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Susan Post

The Alice Kassabian Memorial Conference held November 5th attracted around 150 attendees eager to hear highly anticipated, internationally renowned speaker Nancy McWilliams, PhD, reflect on the value of wisdom in life and psychotherapy. Dr. McWilliams did not disappoint the many members who called her “our hero,” examining the meaning of wisdom as it has been understood throughout history, in different parts of the world, and in the field of psychotherapy. Audrey Thayer Walker presented a fascinating long-term case from her practice, which Dr. Williams used to explicate how the therapist, through wise listening – and listening some more – can help a client (and the therapist) reach new insights and understanding about the self.



Audrey Thayer Walker, conference organizer and case presenter, and Nancy McWilliams, guest speaker.

The Kassabian conference, held now for several years at the Cosmos Club, honors GWSCSW past-president Alice Kassabian and is organized by Audrey Thayer Walker, Dolores Paulson and Golnar Simpson, who were close friends and colleagues of hers. Every year, Alice’s husband and several children and adult grandchildren come to help us celebrate her work for social justice in the world and her many contributions to the field of social work as a practitioner, advocate, scholar, educator, speaker, and leader in the mental health community. Dr. Williams’ focus on the importance of life-long psychological, intellectual and emotional growth on the part of the therapist aligns beautifully with Alice’s enduring legacy of commitment to continuing education, justice, and humane professionalism. ❖



Golnar Simpson, conference organizer, and Steve Szopa, GWSCSW President



Attendees in the main ballroom of the Cosmos Club



Alice Kassabian’s husband and family, with Steve Szopa



Conference organizers (left to right) Audrey Thayer Walker, Golnar Simpson, and Dolores Paulson, and Nancy McWilliams (guest speaker)

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GWSCSW's First Charity Volunteer Event

Cristy Novotney, Volunteer Committee

On Saturday, October 22nd, members of the Greater Washington Society for Clinical Social Work came out to support suicide awareness and prevention. Members were joined by friends, family, and dogs at the 10th Annual Out of the Darkness Walk in DC. We honored love ones who have died by suicide and showed our support for others who have also been impacted by suicide. Our team raised \$718.00 and contributed to helping the American Foundation for Suicide Prevention reach their fundraising goal for this event.

The walk started at the Washington Monument and followed a three-mile path, passing the Jefferson, FDR, and World War II Memorials and traveling back along the reflecting pool. Posted signs along the walk shared information about suicide, such as the fact that "every 12 minutes a person dies by suicide," reminding us of the impact it has on all of us. While windy, the setting was beautiful, and the sunny day kept us warm. It was powerful to walk with over 2,000 people, all of whom all came out to support this cause. ❖



Walkers at GWSCSW's First Charity Volunteer Event



President's Message

Steve Szopa

It has been an active few months since I began my Presidency in July of this year. The only challenge was the sudden lack of responsiveness from the Prepaid Legal Plan attorneys and their eventual decision not to renew their contract with us. Fortunately, I have assembled a competent and energetic group of committee members to work with me to establish an alternative to this program that we will offer during the Membership renewal season in 2017.

All other aspects of our society are going quite well. I am pleased to share a few highlights with you.

Since the date of our last newsletter, we have had several Executive Committee meetings and one Board meeting. I have been so impressed and appreciative of all of our board members and their hard-working committee members. The level of energy and devotion has infused me with optimism and enthusiasm.

Our recent restructuring of the Society has made our organizational processes more streamlined and efficient. This has allowed me to focus on broader Society needs. I have been thinking about and soliciting feedback about what would make our Society more appealing to members and to potential new members. Many existing strengths came to mind including the broad scope of our programs that support members' needs for connection, education, ongoing training for CEUs, legislative advocacy and communication. It was difficult to discern areas for improvement, but I have identified two areas in which I would like to encourage growth. The first is diversity. The second is creativity.

Our Society has become more diverse in the age and gender of our members as well as the types of clinical social work practiced and the various career stages of our members. I would like to see our Society more accurately reflect the diversity of the Washington metropolitan area. I have appointed a Diversity Committee to help us identify any inadvertent ways that we maintain homogeneity and to explore how to make our Society more inviting to a diversity of new members. The Committee and I are open to your thoughts, observations and recommendations about diversity.

We are also planning an outreach program to clinical social workers who practice in agency settings in order to broaden the diversity of types of clinical social work performed by our members.

The Clinical Social Work Association, our national organization, holds its annual National Summit Meeting in the Washington, DC area every October. At least ten other national clinical societies were in attendance this year, and the other Chapter Presidents were impressed with all that GWSCSW was doing to support its members. When I announced that GWSCSW was planning a diversity initiative, the CSWA President announced that they were also planning a diversity initiative. I was delighted to hear this because of the mutual support that the two groups could bring to this effort.

The other area that I would like to nurture is creativity. We have so many creative members, and I would like to expand that energy. We have begun to move forward with this goal, as well. Our Co-Vice President, Laurie Young, is spearheading some new options and bringing back some activities we have done in the past. In the coming months, you will hear about several possibilities including a book club, a movie night and the possibility of travel. We are currently looking into the feasibility of a pilot project that could include an educational trip to Cuba. This option is only in the beginning stage, but it is exciting enough to mention despite the possibility that it may not come to fruition. Travel to Cuba is currently expensive, so we are also looking into travel to closer, less costly destinations that provide educational opportunities for Members. If you are interested in helping us look into any of these options, please let me know. I will connect you to the person you need to contact. You can help out with a one-time task or even sign up for ongoing involvement in any of these enjoyable projects.

We want, need and welcome your feedback and your help with any of the above-mentioned activities. Please feel free to speak up and pitch in. ❖

Looking for consultation on group challenges you face?

Are you seeking a new group experience?

Wanting to gain more insight into your own group stimulated dynamics?

