



news&views

Remembering Nancy Harrington

Nancy Allison Harrington
November 18, 1953 - March 26, 2018
Clinical Psychiatric Social Worker,
Group Psychotherapist,
Loving Wife, Mother, Sister and Grandmother



This past March 26th, former GWSCSW President (2014-16) Nancy Harrington passed away after a tough battle with brain cancer. Nancy had been in private practice since 1996 in the Fairfax area, specializing in individual and group therapy. She was a beloved wife, mother, sister and grandmother. In addition to her many roles and the gifts she gave to others, Nancy was a cherished friend and a dear colleague. Below, three Society members remember Nancy:

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As many of you may know, because we loved to tell the story, Nancy and I became reacquainted when she volunteered to be co-chair of the Membership Committee with me. We had known each other as kids but with new last names from getting married, we didn't know about each other. She thought she recognized me and when she asked me my maiden name, I knew right away who she was- my long lost cousin!

From then on we had a blast. Whether it was due to genes or our long experience as social workers, we just clicked. It was so fun to work with someone as open and creative and generous as Nancy. When she moved on I lost a co chair but gained a GWSCSW President. She flourished in the job and loved doing it. She said she learned so much, and she made it look easy. Nancy brought her welcoming spirit, openness and flair to the job.

Our loss was too soon, but I believe Nancy is at peace and that her spirit will live on in all that she gave to the Society. May our happy memories of Nancy sustain us and inspire us to give of ourselves and treasure each other. Just like Nancy did.

~ Sue Stevens

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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 September 2018
submission deadline is August 10, 2018.
Email articles to newsletter@gwscsw.org
Advertising: gwscsw.ads@gmail.com
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Nancy took the role of president of GWSCSW very seriously. When she first stepped up to the position, Nancy expressed her fear that she wouldn't know how to lead. But we thought she was a natural leader, and she was. She quickly determined that we needed a more formalized organizational structure and mission statement in order to assure continuity and financial responsibility and to facilitate communication among our volunteer leadership. With the guidance of a consultant on nonprofit organizations, she brought the Board of Directors fully into the 21st century. But she made what might have been a somewhat dry endeavor so much fun for all involved.

The world is a little drearier without Nancy. Her little gifts to Board members, her flowers on the tables at meetings, her caring emails to ailing coworkers, always with uplifting graphics, will be hugely missed.

This is how we'll remember Nancy: with her big warm smile, sending hugs and kisses, rooting for everyone else, giving of herself in ways that made you want to be more creative and productive. Nancy, we'll miss you forever.

~ Susan Post

I recall, fondly, my first contact with Nancy. It was on March 24, 2014. She had volunteered to be the Clinical Society President some months before, and I had recently said that I would be her Vice-President. We laughed about my sudden "promotion" from a rather inactive Society Member to Vice-President. We also wondered what we had gotten ourselves in to. We agreed that we would both help each other to remember that this was volunteer work and that we should have fun along with the hard work. Our wonderful teamwork began that mild March day, just over 4 years ago. Nancy was incredibly supportive of my having a visible role in leading the Society. She trusted me, reached out for feedback and treated me very much like a Co-President. We bonded during our two years together. She was a generous mentor who gave me the experience and courage to run for President in 2016.

Others have mentioned Nancy's warmth, generous spirit and vivacious nature. I can only echo those words because they are so true.

My great privilege was to see the behind-the-scenes Nancy who was always respectful but had a sassy sense of humor. We would be working on something quite intensely and she would make an irreverent comment that made me crack up with laughter. It was the perfect stress-reliever and endeared her to me. She was quite generous and showed me how important it was to share good fortune with others. This showed in her leadership when she increased Society donations to deserving groups. She also had a flare for design that showed in her clothes and even showed in the folders that she handed out at Board Meetings. Several of us who were fortunate enough to have served with her on the Board still have and treasure her seasonally decorated folders.

I have been struggling to put into words what Nancy Harrington taught me, and it has become clear as I write these words. She taught me to live life to the fullest, share blessings and keep a sense of humor. Those lessons are all the more important in light of how her life was cut short. We all miss her deeply, but no one can say that she did not fully live the years she was given. A wonderful piece of Nancy lives on in me, and I know the same is true for so many who knew her.

~ Steve Szopa ❖



President's Message

Steve Szopa



Steve Szopa

This is my last President's Message. It has been my distinct pleasure to serve you and the organization as President for the past two years and as vice president for the previous two years. As you can imagine, there have been many highlights and several challenges along the way.

I am happy to report that the Society is financially solvent and continues to be active in all areas of Member services. We have had 3 signature events, two Kassabian Memorial Lectures (Nancy McWilliams and Boris Thomas) and one stimulating Ethics presentation by Frederick Reamer. We have had numerous CEU, Brown Bag and Meet-up events on diverse and timely topics. There have been many social events for all Members as well as new members. Last year's cross-cultural trip to Cuba was an exciting new event that I hope will occur again in the future. My thanks to Laurie Young for getting this trip planned and off the ground.

