, "How Walking in Nature Changes the Brain." Results of scientific studies have shown the health benefits over and over again.

How then can our reconnection with the natural world benefit the earth? According to Roszak, the prevailing strategies of environmentalists and environmental organizations for decades have been "scare tactics and guilt trips." As we know from the work we do, guilt and shame are neither effective nor sustainable change agents. People shut down, tune out, and perhaps become hopeless or resentful. The re-enchantment I speak of may be part of an effective alternative to motivate change. When we fall in love with beings, we want to protect them. Roszak talks about the "passion" and "concern that arises from shared identity: two lives that become one. Where that identity is experienced deeply, we call it love...This is the link we must find between ourselves and the planet that gives us life." Perhaps only love can transform our earth-destroying habits and appetites in a way that guilt, shame, and fear cannot. So, how do we fall more in love with the

earth? The same way we would deepen our love for anything or anyone else. We spend more quality time together, listen more deeply, and cherish the beauty of the beloved.



*Kelli Cronin*

Two activities in the past few years have reignited my passion for the natural world. The first was caving. A friend led a Contemplative Caving experience in a wild cave. Years later I attended an experiential ecopsychology-based residential workshop called "Tracking the Seed" co-created by the same friend, and which culminated in a cave. Most profound, however, have been the underground process-work circles we've held in wild caves. In our process work we utilize the natural tools in the cave - the darkness, shadows, silence, water, and mud. The natural limestone formation can also be useful in facing fears or crossing thresholds. Through this work, I gained insight about navigating challenges in my life while navigating through tight spaces and tunnels in the cave. The sweetest part of the experience was feeling the wonderment of a child. I hold treasured memories of my friend and me crawling down into a cavern feeling fully alive, empowered, and filled with awe.

The second activity that re-engaged me with the natural world is called 'Sit Spot.' In his Sit Spot workbook, Michael Trotta briefly describes Sit Spot as "the simple act of finding a particular place outdoors [within 20 paces of your backdoor is recommended] where you sit quietly and observe." You do this in all types of weather, and observe and get to know your local ecosystem throughout the seasons - the plants, trees, birds, critters. He goes on to briefly describe how it works, "By taking yourself out of your regular daily routine and reconnecting with the rhythms of the natural world, you begin to recalibrate and reconnect with your own true nature." The Sit Spot is one way of reestablishing a conscious connection with the earth, and at the same time, getting to know our "inner landscape." I practiced Sit Spot in the winter and spring of my final semester of grad school. I felt more alive and grounded and believe it kept my anxiety manageable.

When I began practicing as a psychotherapist, I quickly realized my own self-care resources needed revamping. I am extroverted and relationally oriented, so my favorite self care activity was talking with friends for hours about our emotional lives. Now I needed to overhaul how I spent my free time and re-charge. The lingering questions for me were: 'How do I stay sane and happy doing this work?' and 'How do I keep my passion for this work alive? Some activities I was introduced to while I was in grad school, meditation and reconnecting with nature, have become my refuge. My daily meditation practice regulates me, and my reconnection with the natural world invigorates me and offers a sense of childlike wonder that has been long dormant. Both have fostered a sense of belonging and feeling connected.

There are more and more therapists and coaches specializing in what some are calling ecotherapy or nature-assisted therapy. Techniques or activities used may be referred to as nature-based interventions. I've read studies about horticulture as a therapeutic activity, as well as river rafting trips for veterans. I learned the Sit Spot from nature-based coach Lynn Trotta from The SageFire Institute based in the New York area. Her husband's workbook, *Sit Spot and the Art of Inner Tracking: A 30-Day Challenge to Develop Your Relationship to Self, Earth, Others, and the Wisdom of the Ancestors* is available on Amazon. Keely Owens, the caver, who has a Master's in ecopsychology and counseling, continues to conduct workshops, counseling, and runs a kids camp every summer. Diedre Everist is an LPC in practice in Kensington who is studying Ecopsychology. At this time, I don't know of any social workers who practice ecopsychology so if you are out there please reach out!

If you'd like to begin to expand your frame to include ecopsychology, check out this link: <http://bit.ly/ecopsych> to a document with a list of resources: books, websites, and practitioners. A simple starting place with your clients would be including questions in your initial assessment about their past, present, and ideal relationship with the natural world. This can include animals, gardening, the beach - even potted plants. Ask them to tune into how it makes them feel, and notice their body language when they talk about it. You may tap into some resources they have available to them that they can turn to during challenging times and engage with to reconnect with joy. ❖

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*Kelli Cronin, LCSW-C, is a psychotherapist at Innovative Clinical Associates, an outpatient mental health clinic in downtown Silver Spring. She is also in private practice in Silver Spring, and specializes working with trauma and with queer, trans\*, and gender non-conforming folks. Kelli is a Somatic Experiencing Practitioner-in-Training.*

## agency outreach

Many of our members have expressed the wish that our Society would extend ourselves to the social workers who work in agency and community settings. There are so many ways we can each benefit from one another's experiences.

All of the benefits of membership which we all enjoy as members, should also be made available to our fellow social workers, and as such, we would like to invite them to become members.

Our Community Branch offers Early Career, Middle Career, and Senior Seminar fellowships, as well as Wine and Cheese gatherings, and the Membership and Volunteer Committee opportunities are also available to be joined.

Our Education Branch could provide agency workers convenient and varied opportunities for obtaining CEU credits, as well as opportunities to teach one of our workshops, another valuable benefit of membership.

Our Legislation and Advocacy Branch works on behalf of our current members, and could also be working on behalf of agency workers as well. The more numbers we have, the better our representation can be.

**You can help!** We are looking for volunteers to go to agencies to let them know about the Society and its benefits. We provide talking points and brochures. It is a one-time commitment and should be very rewarding to reach out to our colleagues. So, if you currently work or have worked at an agency, have a friend who does or just want to help out, contact Sue Stevens ([snevetts1@gmail.com](mailto:snevetts1@gmail.com)) or Nancy Harrington ([nahlcsw@aol.com](mailto:nahlcsw@aol.com)).