Group Therapists: Experiential Consultation Group

I am excited to announce a new consultation/supervision* group for group therapists. This is an experiential consultation group specifically for therapists leading groups, or actively planning to start a group.

I use a model developed by David Altfeld (1999). In this model, cases presented in a supervision group are worked with by association through the parts that are stimulated in the group members. This parallel material is then used to gain insight into what has taken place in the case presented and inform future interventions, helping to move past "stuckness" and enhance group functioning.

I have been exploring this model for the past 8 years and have found it tremendously useful at elucidating parallel material that may not otherwise be recognized. This first-hand insight gained into therapy group dynamics expands the capability, knowledge and skills of all consultation group members.



Group Leader: Rob Williams, MBA, LICSW, CGP

Start Date: November or December 2016

Day/Time: Biweekly, Fridays, 9-11AM

Location: Dupont Circle, 1801 Connecticut Ave NW, Suite 300

For more information: Call 202-455-5546

or email rob.williams.msw@gmail.com

*Can be used to fulfill the requirement for group psychotherapy supervision to become a Certified Group Psychotherapist (CGP).

Altfeld, D. A. (1999). An experiential group model for psychotherapy supervision. *International Journal of Group Psychotherapy*, 49(2), 237-254.

WASHINGTON SCHOOL OF PSYCHIATRY'S 80TH ANNIVERSARY GALA

Nancy A. Harrington

The Washington School of Psychiatry held its 80th Anniversary Gala at the Warner Theater on October 14. Because GWSCSW was a sponsor for the event, I was invited to attend as Immediate Past President. I was accompanied by Mary Jean Kane, a loyal society friend and supporter.

Jim Vance and Doreen Gentzler, anchors of Channel News 4, spoke and received WSP's Community Mental Health Education Award for their work with 'Changing Minds', an organization with which our own GWSCSW Society forged a relationship through the work of Sydney Frymire last year.

Michael Maccoby, PhD accepted the Lifetime Achievement Award, and Jon Frederickson, MSW accepted the Distinguished Service Award. Each spoke after receiving their respective honors.

It was a wonderful occasion which marked 80 years of quality work, education, and camaraderie of the Washington School of Psychiatry. I was happy to be able to be part of this important celebration as many of our members have benefited from their good work. ❖

Nancy A. Harrington LCSW, CGP is the immediate past President of GWSCSW



Washington School of Psychiatry Gala: Mary Jean Kane, Mary Dluhy, Rob Williams and Nancy Harrington

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Login at: WW.gwscsw.org

A Week in a Refugee Camp*



Ruth Ann Stoltzfus

On July 27, 2016 I took a 45-minute flight by propeller plane from Athens to the Greek island of Chios, heralded as the birthplace of

the ancient poet Homer. I have come to join the Norwegian non-governmental agency and charity, A Drop in The Ocean, which aids refugees encamped on the shores of this island.

Standing in the fishing port of Souda, I can look across the Aegean Sea to the coastline of Turkey, some six miles away. It is from these shores that the refugees have come in small wooden and tube boats. A medieval fort stretches from this harbor along the coastline between the sea and the town of Chios. The fort is “crumbling grand” with its turret and ridged walls. Stretched between this artifact and the street of the town lie the refugee camps of Souda and Depitea, comprising some 1,500 plus people.

The refugees are primarily from Syria but also from Afghanistan and Iraq. They are doctors, shopkeepers, housewives, lawyers, twenty-somethings, and children and babies of all ages. Some are highly literate and some are not literate in their own language. What they do have in common is the long, long wait for the interviews, which will determine whether they can go on to another country or will be returned to Turkey. The waiting list for the interviews in Greece has about 10,000 names on it.

The “camp” is a winding array of large white tarpaulins under which families have created “homes,” and of tiny colorful tents set up here and there on available spots. Everyone, pregnant women and the elderly alike, sleeps on blankets and waits in long lines to be given the portion of food they are allotted by the cards given to

them when the United Nation’s High Refugee Commission registers them.

The waiting, already months long, takes an obvious toll on the refugees. Over several days I notice a small girl, frequently irritable in play, standing aside with her eyelids half-closed. Something is wrong and I wonder whether she might be dissociating. One day she motioned me to look, opened her mouth and inside was a baby tooth black to the gum. My job became getting her help: locating her mother, trying to read the Arabic sign indicating when the dentist comes to the camp, and then figuring out how to get her a painkiller until that day arrives. Stomach ailments, headaches and irritability are the challenges of the day. Parents raise families while carrying water from the spigot area for tea making and clothes washing, and they wait in ever-lasting lines to get food, see the doctor, and get a clothing distribution. We are all dirty and hot. The garbage stinks quickly in the heat.

Our ranks of volunteers swelled upwards to 30 and down again as people, primarily from Norway, come to work in the camps. We work long hours, starting at 8:00 AM and returning to our hotel at 9:30 PM. Each meal distribution takes several hours and leaves me emotionally exhausted. The refugees’ survival systems are activated, and some try hard to find ways to get extra portions. I myself could care less how many portions an individual got, but there are the constraints of the donated food to worry about and the equity of the quieter refugees standing in line to consider. I hate this part and am not happy either to see how quickly the heat (upwards to 95 degrees) and toll of being pushed physically and emotionally plays havoc with my kindness and equanimity.

Between meals we make up activities to support the families; a lifeguard volunteer has the wildly successful idea of swimming lessons in the very sea families have traversed in danger. Parents come to watch their kids try to swim. An adult

woman in a burka practices breathing under water while her husband looks admiringly on from the shore. Despite not having a language in common, some individuals and I learn to know each other by using their bits of English and my gestures and we find ways to make little jokes and laugh. Back home now, I think of them and wonder how they are doing.

At the camp I decide to offer children, ages 8-12, a chance to record a pictorial narrative of their life. When I see a child wandering, I find a quiet dirty spot, as that is all their is, and offer drawing paper and colored pencils. The pictures are of their trip across the sea, of the country they are from. One girl, whose father I hear is dead, sat next to her quietly weeping mother and drew two flowers over red dirt covering a submerged area of black. Not one of the three of us speaks as she draws and we sit.

