



news&views

Membership Survey Results

Steve Szopa



As many of you know, the Greater Washington Society for Clinical Social Work sent out a Membership Survey in the late summer 2015. Our goal was to use the results to help us learn more about you and your needs as a member. We were delighted to receive 221 responses. This is a high response rate for surveys, and we thank you for

your efforts. Below is a summary of the results of that survey.

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EDUCATION AND AFFILIATION

97% hold an MSW degree
 6% have a DSW or PhD
 2% have BSW degrees
 (Please note that these degrees status percentages add up to more than 100% because some doctoral-level degree holders also have MSWs.)

88% also belong to NASW

92% of members who responded have state licensure (LCSW, LICSW or LCSW-C) Licensed as Graduate Social Workers (LGSW).

DEMOGRAPHICS

45% are 60 years of age and older
 28% are between 50 and 60
 12% are between 40 and 50
 10% are between 30 and 40
 4% are between 22 and 30

CEU OFFERINGS

58% get one or more CEUs through GWSCSW
 73% are satisfied with the number of CEU opportunities offered by GWSCSW

HOW WE PRACTICE

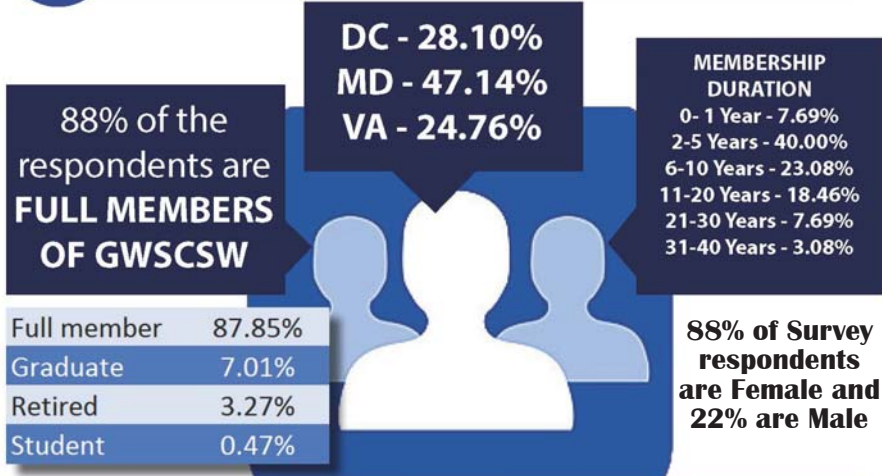
74% are in private solo practice
 15% are in private group practice
 13% are employed by agencies of clinics
 11% are employed in hospital, school or college settings

The total is more than 100% because some respondents practice in more than one venue.

WEB PRESENCE

100% of respondents use the Internet on a daily basis
 45% have a professional website, and 12% plan to set up a professional website in the next year
 79% have a personal Facebook page but only 15% have a professional Facebook page
 79% have a LinkedIn profile
 6% have a professional Twitter account

221 GWSCSW members responded to the survey.



37% are on MANAGED CARE PANELS
80% Practice OUTSIDE OF MANAGED CARE

GWSCSW News & Views

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News & Views is published four times a year:
March, June, September and December.

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

The next issue will be published March 2016
submission deadline is January 20, 2015.
Email articles to newsletter@gwscsw.org
Advertising: gwscsw.ads@gmail.com
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Membership Survey Results (Continued)

Reasons for Joining GWSCSW

The top five reasons members joined GWSCSW, listed in descending order are:

- Desire to be a part of a community
- Access to the Listserv
- Networking opportunities
- Supporting advocacy on behalf of Clinical Social Workers
- Access to the newsletter

Other reasons mentioned were reduced-fee CEUs, professional development and the chance to work with other Clinical Social Workers. ❖

USE OF PRODUCTS AND SERVICES OFFERED BY GWSCSW

63% use the Listserv often

49% read the Newsletter often

Respondents report that they sometimes use the Membership Directory, the Therapist Finder, the Website for CEU information, the Website for upcoming events and the Members-Only part of the Website

HOW ACTIVE IS OUR MEMBERSHIP?

35% consider themselves active in the Clinical Society. 65% consider themselves not active. Interestingly, 155 respondents skipped this question so the percentage of Members who consider themselves active is based on only 62 responses.

News & Views FEEDBACK

To the Editor:

I was very moved by Wendi R. Kaplan's Poetry Musings on Naomi Shihab Nye ("Connection" in December's GWSCSW News & Views). As an American Jew who is deeply concerned by the plight of Palestinians, it was a privilege to be introduced to Palestinian American Nye's remarkable poetry. Her humanity is an example to us all. Kudos to Kaplan, all the newsletter contributors, and Jen Kogan, the editor, for a terrific issue.

Jonathan Lebolt, PhD
Silver Spring, MD

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
Questions? Contact Jen at jenko108@gmail.com

President's Message

Nancy Harrington



It has been an absolute joy working with the team members of this wonderful society! As I think about this being my second to last message to the membership, I'm overwhelmed with feelings of gratitude for all of the people who keep this organization running. I have such strong feelings of fondness and

admiration for the people with whom I have worked and played throughout this time. Their dedication and commitment have been remarkable.

Board and Executive Committee

The Board's two major projects, the revision of the Bylaws and the creation of a Society Manual, have been our 40th Anniversary gifts to the Society. Each document has been worked and reworked and are ready for distribution. The revised Bylaws will be printed in the upcoming Directory, and the Society Manual, recently finished up at the Board meeting, will be ready and waiting for new board members to help them with their indoctrination.

First, I want to thank everyone on the Executive Committee. They have been wonderful friends and advisors to me, and have been tremendous benefactors to the society. Our excellent Vice President, Steve Szopa, has worked on every Ad Hoc committee we have had, putting his own prints on each task. Susan Post, Sydney Frymire, Amanda Slatius (all advisors), Laurie Young (Secretary), and Hani Miletski (Treasurer) are all true team players and have contributed immensely and have played key parts in things getting done well and proficiently.

Our society's Branch Directors, Judy Gallant (Acting Director of Legislation and Advocacy), Mike Giordano (Education Director), Sue Stevens (Community Director), and Kate Rossier and Juleen Hoyer Chevalier (Communications' Co-Directors) have dedicated countless hours on the operation and management of all of their programs and projects. I have been extremely lucky to have worked with this group of people, and I truly appreciate them, and know that you the members do, as well.

January 10 Board Meeting

At our January 10 board meeting we did predetermination tasks: tying up loose ends, consolidating gains, and making plans for the future. We also began to say thank yous and goodbyes, particularly to some Board Members who have retired from the board (with a comma, not a period!) such as Gil Bliss (Directors at Large), Joyce Harrison (Pro Bono Liaison), Adele Redisch (Maryland Brown Bag), Diana Seasonwein (Prepaid Legal Plan), Evelyn Goldstein (Wine and Cheese Coordinator), Lenali Smith and Meredith McEver (the Virginia Brown Bag). They have made huge contributions to the workings of this organization. Thank you, ladies and gentleman! Along with the progress of the inner workings of the structure of the Society, there has been a tremendous amount of member-to-volunteer collaboration and engagement. Early in this term, we sent out questionnaires which 221 members completed, a remarkable statistical accomplishment. (As we remember from our Research classes, a 25% response rate is unheard of!) We learned a lot about you, the members, in that questionnaire. You spoke and we listened. We have been working at incorporating as many of your suggestions and ideas into program planning, advocacy directions, community/networking ideas, and communications upgrades as we can. You gave us lots of great ideas; and, we would love to have you join in the fun to help us turn those more of those ideas into reality.

Branches: We have strengthened all of our branches so that each one feels workable and manageable.