**Thanks much!**

# GWSCSW SENIOR SEMINAR UPDATE

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*Grace Lebow, Senior Representative*

The following article is about the No. Va. Senior Seminar, written by its enthusiastic leader, Susan Miller.

Susan's group is one of the now four active Senior Seminars meeting in members' homes in Northwest DC and Northern Virginia that I have been organizing since 2007. You may phone or email me if you are interested in participating. Two of the groups are now functioning as "salons" which are shorter term gatherings focused specifically on retirement preparation and concerns.

## **Northern Virginia Seminar**

*Susan Miller, LCSW*

The Northern Virginia Senior Seminar has now been meeting for two years. We are a group of eleven. We meet the first Friday of every month between 1:30 and 3:00 pausing for the summer. We gather in each other's homes and offices somewhere between Alexandria and Arlington. Karen Brandt and I are co-leaders.

Our first year was spent getting to know each other and finding our way. One of the first revelations was that very few members were actually retired. Several members were cutting back and moving in this direction but we were clearly not a retirement group. In fact, we observed a reticence to address and discuss retirement issues. This provided one of the first and enduring threads in group discussion...the deep investments we have in our professional identities and the losses, challenges, and opportunities associated with cutting back and retiring.

As some of us are beginning to experience diminished energy, health issues, and time for increased travel and time with grandchildren, another point of discussion has been how we continue to practice responsibly and ethically as senior therapists. When is it time to retire? How will we know? When do our needs conflict with patients' needs?



*Grace Lebow*

An overriding and persistent theme throughout our discussions is "how do we age well?" This, of course, has different meanings and forms for various members.

Some members plan to work as long as possible. Others are increasingly cutting back and gradually creating more time for other pursuits. Others are poised to take the leap into retirement. Others simply don't know what's next. We read poetry, books and articles, share travels and conferences, and discuss shared concerns about ourselves, our country and the world. Many of us have become more actively involved in social activism since January.

Lastly, the group provides a place to give and receive support as we confront the challenges and opportunities that come with this developmental stage. Given the maturity, creativity, and wisdom of our members, discussions are lively, deep, meaningful, and comforting. While we are still a work in progress, we've made a nice beginning. We're developing new friendships, deepening old connections and creating a caring community with which to move forward and confront "what's next?"

If you are beginning to think of retirement, already retired, or anywhere along the process, and have interest in our monthly group/seminars, please phone me at 301-652-4026. ❖

**Looking for an opportunity  
to volunteer your time and talents?**  
**VOLUNTEER**  
**We need you!**  
Contact [volunteer@gwscsw.org](mailto:volunteer@gwscsw.org)

A graphic at the bottom of the volunteer box showing several hands of various colors (red, blue, green, orange, purple) raised in a gesture of participation or support.



# LEGISLATION & ADVOCACY

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## ❖ FEDERAL

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*Laura Groshong, Director for Government Relations, Policy and Practice*

Over the last two months, there have been three major attempts to accomplish what Congress had been working on for the past six years - repeal and replace the Affordable Care Act. During Obama's years, Republicans, assured of a presidential veto, had no trouble passing the controversial bill - 53 times! - in the House and Senate. Now that the bill has the potential to become law, its contents have raised concerns in the widely-divergent wings of the party, and finding a winning compromise is proving to be a serious challenge. As I write, the next possible replacement is coming to the fore, with no guarantee that the problems which have kept the Freedom Caucus (Republican conservatives) from agreeing with Republican moderates (no special name) have been resolved. Nonetheless, I thought a summary of the issues which are being considered might be helpful. Some or all of the issues listed below can be expected to be part of what is being called the American Health Care Act:

- Guts protections for people with preexisting conditions by eliminating the Affordable Care Act's guarantee of affordable coverage, allowing insurance companies to charge people as much as they want.
- Strips healthcare from 20-24 million people and raises premiums by 20 percent.
- Eliminates the guarantee that insurance companies cover "essential benefits", including mental health treatment, maternity care, cancer treatments and substance abuse care.
- Gives away \$600 billion in tax cuts to the wealthiest Americans, including nearly \$200,000 each in a single year for the wealthiest 0.1 percent of Americans.
- Increases out-of-pocket costs for older Americans (50-64) by as much as \$12,900 a year and allows health insurance companies to charge older Americans five times more—effectively establishing an "Age Tax."
- Guts Medicaid by \$880 billion and ends the program as we know it, leading to the rationing of care for children, seniors, and people with disabilities.
- Ends Medicaid expansion, meaning 11 million working families, children, people with

disabilities, hard-working families, and seniors would lose their insurance.

- Eliminates federal funding for Planned Parenthood, putting care for 2.5 million patients nationwide at risk.
- Hurts Americans living in rural areas, and in some cases would cause premiums to exceed their annual income.

These changes would be harmful to many of those who benefited from the ACA in general. As for the way that mental health treatment provided by clinical social workers would be affected, the following areas are likely to be restricted:

- States have an option to pare down or eliminate Essential Health Benefits (including treatment of mental health and substance abuse)
- Required Parity for Mental Health and Substance Abuse treatment would be retracted
- The end of Medicaid expansion will limit mental health and substance use coverage for 24 million citizens
- The loss of coverage for pre-existing conditions will take away treatment for pre-existing mental health disorders
- Higher premiums for older (50-64) Americans will make access to mental health treatment more expensive
- Poor seniors, poor children, and the disabled on Medicaid will have rationed or limited mental health and substance use care

Keep reading the posts that CSWA will be sending and contact your representatives as needed. The best outcome may be that the ACA will be in place for another year, possibly longer. Thanks to all of you who have responded to requests so far. Stay tuned. ❖

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

## ❖ District of Columbia

Margot Aronson

It was inauguration day when the last newsletter went to press, and we were wondering whether the much-vaunted emphasis on state and local decision-making would be applied in the Congressional committee that oversees the District of Columbia.

So, what have we seen so far? The February 13th meeting of the House Oversight and Government Reform Committee, convened by Chairman Jason Chaffetz (R-Utah) for the purpose of overturning the DC Death with Dignity Act (DC Act 21-577), gave us a hint.