I am most pleased with the results of my drive to increase diversity and inclusion in the Society. I would like to thank the Diversity Committee Members as well as the Conferences Committee for supporting this endeavor so strongly.

My biggest disappointment was the end of our Pre-Paid Legal Plan, caused by Schulman/Rogers decision not to renew their contract with us. A committee researched other options but this unique program was impossible to duplicate.

I would like to thank Vice Presidents Laurie Young and Jennifer Greenberg for their support and creativity. Each of them concentrated their energy into pet projects that added a lot to the Society. I also appreciate the exacting work that Sabine Cornelius has done as our treasurer. She has improved processes and created forms which will make the job easier for our next Treasurer. Rosemary Moulton has been wonderful secretary.

She has distilled our Executive Committee and Board Meeting ideas into lucid and readable documents. She has also helped us express joy and sympathy to Members and Board Members who are going through transitions.

Nancy Harrington, my colleague, friend and immediate past president was a wonderful guide and mentor. As many of you know, she died early this year and has left a hole in our hearts as well as in the management of the Society.

Our society would not be able to function without our four Branch Directors. Judy Gallant heads up the Legislation and Advocacy Branch with the vital and much-appreciated help of Judy Ratliff and Margot Aronson. This important Branch does fantastic work with a skeleton crew of volunteers. Our society would have no involvement with matters of legislation and advocacy without these generous, hard-working women.

Our Communication Branch Director, Kate Rossier, has kept all aspects of communication with our members and the world at large up and running. She has coordinated the newsletter, the listserv, the website and our social media presence with grace and optimism. She also started a new categorized list of book recommendations on the website.

Our Education Branch is another important member benefit. Steve Wechsler stepped into this Branch two years ago and has been coordinating the Branch as well as running the CEU committee with the help of our wonderful Executive Administrator, Donna Dietz.

Sue Stevens has coordinated the Community Branch for several terms. She and her committees are responsible for so many of the ways that we stay connected, welcome new members and reach out to Clinical Social Workers in all stages of their career. Sadly, Sue will be leaving at the end of this term on June 30th. Although there will be no way to replace her energy, organization, pragmatic nature and warm sense of humor, we are looking for a Communications Branch director

as I write this column. My hope is that this open position will be filled by the time this is published.

We have many Committees under each of these four Branches. They keep our society running. I want to thank each and every person who has been a regular part of a Committee or who has done a single project. Your dedication, enthusiasm and volunteer spirit has kept our society alive and thriving.

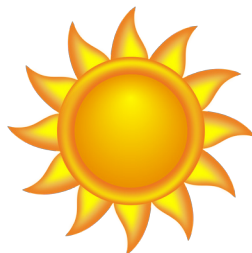
A special thanks to Donna Dietz, our Executive Administrator. Donna does a tremendous amount of work behind the scenes. She runs our website; co-edits and prints our newsletter (together with Jen Kogan who has generously done two turns as Newsletter Editor); keeps track of numerous events, and helps keep our Continuing Education events on track. Her organizational skills and initiative have made me a more organized President.

I also want to offer my appreciation to Mary Moore who agreed to run for President despite there being some important vacancies in her new Administration. I would like to encourage all of you to consider volunteering so that Mary can enjoy the support I have enjoyed these past two years.

Again, thank you for trusting me with the sacred job of tending and growing the Clinical Society. I have felt your trust and appreciation all along this journey. Despite some challenges, being the President has been one of the most meaningful things I have done in my life. Thank you for the privilege, the growth-inducing challenges and your tremendous level of support! ❖

Sincerely, Steve

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



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UPCOMING MD BROWN BAG EVENT CBT Strategies for Pregnant and Postpartum Families

In this workshop we will do a brief review of core CBT concepts, a brief review of perinatal mood disorders (depression/anxiety, OCD, psychosis, PTSD) and we will do case examples that highlight 2 specific therapeutic strategies: grounding for panic attacks/PTSD and exposures for OCD and trauma. This class is good for beginners or more advanced practitioners.

**Friday, June 3, 2018
12:30 PM - 2:00 PM**
Fox Hill
8300 Burdette Rd.
Bethesda, MD 20817



GWSCSW MENTOR PROGRAM

Nancy Harris

GWSCSW Mentor Program Description

The Mentor Program matches new, early-career social workers with experienced social workers who have volunteered to assist them in career development. It is also available to social workers new to the Washington DC metro area or those re-entering the field.