Sue Rowland is the Virginia lobbyist. In DC, we are truly fortunate to have had Margot Aronson and her committee lobbying (on a volunteer basis) on our behalf. We have strengthened our partnership with the Clinical Social Work Association (See Article) so that we are all working on the same issues, interdependently. We have continued our good work providing CEU's to our members and nonmembers within the Education Branch, as well as help each other

in the continual quest for professional development at all professional life stages. We have been feted and celebrated by our Community Branch of 40 years during this time, bringing members, new and old, together to meet and network, and learn about more of the offerings of the Society. And, finally, the Communications Branch, with the addition and assistance of Donna Dietz, our wonderful Administrator, has helped all of us in every walk of the Society moved us leap years forward in the electronic arena. Planning for the next term has been the next order of business. Having completed many of our projects allows us to move forward with the accompanying excitement about what will be next.

The Leadership and Nominating committee is working on getting our next slate of officers together, and voting will be taking place shortly thereafter. If you haven't considered being more involved, I implore you to consider it. It's been a real joy.

Thanks again to all of our board members and thanks to all of you, our wonderful members. ❖

Clinical Intuition




Marilyn Stickle

Over the last two and a half decades, intuition has become a valued aspect of practice, receiving increasing attention in research and psychotherapy settings. In the early 90s, intuitive capacities were

acknowledged by mainstream theorists. This was reflected in Bowlby's view that when guided by theory the best therapy is done by clinicians who are naturally intuitive. Two decades later, Allan Schore, who has studied the right hemisphere of the brain for decades, went further to suggest that implicit intuitive capacities may be more important to clinical outcome than the therapist's technical explicit skills. These differing views reflect our developing understanding of the role of intuition in practice.

Intuition is a complex phenomenon that has been the focus of philosophical debate for centuries. The common definition of knowing without knowing how you know reflects the challenge in defining what it is, how it operates, and how it contributes to clinical processes. Research, practice theory, and clinical experience are contributing to our growing appreciation of this dynamic phenomenon.


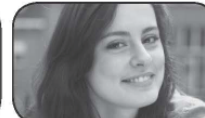



From a research perspective, studies in cognitive neuroscience are demonstrating the importance of right brain functioning, the pre-verbal ability to know without necessarily being able to explain how. Functional magnetic resonance imaging (fMRI) technology is demonstrating how the brains of two people are affected as they relate to one another. This enables researchers to study both the verbal and pre-verbal responses of participants and to see what is occurring intuitively.



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While from a practice theory perspective, infant observation studies reflect the non-verbal communication that takes place between infants and their caretakers. These studies demonstrate the early relational aspects of how we know, the dynamic patterns that are formed and that continue throughout the life span. And from a clinical practice perspective, growing appreciation for the sensory aspects we experience in our work (what we hear, see, smell, and feel in our body) is becoming more integral to our understanding. Each of these developments is contributing to our appreciation of the non-verbal components that are reflected in our pre-verbal, intuitive capacities.

A review of the literature on clinical intuition suggests several different explanations for how it operates. Two come from cognitive theory: first is a view of intuition as a short cut problem-solving strategy that is highly prone to error, and second is an explanation that it is the application of tacit learning. Two other explanations come from psychotherapy and psi researchers. From these perspectives, intuition is seen as a form of unconscious communication, based on subliminal micro-expressions and non-verbal cues, or the result of the activity of a co-created field.

Understanding intuition as a form of unconscious communication, taking place in a field of connection, supports a relational perspective. Working collaboratively, both therapist and patient learn to listen without judgment, supporting, incrementally correcting, and developing the flow of awareness. As connection deepens, flashes of insight occur that may come in a word, a thought, a picture, or a sound. These flashes of insight support a “knowing” that the clinician experiences, and when articulated to the patient, they are generally understood and appreciated. This “knowing” is like suddenly seeing all of the pieces of a puzzle fitting together. It is an integrated understanding of thought, feeling, and behavior that often ties together life-long behavioral and relational patterns.

Trusting and working with intuition allows flashes of insight to occur with increasing frequency. Capacity grows through awareness of subtle information, cues that occur both within the person of the therapist and the patient. Paying attention to these cues, without judgment and with compassionate presence, supports deepening insights into the cyclical patterns that dominate unconscious reenactments.

While understanding of clinical intuition is growing, there is much more to learn. For several decades, the work on understanding intuition by psychiatrists and psychologists such as Ehrenwald, Eisenbud, and LeShan was ignored by mainstream theorists. Now, researchers are building on their work and helping us understand the role intuition plays. As we learn more about intuitive processes, how they are supported, developed, and integrated into practice, our work will continue to be enriched and enlivened. When we are present with our patients outside of desire and expectation, we are able to listen more accurately and to join the conscious and unconscious aspects of our knowing. This forms the groundwork of receptivity to flashes of insight that come through awareness to subtle information: this is the essence of working from an intuitive perspective. ❖

Marilyn Stickle, LCSW, BCD has been studying intuitive processes for over twenty-five years, partnering with practitioners from outside the field of psychotherapy. Currently she is doing research and writing with a social work university professor and practicing in Arlington, Virginia.

Are You Listed On Our Therapist Finder?

Keep your profile updated so you can be found on our Therapist Finder!

Login at:

www.gwscsw.org

LEGISLATION & ADVOCACY

❖ FEDERAL

Laura Groshong, Director for Government Relations, Policy and Practice

With the current emphasis on electronic health records (EHRs) and sharing of client health information for coordination of care*, I am frequently asked about exactly what “belongs” in the Medical Record. So, in response to this age-old but increasingly hot topic, this article will cover the Medical Record, what “SOAP” notes are and how they can be an aid to documenting what goes on in each session, and why therapists are urged to keep separate charts for the Medical Record and the Psychotherapy Notes.

While the most likely review of a Medical Record would come from Medicare, Medicaid, or a private insurer with whom a therapist is empaneled, the Medical Records of out-of-network providers can be audited if payments have been made to the client. And of course, there are times when a court subpoena cannot be quashed, and case files must be presented, sometimes in a public forum. In all these cases, HIPAA requirements for documentation apply.

Perhaps the most important concept, then, is an understanding of the difference between Medical Record progress notes and Psychotherapy Notes.

The Medical Record is built around the treatment goals that you will then use to illustrate treatment progress, in brief notes protective insofar as possible of the client’s private information. The treatment goals need to be broad enough to identify progress in the development of the treatment alliance, as well as symptom relief and improvement in functionality. Of course, treatment progress becomes more difficult to demonstrate when treating a patient with chronic conditions, e.g. personality disorders, PTSD, etc. Still, the general guideline for showing progress in the Medical Record might be “less is enough”.

Psychotherapy Notes, on the other hand – what many of us think of as “process notes” - are generally far more detailed than the “progress notes” needed for the Medical Record. As long as these Psychotherapy Notes are kept in their own

chart, separate from the Medical Record, they are not subject to HIPAA documentation requirements, and it is unlikely that their confidentiality will be breached.

So, What Belongs in the Medical Record?

The Medical Record includes quite a bit of information that is not psychotherapy-based. This Template is taken from HIPAA Rules and is therefore compliant with HIPAA, as well as acceptable for most insurance treatment reviews. It combines the information that must be included in the Medical Record (cannot be ‘shielded’ in Psychotherapy Notes) and the format for a ‘SOAP Note’ to describe each session.

According to HIPAA Rules, the Medical Record should include, as applicable:

- Intake information;
- Billing information;
- Formal evaluations;
- Notes of collateral contacts;
- Records obtained from other providers;
- Counseling sessions start and stop times;
- The modalities and frequencies of treatment furnished;
- Medication prescribed, if known;
- Results from any formal outcome tools (may be required in future);
- Any summary of diagnosis, functional status, treatment plan, symptoms, prognosis, and
- Treatment goals and progress toward treatment goals in session.