DC Mayor Muriel Bowser signed the DC Death with Dignity bill into law in mid-January. It was not an easy decision for her; residents and stakeholder groups had strong emotions for and against, and she heard them out. Already the DC Council had given the issue lengthy consideration, with public hearings and extensive thoughtful debate; they took care to address the various concerns raised. As passed, the Act is much the same as those in place in California, Colorado, Montana, Oregon, Vermont, and Washington State.

Congress has a 30-day review period to weigh in on DC laws. Disapproval Resolutions are rare; the House, Senate, and President must all be in agreement. Nonetheless, Chairman Chaffetz had strong feelings (“assisted suicide is not something we take lightly”), and so brought together his committee to vote on a Disapproval Resolution.

### DC License Renewals

And Finally, That July 31 Deadline...Requirements for DC license renewal are 40 hours of continuing education, which must include 6 face-to-face hours of ethics training and 3 hours of HIV training. Only 12 hours of training may be on-line.

The Chair resisted the opportunity to hear from Mayor Bowser, Council members, or citizen groups from the District, but gave each committee member a five-minute opportunity to offer an opinion, alternating, as is customary, from one side of the aisle to the other and back, before the vote.

The speeches were eloquent, with one side passionately supporting the Disapproval Resolution and the other, equally passionate, opposing. Those in favor of Disapproval spoke of personal experiences with deaths of loved ones, deeply held beliefs, God’s will. Those opposing either countered with their own personal stories, emphasizing the importance of offering individuals the right to make their own decisions, or spoke forcefully against intruding on DC local self government.

Some of the Disapproval rhetoric escalated, with broad references to assisted suicide, to euthanasia and to the Holocaust. Each time, the speaker who followed would counter by making a brief statement, then adding, “I yield the rest of my time to the Gentlewoman from the District of Columbia.” This afforded DC Delegate Eleanor Holmes Norton the opportunity to address hyperbole and misinformation by clarifying what is actually in the law, to point out the significant difference between “assisted suicide” and “death with dignity”, and to correct a number of misstated “facts” (including a “horrifying actual case from Oregon” which turned out to be not-at-all horrifying once we knew the context and the options in that case).

Indeed, Del. Holmes Norton was a hero throughout, in an evening of heroes. But as the roll call for votes was called, there was another quite unexpected hero. Rep. Darrell Issa (R-CA) noted that he has very deep moral convictions strongly opposing the DC law. However, he pointed out, this law is similar to the laws of six states: if we believe that these laws are immoral and must be challenged, then our obligation is to address the issue at the federal level. He concluded by saying that the District has by no means overstepped its bounds, and though he heartily disapproves of the law, it is not his or the committee’s place to interfere with DC self-governance.

Except for Rep. Issa’s vote, the vote was strictly along party lines; the Disapproval Resolution won handily. However, since Chairman Chaffetz had waited until the last minute to introduce his Resolution, there wasn’t time for a full House vote or for Senate consideration before the 30-day deadline was reached. So the DC Act stands, at least for now.

GWSCSW did not advocate either way, but we have urged that clinical social workers be well informed and prepared for emotion-charged discussions and perhaps the possibility of assisting clients through a life-and-death decision-making process. One useful information resource may be the Death With Dignity National Center website, which outlines the extent and the limits of the laws currently in place around the country. ❖

*Margot Aronson, LICSW, chairs the GWSCSW L&A committee for DC. A past GWSCSW president (2002 to 2005), she has also served as GWSCSW newsletter editor and as director of Legislation and Advocacy. At the national level, Margot currently is an advocate on mental health and LCSW practice issues for the Clinical Social Work Association.*

## Breaking News on the CareFirst Front

Back in September 2016, the DC Commissioner of Insurance issued an order to CareFirst BlueCross BlueShield to disburse \$51 million in “excess surplus” to more than 200,000 subscribers with DC-based CareFirst contacts. The rebates would have averaged more than \$200 per subscriber...but now, six months later, CareFirst has made a counter proposal: to spend \$7.5 million/year for 10 years on Community Reinvestment. The Commissioner has asked for comments to be filed by May 9, and GWSCSW’s DC Legislation & Advocacy Committee will likely urge the Society to sign onto a statement from our broad community stakeholder coalition. Background on this complex and long-contended issue can be found in our September 2016 newsletter. More to come when we know more!

## ❖ Maryland

*Judy Gallant*

The Maryland General Assembly session of 2017 ended on April 10. The Maryland Clinical Social Work Coalition, our Maryland legislative committee, followed 58 bills this session. The bill of major importance to us was House Bill 1183/Senate Bill 986: State Board of Social Work Examiners-Revisions. That bill is described in detail elsewhere in this newsletter.

Another bill that passed is HB 909/SB 571: Maryland Health Insurance Coverage Protection Act. This bill creates a Commission to examine the effect that changes on the federal level to the ACA, Medicare and Medicaid could have on the State and to make recommendations. Although the GOP withdrew the proposal to change the ACA in March, the General Assembly worked proactively to assess potential changes that may still occur in the future. On a similar note, the General Assembly added budget language to require the Maryland Health Benefit Exchange (MHBE) to submit a report 60-days after the enactment of any legislation at the federal level that impacts the operation of MHBE or qualified health plans.