The mentee is assigned to an individual mentor soon after receipt of the application. Mentoring might be a one-time meeting or an ongoing relationship. Contact may be by phone or email, but face-to-face meetings are encouraged when possible. It is left up to the mentor and mentee to develop a collaborative way of working together, based on the mentee's needs and the availability of the mentor. Between them they determine the meeting place, meeting time, frequency of contact, and preferred methods of contact.

The Mentor Program provides information to early career social workers (mentees) that includes:

- Continuing education
- Licensing
- Job search
- Negotiating clinic politics
- Relationships with supervisors
- Career development
- Beginning private practice.

The Mentor Program supports social workers new to the field with:

- Job search strategies
- Advice on how to handle tough situations with co-workers or boss in a new job
- Information about licensure
- Assistance with strategies for starting a private psychotherapy practice
- Continuing professional development

The Mentor Program provides experienced social workers (mentors) with:

- A chance to give back to the profession
- An understanding of current licensing, trends in the field, continuing education opportunities
- Satisfaction of having a role in a new social worker's development

What the Mentor Program isn't: It is not therapy, clinical supervision, or consulting on advanced issues for developing a private practice.

If you would like to become a mentor or need a mentor, visit our website at -- <https://www.gwscsw.org/Mentoring> ❖

For questions
or more information, contact:

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nlharris1214@gmail.com

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Ame Cutler, PhD, holds a PhD in Clinical Psychology with a research emphasis in the fields of transgenerational trauma and oppression. Her interest lies with the impact that the cycle of violence has on both victims of violent crimes and violent offenders, their families and communities. She is certified in the Hakomi Method and brings years of experience in a variety of body-oriented modalities to her work with individuals, couples, and groups. In working with those who suffer the aftermath of relational trauma, she combines interests in somatic practices, mindfulness, and indigenous wisdom to assist them in building a safer relationship with their own bodies.



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

Local Contact: Sara Mindel sara.mindel@gmail.com



Sensorimotor Psychotherapy Institute

www.sensorimotor.org

GWSCSW SENIOR SEMINAR UPDATE

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Grace Lebow, Senior Representative



Grace Lebow

Retirement Member Survey: Share Your Wisdom With GWSCSW

I invite our retirement elders including those somewhere in the process, to participate in the following survey. The purpose of this survey is to give GWSCSW members the benefit of the retirement experience of our clinical elders who have much wisdom to share. Watch for the article that I will write up for the next News and Views based on this survey titled, The Inside Scoop About Retirement.

Directions: Answer all or some of my suggested questions under each of the four Retirement Stages of Retirement below.

Decision Stage

1. What triggered your decision to retire?
2. What was your age when you decided to retire?
3. How long did it take to take the first steps?
4. What were your main considerations when planning retirement?

Planning Stage

1. What was the process in making your plans?
2. What specific tasks did you take to plan for retirement?
3. Describe any consultation and guidance you got from others
4. What were your feelings during this stage?
5. What would you do differently?

Actualizing Stage

1. Describe the tasks in this stage.
2. What was the order of telling colleagues and clients?
3. What paper work was involved?
4. What were your feelings in this stage?
5. Please share any other comments that you feel is important to consider at this stage.

Done Deed Stage

1. How long did the process take?
2. What was your age at full retirement?
3. What was your experience the first weeks and months of retirement?
4. What would you do the same, what differently?
5. What advice do you have for retirees of the future?

Advance thanks for your input. Please send your responses by July 1 to Gracelebow@comcast.net. Email me to have this survey sent to you via email, as well.

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

News and Views bids adieu to Editor, Jen Kogan and welcomes Nancy Pines as Editor starting with the September issue! Learn more on Page 20.

LEGISLATION & ADVOCACY

❖ FEDERAL

Laura Groshong, Director for Government Relations, Policy and Practice

[This document was prepared at the request of several members of Congress who are trying to understand the ability of LCSWs to assess patients' likelihood to commit violent acts. The current escalation of violent acts is cause for alarm and legislators are trying to get our help in preventing violence while maintaining civil rights and accepting the limits of what can be done to predict violence. Many thanks to the fine editing of Margot Aronson, LICSW, Deputy Director of Policy and Practice. ~LWG]

The epidemic of violence in the United States appears to be steadily escalating into a major public health crisis which CSWA believes must be addressed at local, state and national levels. Yet it is not the intent of this brief paper to attempt to delineate the range of changes needed or to recommend various approaches. Rather, we focus on major misconceptions about violence and mental health.

Is Mental Illness a Major Cause of Violent Acts?

Mental illness is more often than not assumed to be the main cause of violent acts. When a violent act occurs, the first question asked tends to be whether the person accused of the violent act had a mental health problem. However, even a cursory glance at research, from Harvard Health to the American Psychiatric Association, makes clear that mental illness alone is responsible for comparatively few episodes of violence.