From HIPAA Eleven Years Later: The Impact on Mental Health Practice, Groshong, Myers, and Schoolcraft (2014, p. 17):

SOAP Notes

SOAP notes may be used as a summary of what takes place in each psychotherapy session. These notes include documenting information on the Subjective, Objective, Assessment and Plan for each client for each session. Treatment goals in the initial treatment plan should be connected to treatment progress in each session. Each part of the SOAP Notes should be no more than 2-3 sentences. While SOAP notes are not the only way to create

short summaries of what takes place in a session, they are a guide that may be helpful in doing so.

Subjective (Description of client's experience in the session)

Objective (LCSW's observation of the client's behavior and appearance in the session)

Assessment (LCSW's view of the client using clinical concepts, biopsychosocial assessment, and ICD-10 diagnoses)

Plan (Plan that identifies the short-term and long-term goals of the treatment –include any area that might be addressed in the treatment – all progress in treatment should be correlated to the treatment goals)

What To Remember About Psychotherapy Notes

Keeping dual records is essential. Psychotherapy Notes (i.e., the detailed process recording that is valuable to understanding our work on a deeper level) are not treated as part of the Medical Record AS LONG AS THE PSYCHOTHERAPY NOTES ARE KEPT SEPARATELY FROM THE MEDICAL RECORD. If,

however, there is only one chart, process notes will be considered an integral part of the Medical Record. There have been a few cases in which separate Psychotherapy Notes were successfully subpoenaed, but as a rule, client confidentiality is best protected by maintaining these notes as a separate record from the much briefer reports that go in the Medical Record.

Summary

The Medical Record should include all information that is required by HIPAA and short summaries of each session. SOAP Notes are one possible guide to how to write these summaries. Remember, use a separate chart for each patient's Psychotherapy Notes; otherwise your detailed session records will be treated as part of the Medical Record. ❖

*See the DC Legislative Update in this newsletter

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 listserve. 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.



Clinical Social Work Association

Membership in CSWA is an investment in your professional growth and development. Remember, CSWA is the only national organization that advocates for your interests! VISIT OUR WEBSITE AND BECOME A MEMBER TODAY!!

CSWA has been on the front lines to ensure your ability to provide quality clinical care in the foreseeable future. We are currently actively involved in promoting clinical social work mental health services in the Essential Health Plan and protecting Medicare reimbursement. These legislative and policy changes, at the national level, directly affect your ability to practice within your individual states.

CSWA is an independent membership organization which means that social workers need to join as individuals, even if you are member of a state society. Without membership in organizations at state and national levels, your interests are not being protected. The CSWA needs your support to continue with the important work being done nationally -- advocating for the clinical social work profession.

Please join us and receive the following benefits as a result of your membership:

- Legislative advocacy for adequate reimbursement for licensed clinical social workers.
- Ongoing efforts for more effective mental health treatment coverage in the essential benefits.
- State society advocacy and consulting.
- Up-to-date clinical information that informs your practice.
- Free consultative service for legal and ethical questions.
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❖ District of Columbia

Margot Aronson

District of Columbia L21-0037, having passed required legislative hurdles (public review, DC Council vote, Mayoral signature, and Congressional review), became law as of December 15, 2015. The act - the Behavioral Health Coordination of Care Amendment Act of 2015 - permits the disclosing of a consumer's mental health information between mental health facilities and health professionals involved in caring for, treating, or rehabilitating the consumer for the purposes of coordinating care or treatment. (See December newsletter DC legislative article by Danille Drake, PhD, for background on privacy protections in the District and on our GWSCSW participation in the review process.)

The current status of B21-0168, the LGBTQ Cultural Competency Continuing Education Amendment Act, is "under Council review"; passage is expected sometime during this Council session. This bill requires health and mental health providers to obtain two hours of training focused on LGBTQ issues for each license renewal period. Please note that such a requirement would not go into effect until the next full licensing period following passage of the law.

GWSCSW members who have served on the Board of Social Work of the District, of Maryland, or of Virginia describe their experience as very rewarding both personally and professionally. At present, the five-member DC Board of Social Work has two vacancies. Please consider volunteering; you'll be making a significant contribution to your profession. Specifics will be posted on the listserve as information becomes available, or watch for an announcement on the Board's website. ❖

Margot Aronson, LICSW, is the Clinical Social Work Association's Deputy Director for Policy and Practice. She has served as GWSCSW president, vice president/director for legislation and advocacy, and is current chair of the DC Legislative Committee.

❖ Maryland

Judy Gallant

As I write this, the second week of the 2016 Maryland Legislative session has passed, and our new lobbyist, Pamela Metz Kassemeyer, has begun pointing our attention to issues important to our work. On the docket so far are proposed bills about extending the statute of limitations on child sexual abuse reporting, transition planning for foster care youth, and establishing a permanent program of needle exchanges throughout the state. Pam will also be following changes in the Maryland Medicaid system as it is folded into the Health Benefits Exchange and will keep us informed. Look for periodic updates on our listserve as well as in our next newsletter.

In prior years, we have held an annual Legislative dinner, where one Delegate and one Senator were invited to speak to members of our Society. It has been held in January, and there have always been concerns about the weather and difficulty that members have coming to Annapolis on a weekday evening. The committee decided on a different approach this year-to invite legislators to present to our group after the session is over, when they might have the flexibility to meet with us on a weekend, at a venue closer to a larger portion of our Maryland membership. Pam has also said that she is happy to go with 3 or 4 interested members to talk to individual legislators in their office, either about specific issues that legislator might be able to help us with, or to raise their awareness of Clinical Social Workers and our concerns. Please let Judy Gallant (jg708@columbia.edu) know of issues concerning our profession and our clients that you would like to speak with a local legislator about, with the guidance and presence of our lobbyist and other Society and Committee members, and we will do what we can to facilitate meetings on a few issues over the course of the year.

The Maryland Board of Social Work Examiners Social Work Practice Act provides the framework that establishes the authority of the Board, sets

minimum qualifications for licensure, and defines professional standards of practice. In mid-January, we received a request asking for clinicians who would be interested in advising the Board on revisions to regulations governing licensure, social work practice and supervision. The Board recently approved revisions to the Practice Act, which necessitate changes to regulations. A notice was posted on the list-serve about this request, but if you find you are interested now, contact Judy Gallant (jg708@columbia.edu) to be updated on how you might get involved. ❖

Judy Gallant, LCSW-C, is chair of the Maryland Clinical Social Work Coalition, our GWSCSW legislative committee in Maryland. She is also Acting Director of the GWSCSW Legislation & Advocacy Program. She maintains a private practice in Silver Spring.

❖ Virginia

Judy Ratliff

New VA Licensing Law: Regulations Governing the Practice of Social Work were updated effective 12/30/2015. Beginning on July 1, 2017, the licensing period for Virginia Social Workers will become every year, instead of every 2 years, as it is currently. At that time, Virginia social workers will pay a \$90.00 licensure fee each year. When renewing your license in 2017, you will need to report the 30 CEUs that you earned from 7/1/15 through 6/30/17. Beginning in 2018, Virginia social workers need to report that they have completed 15 hours of continuing education credits during the previous year. In fact, the continuing education requirement remains the same, although it is broken up into yearly increments. The fee increases from the current fee of \$125.00 for a 2 year license to \$90.00 per year. The new regulations may be read and/or downloaded on the Board's website at http://www.dhp.virginia.gov/social/social_laws_regs.htm

SB350: Prisoners: Treatment to those unable to give consent for medical or mental health treatment.

This bill confirms that the state's correctional system was looking to use the same licensed

professionals, under code, that were already doing the same function outside of the prisons. In December of 2015, our Virginia lobbyist, Sue Rowland, along with GWSCSW Chair of the Virginia Legislative and Advocacy Committee Judy Ratliff, and 3 members of the legislative committee of the VSCSW, met with Virginia State Senator Creigh Deeds. As a result of that meeting, Clinical Social Workers are included in the wording of proposed Senate Bill 350. It adds licensed professional counselors and licensed clinical social workers to the list of providers who are required by court order to inform the court, the prisoners and the prisoner's attorney of any changes in the prisoner's condition resulting in restoration of the prisoner's capability to consent to treatment.