There are too many bills that impact clinical social workers to describe in one newsletter. Other bills of importance will be described in subsequent newsletters, including the Keep the Door Open Act, which, along with the Behavioral Health Coalition, we have worked to pass for several years; several bills focused on heroin and opioid use prevention and treatment; maternal mental health; and teletherapy. ❖

*Judy Gallant, LCSW-C, is the director of the Society’s Legislation & Advocacy program, as well as chair of the Maryland Clinical Social Work Coalition, our GWSCSW legislative committee in Maryland. She maintains a private practice in Silver Spring.*

*Pamela Metz Kasemeyer, JD, and her firm of Schwartz, Metz & Wise, PA, represent us in Annapolis and guide our advocacy strategy. Ms. Kasemeyer is an acknowledged authority on Maryland’s health care and environmental laws and has represented a variety of interests before the Maryland General Assembly and regulatory agencies for more than 25 years. This report is based, in part, on Pam’s multi-page summary of this year’s legislative session.*

# ❖ Virginia

Judy Ratliff

## Proposed Changes to the Current Social Work Licensing Law

The VA Board of Social Work has been looking at the existing social work licensing law and has decided to add a “mid-level” license. The Board has been advised by Mr. James Rutkowski, assistant attorney general, that in order for this to be accomplished, the Board must go to the VA General Assembly and add items to the social work law. The VA Society for Clinical Social Work (VSCSW) and the GWSCSW are collaborating in following this process and contributing to the ongoing discussions. Members of the VSCSW Legislative Committee and our joint lobbyist, Sue Rowland participated in a “stakeholders” meeting on March 3, 2017 to consider the legislation.

- The proposed legislation was discussed and one sentence was edited to make clear that the definitions of Bachelor’s and Master’s social worker referred to practice in a non-exempt setting.
- The definition of Master’s social worker applies to only “non-clinical” practice. There are many MSWs who graduate with a clinical track and go to work in

an “exempt” setting, such as a Community Service Board or other agency and practice clinical social work and are not interested in pursuing autonomous practice. This takes into consideration the impact on the social work profession of excluding this large group of social workers from the licensing process.

- The QMHP’s (Qualified Mental Health Professionals) designated by DMAS (Department of Medical Assistance Services) and DBHDS (Department of Behavioral Health & Developmental Services) are providing many mental health services to VA citizens. As of July 1, 2017 the Board of Counseling will need to develop regulations for registering QMHPs. The two clinical society Boards will monitor these regulations.

## Renewal Explanation for 2017 Licensing Regulation Changes

- 2017 requirements are 30 hours of CE from 7/1/15 to 6/30/17 with a fee of \$90.00 for LCSWs and 15 hours of CE during the same time period with a fee of \$65.00.
- 2018 requirements are 15 hours of CE from 07/01/2017 t 06/30/2018 with a fee of \$90.00 for LCSWs and 7.5 hours of CE during the same time period with a fee of \$65.00.
- The 2019 and 2020 requirements are written in the chart below, which also includes the above years.

Renewal Explanation for 2015 Regulation Changes								
	2017 Renewal		2018 Renewal		2019 Renewal		2020 Renewal	
	FEE	CE	FEE	CE	FEE	CE	FEE	CE
Licensed Clinical Social Worker (LCSW)	\$90.00	30 hours of CE from 07/01/2015 to 06/30/2017	\$90.00	15 hours of CE from 07/01/2017 to 06/30/2018	\$90.00	No CE required to renew license	\$90.00	30 hours of CE from 07/01/2018 to 06/30/2020
Licensed Social Worker (LSW)	\$65.00	15 hours of CE from 07/01/2015 to 06/30/2017	\$65.00	7.5 hours of CE from 07/01/2017 to 06/30/2018	\$65.00	No CE required to renew license	\$65.00	15 hours of CE from 07/01/2018 to 06/30/2020
Registered Social Worker	\$10.00	N/A	\$10.00	N/A	\$10.00	N/A	\$10.00	N/A
Associate Social Worker	\$10.00	N/A	\$10.00	N/A	\$10.00	N/A	\$10.00	N/A

## Some of the Bills Vetoed by Governor Terry McAuliffe

- Bills that would legalize discrimination against LCBT citizens;
- A bill that would have denied public funding to Planned Parenthood;
- A series of bills that would make guns and switch blades more accessible to persons in emergency shelters including children
- A bill that would have expanded eligibility for concealed handgun permits;
- Three bills promoting anti-immigrant sentiments including one that would have prohibited sanctuary cities;

## Bills that would have established religious charter schools and parental choice savings accounts.

- Fairfax County: please note that the VA Legislative Committee strongly welcomes input from those of you who live in other counties or cities in Northern VA.

- The Board of Supervisors approved a memorandum of agreement between Fairfax County and the FBI regarding the Child Exploitation Task Force (CETF), whose mission is to provide a rapid proactive and intelligence driven investigative response to the sexual victimization of children and other crimes against children.
- The Department of Human Resources will enter into a contract with INOVA Health Services to provide physical exams and core medical evaluations for Fairfax County’s government and public schools. ❖

*Judy Ratliff, LCSW 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.*

# POETRY MUSINGS

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Wendi R. Kaplan

## Today

Wendi R. Kaplan

***“Poetry is a life-cherishing force. For poems are not words, after all, but fires for the cold, ropes let down to the lost, something as necessary as bread in the pockets of the hungry. Yes indeed.” ~ Mary Oliver***

Sometimes I find I simply need a poem to remind me of what is precious, that there is so much more to life, that this day, this time is a miracle! A poem can remind me of wonder and awe, can tickle my funny bone, can expand the window of my perception, can sit with me like a friend.

Today, I share with you a poem by the fourteenth century Persian poet Hafiz. His humor, insight and wisdom often provide a depth and breadth of vision that illuminates life.

I would love to hear your writings or thoughts. Please feel free to email me at [wendi.kaplan@verizon.net](mailto: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.*

**DON'T FORGET TO KEEP YOUR PROFILE CURRENT! VISIT OUR WEBSITE AT: [www.gwscsw.org](http://www.gwscsw.org)**

## TODAY

I  
Do not  
Want to step so quickly  
Over a beautiful line on God's palm  
As I move through the earth's  
Marketplace  
Today.

I do not want to touch any object in this  
world  
Without my eyes testifying to the truth  
That everything is  
My Beloved.

Something has happened  
To my understanding of existence  
That now makes my heart always full of  
wonder  
And kindness.

I do not  
Want to step so quickly  
Over this sacred place on God's body  
That is right beneath your  
Own foot

As I  
Dance with  
Precious life  
Today.