Certainly we would like to see more funding for mental health treatment: the severe shortage of hospital beds for highly disabled people whose psychotic process makes them a danger to self or others is, in itself, a public health crisis. The shortage of psychiatrists who could prescribe needed medication is a major problem, especially for children. The lack of psychotherapists and prescribers in rural areas is a major gap. The need to address these issues, however, has little overlap with the episodes of public violence that are increasingly common.



CSWA did some lobbying with members of Congress on April 5, including with Rep. Jamie Raskin (D-MD). Others in picture are Laura Groshong, LICSW, Director, Policy and Practice; Margot Aronson, LICSW, Deputy Director, Policy and Practice; and Melissa Johnson, LCSW, President. Issues discussed included ability of LCSWs to predict violence.

CSWA sees the tendency to attribute violence to mental illness as an attempt to explain away terrifying acts. With a label of “mentally ill”, an individual can be seen as different from others, and as soon as that mentally ill person has been accounted for, the world is safe, again; we don’t need to live in fear. Once this stigmatizing connection has been made, examination of other possible causes comes to an end, and discussion hones in on blaming those who “should” have been able to predict, and then prevent, the act.

Parents, teachers, friends may be criticized for not preventing an occurrence, but the most frequently drawn conclusion is that it is the responsibility of mental health clinicians to stop people from acting on their mental illness. This represents a misunderstanding of the ability of clinicians, including LCSWs, to predict violence in a clinical setting or outside it.

How Predictable are Acts of Violence?

The most dramatic violent acts often involve guns. But violence may also mean verbal abuse, physical abuse, sexual abuse, use of weapons to harm self, use of weapons to harm strangers, and/or use of weapons to harm family members, friends, and/or acquaintances. We often conceptualize these acts as if they exist in silos, with domestic violence seen as inherently different from mass shooting, sexual violence as quite different from emotional abuse. Yet the fact is that the strongest predictors

of violent acts are previous violent acts, including all types across the spectrum.

Other things we know about violence are that people of color, women, children, and people who identify as LGBTQ are more likely to be the targets of violence. We know that substance abuse is likely to increase violent acts by 50% (Phillips, S., Matusko, J., & Tomasovic, E. (2007). REF: *Reconsidering the relationship between alcohol and lethal violence*. Journal of Interpersonal Violence, 22(1), 66–84.)

“Duty to Warn” vs Predicting and Preventing

There is precedent in looking to mental health clinicians to avert imminent danger. The Tarasoff decision of 1974 (529 P.2d 533 Cal. 1974) has become the standard of the “duty to warn” and/or “duty to protect” a third party if a patient mentions an intent to harm a specific person by name within the confines of the “special relationship” between a patient and psychotherapist. CSWA believes that this standard, in the laws of 37 states, is as good a standard as can be applied without 1) undermining the ability of psychotherapy to help people control violent thoughts by talking about them and 2) infringing on the privacy that is necessary for a successful psychotherapy process.

The problem with going beyond Tarasoff is that unless there is a clear and specific intent, there is no absolute formula for predicting when someone is potentially harmful to self or others. The legal term of “foreseeability” does not correlate with the way that mental health clinicians help people understand themselves and others. Further, those who commit violence are often not capable of predicting such behaviors. While medications and psychotherapy can help resolve acute violent thoughts, these are not a guarantee that violent acts can be avoided.

To require a kind of “foreseeability” not based on specific intent is unrealistic at best, and at worst would turn clinicians into an extension of law enforcement, with an almost inevitable chilling effect on the patient’s willingness to be open about violent thoughts. Psychotic process alone is not a good predictor of violence, and adding the use of most violence risk assessment tools would only predict 20-40% of potential violent acts. (Ullrich, S., et al. (2014). “Delusions, anger, and serious violence: New findings from the MacArthur Violence Risk Assessment Study.” Schizophrenia Bulletin 40(5): 1174-1181.)

Summary

The tragic shootings at Newtown, Parkland, and over 20 other places in the past 10 years have increased the need to protect our citizens, and especially our children, from the violence that is plaguing us. Preventing access to the means of harming others, particularly deadly weapons; educating our citizenry on the importance of managing feelings that can hurt or harm others before they get acted upon; identifying shootings as a public health crisis which require a public health response – these are some practical approaches CSWA supports.

Most important, surely, is ending the stigmatization of mental illness, recognizing the misunderstanding of conflating violence with a mental health diagnosis, and accepting the limits of what mental health clinicians can do to predict and prevent violence. LCSWs and other clinicians do everything we can to identify patients who are likely to harm others and protect intended victims, but we cannot solve this terrible problem alone.