The Department of Corrections requested that Sen. Deeds put this bill in. They used the argument that they need the LCSWs and LPCs to supplement the workforce in the jails, because they don't have enough people to do the job now. When the bill was discussed in committee, Senator DeSteph was the only senator who questioned whether that wording allows social workers to do what MDs are doing. Sen. Deeds underlined that this law would have no impact on the scope of practice of each profession. Our VA lobbyist, Sue Rowland was hard at work for us. She and the LPC lobbyist both stepped up to answer questions from Sen. DeSteph. The NASW lobbyist deferred to Sue, saying that she would "weigh in" only if Sue requested that she do this. Sen. DeSteph abstained from voting and the bill was reported without opposition and re-referred to Finance.

Sue Rowland is working on getting clinical social work included in additional proposed bills. Along with the lobbyist representing professional Counselors, she will be meeting with Delegate Rob Bell and, later, with Senator Barker. She is hopeful to get consensus with our proposals. ❖

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.

Supervision Training Seminar

An upcoming seminar is sponsored by the VA Society for Clinical Social Work (with whom we share our lobbyist).

What: A 2 day, 14 hour presentation for 14 CEUs (12 of which qualify for Ethics) that will cover the essential aspects of clinical supervision.

When: March 11 & 12, 2016

Where: Holiday Inn University area
1901 Emmet Street
Charlottesville, VA 22901

Presenter: Robert "Bob" Taibbi, LCSW, who has 41 years of experience and is the author of over 300 articles and 8 books, including CLINICAL SOCIAL WORK SUPERVISION: PRACTICE AND PROCESS. To register and learn more, contact Leigh Mazzone at VSCSWsecretary@gmail.com

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<http://ncsss.cua.edu/ce/>

2.22.16 Paul Scherz
Biomedical Ethics

3.4.16 Randall O'Toole
Using Techniques from Motivational Interviewing to Engage with Adolescent Clients

3.18.16 Lisa Cullins
The Bipolar Child

3.21.16 Robert Scuka
Relationship Enhancement Therapy

4.1.16 Veronica Cruz
Beyond Cutting: An In-depth look at Self-Injury

For questions or more information, please contact Ellen Thursby (Thursby@cua.edu) or Allyson Shaffer (shaffera@cua.edu) in the NCSSS Professional Development Office at (202)319-5457. Look forward to seeing you at CUA!

4.29.16 Patrice Forrester
Bibliotherapy

4.29.16 David Jobs
Suicidology

5.13.16 Veronica Cruz
Impact of Parental Substance Abuse

5.20.16 Eileen Dombo
Treating Moral Injury

6.3.16 Jon Fredrickson
Intensive Short-term Dynamic Psychotherapy



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FEARLESS FINANCING: TIPS FOR THERAPISTS

How to Save for your Quarterly Taxes



Lori Atwood

This is by far the least sexy, fun or interesting thing to talk about in a blog post or at a cocktail party, but it has to be discussed, and it has to be done. You MUST save every

month for your quarterly estimated taxes. There, I said it. Now, how do you do it?

You may know what tax bracket you are in or what your state tax rate is, but that's just the beginning of the story. You really want to save based on your EFFECTIVE TAX rate, to make sure you save enough, but do not save too much and rob yourself of current income you may need for your household.

Where do you start? First, ask yourself or your accountant, what is my EFFECTIVE tax rate? This number is calculated by taking the total amount of tax you paid last year (2014) and dividing it by the amount of TAXABLE INCOME you had. Taxable income is your income after all the deductions are taken.

It is typical to have an effective tax rate anywhere from 25-42% depending where you live, your deductions and what your state tax rate is. Whatever the percentage is for you, that's the percentage you want to save each month for taxes.

You probably have a bookkeeper or do your own QuickBooks (or similar software) each month to process your checks and credit card payments. Ask your bookkeeper to produce a monthly Profit and Loss statement for you. Take your effective tax rate and multiply it by your income after ALL expenses and before taxes (obviously, because you are calculating your taxes right now). That's the amount you should set aside that month.

Let's work a simple example:

Category	
Receipts/Revenue/Sales/Gross Income (total amount deposited for services)	\$12,000
Total Expenses (including credit card processing, rent, paper clips, etc.)	\$3,000
Savings for Retirement (I know you're saving every month, right?)	\$1,000
Gross Profit	\$8,000
Effective Tax Rate	28%
\$8,000 * .28 = \$2,240	
Estimated Tax Set Aside for that month = \$2,240	

You should set aside \$2,240 THAT month in a separate "tax set aside" account. Each month's taxes may be different if you do not work as much one month or you work more.

The key is that you are saving something each month so you are not hit with the scary, marital argument inducing, quarterly tax bill that seems outrageously high. Remember, if you are making about \$12k/month, it would be pretty normal to have a quarterly bill of \$6720. That's a big amount if you do not save monthly for it.

Save monthly for your taxes! You will be thankful each time your quarterly estimated tax coupon comes in the mail. ❖

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.

Legislation and Advocacy Program

Jennifer Loken and Shauntia White

A year ago, society members had the opportunity to participate in an online survey organized by the Legislation and Advocacy Program. This survey identified areas of interest in legislative advocacy and helped pinpoint ways in which the Committees can support and engage other society members in legislative advocacy.

Quite a few of you took the time to respond, and here are some of the things that we learned:

The Top 5 Issues of Concern:

1. Insurance Reimbursement Rates
2. Parity for mental health treatment and substance abuse
3. Access to treatment
4. Insurance Network Access
5. Clinical Licensing Standards

While our committees do not control which bills are brought to the floor during the legislative session, understanding the issues most important to our membership can guide us in determining those bills we will support and those we will oppose. The top five issues disclose an overarching theme, highlighting the limits of the current system to provide both parity and access to care. Many respondents directly linked poor reimbursement rates, challenges of insurance paneling, and limited network access to the perpetuation of these limitations. One respondent wrote, "Without better insurance reimbursement [and] insurance network access, access to treatment for patients is limited by [a] decreasing numbers of participating practitioners." Another wrote "I believe we need to advocate to make mental health treatment widely and affordably available without requiring the service providers to sacrifice financially." The identification of these top issues provides us an opportunity to align the goals and objectives of

our 3 committees with the priorities of our members during the next legislative session.

The survey also shined a light on the many ways that members are already involved in legislative advocacy. Our membership is very active! Members reported voting in local and state elections, emailing representatives, making phone calls to legislators, and responding to requests on the list serve for feedback regarding legislative committee positions. This is wonderful, and we hope to foster more of the same during future legislative sessions.

Finally, the Committee recognizes there are often barriers to participation in advocacy and wanted to gather information on what these barriers might be and how they might be addressed. The number one barrier identified in the survey was time limitations. Members are not as active in legislative advocacy as they would like to be due to time constraints. People are busy! The Committee is taking this into consideration, and with the assistance of our lobbyists, we will hopefully be able to identify and narrow our efforts to the most significant pieces of legislation. In addition, we hope to offer simpler and more streamlined ways for members to advocate (e.g. prewritten/suggested-wording letters and petitions that can be signed by the membership, as well as access to legislator contact info, all from the GWSCSW website)

Other areas members identified as barriers were related to experience and information. Members expressed they did not have sufficient experience to voice their opinions and felt they needed more information on the legislative process. Hopefully, some of those that identified these barriers were able to attend the fun and informative luncheon, "Everything You Always Wanted to Know About Legislation and Advocacy but Were Afraid to Ask" held by the Legislative Program back in November 2015. Similar topics will be considered for future events.