I witness a remarkable community effort by a group of men to control what seemed to be the beginning of a very angry outburst. Sitting outside, after dinner distribution, on the pavement with some women and adolescent girls, a fast-walking group of 20 or more men emerged from the bowels of the camp, making their way towards the street. Two men stuck very close to the body of one man who was visibly upset. They followed him, walking up and down the sidewalk, all the time pressed against him and talking to him in low voices, literally and emotionally containing him. Slowly, the crowd of men dwindled away.

I saw a heartbreaking play activity among children about four and five years of age. They carried some kind of long apparatus they had evidently found lying around the port, and holding onto the edges let it swing between them as they marched along singing and chanting in what I took to be Arabic. I think I am seeing funeral pyre play, as it resembles images I've seen of funeral processions in Middle Eastern countries.

Working lunch one day, I ask a Norwegian family therapist volunteer how many generations her family had lived in Norway; it was many decades.

And then in answer to her question, I stated that my own family had come to the United States nine generations earlier, fleeing religious persecution. 'Ah' she said, "So you too, are a refugee." And with that she provided me with some reflection about why I had rather abruptly decided to set out for this refugee camp.

* This article is an abbreviated version of a piece that was published elsewhere. ❖

Ruth Ann Stoltzfus is in private practice at Farragut Square, DC and Downtown Silver Spring, MD. She is a former Vice President of Education for the GWSCSW. This article is abbreviated from an original.



A girl alone in camp with her mother as her father has died.



Swimming to shore of Chios from boat after crossing the Aegean Sea.

Working Together and Making a Difference



Dan Campbell

The increased number of suicides and suicidal gestures among adolescents is something that we can help to reduce. Fairfax Community Professionals (FCP) is a coalition of private practice clinicians formed to expand on our community's suicide prevention and mental wellness efforts in central Fairfax County. We have started an outreach program to the schools and are building a referral network. Specifically, we want members of GWSCSW to participate in a short-term crisis stabilization referral program.

Background

In 2013 and 2014, there was a rash of suicides and presumed suicides among high school students in Fairfax County. In the Spring of 2014, about a dozen mental health clinicians from private practices and agencies in the central Fairfax area began meeting to talk about what we could do to make a positive impact on this problem.

We started an old fashioned social work community assessment by speaking to as many people as we could. We spoke to school administrators, psychologists and social workers at all levels. We spoke to parent groups and PTSAs. We spoke to staff at the Fairfax/Falls Church Community Services Board.

Finally, we decided we needed a name and some sort of structure. We formed a steering committee of 7 private practice clinicians and named ourselves Fairfax Community Professionals for Youth and Families, since shortened to Fairfax Community Professionals (FCP). In January, 2015, we sponsored a meeting between clinicians and the Director of Prevention and Intervention Services at Fairfax County Public Schools to talk about how we can contribute to their suicide prevention and mental wellness efforts. We began to organize our efforts to cooperate with FCPS to make an impact.

Our conversations with the administrations at W.T. Woodson and Fairfax High Schools proved to

be especially positive. Twice in both the 2014-15 and 2015-16 school years, we enlisted clinicians to facilitate small group discussions during evening "Community Conversations" about suicide prevention and mental wellness for those communities. In May 2016, we developed and led a community discussion for FHS and Woodson High School parents about building resilience.

Meanwhile, after the 2013 shootings at Sandy Hook Elementary School in Connecticut, the U.S. Department of Education created a grant to fund prevention programs. That grant was passed down to FCPS through the Virginia Department of Education. At the beginning of the 2015-2016 school year, our partnership with Fairfax High School was enhanced when FHS and four other high schools received the grant, called Project AWARE. Among other things, the grant funded an extra part time school behavioral health clinician and the training of all staff in identifying students at risk for suicide or other mental health problems.

What we need you for

In our discussions we learned that many Fairfax High School students and their families were unable to find a clinician who could see them promptly once they had been identified as needing crisis stabilization. The most they could get immediately from the local mental health center was a one session crisis assessment. Waiting lists at publically-funded agencies required students and families to delay treatment for up to two months. Subsequently, FCP created a short term referral program to fill the gap. Referrals from the Fairfax High School Project AWARE clinician are connected by FCP to private clinicians who have committed to seeing a referral within a week and continuing crisis stabilization for up to 8 sessions, at a reduced rate if needed.

If you would like to be a part of this program or just learn more about Fairfax Community Professionals, please contact Dan Campbell, LCSW at dancampbell@aol.com or Julie Mayfield, LCSW at jmayfieldlcsw@gmail.com. Other members of the Fairfax Community Professionals Steering Committee include Patrice Garver, Ph.D., Paul Hart, LCSW, Sheri Mitschelen, LCSW, Roger Rothman, LCSW and Patricia Velkoff, Ph.D.

Dan Campbell, LCSW has been in private practice in downtown Fairfax City for 16 years. His is a general clinical practice with focus on children, teens and families, especially those with neuropsychological deficits.

IT'S ALL ABOUT CHANGE

GROUP SESSIONS

BECOMING YOURSELF

A safe place to examine the core issues of codependency.

**LGBTQ
ADULTS**

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- Love Addiction/Love Avoidance
- Perfectionism
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Washington, DC
20008

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- Coming out of Marriage
- Stages of Coming Out
- Unique Issues in Parenting
- Societal and Internalized Homophobia

Wednesdays, 4:30-6 pm

4400 East West Highway, Suite 26, Bethesda, MD 20814

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LEGISLATION & ADVOCACY

❖ FEDERAL

Laura Groshong, Director for Government Relations, Policy and Practice

CSWA Government Relations Committee and You

Many of you have received Legislative Alerts and Information Alerts from the Clinical Social Work Association (CSWA) over the years. These Alerts are a small part of what the CSWA Government Relations Committee (GRC) does for clinical social workers. I thought GWSCSW members might be interested in a more complete view of what the GRC does and the close ties it has to the GWSCSW Legislative Committee. It is safe to say that without the involvement of GWSCSW legislative expertise, the GRC would not be nearly as successful as it is.