~ Hafiz ~

# MARK YOUR CALENDARS

## Continuing Education 2017-2018

**The First 3000 Hours – Parts I and II | Denise Jones**  
Monday, September 11, 2017 | Check in -- 8:30 a.m.  
Session 1 -- 9:00 a.m.-12:00 p.m.; Lunch – 12:00-1:00 p.m.  
Session 2 – 1:00-4:00 p.m. | Forest Hills, DC | 3 CEUs for each Part

Two workshops developed for advanced year MSW students focusing on clinical work. Course material covers practical information about what new social workers will encounter during the first 3,000 hours of their career – from their graduation from a Master's program in clinical social work until the time immediately following the attainment of their advanced clinical licensure. Participants can sign up for one or both sessions and find usefulness in each session. **Target audiences are: advanced year MSW students, LGSWs, newly licensed LCSW/LICSWs, and clinical supervisors.**

**Medical Marijuana: Current Issues for Mental Health Providers | Linda Friskey and Franca Posner**  
Sunday, October 1, 2017 | 9:00 a.m.-12:30 p.m. | Forest Hills, DC | 3 CEUs for each Part

This workshop should be attended by mental health professionals working in the Greater Baltimore Area and Washington, DC who wish to stay abreast of the rapidly changing laws, regulations and attitudes regarding the use of medical marijuana for treatment of health and mental health conditions. Timely information about current status of laws and regulations in Maryland and Washington, DC will be presented, as well as an overview of a nationwide picture of where medical marijuana is legal, as well as where it is not. Potential therapeutic use and benefits of medical marijuana will be discussed. Potential risks associated with use will also be addressed. Potential for ethical dilemmas related to clinician's role in providing information or guidance to clients will be explored. Clinicians will gain knowledge of how to guide clients to information and resources. **This workshop is appropriate for all levels of social workers and other mental health professionals.**

**Emergency Instructions for Covering Your Practice | Melinda Salzman**

The class will meet for two three-hour sessions -- Friday, October 6, 2017 & Friday, October 20, 2017 | 12:30 – 3:45 p.m. | Sunrise Senior Living, Chevy Chase or Foxhill (TBA) | 6 CEUs

**Primarily for clinicians in private practice;** could be helpful to clinicians at an agency. If you suddenly were to become incapacitated, due to injury, illness or death, who would contact your clients? Which details of your condition would you want your clients to know and who should tell them? What arrangements would need to be made for your clients and your place of work?

Just as it is important for an individual to write a Will to protect personal assets and provide for his or her dependents, it is also prudent for a clinician to prepare for an untimely or unanticipated inability to carry out their

functions at work. The purpose of this course is to help clinicians anticipate the needs of their clients and their business or the organization where they work, should such an emergency arise. The first goal of the course is to enable participants to identify individuals who could serve as backup and step in if needed, write instructions for their "backup personnel," and distribute these instructions. The second goal is to consider topics clinicians or their "backup personnel" might need to discuss with their clients.

**The Clinical Significance of Caffeine | Linda Friskey**  
Thursday, November 2, 2017 | 9:00 a.m.-12:30 p.m. | Location – Sunrise Senior Living, Columbia MD | 3 CEUs

The DSM 5 states that more than 85 percent of children and adults consume caffeine regularly. Our diagnostic manual further reports that "caffeine withdrawal" and "caffeine intoxication" are "clinically significant." If you rarely--if ever--ask clients/patients how much caffeine they consume, this workshop is a must for you. The workshop will be presented by Linda Friskey, LCSW-C, who specializes in the intersection of biological/somatic and emotional/psychological concerns. Linda is a seasoned clinician practicing at Linda Friskey, LLC in Columbia, Maryland. She also is a Mobile Crisis Team Mental Health Clinician in Howard County, Maryland.

**Trauma Informing the 12 Steps: Empowerment in Alcohol & Drug Addiction Recovery | Eryca Kasse**  
Friday, November 17 2017 | 1:00-4:15 p.m. | Sunrise Senior Living, Chevy Chase or Foxhill (TBA) | 3 CEUs

Clients living with substance misuse & addiction often have histories of emotional, physical and/or sexual trauma. The 12 Step groups AA and NA are the most widespread and available peer support groups for addiction recovery, though some language of the 12 Steps may be contraindicated for survivors of trauma. This training provides an introduction to broadened definitions of trauma with examples throughout the lifespan and the key principles of Trauma Informed Care by SAMHSA; explores the relationship between unhealed trauma and the development of substance use disorders through an overview of the Adverse Childhood Experiences Study (ACES); analyzes language of the 12 steps through a trauma informed lens, offering alternative language options to promote healing empowerment & prevent re-traumatization; and provides resources to refer clients seeking peer support alternatives to 12 step.\*

**Ethics and the Single Therapist – ethical dilemmas in the modern age | Michael Giordano**  
Tuesday, January 9, 2018 | 9:00 a.m.-12:15 p.m. | Sunrise Senior Living, Chevy Chase or Foxhill (TBA) | 3 CEUs

You create your OK Cupid account, start scanning the Quickmatch feature, and are quickly matched at 85% compatibility with a current client. What do you do, besides feel sick to your stomach? This workshop will explore some modern dilemmas faced by therapists, especially single

therapists looking for love or other pleasures. With the guidance of the NASW Code of Ethics and our own personal & professional philosophies, we will clarify our wants and desires for our clients & for ourselves, while exploring how our personal lives interact with our professional. In this workshop, attendees will participate in both small and large group discussions, talking about how to navigate on-line dating, going to your favorite yoga class, and seeing clients at a small gathering, and similar situations. Less didactic and more interactive, we will work to discuss the issues we don't often talk about, all within an ethical, client-focused framework.