Legislative advocacy can sometimes feel like an overwhelming task, but it is clear from the survey that our membership cares about many varied and complex issues. Our membership is invested in

engaging in the best ways they know how. If each of us takes that little time available to us to make our voices heard, we can make a difference. ❖

Jennifer Loken, LGSW, works in Baltimore at Chase Brexton Health Care in Behavioral Health and serves on our Maryland Legislative Committee. Director's note: We are extremely grateful for Jennifer Loken's excellent work on the survey and for the above newsletter article.

Student Advocacy Day on the Hill

March 1 is the beginning of Social Work Month, and BSW, MSW, PhD students, and new entry professionals from across the country will join together in Washington DC to attend the second annual student-led Social Work Student Advocacy Day on the Hill. The full-day conference is sponsored by GWSCSW, in conjunction with the Congressional Research Institute for Social Work and Policy (CRISP). The March 1 Student Advocacy Day event is the kick-off event for the Congressional Social Work Caucus' annual "Social Work Day on the Hill" on March 2, 2016. Our own Shauntia White, Student Representative to the GWSCSW

Board and founder of YSocialWork (an organization targeting Generation Y social workers), has largely organized the March 1st event. Participants will hear keynote speaker, Representative Barbara Lee (D-CA), speak about the importance of advocacy and how it relates to the Improving Access to Mental Health Care Act of 2015, as well as our own Margot Aronson and NASW's Dina Kastner, who will discuss lobbying techniques. (Please see the sidebar to read the letter regarding GWSCSW and NASW's joint support of the bill.) The students then have an opportunity to go to Legislators' offices to advocate for support for the Improving Access to Mental Health Care Act. Check our next newsletter for a report on how the day went. ❖

Shauntia White, MS in Human Development, is our Student Representative to our Board of Directors, and the founder of YSocialWork. Director's note: Thanks to Shauntia White (with contributions from Mit Joyner) for the above newsletter article.

Sunday, March 20, 2016

New Member Brunch | VISIT OUR WEBSITE FOR LOCATION

Sunday, June 12, 2016 ~ 5:00 - 8:00 PM

Annual Member Dinner | Silver Spring Civic Building Great Hall



GWSCSW Spring 2016 Educational Events

Emergency Instructions for Covering Your Practice

Friday, March 18, 2016 AND Friday, April 8, 2016 | Presenter: Melinda Salzman, LCSW-C

Updating Our Status: Social Media and Social Work Ethics

Friday, March 25, 2016 | Presenter: Lisa Kays, LICSW, LCSW-C

Working with Transgender Clients

Friday, April 15, 2016 | Presenter: Hani Miletski, Ph.D

Development of Clinical Intuition

Friday, April 22, 2016 | Presenter: Marilyn Stickle, LCSW, BCD

Becoming Yourself: Breaking Out of Denial of Codependence

Friday, April 29, 2016 | Presenter: Grace Riddell, LICSW, LCSW-C, MEd

Relationship Enhancement Therapy with Couples and Families

Friday, May 20, 2016 | Presenter: Robert Scuka, Ph.D., MSW., LCSW-C

For more information about these continuing education events or other GWSCSW programs, visit our website at WWW.GWSCSW.ORG



October 8, 2015

Dear NASW Specialty Practice Section Members
Dear Clinical Social Work Association Members:

It is with great pleasure that we write to inform you of the recent introduction of S. 2173/H.R. 3712, the *Improving Access to Mental Health Act of 2015* on October 8, 2015 by Senators Debbie Stabenow (D-MI) and Barbara Mikulski (D-MD) in the Senate and Representative Barbara Lee (D-CA) in the House. The National Association of Social Workers (NASW) and Clinical Social Work Association (CSWA) have been working on achieving this together on your behalf.

We are actively working with Sen. Stabenow, Sen. Mikulski and Rep. Lee to build bipartisan support for the bill in both the U.S. Senate and the House of Representatives. Given Sen. Stabenow's background as a social worker and her position on the influential Senate Finance Committee, she will be a strong champion for advancing our mutual Medicare agenda. Sen. Mikulski, also a social worker, Dean of the Women in the Senate as well as the longest serving woman in the history of the United States Congress, is working collaboratively with Sen. Stabenow on this legislation and they are each committed to advancing the bill through the legislative process. Rep. Lee is also a social worker, serves on the House Appropriations Committee and leads the Congressional Social Work Caucus.

The two main goals of the *Improving Access to Mental Health Act of 2015* are to increase beneficiary access to clinical social worker (CSW) services and to advance a credible and achievable Medicare agenda for CSW. The *Improving Access to Mental Health Act of 2015* achieves these goals in several ways.

- First, S.2173/H.R. 3712 increases Medicare reimbursement for CSW services from 75% to 85% of the physician fee schedule rate.
- Second, this bill eliminates restrictions on the delivery of social work services in skilled nursing facilities.
- Finally, S. 2173/H.R. 3712 expands the statutory definition of CSW services to include all services (including Health and Behavior Assessment and Intervention services) that CSWs are authorized to perform under their respective state licensure laws and regulations.

The *Improving Access to Mental Health Act of 2015* recognizes the critical shortage in resources for CSW services and the limitations its places on beneficiary access. This bill would help alleviate those shortages by increasing CSWs reimbursement rate from 75% to 85%. By raising this rate, payment parity would be established between CSWs and other non-physician professionals, including physician assistants, nurse practitioners, and clinical nurse specialists. Although passing any legislation through Congress is difficult, especially proposals that require increased spending in uncertain economic times, we believe increasing the Medicare reimbursement rate to 85% of the physician fee schedule is a credible and politically viable proposal.

Under separate cover, an alert will go out to the NASW Advocacy Listserv and CSWA listserv that will let you know how to contact your elected officials about this legislation. To join the NASW Advocacy Listserv, click [here](#).

Sincerely,



Angelo McClain, PhD, LICSW
Chief Executive Officer, NASW



Susanna Ward, PhD, LCSW
President & Chief Executive Officer, CSWA

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My Healing Story: JourneyDance™



Lisa Maestri

After 15 years as a psychotherapist, my whole life turned itself upside down. It was the beginning of the 2012 holiday season when my husband (whom I had known since I was 18) and

I decided to separate. Our separation quickly shifted into the decision to divorce. During this time, I felt ashamed. I retreated and pulled back professionally and I began to isolate. I kept trying to make sense of myself as a therapist whose own marriage was falling apart.

After much processing in my own therapy as well as in clinical supervision, I decided to take a personal sabbatical. So, I closed my group private practice and took an open-ended amount of time off from work to just focus on me.

I headed to the Kripalu Retreat Center in the Berkshires of Massachusetts for a 14-day retreat. It was an opportunity to do yoga, attend workshops, hike, rest, meditate, read, restore, and eat all sorts of organic food. Little did I know that this trip would be the start of something life-changing.

My personal transformation began when I stepped into a room filled with at least 50+ people dancing and moving in a variety of ways to music. They were being guided by a magnificent woman named Toni Bergins, MEd, founder and creator of JourneyDance™. The music ranged from the beat of drums, to instrumental, classical, pop, and ended with songs from the heart, and prayer, which in turn led us to the floor in a state of bliss. I was at once, inspired, calm, and relaxed.

It was through this experience that I recognized I was free to express myself through dancing, moving and music. It was in this place where I began to slowly heal from the wounds of a traumatic divorce, my own self-criticism and hate, body image issues and deep-rooted pain. I found a place where I could be vulnerable and open.

No judgment, no mirrors, just a room filled with people on their own personal journey. We shared with one another without words. The music and movement united us. Toni's words were there to guide us.

Toni Bergins is a dancer and educator who believes in the power of healing the human body from within. JourneyDance™ is a class that is a combination of structured and unstructured dance to help you get out of your mind and get back in touch with your body. Dancing in bare feet without mirrors offers an opportunity for self-expression, healing and transformation.

I was hooked and danced every day while I was there. Once I returned home, I knew that this was something I wanted to explore further.