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

❖ District of Columbia

Margot Aronson

with Danille Drake

Those of us practicing in the District are lucky to have had strong and effective advocacy protecting the confidentiality of mental health treatment records, for many years, even at times in the face of significant pushback from insurers. However, recent changes have arisen that Danille Drake, our longtime representative on the DC Confidentiality Protection Coalition would like us to be aware of. Danille has requested more GWSCSW participation to address concerns.

I have invited Danille to join me in this space to provide members with the latest update, to clarify the new changes, and to appeal to you to become involved.

Confidentiality Protection for Mental Health Treatment Records in DC

Margot: Let's start with a little background: why have we needed a coalition of advocates for confidentiality?

Danille: Our efforts began in response to insurance companies' increasing practice of bypassing the District's very good confidentiality regulations by requiring more and more information about private mental health treatments as part of their routine claims reviews. Oftentimes, coverage for an ongoing treatment was denied if the client refused to release personal treatment information to the insurance company. The insistent demands for unneeded private information, along with the danger of denial of continuing authorization for reimbursement, was felt to constitute harassment, and, too often, these egregious practices forced an end to necessary treatments.

The DC Privacy and Confidentiality Model

Margot: What is it that is so special about the DC approach to this issue?

Danille: We have great confidentiality protection in DC; it's model legislature for other states. Mental health treatment provided in the District, or provided under an insurance contract written in the District, is protected by the DC Mental Health Information Act of 1978 and the DC Patient Bill of Rights. With these protections, DC limits the amount of information an insurance company is allowed to ask during an internal routine claim review. There's a specific DC claim form (also on our website) that specifies exactly what limited information can be requested. If the insurer feels that additional information is needed to process a claim, clients can refuse, and instead, request an Independent External Review. Or, if clients feel too much information is being asked, they are entitled to an external review.

With the External Independent External Review, the client can provide information to an Independent Reviewer who is a clinician with the same-or-greater level of training as the therapist in the type of therapy that is under review. That reviewer does not share the confidential information with the insurer, but arrives at a decision about whether the treatment should continue to be authorized for reimbursement. Later legislation, to which we contributed (the Amendments to the Patient's Bill of Rights Act) binds the insurance company to that decision.

Margot: Does that hold true for therapists who have a specific contract to participate with an insurance company stipulating that they must provide private information about treatment when requested to do so?

Danille: No. Signing that kind of contract would severely limit confidentiality protections for clients. In fact, that is a reason some therapists won't sign with a particular company that has that requirement, and, others, unfortunately, are inclined to not join insurance networks at all.

Margot: So with that specific exception, therapists in the District really are fortunate to have such good protection against insurance

companies. And this is largely because we've had such active advocacy from our coalition of mental health provider groups?

The DC Confidentiality Protection Coalition

Danille: Exactly! Nonetheless, this is an ongoing effort, because of constant pushback against confidentiality protection — from insurers, and even from other DC agencies. Electronic Medical Records also raises concerns about breaches of confidentiality.

Let me back up a bit: We began as part of a coalition chaired by Barry Landau, M.D., who has represented the Washington Psychiatric Society and the Baltimore Washington Center for Psychoanalysis. Other members of the coalition included representatives from the psychologists and licensed professional counselors associations.

Following a series of successes regarding legislation, we downsized to an informal committee of two, Barry Landau and myself. Given the current pushback, we are now seeking representatives from the GWSCSW and the other mental health professional organizations to once again step in to help.

Pushback: The Current Challenge

Margot: What is the pushback issue now?

Danille: Some insurers are finding ways to bypass the DC law. Recently, the DC Ombudsman's office has created a new process to help reverse insurance companies' denial of treatment authorizations. Instead of clients having the right to a confidential Independent External Review, the Ombudsman's office now has clinicians on staff who conduct their own review of the treatment records which must be submitted to them. They then work hard on behalf of the client, to convince the insurer to overturn their decision.

The problem is that many clients do not want to provide their personal treatment information to a government agency. In some cases, the Ombudsman will then close the review, and referral to an Independent External Reviewer cannot proceed. Or, a decision is made to allow the case to be sent to an Independent External Reviewer. We are not sure of the numbers at this point as this has been a fairly recent development.

Margot: Do our members contact you when treatment coverage is suddenly being denied?

Danille: Yes, I do get calls for assistance, and I can walk our members through the process. Frequently, those who persist are able to prevail, and some are successful in supporting their clients' appeal to the insurance companies through the process established by the DC Insurance Commissioner. However, this new added layer has posed a problem for our clients who understand that effective therapy stands on principles of absolute confidentiality in order for the treatment to be of benefit. This was also affirmed by the Supreme Court decision in the case of Jaffee versus Redmond in 1996.

And the bottom line is that we need to rebuild the Confidentiality Protection Coalition numbers to take on the support and advocacy needed.

What's Our Next Step?