Margot Aronson, LICSW, the former GWSCSW Legislative Chair, is our representative to the Mental Health Liaison Group (MALG), a meta-group of over 80 organizations lobbying for common goals. For 10 years, Margot has made her way each month to the American Psychological Association building near Union Station (where NASW also has its offices). There the MHLG meet with Congressional, administrative staff, White House staff, and HHS staff to discuss current bills, develop strategy, and build common cause. Margot is also on the MHLG Steering Committee which oversees MHLG's overarching goals. Her involvement has given CSWA a presence and respect from sister groups that is invaluable.

Chantay White, LICSW, another stalwart GRC and GWSCSW member, has served on the GRC for the past three years, bringing expertise from the Department of State and military social work side of the world, where she has worked for the past 10 years.

Judy Gallant, LCSW-C, current GWSCSW Legislative Chair, has joined the GRC in the past year and been an excellent link to the legislative work of GWSCSW.

Additionally, GRC members include Pete Navratil, LCSW-R, who is the CSWA Board Treasurer in addition to having much advocacy experience, Betsy Amey, LCSW-C, who has incredible legislative experience in Maryland, Mark O'Shea, LCSW, longtime member who is the liaison for Alerts to GWSCSW, and Melissa Johnson, CSWA President, whose organizational abilities are a huge help to the GRC.

So what has the GRC done for you lately?

This year so far GRC has reviewed 22 proposed letters from MHLG and signed on to 15 letters to Congress.

The GRC also developed CSWA comments on S. 2680 and H.R. 2646, the Omnibus bills that would provide increased mental health training to clinicians who want to work with minorities through the Minority Fellowship Program; the development of the National Mental Health Policy Laboratory to gather research on new treatments for mental health conditions; and a special program to stop the scourge of Native American suicide. CSWA has taken the lead in assuring that "clinical social workers" are included as recognized mental health clinicians in these bills, a success we are very proud of. We



CSWA Summit photo - Britni Brown, VP of CSWA, Jennifer Greenberg, Co VP of GWSCSW and Steve Szopa, President of GWSCSW

have sent comments to President Obama's Mental Health Parity Task Force this year, also available at the CSWA website. The comments we provided to Congress on these bills can be found at the CSWA website (www.clinicalsocialworkassociation.org).

The GRC worked with Sen. Debbie Stabenow (D-MI) on the development of S. 2173, the Improving Access to Mental Health Treatment Act, as did NASW. This bill would increase the Medicare reimbursement rates for LCSWs, allow LCSWs to work under Medicare Part A independently, and allow LCSWs to bill under E&M codes. Margot and I visited 12 Republican Senators and 10 Democratic Senators this year to lobby for this bill.

Finally, we updated the count of LCSWs in the country as of September, 2016. GRC members called all 50 state and DC social work boards to find out how many LCSWs were currently licensed. The total number of LCSWs increased from 234,114 to 246,495. For your information, District of Columbia has 3210; Maryland has 9251, and Virginia has 6308.

GRC hopes you value the work we are doing and that each of you will join CSWA, a separate membership organization from GWSCSW. GWSCSW has made it extremely easy for Society members to join CSWA by underwriting the cost of dues. CSWA values our partnership and looks forward to the work ahead.



❖ District of Columbia

Margot Aronson

There have been two legislative issues of importance to clinical social workers this summer and fall, and both are in flux as this newsletter goes to print.

Aid in Dying Legislation

The Death With Dignity Act (B21-0038) was proposed last year, and remained "under consideration" in the Health and Human Services until this October, when a narrow vote moved it to the next step, consideration by the Committee

of the Whole (COW). The first COW vote is expected to be November 1st. If it survived that vote, the second vote, the mark-up, the Mayor's review, Congressional acquiescence - will depend upon the results of each step along the way.

The bill would establish practices similar to those in Oregon, Washington, Montana and Vermont, providing terminally ill patients the right to choose the timing and manner of their deaths and to avoid prolonged suffering. It is highly controversial among Council members, District leadership, and citizen groups. While it would be inappropriate for GWSCSW to take a position, we clinical social workers should educate ourselves about the bill, as it might affect clients' deeply held beliefs and perhaps their lives.

Mandating Certain Reports to the Licensure Boards

Bill B21-0621 - The Health-Care and Community Residence Facility, Hospice, and Home Care Licensure Amendment Act of 2016 - has been "Under Council Review" since February.

The bill seems quite reasonable: it mandates health professional employers, health care providers, facilities, and agencies make a timely report to the appropriate licensure board when a health professional has been disciplined or terminated for being "professionally incompetent, suffers from a mental or physical impairment that results in him or her being unable to perform his or her occupation in a safe and effective manner, or has engaged in unprofessional, illegal, or unethical conduct...."

This has long been a requirement for physicians; what is new is that it will extend to all health professionals. Our concern is that the investigative staff of the four behavioral health Boards already are stretched to their limits, as are the Boards themselves. Adding a case load without resources for investigation and adjudication could easily result in a spiral of unintended consequences. We will be encouraging the Council to be sure that adequate resources are in place.

A second concern about B21-0621 is that it also includes an obligation to report an allegation made to the employer, provider, facility, or agency, by a patient, client, or subordinate that a healthcare professional is incompetent, impaired, or unethical [as described above]. We have joined others voicing concerns to the Council about this aspect of the bill. The expectation is that this bill will be reintroduced next year. ❖

Margot Aronson, LICSW, is a past Society president; she has been active in legislative affairs for many years, first as Director of our GWSCSW L&A program and now as the Clinical Social Work Association Deputy Director for Policy & Practice.