**Effective Therapy for Couples Impacted by Adult ADHD | Janette Patterson and Melissa Orlov**  
Thursday, March 22, 2018 | 9:00 a.m.-12:15 p.m. | Family & Nursing Care, Silver Spring | 3 CEUs


When adults and clinicians think about treating ADHD, they tend to think in terms of medicinal treatments and behavioral therapy for ADHD partners. Yet a critical factor in the ultimate success of an adult with ADHD hinges upon the health of his or her primary spousal relationship. Unfortunately, research suggests that close to 60% of marriages/adult partnerships in which one or both adults has ADHD may be maladjusted, resulting in the primary relationship being an area of significant stress. This workshop reviews the evidence regarding the impact of ADHD on couples and marriages and presents an overview of treatments and specific strategies that are often effective in improving ADHD-impacted relationships. ***This workshop requires some basic knowledge of symptoms and impact of ADHD. Intermediate level.***

**Intuition – Case Studies | Marilyn Stickle**  
Friday, April, 20, 2018 | 9:00 a.m.-12:15 p.m. | 5319 Lee Highway, Arlington VA 22207 | 3 CEUs

The importance of intuitively derived information is being increasingly researched and written about in the clinical literature. This workshop will build on the current research and will use case studies from both clinicians' and patients' experiences to demonstrate how it works. Though clinicians use it regularly, the lack of conscious effort and awareness of the intuitive process has proven to be an obstacle to its inclusion in academic training. This course will review the literature and demonstrate how intuition is interwoven in effective clinical practice. ***The content and process of the workshop is appropriate for all levels of practice.***

**Understanding Racism From a Personal and Professional Perspective | Gil Bliss and Cathy Roberts**  
Friday, May 11, 2018 | 12:00-3:15 p.m. | Family & Nursing Care, Silver Spring | 3 CEUs

What is the therapist's personal and professional responsibility in recognizing and dissolving racism? What inner work is required to know, own, and confront personal bias? We don't know what we don't know. How does your "not knowing" get in your way when working with clients different from you? In this didactic and experiential workshop we will examine the mechanism that maintains racism in the U.S. by reviewing our racialized history, exploring personal and structural privilege and bias, and locating where we each are in identity development using racial identity models. Through this exploration, therapists can increase awareness of unconscious bias that contributes to systemic racial dominance and oppression. ***Clinicians both new graduated and seasoned can benefit from this workshop.***

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# COMMITTEE REPORTS

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## Continuing Education

*Beth Levine and Barbara Hill, Co-Chairs*  
[CEcommittee@gwscsw.org](mailto:CEcommittee@gwscsw.org)

We've been busy reviewing many wonderful presentations and have a great line-up for you for the 2017/2018 academic year. Thank you to all who submitted proposals. We couldn't offer this integral part of our organization and community without you.

And remember, it's never too early to be thinking of a presentation for the following year. If you have an idea, please contact us and we can brainstorm together.

## Legislation & Advocacy

*Judy Gallant, Director*  
[dirlegislation@gwscsw.org](mailto:dirlegislation@gwscsw.org)

As a result of grassroots interest in reaction to the potential undoing of the Affordable Care Act, Eileen Ivey, Diana Seasonwein and Deborah Schulman got together and began the process of writing a letter to the editor of the Washington Post. Steve Szopa and I reviewed and edited it, and sent it to the Executive Committee for approval. A very similar letter written by the President of the American Psychological Association appeared in the Post the day we were to send it in. We quickly re-wrote it to respond to the published letter and to bring additional ideas to the conversation that were not in the APA letter (or others that had appeared on the topic). However, within a few days, the Republican plan had been withdrawn and our letter was not accepted for publication.

I want to thank the people who wrote to the list serve and to me with concern and wondering what our Society might do regarding the situation that seemed like a crisis at the time, and especially Eileen, Diana and Deborah. Normally, national issues are the primary concern of our national counterpart, the Clinical Social Work Association, under the experienced guidance of Laura Groshong, Director of Government Relations, Policy and Practice, and Margot Aronson, Deputy Director. The Greater Washington Society's Legislation and Advocacy Program deliberately focusses narrowly on issues impacting clinical social work practice and our clients at a local level in DC, Maryland and Virginia. As an all-volunteer organization, our resources are limited. However, being in the DC area does put us both literally and psychologically "closer to the action" of national politics than other Clinical Societies and many of our members take a keen interest in national issues. For these reasons, the Executive Committee decided that it was appropriate for us to express a position through the letter. The letter we sent is reproduced below.

The L&A Program is planning another informational session in the fall with our lobbyists to answer any questions Society members might have about Legislation and Advocacy. We also hope to be able to have some small group meetings with local legislators in Maryland.

Look for more information on the Listserve and in the next newsletter.

See individual articles for the latest updates in each jurisdiction. Be sure to contact one of us with any questions or suggestions you might have, or to join one of the committees: in DC, Margot Aronson, [malevin@erols.com](mailto:malevin@erols.com); in Maryland, Judy Gallant, [jg708@columbia.edu](mailto:jg708@columbia.edu); and in Virginia, Judy Ratliff, [jratliff48@hotmail.com](mailto:jratliff48@hotmail.com). Alternatively, you may sign up via our website at <http://www.gwscsw.org/volunteer> and we will contact you.

## Letter to the Editor of the Washington Post:

Antonio Puente's letter "Repeal-and-replace's human cost" (3/18/17) speaks of the potentially dangerous repercussions of the proposed American Health Care Act. Clinical Social Workers, who provide the majority of psychotherapy in our country, strongly support the APA's position. We see the suffering daily that mental illness and substance use disorders bring to individuals and families and the relief that can come with proper treatment.

The people affected are our neighbors, children, family and clients. Limited Medicaid block grants to states will severely reduce access to treatment. There would be increased suffering and higher rates of death for many Americans.

The proposed AHCA is just a preview of coming attractions. If the mandate for the provision of mental health and substance abuse treatment were eliminated from Medicaid, and with such elimination there were an ensuing evisceration of the Mental Health Parity and Addiction Equity Act, then the seeds would be sown for the insurance industry to take these vital, hard-won benefits from all of us.

We stand for true access to comprehensive health care because it represents our highest regard for the potential of individuals as contributors to our civilization. How would the AHCA legislation, with its diminution of benefits to our most vulnerable citizens, promote this aspiration?

~ Steve Szopa, President

Greater Washington Society for Clinical Social Work

## Membership

*Cindy Crane & Mary Moore*  
[Membership@gwscsw.org](mailto:Membership@gwscsw.org)

The New Membership Committee met in February to organize and plan for our upcoming annual Spring University Outreach efforts at Catholic University of America, Howard University, University of Maryland, and George Washington University. Committee members and Outreach volunteers for each university will be in attendance. The annual Spring New Member Brunch was a great success in April.