In April 2015, I traveled to the rainforest in Costa Rica where I trained for two weeks intensively in JourneyDance™. As a former voice major, the combination of music and process work was a wonderful blend for me. At times I struggled to stay in my body. It was scary; I wasn't sure I trusted it. It was hard to connect to my own experiences and to be open to what would unfold. After the training, I knew that a new passion had been ignited in me, and I wanted to share this with people in the Washington DC area, in addition to other places over time.

That summer, I began teaching weekly JourneyDance™ Classes in Washington DC and in October of 2015, I traveled to Santa Fe, New Mexico to complete the final module of training. This final training helped me to feel more grounded and confident in myself. Less than a year after stumbling upon JourneyDance™ accidentally, I am now a Certified Facilitator, one of about 40 in the world. This feels like a huge accomplishment, but what is most valuable to me is the transformation both personally and professionally that I have experienced.

Who is JourneyDance™ for?

Anyone and everyone

You may be wondering is this for me? The answer is a resounding Yes! JourneyDance™ taps into your left and right brain. It provides an opportunity to express yourself without judgment. You can go wherever you desire in this class.

From someone who was NOT a dancer, this class is for anyone! It can be a wonderful addition to individual psychotherapy, or an outlet for someone who likes to dance and enjoys movement. This class provides an opportunity for people to process their feelings without talking and helps people uncover things they may not have access to in traditional psychotherapy.

Clinicians

As I continue to grow and build the JourneyDance community in this area, I will be leading a class specifically for clinicians where we will dance together and then have a process group. This class will provide an opportunity for clinicians to dance without worrying if your client will bump into you on the dance floor.

I teach JourneyDance in Clarendon, VA on Sunday evenings at 7:15 (Saffron Studio) and in Washington DC on Thursday evenings at 7:30pm (Dance Loft on 14th). I am happy to answer questions directly by email at lamaestri@icloud.com or 571-230-2349. My website is: www.JourneyDance.com/Lisa-Maestri.com ❖

Lisa A. Maestri, LCSW, maintains a private practice in McLean, VA. She works primarily with adolescents and adults, providing individual, group, and couples counseling. She is a trained Imago therapist as well and holds certifications in trauma treatment. Her areas of specialization include eating disorders, trauma, separation/divorce as well as women's health issues including sexual disorders and vulvodynia.



Remember you can find past issues of
GWSCSW News & Views at
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POETRY MUSINGS

Live the Questions



Wendi R. Kaplan

*"Always the beautiful answer,
who asks the beautiful
question."*

-e.e. cummings

Most of us seek the beautiful answer, it seems. We want the best answer, the clearest path, the simple road. We want certainty.

Yet, life is messily, beautifully uncertain! Questions give us the gift of uncertainty. Questions allow us to open our minds to not knowing and therefore possibility. The word "question" is derived from the Latin word *quaerere*, the stem of which is to ask or to seek. Inherent in the word "question" is the word "quest." So exciting that our questions actually are guides or vehicles that equip us with the impetus to embark on the quest into the unknown.

The poets, like Cummings, remind us of the importance of questions. Elizabeth Barrett Browning asks the enchanting question, "How do I love thee?" Walt Whitman asks us to consider, "Why, who makes much of a miracle?" And Pablo Neruda provides us with lists of unique, provocative questions in his work *The Book of Questions*:

Is 4 the same 4 for everybody?

Are all sevens equal?

What color is the scent of the blue weeping of violets?

How do the oranges divide up sunlight in the orange tree?

In a world that is fixated on answers, we therapists — like artists, poets, philosophers, scientists and other creative folk — still cherish questions. Therapists ask questions! We are taught to be curious, to inquire, to seek, to ponder, to think about, to explore and then to explore further.

One of our most important therapeutic tools is the question. Creating a question is an art in itself. As we listen deeply to our clients, we allow awareness to blossom and questions to rise. When we pose questions to our clients, they are offered an entry to deepen their understanding of themselves, of others, of their stories, of their own curious nature. Questions open doors, light up dark places, arouse our quest for meanings, point our gaze to small details as well as to broad landscapes.

Often I find that a simple question such as, "how is that important to you?" or "how do you understand what has happened?" will invite a pause that causes one to re-approach the issue at hand with new eyes. The pause and the inquiry offer the brain another path to consider. The brain loves novelty, and when one is offered a question that might disrupt a familiar story line or conclusion, that leaves space for exploring a new path to consider fresh perspectives.

For thirty years or so, I have often read these words of Rainer Maria Rilke that I have hanging on a wall or tucked into a journal or taped into my appointment book:

"... be patient toward all that is unsolved in your heart and try to love the questions themselves like locked rooms and like books that are written in a very foreign tongue. Do not now seek the answers, which cannot be given you because you would not be able to live them. And the point is to live everything. Live the questions now. Perhaps you will then, gradually, without noticing it, live along some distant day into the answer."

Rilke's words of wisdom remind me of the importance of curiosity, of being open, of "living the questions now."

Poetry helps me find more questions and offers answers I never would have imagined. Poetry challenges me to see between the lines of life. It opens doors I never knew were there and then shows me places I never considered. Poetry lets me see the small details and sometimes takes me flying above all of the noise and clatter for a bird's eye view. It reminds me to ask what it is that I do not see, do not hear. Poetry invites me to ask the questions and to consider other explanations.

Here is a poem that may stir up questions in you,

Questions Before Dark

Day ends, and before sleep
 when the sky dies down, consider
 your altered state: has this day
 changed you? Are the corners
 sharper or rounded off? Did you
 live with death? Make decisions
 that quieted? Find one clear word
 that fit? At the sun's midpoint
 did you notice a pitch of absence,
 bewilderment that invites
 the possible? What did you learn
 from things you dropped and picked up
 and dropped again? Did you set a straw
 parallel to the river, let the flow
 carry you downstream?

-Jeanne Lohmann

I invite you to read this poem at the end of your day. Read it when you have a moment to sit and think about the poet's questions. Notice the questions that awaken in you. And, if you choose, write about your questions.

"And you? When will you begin that long journey into yourself?" -Rumi

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

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.

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Our New Clinical Social Work Association (CSWA) Partnership

Nancy A. Harrington

Since the last newsletter, there have been significant developments in our partnership with the Clinical Social Work Association (CSWA). When I was at the Clinical Social Work Association (CSWA) Summit of the Presidents of the State Societies this year (2015) in October, there was much discussion about CSWA's stated goals: Strengthening Identity, Preserving Integrity, and Advocating Parity.

Having attended the Summit in October of 2014, I was very impressed with the talent, the goals, the organization, and the work of the CSWA. This organization is the voice of our national clinical social work representation. [The NASW represents social workers nationally, but not with as much focus on the clinical aspects of social work as the CSWA does.] CSWA work has as their primary and sole focus the issues with which we, as clinical social work(ers) deal.

The GWSCSW pays \$1,000 in state annual dues in order to be a local Chapter of the CSWA, the national organization of clinical social workers. The CSWA is working for all of us, nationwide, and in order to meet their goals and ours more effectively, they need both more members and more money.

As such, we were asked to encourage our members to support and join CSWA. Explaining that as president I did not feel comfortable asking our members to pay \$100 (and now \$150 as of 2016) to join CSWA, I suggested an alternative. My suggestion was an offer to increase State Society membership fees from the current \$1000 to \$3000 in exchange for a substantial reduction for individual CSWA membership to \$35, which we could then offer as an additional benefit of membership to our respective state members.

This was a well received suggestion, and since that meeting in October, the CSWA has been working diligently on getting the mechanisms in place to make it happen and allow us and Washington State, in a pilot membership drive, to join at this \$3000 annual fee and offer individual membership dues at \$35!!

I am very pleased to have been able to work together to come to such a mutually beneficial agreement with CSWA. This is a win-win proposition, I believe. We have a large reduction in the cost of membership to CSWA, and they get a large influx of members into their Association, which allows them to do more for us!!! This new arrangement, works best for them when more of our members and other states' members join. So, I want to implore you, for everyone's sakes to join CSWA.