❖ Maryland

Judy Gallant

The summer and fall are traditionally relatively quiet times for the MD Clinical Social Work Coalition (aka the Maryland Legislative Committee), but we have worked on issues discussed below.

Potential new Statute

The Statute and Regulations Committee of the Maryland Board of Social Work Examiners has been considering submitting a revised Statute for consideration by legislators during the upcoming 2017 General Assembly session. Some of the goals of doing this are non-controversial: re-defining/clarifying certain terms in the current law, and strengthening procedures around criminal background checks. The issues that have required careful consideration have been the prospect of changes to licensing categories (in part to help in potential portability of licenses between states); potential changes to supervision requirements, so as to permit all social worker license levels to practice independently after a certain number of years of supervision, rather than ad infinitum as currently required; clarifying the definition of Clinical Social Worker; and distinguishing between someone who might have an independent practice (such as a case management/placement agency for the elderly, not requiring a Clinical license) and someone who is in private Clinical practice. Joel Kanter and I have attended Clinical subcommittee meetings to help with thinking through and framing wording of the two latter issues mentioned, and Gil Bliss and Linda Friskey

have lent their assistance and perspectives in some of the larger committee meetings held in Baltimore. While these revisions may not actually come before the legislature this coming year, they are in the works to be brought up in the relatively near future. Our early input and participation in the process is most likely to produce an outcome that we will feel comfortable with should a new Statute become law.

Crisis Services

In legislation passed in the 2016 Session, the Maryland Behavioral Health Advisory Council (BHAC) was charged with the development of a strategic plan to ensure clinical crisis walk-in services and mobile crisis teams are available 24/7 statewide. A steering committee has been appointed to facilitate the plan. The steering committee will be soliciting input from the community, including providers, consumers, advocates, core service agencies, and other stakeholders. A process update will be incorporated into the BHAC's annual report, and the final report is required to be completed by December 2017.

Network Adequacy:

The Maryland Insurance Administration is conducting a 12-month hearing process to develop regulations for network adequacy as required by the legislation enacted this Session. Stakeholders have provided testimony on quantitative and qualitative measures, particularly for behavioral health, that have included strong access standards such as wait times and travel times for appointments. Insurance carriers continue to resist many of these measures. Testimony will be accepted through the end of the public hearing process in March of 2017. The MIA website has a lot of information regarding the hearing process, their agenda, and testimony submitted by other stakeholders. Relevant information can be found through the following link: <http://insurance.maryland.gov/Consumer/Pages/Network-Adequacy-Regulations-Information.aspx>. We will be evaluating testimony from other stakeholders as well as questions posed by the MIA to determine whether the Coalition should submit independent testimony. It remains a work in progress.

Many issues will be raised in the 2017 Legislative Session. Is there something that makes your blood boil? Would you like to make a difference, not only to your clients but also to thousands of others around the State? Contact Judy Gallant at jg708@columbia.edu or sign up to volunteer on-line at our website. We're stronger working together. ❖

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

❖ Virginia

Judy Ratliff

The Legislative and Advocacy Committee held a workshop on October 9 that focused on the legislative and advocacy process and the potential for initiating and influencing legislation in VA that is pertinent to our clients and ourselves. At present, the VA Board of Social Work is working on adding a section to the regulations on midlevel licensing. Sue Rowland, the lobbyist we share with VSCSW, explained that there are two ways to add and/or change definitions and scope of practice for different levels of social work licensure. One is to use existing code that allows for changes in regulations without going through the VA Legislature and the legislative process. The other way is to introduce a bill that defines midlevel licensure into the VA Legislature when it convenes for the legislative session in 2017. GWSCSW and VSCSW will collaborate to ensure that the changes are made, whichever process is utilized.

Senator Creigh Deeds is chair of the Joint Subcommittee for Study of Mental Health Services in the 21st Century. The Joint Subcommittee is focusing on the most significant changes in laws relating to mental health and mental health services delivery systems. It holds both public and

private meetings and Sue Rowland is working hard to gain access for social workers to be represented in the more private committee meetings.

These are a few of the issues that social workers in NoVa need to be aware of. NOW---A PLEA! Advocacy does not have to mean that you have to serve on my committee (although that would be lovely, and all are welcome!). However, there is a less time-consuming way to be involved and to be part of legislative change:

- Find out who your legislative representatives are, including the Supervisor from your District who sits on the Board of Supervisors; your Delegate to the House of Delegates and your state Senator.
- E-mail each of them with the word "constituent" in the subject line.
- State who you are and that you are a member of GWSCSW and that you would like to get on the mailing list for their newsletter.
- Read the newsletters for the issues important to them that relate to mental health, other pertinent issues, your special interests and our profession.
- Contact me with these issues/concerns/interests at jratliff.lcsw@gmail.com or by phone, (703) 758-1660. Together, we can decide what our next steps will be.
- You can offer our Society's help to your legislators, if you think it's indicated, and ask what they need from us.
- Do all of the above even if the representative is not of your political persuasion.
- Strongly consider making a contribution to the legislator.

For people who have been curious or confused by the correct number of CEUs and payment for upcoming renewals for licensing in VA, the following chart from the Virginia Board of Social Work should be of help. ❖

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.

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

FEARLESS FINANCE: TIPS FOR THERAPISTS



The Dreaded Sliding Scale and Why It Is Not a Good Business Policy

Lori Atwood

When I first sit down with many therapists to work on their business financial planning, one of the first things I ask is, “what is your pricing?” Many times I get a guilty look, and then a sheepish, “well, I have a sliding scale...” My reaction must be written all over my face, because usually the therapist will launch into a whole defense about how some of her clients just lost their jobs or just got divorced and how everyone should have access to therapy.

While all of those are good arguments: clients’ hit financial rough patches, and lower income clients deserve access to high quality therapy. You have to remember pricing is just a number. A way to keep count. The real issue here is VALUE.