## Newsletter

Jen Kogan  
[newsletter@gwscsw.org](mailto:newsletter@gwscsw.org)

Were you editor of your school newspaper in college or high school? Do you love writing and/or editing? Why not join the newsletter committee? At the moment, we could use a 'big picture partner' to assist the Editor with ongoing operations. Interested/want to learn more? Get in touch now! Contact Jen at [jenko108@gmail.com](mailto:jenko108@gmail.com) or 202-215-2790.

## Professional Development

Sydney Frymire & Karen S. Goldberg  
[professionaldevelopment@gwscsw.org](mailto:professionaldevelopment@gwscsw.org)

At the time of this writing for the newsletter, the Professional Development Committee is in the process of reorganizing its leadership and membership, so as to continue its mission of providing opportunities for GWSCSW members to build community and participate in learning activities that further their career paths throughout the professional life cycle and at the same time earn continuing education credits. We are currently seeking two members who would be willing to co-chair the Committee, as well as looking to add to the membership. Anyone who is interested in co-chairing or participating on a Committee that is a source of professional camaraderie and contribution, as well as creative planning of professional growth activities can contact Karen Goldberg using the above information. She will be scheduling a meeting for potentially interested members, and will also be available to assist with the leadership transition.

During this period of restructuring, the Mentor Program, under the leadership of Nancy Harris, is continuing to offer Mentors providing guidance to newer social workers with concerns including licensure, private practice, employment, supervision, and professional identity. Mentors and Mentees are matched according to location, interests and types of experience, but have the opportunity to together define the specifics. Potential mentors and mentees can press the Community tab on the left side of the website main page at [www.gwscsw.org](http://www.gwscsw.org) for further information or contact Nancy Harris at [nlharris1214@gmail.com](mailto:nlharris1214@gmail.com); 301-385-3375.

## Social Media

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

The Social Media Committee has been excited to continue to improve 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! Let us know if you have an idea about how to make the page more relevant to YOU. We are working on getting more traffic to the Facebook page. Please like the page if you haven't already, and share the page with your fellow colleagues! Feel free to email us at [socialmedia@gwscsw.org](mailto: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](mailto:socialmedia@gwscsw.org) if you're interested in joining the Social Media Committee!

## Volunteer

Christy Novotney  
[volunteer@gwscsw.org](mailto:volunteer@gwscsw.org)

We are so appreciative of all the time and dedication our volunteers give to GWSCSW. We are excited to announce that we've had 102 people volunteer with us this year!

The Volunteer Appreciation Lunch was a lovely event which took place at Pacci's restaurant in Silver Spring on May 21st.

If you are interested in volunteering, we need you! We are looking for Co-chairs for the Professional Development Committee, a University Outreach Coordinator, and members who like to plan events and help recruit volunteers. These are just a few of the current openings. Check out our website to see all the committees and details on what they do. ❖

## Arts, Musical & Social Justice Tour in Nepal

Nov. 1-10, 2017

This tour offers a chance to help transform this beautiful country through socially-conscious travel. You will have the opportunity to see, understand, and even try out some of the arts, crafts, music, and philosophies in several villages. Cost: \$1785.00



**The Trek of YOUR Life**  
Sydney Frymire, LCSW-C,  
Certified Life Coach  
[www.thetrekofyourlife.com](http://www.thetrekofyourlife.com)

**POSTING TO**  
**THE GWSCSW LISTSERV**  
To post to this group, send email to  
[listserv-gwscsw@googlegroups.com](mailto:listserv-gwscsw@googlegroups.com)

IF YOU ARE NOT ON THE LISTSERV CONTACT:  
[ADMIN@GWSCSW.ORG](mailto:ADMIN@GWSCSW.ORG)

# 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](mailto:newsletter@gwscsw.org).*

**Margot Aronson** was a featured speaker, along with attorney Kathryn Finley from the Tahirih Justice Center, Prince George's County Sheriff Melvin High, and Dr. Shelma Little, LICSW, at a forum focused on community/police relations, immigration policy and realities, and the future of affordable and accessible healthcare. The April 29 event was sponsored by the Association of Healthcare Social Workers Metro DC, NASW-DC Metro Chapter, and Holy Cross Homecare and Hospice.

**Gil Bliss** and his colleague, Cathy Roberts offered a workshop on Racism from a Personal and Professional Perspective to a conference for the Licensed Clinical Professional Counselors of Maryland on April 7. There were about 100 clinicians in attendance for our half day presentation.

Gil was also part of a panel interviewed on the Midday program on the local public radio station, WYPR, on February 20. The main guest was Daryl Davis, a Black man who has talked to members of the KKK and has been able to convince at least 25 of them to give up both their affiliation with the Klan and their robes.

The other guest was Dr. Ray Winbush, who has studied and written extensively on the issue of race and White Privilege. Gil can offer a link to the program for anyone who might be interested.

Gil and Cathy are formalizing their work and creating an LLC, called the Institute for Racial Awareness and Equity (IRAE, for short). Gil says this has been an exciting and daunting process, but they are determined to offer the information and process that can provide the opportunity for open and safe dialogue.

**Deborah Fox** published an article about steps to take re-energize your relationship on YourTango.com. The article can be found at: <http://www.yourtango.com/experts/deborah-fox/six-steps-get-back-track-your-relationship>. Deborah also recently released a podcast on sexuality, which addresses common concerns in sexual relationships: [www.PsychSessions.com](http://www.PsychSessions.com).

**Marilyn Stickle** co-presented a workshop "Clinical Intuition: Preliminary Results from a Multiple-Case Case Study," at the March meeting of the American Association for Psychoanalysis in Clinical Social Work.