Our GWSCSW is the second largest state society behind New York, and we can make a significant impact on this effort. I am asking for a Call to Action to join CSWA during this pilot membership period before it ends on March 31. This will guarantee that we will continue to receive this tremendous offer from CSWA. ❖

**Visit our website CSWA page
to sign up now -
before it's too late -
DEADLINE IS MARCH 31!
<http://gwscsw.org/CSWA-Partner-Rate>**

SAVE THE DATE!



**Social Media
Ethics Workshop**

Friday, March 25, 2016
9:30 AM - 1:30 PM

Alpenwood Senior Living
14400 Homecrest Road,
Silver Spring, MD

TECH TIPS: ONLINE SECURITY

Brought to you by GWSCSW's Social Media Committee, in collaboration with President, Nancy Harrington & Administrator, Donna Dietz

In this digital age, it can be hard to keep up with security issues. Below you will find information on general "best practice" tips for email security, as well as information on GWSCSW's online security.

Email Security

1. Have a strong password on your email account and change it regularly.
2. Include your own email address in your email account's saved contacts, so you will know if your email account has been compromised (by the hack or spoofing that makes it appear as though you sent spam to your entire contact list).
3. Avoid clicking on a link from an unknown sender OR a link sent from someone you know that seems suspicious (i.e., there is no message in the email, or the message that contains the link seems out of context, etc).
4. Mark a suspicious message as "spam" through your email provider (many allow you to do this).
5. Avoid replying to any suspicious message, and most importantly-
6. Never provide any identifying information or passwords in response to an email request OR following an emailed link. Even if the email request appears to come from your actual bank/ email provider/insurance company, etc, and you've clicked on a link and it appears to be legit, close that browser window, and instead access your account as you normally would.

GWSCSW Online Security

GWSCSW.org: Our website is hosted by an association management web hosting solution called Wild Apricot. Wild Apricot uses traffic encryption that ensures that data entered into the online forms (e.g. membership application, event registration) as well as data transferred from Wild Apricot servers back to visitors is protected from any security issues. All online payments are managed through Paypal – no financial data is ever stored on our website so all your online payments are secure.

GWSCSW Therapist Finder: Anyone can access therapist information with the Therapist Finder – as its purpose is to be a tool that allows you to be listed and found by legitimate people who are looking for therapy. In order for someone to access information from the therapist finder, he/she has to agree to the terms and conditions prior to gaining access to the listings. There are several steps necessary to get therapist information. Scammers could potentially use Therapist Finder to contact anyone (as with any form of advertising in which you share your contact information).

Listserv: The only people who can post to GWSCSW's listserv are members who have been verified as members and have been invited to be a part of the group.

Difference between SPAM and a SCAM:

Spam is an electronic message that is randomly sent to a large number of people who never solicited that message, and a scam is a trick that is cleverly made successful by gaining the confidence of the victim and committing some sort of fraudulent activity. ❖

Please be aware that scams are likely to crop up in the future. The convenience and anonymity of email, along with the capability it provides for easily contacting thousands of people at once, enables scammers to work in volume. As scams come to our attention we will post them to ALERT you what to be on the watch for.

VISIT OUR WEBSITE: www.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.

Katrina Boverman recently sang with the Archdiocese of Washington Mass Gospel choir in the concert and mass that was a tribute to Dr. Martin Luther King, Jr. The choir was made up of about 70 singers from various parishes in the archdiocese, and sang at St. Augustine's Catholic church in DC. She also sang w/the Gospel Choir for the Papal Mass that was held at the Shrine/Catholic University (that was with a smaller choir of about 28 people). All a great honor !

Marie Choppin completed the Certificate In Advanced Trauma Treatment - Level 1 with Lisa Ferentz Institute for Advanced Psychotherapy Training and Education, Inc.

Joel Kanter published an article in Smith College Studies in Social Work called, " Interpersonal Learning". The reference is Smith College Studies in Social Work, 85 (4):409-420, 2015

Lisa Maestri recently successfully completed training and has become a certified JourneyDance(tm) facilitator. She was chosen by Toni Bergins MEd, founder of JourneyDance(tm) to be one of the co-facilitators of a 3 day JourneyDance(tm) New Year's Eve workshop at Kripalu in the Berkshires. In addition to her private practice, Lisa is facilitating JourneyDance(tm) classes in Arlington, VA and Washington DC. If movement is your medicine and music heals your soul, come check out a class!

Gina Sangster is currently participating, along with about a dozen other clinicians, in Lisa Kay's "Improvisation for Therapists" weekly workshop at the Source Theater. There will be a showcase on March 13!

Michael Shea will be performing a musical reflection on psychotherapy on Saturday, March 19th in New York City at the Duplex. Proceeds from the event will go to the New York city Master Chorale.

Robert Scuka had his article "A clinician's guide to helping couples heal from the trauma of infidelity" published in 2015 in the Journal of Couple and Relationship Therapy, 14, 141-168. He also had a book chapter entitled "Relationship Enhancement and Mastering the Mysteries of Love" appear in J. J. Ponzetti, Jr. (Ed.), Evidence-based approaches to relationship and marriage education (pp. 165-179). New York: Routledge, 2016.

Marilyn Stickle's article, "The Expression of Compassion in Social Work Practice" was published in the February 23, 2016 issue of the Journal of Religion & Spirituality in Social Work: Social Thought. Her article on empathy and compassion integrates neuroscience research that demonstrates the difference in the neural responses of these two faculties. Functional magnetic imagery technology is demonstrating that the expression of empathy accompanies negative affect, activating a pain network, while compassion activates positive affect and regions associated with affiliation. Training protocols demonstrate that clinicians can learn to practice with compassion in short periods of time. This leads to important understanding about how to train clinicians to practice with compassion and how to bypass the negative affects associated with too much empathy.

Audrey Thayer Walker published an article in Smith College Studies in Social Work titled, "Point-Counterpoint: Can you hear me? A therapist listens." ❖

THE COURAGE TO FIGHT VIOLENCE AGAINST WOMEN

Friday March 4 (evening) & Saturday March 5 (all day) | The Abramson Family Recital Hall, Katzen Arts Center | American University, Washington, DC -- 8 ce credits (cultural)

This conference shows how the trauma of violence becomes known and witnessed to bring about transformations of pain into resilience. Topics include: violence on campus, femicide in Mexico, female genital mutilation, sexual violence against women in prison, sex trafficking and child marriage.

The courage of victims to speak, of psychotherapists to receive truths, and of a variety of disciplines to provide help and witnessing is presented through interactive panels, artistic portrayals, poetry, film, and theater.

For further information and the full brochure and registration go to:
Contemporaryfreudiansociety.org
(DC COWAP Conference) or
contact: paula.ellman@gmail.com or
nrgoodmanphd@gmail.com



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- Living Dangerously? Sign up at the last minute for Ethics and Cultural Competence CEUs on March 31st.
- CE You! is approved by the Maryland Board of Social Work Examiners as a Category I CEU sponsor!
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COMMITTEE REPORTS

Continuing Education

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

This is the time to submit proposals for the coming 2016-2017 cycle. Even if you have the seed of an idea, we encourage you to call us to discuss it. The advantage of giving a CEU Category I is that you will have a chance to showcase your work to a very supportive audience and be paid. You can give a course for 3 hours or 6 hours. Turn to the GWSCSW website for a template of the proposal.

With the help of a few members, we will be reviewing proposals soon. We have received one on HIV as well as ethics for those who need those courses for licensure. We want to thank Donna at our administrative office for updating forms and procedures which was very needed. She answers our questions and makes running this program easier.

Last year was a bountiful year with 11 courses which were well attended. We have received positive feedback on evaluations.