Even if your client hits rough times or your client does not make a lot of money, you are still providing the same level of care to him or her. I know you would never change your level of care just because you are being paid less, right? But, is that fair to your other clients? Or you provide the same care to another person, but charge them a lot less.

Extenuating circumstances, you say. Your client just lost her job or his wife just left him and took half the family income with her. Those are all horrible life situations, to be sure, but what if someone just does not make that much? Or, maybe a client complains about a lot of debt they have to service? Where’s the line?

Which life circumstance is so bad it demands a discount and which does not? How much is a job loss worth and how much is a divorce worth? You probably see what I’m getting at. Offering a temporary, policy-based discount to people in dire straits is not a problem. Being subjective about

who you give a discount to and for how much (i.e. a sliding scale) is.

If I were your client, I would not want to know you are subjectively giving discounts and maybe my circumstances warrant a discount, but I did not want to ask. It’s too subjective, and it is not fair to your entire client base. Sure, you ask people not to tell, but that’s never the right solution to anything, right?

I get it. You are compassionate. The key is that you get the subjectivity out of your pricing. You should not be judging your clients circumstances and deciding on payment. If you want to help clients in temporary difficult situations, here’s what I suggest:

- Have a transparent pricing policy and post it in your waiting room
- Have an “A” rate, which is your regular rate and a “B” rate which is a TEMPORARY “life circumstances” relief rate that is no more than 20% below your “A” rate
- Hold only a certain number of slots for “B” rate clients (maybe 2-6 clients at any given time)
- Allow clients to be on the “B” rate for a finite period of time like 6 months at most and then “B” clients are returned to the “A” rate.

With this plan you are compassionate. You can help out a client in temporary dire straits, but you do not become an easy mark for people who will take advantage of you, and you are fair to all your clients. Nobody would feel slighted if they happen to find out. In fact, you post your pricing policy in the waiting room and some of your clients may be on the “B” rate. People get that and are generally comfortable. More importantly, shy clients will know it is your policy and can ask if they are suddenly in dire straits.

If you've chosen not to take any insurance, you have to get comfortable with the fact that some people will not be able to afford your services, which is a natural consequence of your decision. I do not recommend practitioners try to have it both ways. It can be unfair to your entire client base and overly complicated for your finances. ❖

Lori Atwood, CFP 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.



Save the Date

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6 Ethics CEUs



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OUT & ABOUT

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This column shares news about members' professional accomplishments—our publications, speaking engagements, seminars, workshops, graduations—as well as our volunteer projects and special interests or hobbies. Send your Out & About info to newsletter@gwscsw.org.

For her work with MYNDTALK (www.MyNDTALK.org), a daily mental/relationship podcast, **Pamela Brewer** received the Distinguished Alumni Award from the Silver School of Social Work, New York University.

In September, **Joan Pedersen** presented a workshop on Self-Compassion for Caregivers for the EAP program of Montgomery County School System in Rockville, MD.

Ruth Ann Stoltzfus spent a week in August on the island of Chios working at a refugee camp 6 miles from the coast of Turkey. She was associated with the Norwegian Nongovernment Organization working in the refugee camps at the Port of Souda. Despite under the auspices of A Drop In The Ocean. At the camp, people from the countries of Syria, Afghanistan, Iraq, etc. live on blankets under tarpaulins as they await interviews to determine whether they will be returned to where they came from or allowed to take next steps towards living in European countries. While there, she helped distribute three meals a day and engaged children in drawing scenes from their lives (See article on page 6).

Terry Ullman, under the sponsorship of the Alzheimer's Association, is co-facilitating a Memory Cafe for people with early stage memory loss. The Memory Cafe offers opportunities for people with early stage memory loss and their care partners to socialize in an informal, relaxed environment. The program includes a snack and an activity, chosen by the members. Terry is co-facilitating the Memory Cafe at the Silver Spring Library, 900 Wayne Avenue, Silver Spring on the second Monday of the month from 1 pm - 2:30 pm. If you know of anyone who might be interested in coming, please have them contact Lindsey Vajpeyi, (240) 428-1342 or lvajpeyi@alz.org for pre-registration or to find out about other Memory Cafes in Montgomery County.

TECH TIPS: HOW TO CREATE A FILTER IN GMAIL

.....
Sara Feldman



1. First, create a label in Gmail. Look in the menu on the left side of screen. Click "Create new label," and create a name, like "Listserv Emails"
2. Then click "Manage labels" from that same menu. Click on "Filters and Blocked Addresses".
3. Click on "Create a new filter".
4. Enter the email address you want to filter. Then click "Create filter with this search" at the bottom right. Here are all the options you have to control the behavior of the filter. One of the options is to have the emails skip your Inbox and go directly to the label you created.
5. Select "Skip the Inbox (Archive it)" and the "Apply the label – Listserv Emails," check the box next to "Also apply filter to x matching conversations." This will filter messages already received that match your criteria. Then click "Update filter."
6. You should now see your new Listserv emails label in your menu on the left. If you have any new/unread messages in that folder, it will show a number next to it, alerting you about new messages.

Do you know someone who would be a good leader/facilitator for monthly groups of Later Career and Retired Social Workers? I am searching for volunteer leaders for two groups, one in N.W. DC that needs a replacement for their recent leader and another in Fairfax area where there is a waiting list of 7 people.

**Contact Grace Lebow:
gracelebow@comcast.net**

POETRY MUSINGS: INCLUDING PEACE

Wendi R. Kaplan



“Peace is present right here and now, in ourselves and in everything we do and see. Every breath we take, every step we take, can be filled with peace, joy, and serenity. The question is whether or not we are in touch with it. We need only to be awake, alive in the present moment.”