First, a huge thank you to Danille! We are very fortunate to have had Danille be personally available to our members, in addition to her advocacy. Time now for others to step up to join the committee to keep these protections in place for the good of our clients in treatment! Please email Margot Aronson (malevin@erols.com) to volunteer.

***Note:** Members can refer to the legislation and related information on the Society's website in the DC Advocacy section. The required claim form, which the therapist submits to the insurer, delineates exactly what information is allowed and what is not. It, too, is posted on the Society's website. ❖

Margot Aronson, LICSW, chairs the GWSCSW L&A Committee for DC; over the past 18 years, she has served as president, newsletter editor, and director of Legislation and Advocacy. At the national level, Margot is an advocate on mental health policy and practice issues for the Clinical Social Work Association.

Danille Drake, PhD, LCSW. Long active in GWSCSW as well as the Baltimore Washington Society for Psychoanalysis and the China American Psychoanalytic Association, Dr. Drake has taught at George Washington University and at the Georgetown School of Medicine. She maintains a private psychotherapy practice in Virginia.

❖ Maryland

Judy Gallant

The Maryland General Assembly adjourned its 438th Session on Monday, April 9th with the traditional confetti release in both the Senate and House chambers. The Maryland Legislature took several steps on behavioral health and child abuse and neglect.

Behavioral health legislation

This Session established two new programs with behavioral health features. New reporting and research mandates were also passed, and new rulemaking requirements were enacted.

We were successful in our advocacy efforts supporting the Behavioral Health Crisis Response Grant Program (House Bill 1092/Senate Bill 703), which provides funds to local jurisdictions to establish and expand community behavioral health crisis response programs and services that will meet the unique needs of their residents. The Governor must include a total of \$12 million in appropriations for the program for FY 2020-FY2022.

The Maryland Medical Assistance Program – Collaborative Care Pilot Program (HB1682/SB835) establishes a Collaborative Care Pilot Program. The Maryland Department of Health (MDH) will develop a four-year pilot program in collaboration with stakeholders. MDH will establish a collaborative care model at up to three sites; these sites must be adult or pediatric non-specialty medical practices or health systems that serve a considerable number of Medicaid enrollees. At the end of the program, MDH will report to the Governor and the General Assembly its findings and recommendations. For FY 2020 through 2023, the Governor must include in the annual budget an appropriation of \$550,000 for the pilot program.

Under the new Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults law (HB1517/SB977), the Director of the Behavioral Health Administration (BHA) is required to report on behavioral health services for children and young adults in the State by December 1 of each year. This report must include, for children and young adults, eligibility and utilization numbers for public behavioral health services; individualized and aggregate

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expenditure data; statistics on individual wait times; readmission rates; average stay durations; discharge counts; and residential treatment center population counts. The report must group the required information by jurisdiction and by specified age groups. The Social Services Administration (SSA) of the Department of Human Services must also submit a report on voluntary placement agreements for children and young adults. Both annual reports must be prepared in consultation with interested stakeholders and submitted to the Governor and the General Assembly.

Maryland Department of Health – Reimbursement for Services Provided by Certified Peer Recovery Specialists – Workgroup and Report (HB772/SB765). This bill requires the Secretary of the Maryland Department of Health (MDH) to convene a stakeholder workgroup to make findings and recommendations regarding the reimbursement of certified peer recovery specialists, including whether a Medicaid State Plan Amendment is required.

Maryland Medical Assistance Program – Telemedicine – Assertive Community Treatment and Mobile Treatment Services (HB1652/SB704). The bill requires that, if the Maryland Department of Health (MDH) specifies by regulation the types of health care providers eligible to receive reimbursement for Medicaid telemedicine services, the types of providers must include psychiatrists providing assertive community treatment (ACT) or mobile treatment services (MTS) in a home or community-based setting. The bill also specifies that ACT and MTS, for purposes of reimbursement and any fidelity standards established by MDH, are equivalent to the same health care service when provided through in-person consultation. Expansion of telehealth services under Medicaid has historically been opposed by MDH based on fiscal concerns. Consequently, the bill sunsets in 2 years and MDH is required to report to the Senate Finance and House Health and Government Operations Committee by September 1, 2020 on the costs associated with psychiatrists providing ACT or MTS via telehealth.

At the intersection of behavioral health provider access in sparsely populated areas and mandatory health insurance coverage and

benefits, the legislature passed HB1132/SB858: Health Insurance – Access to Local Health Departments. This bill requires carriers that use a provider panel to ensure that all enrollees have access to local health departments (LHDs) and covered services provided through LHDs, including behavioral health care services, to the extent that LHDs are willing to participate on a carrier's provider panel. A carrier that is a group model health maintenance organization is exempt from these requirements.

Also addressing the issue of provider access, the passage of HB1310: Health Insurance – Provider Panels – Credentialing Practices prohibits a carrier from imposing a limit on the number of behavioral health providers at a health care facility that may be credentialed to participate on a provider panel. The bill takes effect June 1, 2018.