**Kim Yamas** has opened a new mental health billing business called Mindful Billing, which provides claims processing services for therapists, as well as the unique service of providing out-of-network insurance billing services directly for clients. More information can be found at [www.mindful-billing.com](http://www.mindful-billing.com), or by contacting Kim at 443-974-7064 or at [mindfulbilling@mb.hush.com](mailto:mindfulbilling@mb.hush.com). ❖

## District of Columbia Psychological Association UPCOMING EVENTS

**The DC Psychological Association is pleased to announce it's upcoming workshops. All workshops are submitted to the NASW-Metro for continuing education for Social Workers.**

- June 9 - **The Truth About Public Speaking, An Essential Skill for Clinicians** | 10am to 1pm Ed Barks & Christopher Wemple, PhD
- June 16 - **Mindful Self-Compassion** | 10am-5pm Jeffrey Rosenberg, PhD & Jennifer Stanley, MA
- September 15 - **What Would Gandhi Do?** | 9am-4pm ( Gandhi Center 4748 Western Ave., Bethesda, MD 20816)
- September 29 - **Transcranial Magnetic Stimulation** | 1am-4pm Mallory Starr, PhD and others

**LOCATION:** All workshops are presented at the Chicago School of Psychology unless otherwise noted. The school is located at 1015 15th Street, NW, Washington, DC (15th & K Streets). Workshops are on the 4th floor; there is parking in the building.

**COST:** 3 hour workshops -- \$50 for members and \$60 for nonmembers; 6 hour workshops -- \$100 for members /120 for nonmembers. Student fees are \$20/30 and \$30/40. Some scholarships are available. **Visit [dpa.onefireplace.com](http://dpa.onefireplace.com) to register.**



# ADVERTISING

Advertisements, accompanied by full payment, must be received by the GWSCSW by the first of the month preceding publication. Material should be sent to [gwscsw.ads@gmail.com](mailto:gwscsw.ads@gmail.com). For questions about advertising, call 202-537-0007.

Classified Ads: 75¢ per word	Display Ads: Full page 7 x 9¼ .....	\$325	Half page .....	\$250
Minimum price \$15 (20 words)	Quarter page 3¾ x 4½ .....	\$125	Horizontal: 7 wide x 4½ high	
	Eighth page 3¾ x 2¼ .....	\$ 75	Vertical: 3¾ wide x 9¼ high	

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.

## Large, bright, attractive office in Arlington, VA

(Rosslyn) one block from the metro orange and blue lines. Handicapped accessible. The space has four large windows and is completely furnished. I would prefer to rent full time until the end of my lease in April, 2018, but would consider other arrangements. Please call Marlene at 703-772-8775 or email me at [marlenelcsw@aol.com](mailto:marlenelcsw@aol.com) with any questions you might have. I can also email you recent pictures of the exterior and interior of the office. Rent is negotiable depending on hours desired.

## A very spacious, light-filled office with a large bay window overlooking Dupont Circle.

A suite of three established psychotherapists in a professional, secure building. Available part-time starting July 1st (possibly sooner.) Feel free to reach out to discuss available days and times. Work Phone: (202) 368-2146 | Email: [dana-goldha@gmail.com](mailto:dana-goldha@gmail.com)

**Ellicott City** - Sound proofed, furnished and unfurnished offices available in established, multi-disciplinary mental health suite. Some offices are attractively furnished and are available on a Daily/Part-Time basis. Other offices are unfurnished and are available on a Full-Time basis. We have expansive and welcoming waiting rooms that are warmly decorated and include coffee, tea and pleasant music throughout. There is ample parking and handicapped access available on site. We have private patient and staff bathrooms, as well as a full sized Therapists kitchen with: Refrigerator, Microwave, Dishwasher, Keurig Coffee and a variety of teas and snacks. Our Therapist Workroom has a Mailbox System, Xerox Copier and Fax Machine (for incoming and outgoing). Opportunities for networking and referrals are facilitated through periodic, informal wine and cheese gatherings with staff. This multi-disciplinary community is a culture of congenial professionals. Suites are conveniently located close to Routes #40, #29, #70 and I-695. To inquire, please contact Dr. Mike Boyle at (410)-465-2500.

## NEWS & VIEWS SUBMISSION GUIDELINES

**Articles** – Focus on your area of expertise and practice, ethical dilemmas, responses to events in the media or other topics 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](mailto:newsletter@gwscsw.org)**

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

## NEWS & VIEWS FEEDBACK

Do you have thoughts or feedback about something you read in our latest issue? Perhaps something struck a chord?

We want to hear from you! Your opinions about clinical and legislative articles, practice building tips and regular columns are most welcome.

Send your feedback to [newsletter@gwscsw.org](mailto:newsletter@gwscsw.org)

Questions? Contact Jen at [jenko108@gmail.com](mailto:jenko108@gmail.com)



## To “Like” the GWSCSW Facebook Page

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



# SAVE THE DATE

**GREATER WASHINGTON SOCIETY FOR CLINICAL SOCIAL WORK ANNOUNCES THE  
SIXTH ANNUAL ALICE KASSABIAN MEMORIAL CONFERENCE**

## **And Where Are You From?**

### **Intersectional Identities and Geographic Relocation**

**Boris Thomas, JD, Ph.D., LCSW**

**November 4th, 2017 | Cosmos Club -- Washington D.C.**

*In describing his presentation, Dr. Thomas writes:*

Who is “from here” and “not from here? What defines an immigrant? Touching on how US law and policy have shaped individual and group identities related to place, I will explore the way we as members of American Society and clinicians understand and manage the ethno cultural disruptions resulting from geographic relocation. Through memoir and case examples I will explore the intersectional connections-and disconnections-associated with geographic movement.

Dr. Thomas is a distinguished clinician and author/presenter on matters of race, gay male relationships, cultural differences and the clinical process. The combined lenses of law and clinical knowledge, provides Dr. Thomas with a unique perspective on the conscious and unconscious intersectional dynamics of the immigration experience. He is a graduate of Chicago Institute for Clinical Social Work and New York University's Silver School of Social Work and Law School. Dr. Thomas teaches at the Institute for Contemporary Psychotherapy, New York and Institute for Clinical Social Work, Chicago. He is in private practice of clinical social work in New York city.