~ Thich Nhat Hanh

In this season of turmoil and political upheaval, I am contemplating peace. This is one of those times when politics has

entered the therapy session with nearly every client. Clients come in disturbed, not just at what they are hearing but at what is churning inside of them. The lid has been lifted from Pandora’s box. Memories are evoked of growing up amidst the vitriol of hatred, memories of being unknown and degraded. The hatred of then and of now mirrors the same swarm of ugliness.

A neighbor commented that the silver lining of this election season is that the cover of attempting to be politically correct has exploded, and the repressed anger, resentment and fury is spewing out everywhere. As a therapist, I wonder, has the shadow been so repressed that it has gained a life of its own and is now overflowing, threatening to obliterate the light of civility and integrity? I am reminded of the importance of welcoming all, of allowing the shadow to be expressed. For if we are ignorant of the shadow, it threatens to control us by seeping through the unconscious and obfuscating the choices that we make. It is imperative to not simply have an inner moral compass, but to use it to make choices that align us with our true north.

Bringing out the shadow takes finesse and courage. We realize that we all have our prejudices and our unquestioned assumptions. By bringing them to light we can look at them, question them, confront them. By bringing equanimity to the fore, the shadows actually can guide us to right action!

I assume that we all had a class about diversity in graduate school, for that is a hallmark of social work. I was blessed to have a teacher from Poland, Dr. Claire Wompieriski, who was active in the Solidarity Movement, and insisted we engage in honest self examination. Then again, when I was

working with families who were dealing with child sexual abuse, I went through finely nuanced training and was asked to inspect my biases. As social workers we are required to examine our prejudices, biases and shadows.

We must recognize our differing selves, especially the parts of ourselves that sit at opposite poles, that embody complicated juxtapositions, that are our Janus selves. As Peggy Osna Heller addresses in her book *Word Arts Collage: A Poetry Therapy Memoir*, if we honestly allow this argument with ourselves to emerge, we are more challenged to deepen our self awareness, broaden our perspectives and gain fresh understanding.

There are many roads to peace. By looking directly at what blocks peace for us, both external and internal, we have the opportunity to develop a more open-hearted stance in life. To find the courage to accept what is and deal with it directly provides the equanimity we need in trying times. Practicing mindfulness with ourselves and with others provides a greater perspective that is crucial to finding and maintaining inner peace.

These days I have been sitting with Pema Chodron’s words, *“The peace that we’re looking for is not peace that crumbles as soon as there is difficulty or chaos. Whether we’re seeking inner peace or global peace or a combination of the two, the way to experience it is to build on the foundation of unconditional openness to all that arises. Peace isn’t an experience free of challenges, free of rough and smooth, it’s an experience that’s expansive enough to include all that arises without feeling threatened.”*

I hope that these words resonate in some way with you. As we contemplate peace, as we breathe peace, may we know peace. ❖

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.

Perhaps these words will offer you some questions,
some direction and some hope:



A voice from the dark called out,
"The poets must give us
imagination of peace, to oust the intense, familiar
imagination of disaster. Peace, not only
the absence of war."
But peace, like a poem,
is not there ahead of itself,
can't be imagined before it is made,
can't be known except
in the words of its making,
grammar of justice,
syntax of mutual aid.
A feeling towards it,
dimly sensing a rhythm, is all we have
until we begin to utter its metaphors,
learning them as we speak.
A line of peace might appear
if we restructured the sentence our lives are making,
revoked its reaffirmation of profit and power,
questioned our needs, allowed
long pauses. . . .
A cadence of peace might balance its weight
on that different fulcrum; peace, a presence,
an energy field more intense than war,
might pulse then,
stanza by stanza into the world,
each act of living
one of its words, each word
a vibration of light--facets
of the forming crystal.

- Denise Levertov



2016/2017 EDUCATIONAL OFFERINGS

Workshop II: Reduction of Anxiety Symptoms through Mind-Body Techniques

Friday, January 13, 2017 -- 9:00 a.m.

Serious Play: Improvisation in Clinical Practice

Thursday, March 09, 2017 -- 9:00 a.m.

A Systems Approach to Sex Therapy

Friday, March 17, 2017 -- 9:00 a.m.

Intuition: Research & Practice

Friday, April 21, 2017

Workshop III: Reduction of Grief Symptoms Through Mind-Body Techniques

Friday, April 21, 2017 -- 9:00 a.m.

Holistic Health Care for Transgender Clients

Thursday, May 04, 2017 -- 1:00 p.m.

Mother-Son Incest: The Unthinkable Broken Taboo

Friday, May 19, 2017 -- 12:00 p.m.

COMMITTEE REPORTS

Community

Nancy Harrington and Sue Stevens, Co-Chairs

Graduate Party for New GWSCSW Grads and Early Career Members

One of the most wonderful things about the Society is getting to meet new colleagues. Learning about all the things other members do in their practices or agencies is inspiring and exciting. It is also amazing that we often have connections that we were not aware of.

The party held for our new graduates and early career members fits this description. It was held at the home of Sue Stevens, and the program was designed by Karen Goldberg to share ideas and helpful information about starting out as social workers. Amanda Slatius, Nancy Harris, and our President Steve Szopa were in attendance. We had informal time to get to know each other better. This was as helpful and enjoyable for the long term members as it was for the newer members.

Professional Development, Community, and Early Career groups all worked together on this project. Another highlight, was the entertainment by Blues piano player Mark Stevens, Sue Stevens' son. Thanks to all who helped make this fun event possible.



Piano player, Mark Stevens entertains at the new graduates celebration.

Continuing Education

Beth Levine and Barbara Hill, Co-Chairs

We've had great attendance at each of our Fall CE trainings. The feedback from attendees has been very positive. A big Shout Out to each of the presenters. We couldn't do this without you!

Be sure to plan ahead so you can attend as many of these local learning workshops and support our community. You can find the 2017 trainings under Education (upper right on the GWSCSW website) and Calendar (left hand side).