Child abuse and neglect

Legislation enacted to prevent or remediate, directly or indirectly, child abuse and neglect included the prohibition of "conversion therapy", and measures for violence prevention and school safety. "Conversion therapy" on minors is now prohibited for mental health or child care practitioners (Senate Bill 1028: Youth Mental Health Protection Act). "Conversion therapy" is defined as a practice or treatment by a mental health or child care practitioner that seeks to change an individual's sexual orientation or gender identity. The definition does not include sexual-orientation neutral interventions to prevent or address unlawful conduct or unsafe sexual practices and that do not seek to change sexual orientation or gender identity.

Bills failing to pass included efforts to impose criminal penalties on providers under certain circumstances, and to require reporting training.

HB500/SB132: Crimes – Child Abuse and Neglect – Failure to Report would have criminalized the failure to report if a provider had actual knowledge of abuse and neglect and knowingly failed to report. The bill passed the Senate but the House Judiciary Committee took no action on the bill. Some form of this bill is likely to come up again in next year's General Assembly session, as it has in previous years.

HB600/SB131: Child Abuse and Neglect – Training would have required training on the identification and reporting of child abuse and neglect for all mandated reporters. The House significantly amended the legislation to instead require the licensure boards to post information on recommended training and education courses and to encourage the licensed professionals they regulated to take the training. The Senate did not act on either the original bill or the amended House bill.

Violence prevention and school safety

HB1646: Criminal Procedure – Firearms – Transfer specifies certain crimes that disqualify an individual from possessing a regulated firearm, and adds a “domestically related crime” to existing disqualifying crimes.

SB1265: Maryland Safe to Learn Act of 2018 requires county school boards to report on which public high schools have a school resource officer, or the school system’s plan to have adequate police coverage for each public high school in lieu of a dedicated officer. The bill includes \$10 million to offset the costs of expanded police coverage for local governments and creates policies to address mental health concerns that could threaten student safety. By September 1, 2018, each local school system must appoint a mental health services coordinator to coordinate existing mental health services and referral procedures within the local school system. Working with specified local entities, the coordinator must (1) ensure that a student who is referred for mental health services obtains the necessary services; (2) maximize external funding for mental health and wraparound services; and (3) develop plans for delivering behavioral health and wraparound services to students who exhibit specified behaviors of concern. Grants from the Safe Schools Fund may be used to develop plans for delivering mental health and wraparound services.

HB1302: Public Safety – Extreme Risk Protective Orders sets forth a process by which a petitioner may seek a court order to prevent a respondent from possessing a firearm under specified conditions.

HB432: Public Safety – Grant Programs and Funding (Public Safety and Violence Prevention Act of 2018) establishes the Maryland Violence Intervention and Prevention

Program Fund and a related advisory council within the Governor’s Office of Crime Control and Prevention (GOCCP). The Governor may annually appropriate up to \$10 million to the fund and \$2.3 million for miscellaneous grants.

Stay tuned for additional information about the 2018 Session in the September newsletter. As always, do not hesitate to contact Judy Gallant at judy.gallant@verizon.net with input on the laws discussed above or other issues in Maryland mental health policy. ❖

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

Pamela Metz Kasemeyer, JD, and her firm of Schwartz, Metz & Wise, PA, represent us in Annapolis and guide our advocacy strategy. Ms. Kasemeyer is an acknowledged authority on Maryland’s health care and environmental laws and has represented a variety of interests before the Maryland General Assembly and regulatory agencies for more than 25 years.

This report is based, in part, on Pam’s multi-page summary of this year’s legislative session.

Another Amazing Kassabian Conference

Susan Post

Save the date of Saturday, November 3, 2018

for this year’s conference honoring GWSCSW past president Alice Kassabian. This year’s lecture, “When LGBTQ+ ‘Cured’ Psychiatry: The History You Never Knew: An Ethical Retrospective,” will explore the psychiatric diagnosis of homosexuality as a treatable psychopathology and the civil rights struggle that got it deleted from psychiatry’s official nomenclature.

Our presenter, William S. Meyer, MSW, is Associate Clinical Professor in the Departments of Psychiatry and Ob/Gyn at Duke University Medical Center. In 2010, he was a recipient of Duke’s Equity, Diversity and Inclusion Award for exceptional leadership and commitment. He has presented for the military and at universities all over the country and is recognized as an outstanding teacher and supervisor.

As most of you are aware, Alice was not only an extraordinary clinician, educator, speaker and Society leader, she was devoted at the deepest level to social justice. That is why this conference has always had justice and the needs of the underserved as its primary focus. Society members young and old, new to social work or highly experienced, have always felt inspired and fortified by this exciting conference, and we hope you will all plan to join us this fall.