Early Career & Graduate

*Juleen Hoyer & Amanda Slatus
earlycareer@gwscsw.org*

The Early Career Committee is excited to be planning a social event for the upcoming spring, as well as other upcoming events to engage students and other early career social workers. We are also looking for members interested in leadership experience to continue the mission of our committee. We welcome current MSW students, recent grads, LGSWs, and others early in their careers to attend a committee meeting or a committee-hosted event. Our meetings always includes 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 scheduled events). Please email us at earlycareer@gwscsw.org if you're interested in joining us!

Leadership

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

It's the busy time of year for the Nominating Committee. Fortunately, our first Leadership Wine & Cheese of the year was held pre-blizzard, on Sunday afternoon January 21. About 20 members gathered at the lovely Bethesda home of Cindy Crane where we enjoyed a delicious array of food and drink and, more importantly, meeting and getting to know new members, old members, and Society leaders. The organization and goals of the Society were discussed, and there was a wonderful esprit of warmth and generous exchanges of information and experiences. A number of members volunteered to take on new roles within the Society, and we look forward to welcoming them to the Board of Directors!

Soon, we will be putting together the ballot for the election of officers for 2016-17. The election will take place in May and the new executive committee will be announced in June. Anyone who is interested in becoming more involved, whether as an

officer or in another capacity, please contact one of us!

Legislation & Advocacy

*Judy Gallant, Acting Director
dirlegislation@gwscsw.org*

Are you passionate about an issue or two or more? Vital topic areas such as end of life issues; reproductive issues; mental health parity; LGBT issues; reimbursement issues, child protection and family health; OR your issue here; can all fit the bill. Consider offering to help your jurisdiction's committee as a consultant if that issue is raised in the legislature. In DC, contact Margot Aronson at malevin@erols.com; in Maryland, contact Judy Gallant at jg708@columbia.edu; and in Virginia, contact Judy Ratliff at jratliff48@hotmail.com. See individual reports elsewhere in the newsletter for what is occurring in each jurisdiction. If you are mulling over how to get more involved, please contact Judy at jg708@columbia.edu to talk about it!



Margot Aronson speaking at the Fall Legislative and Advocacy Program's luncheon: "Everything You Always Wanted To Know About Legislation and Advocacy But Were Afraid To Ask"

Membership

Cindy Crane
membership@gwscsw.org

The New Membership Committee is planning its Spring event. The fall brunch was such a success that we have decided on hosting a Spring Brunch - so hold the date: it will be Sunday, March 20 from 11 am to 1 pm. The brunch will be held again at Cindy Crane's home, 7313 Millwood Road, Bethesda, MD 20817. This event is open to all new members in particular. However, this is also open to all members to welcome our new members and tell them all the great ways GWSCSW can benefit them. Mark your calendar now!

Newsletter

Jen Kogan
newsletter@gwscsw.org

Even if you don't consider yourself to be a writer you may have a burgeoning article within you! Articles about your own experience(s) as a therapist, training, practice areas and specialties - all make for highly readable entries in our newsletter. As editor, I view my role as one who helps others crystalize their vision and turn that into a finished piece. As an avid reader of our listserv, I may also contact you to check in about writing up something you post!

Professional Development

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

The Professional Development Committee ended 2015 on 12/4 with its annual licensing workshop and is offering three upcoming programs. With the help of representatives from the three licensing boards, the many attendees received beneficial information for moving through the licensing process. Special thanks to GWSCSW members, Dolores Paulson, Melissa Grady, Cathie Gray, and NCSSS for their contributions! Next, on 2/20/16 at the Silver Spring Civic Center will be Joel Kanter's presentation titled "Selma Fraiberg, James Roberson, and Clare Winnicott: Lessons from Three Social Work Heroes." This workshop is free and offers 2 Category I CEUs. Thanks to Joel for his willingness to share the contributions of three truly inspiring members of our profession. On Saturday, March 19th at the Silver Spring Civics Center, Machele Lee, RYT will offer a free member appreciation yin yoga workshop (no experience necessary). In the planning stage for April, 2016 is "Enlivening Your Practice." Stay tuned for details!

Click on the Community Page of the GWSCSW website, and then click again on the link called "mentoring" to find information for mentees and mentors, as well as the respective applications. Mentors offer guidance to social workers about concerns related to: licensure, private practice, employment, supervision, career direction and professional identity. Each mentor/mentee relationship is developed in accordance with the member's needs, in consultation with the mentor. We refrain from over-defining the specifics of the mentee/mentor relationship, so as to reflect the core professional value of self-determination. Please direct questions to Nancy Harris at nlharris1214@gmail.com or 301-385-3375.

Social Media

Sara Feldman & Juleen Hoyer
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 will be holding a workshop on Social Media Ethics on March 25, 2016 presented by our own Lisa Kays, LICSW. This workshop will count as Category I Ethics CEUs. Please check the GWSCSW website for more information including registration info! We would also like to welcome our new volunteer, Thomas Rea, to the committee. Feel free to email 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 our Committee!

Volunteer

Cristy Novotney
Volunteer@gwscsw.org

Greetings GWSCSW Members! I am the new Volunteer Committee Chair and am excited to support all of you in getting involved with the Society. Volunteering is a great way to share your talents, build community, demonstrate your leadership skills, and create quality events for GWSCSW. This year we will have a fabulous lunch for all volunteers and a volunteer event involving a walk/run for a cause. Please contact me at Volunteer@gwscsw.org if you are interested in volunteering, and take a look at the website for the volunteer opportunities in each committee. I look forward to working with you all. ❖

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Play Therapy Training:

March – June:

Psychodynamic | NY | 12 CE/Clock Hours (CH)

Social Skills Using CBT | MD | 6 CE/CH

Trauma & Attachment-Based | NY | 12 CE/CH

Use of Art & Child Development | MD | 6 CE/CH

Art-Neurosequential Approach-Trauma | MD | 6 CE/CH

Trauma & Attachment-Based | MD | 12 CE/CH

Sandtray | MD | 12 CE/CH

Adlerian | MD | 6 CE/CH

Child-Centered | NY | 12 CE/CH

Sandtray-Adults & Couples in Conflict | MD | 6 CE/CH

Other Training:

Ethical Dilemmas in Clinical Practice

March 18 & 25 | MD | 6 CE/CH

Critical Incident Response - EAP

April 7 & 14 | VA & MD | 6 CE/CH

Motivational Interviewing

& Dialectic Behavioral Therapy

November 2, 3 & 4 | MD | 18 CE/CH

Visit the “Calendar” tab on our website:

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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

March 19, 2016 – The Nature of Therapeutic Action in Psychoanalysis: Process and Technique in Work with Children and Adults. Paul Gray Visiting Scholar Presenter: Charles E. Parks, PhD; 5:00 – 6:30 pm. at the Baltimore Washington Center for Psychotherapy and Psychoanalysis, ten minutes from the Capital Beltway at 14900 Sweitzer Lane, Suite 106, Laurel, MD 20707. 1.5 CEs. For more information visit www.bwanalysis.org or call 3014703635 or 4107928060.

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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.

Family &
Child
THERAPY



Seeking independent contractor to join fee-for-service child and family therapy practice in Vienna, Virginia. Therapist may design own hours. Prefer independently licensed clinician, play therapy specialization, experience working with clients ages 3-25, skilled at parent consultation. Send CV and cover letter detailing your experience to Amanda Van Emburgh at drvanemburgh@familyandchildtherapy.com.



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PLAN FOR OUR 2016/2017 EDUCATIONAL OFFERINGS

GWSCSW has an interesting and informative line-up of CEU workshops for the upcoming 2016-2017 cycle.

Some examples are: HIV, Ethics, and Sex Addiction

Courses will be held in VA, MD & DC

**Alice Kassabian Memorial Conference:
Reflections on Wisdom~its Nature, Value, and Relevance to
Contemporary Practice | Dr. Nancy McWilliams
NOVEMBER 2016**