Let's keep this tradition of excellent educational resources going. There's no time like the present to submit a proposal. It's simple. Login to your account on the GWSCSW website. Click on Education (upper right), Education Forms (left hand side) and then Workshop/Event Posting Request and completely fill out the form. Voila! You're done.

Have a seed of an idea? Great! Feel free to contact Beth Levine (DancingBL@aol.com) or Barbara Hill (your_therapist1@yahoo.com) and we can brainstorm together.

Legislation & Advocacy

Judy Gallant, Director
dirlegislation@gwscsw.org

It was a beautiful fall day when our annual Legislative luncheon was held at Normandie Farms in Potomac, MD, on October 9. Laura Groshong, Director of Policy and Practice for the Clinical Social Work Association (CSWA), spoke briefly about the role CSWA plays influencing lawmakers about national policies that impact our practices and talked about the Mental Health Acts currently going through Congress. Margot



Judy Gallant, Pam Kasemeyer, Sue Roland, Judy Ratliff and Margot Aronson

Aronson, our DC L&A Chair, presented the structure of the DC government and the unusual accessibility we have to lawmakers on the City Council. We heard from our lobbyists, Pam Metz Kasemeyer (MD) and Sue Rowland (VA), about the different entry points we have available to us to impact the laws and regulations that govern our practices and our clients. The different issues that are impacting each of our jurisdictions were discussed, from voting rights and the Carefirst give-back of excess profits in DC, to licensing issues in Virginia, to teletherapy and licensing issues in Maryland. Members raised their concerns, including laws that govern adoption records, which they would like to see addressed.

Whether or not you were able to attend, consider choosing just one issue you have interest in. Some suggestions include: end of life issues, reproductive issues, mental health parity, LGBT issues, reimbursement issues, or child protection and family health. And offer to help your jurisdiction's committee as a consultant if that issue is raised in the legislature. We are always in need of expertise in different areas of practice in order to help guide our decisions about what to support or oppose. Just a couple of hours of your

time in helping us analyze an issue may help us help legislators to understand the complexity of our work and things that need to be considered in establishing law. For questions about DC, contact Margot Aronson at malevin@erols.com; about Maryland, contact Judy Gallant at jg708@columbia.edu; and for Virginia, contact Judy Ratliff at jratliff48@hotmail.com. You may sign up via our website at <http://www.gwscsw.org/volunteer> and we will contact you.

Your interest and support will help us prepare for the upcoming Legislative Sessions, which in Maryland and Virginia, begin in January and end in April. In DC, Council meetings occur on a monthly basis, and committee meetings are on-going, so the intensity is spread out over the course of the year. See individual reports elsewhere in the newsletter for what is occurring in each jurisdiction.

Membership

Cindy Crane & Mary Moore
cecommittee@gwscsw.org

The Fall New Member Brunch November 6, 2016 hosted at Cindy Crane's Bethesda home was a wonderful success. Nearly 20 new members mingled with and learned about each other, as well as the many benefits GWSCSW provides to our members. Society president Steve Szopa addressed the group and answered lots of good questions. New Membership Committee members, Cindy Crane, Mary Moore and Nancy Harris also were on hand to answer questions along with Society member and former New Membership Committee chair, Sue Stevens, Community Chair and Early Career Committee chair, Amanda Slatius. The next New Member Brunch is scheduled for April, 2017.

Newsletter

Jen Kogan
newsletter@gwscsw.org

Do you have an idea for an article? Consider sharing your expertise about a particular practice area or interest that affects your fellow members. Contact Jen at jenko108@gmail.com so we can talk about it!

Professional Development

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

The Professional Development Committee is at work building its program offerings. Currently, we are planning a licensing workshop, in collaboration with the National Catholic School of Social Service, on either 12/9/16 or 12/16/16 from 10:30-12:00, depending on the availability of representatives from the DC, MD, and VA Social Work Boards. This workshop will offer an overview of the licensing regulations for each jurisdiction with a printed summary, as well as an opportunity to ask questions of the Board representatives. Keep an eye on the GWSCSW website for confirmation of the date and registration information. In addition, we will be offering a workshop that explores perspectives on self-disclosure and another panel presentation in the Spring with speakers presenting approaches that enliven their practices. More information about these workshops will be forthcoming.

Our Mentor Program matches mentors with newer social workers to provide guidance about licensure, private practice, employment,

supervision, and professional identity. Mentors and Mentees are matched according to location, interests and experience, but have the opportunity to define specifics together.

More information on obtaining or becoming a mentor is available by visiting the Mentoring Program webpage under COMMUNITY at www.gwscsw.org or by contacting Nancy Harris (nlharris1214@gmail.com 301-385-3375).

We welcome new Committee members and encourage you to send topic ideas for workshops to us at the email addresses above.

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 are



Society president Steve Szopa (standing, center) and New Membership Committee member, Nancy Harris (seated in blue) chat with new and current members.

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 if there is something you would like us to post about on the listserv. We are also available to field any personal questions you may have about your own social media pages and accounts. We'd love more help, so contact us at socialmedia@gwscsw.org if you're interested in joining the Social Media Committee!

Volunteer

Christy Novotney

We have great volunteer opportunities for all of you to share your talents and expertise. Currently, the Legislation and Advocacy Committee is looking for a Co-Chair for the Maryland Legislative Committee and for members to act as subject experts to inform the committee on relevant issues to our community. The Newsletter Committee is looking for members to help proofread and edit our newsletter. Lastly, the Volunteer Committee is looking for volunteers to help recruit and engage members with our various committees. Check out our Committees and Volunteers tab on our website at http://www.gwscsw.org/Committee_Volunteers. Sign up today! ❖

The Organizer

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More pictures and rate sheets available.
Contact Lynn Hamerling | 202-722-1507 | lynnhamerling@gmail.com

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. For questions about advertising, call 202-537-0007.

Classified Ads: 75¢ per word	Display Ads: Full page 7 x 9¼	\$325	Half page	\$250
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