NEW MEMBER LUNCHEON PHOTOS



For current information on all GWSCSW events, dates, times, locations go to our website at www.gwscsw.org and view the CALENDAR OF EVENTS

WELCOME

new members

Cheryl Aguilar	Amanda Maher
Maureen Altman	Lisa Marston
Madina Bakenova	Yvette Mitchell
Christa Bellanca	Willa Morris
Lita Berry	Erika Neil
Andrea Boyd	Melvin Phillips
Elizabeth Brady	Erin Price
Brittany Bright	Bree Righter
Jacqueline Casumbal	Cynthia Rogers
Jessica Chan	Tish Rothenbach
Emily Cheshire	Melissa Sheppard
Lark Claassen	Sharon Sierra-Koscinski
Ana Cobos	Lamar Smith
Patrick Cody	Rachel Spence
Suzanne Cooper	Rob Stewart
Jennifer Crittenden	Lindsay Summers
Larisa deGraffenreid	Claire Taylor
Katie DiMuzio	Esther Ungar
Virginia Dineen	Nina Van Sant
Elizabeth Draddy Vangaever	Kyle Wehrend
Barbara Eckert	Alyza Weinberg
Lara Edelstein	Dr. Chantay White
Lenee Essig	Shelly Williams
Sizana Ezana	Alex Wood
Stacey Fallon	Iris Ysern
Eileen Fenrich	
Betsy Fenzel	
simon feuerman	
Christina Fishback	
Alexandra Frerotte	
Maggie Gassert	
Anthony Hain	
Geraldine Jennings	
Amy Johnson	
Laura Jones	
Marianne Josem	
Yasmine Kaidbey	
Ari King	
Shayla Landman	
Susan Lanham	
Desiree Latta	
James Lumalcuri	
Emily Macri	



POETRY MUSINGS

Gratitude

Wendi R. Kaplan



Wendi R. Kaplan

***Gratitude bestows reverence,
allowing us to encounter everyday
epiphanies, those transcendent
moments of awe that change forever
how we experience life and the world.***

~ John Milton, 17th century English poet

Gratitude, a graceful friend and guide through life. The gratitude we feel in spring is especially wondrous. It follows the winter, the stripped down, cold and quiet time. The gratitude of spring is the work of blooming! It is the time of that undeniable light green aura that shows even before the buds emerge. It is the vibrant purple and lavender hue of violets in the grass and mostly brown and bare earth. It is the joy of crocuses that are soon followed by daffodils and tulips, as if the earth turns the light on from within.

I have learned so much about gratitude from the earth itself as well as from many teachers, mentors, friends, family, and even strangers. How can one not be grateful for all that life offers us? As therapists we meet so many people who bring us gifts of their stories: of the pain, the fear, the stumbling as well as the successes, perspectives and learnings.

In my therapy work I find it helpful to assist people to notice where in their life they feel gratitude. In neuroscience it is part of healing to learn to “Velcro the positive” in response to our evolutionary practice of what psychologist, Rick Hanson identifies as the mind’s way of being “Velcro for negative experiences and Teflon for positive ones.” The idea is that what we learn to do to survive is not necessarily conducive to

thriving. The experience of feeling gratitude engenders good mental health, just as exercise enhances physical health.

Poetry, like Naomi Shihab Nye’s “Daily” reminds us of the quotidian blessings we can be thankful for.

Daily

These shriveled seeds we plant,
corn kernel, dried bean,
poke into loosened soil,
cover over with measured fingertips

These T-shirts we fold into
perfect white squares

These tortillas we slice and fry to crisp strips
This rich egg scrambled in a gray clay bowl

This bed whose covers I straighten
smoothing edges till blue quilt fits brown
blanket
and nothing hangs out

This envelope I address
so the name balances like a cloud
in the center of sky

This page I type and retype
This table I dust till the scarred wood shines
This bundle of clothes I wash and hang and
wash again
like flags we share, a country so close
no one needs to name it

The days are nouns: touch them
The hands are churches that worship the world.

W. S. Merwin urges us to listen in his poem "Thanks."

Listen

with the night falling we are saying thank you
we are stopping on the bridge to bow from
the railings
we are running out of the glass rooms
with our mouths full of food to look at the sky
and say thank you
we are standing by the water looking out
in different directions
(excerpt)

Merwin addresses the power of repeating thank you, almost like a mantra, even in the face of difficulty: the unwanted, the challenges, the sadnesses. The poem continues "...we are saying thank you and waving/dark though it is."

Nye's poem encourages me to appreciate the ordinary things in life that deserve thanks. Merwin's poem reminds me to go deeper, especially when it is hard to find things to be thankful for.

This is especially true in today's political world. Many clients, regardless of their party affiliation, have slipped into anxious and depressed states. As have I. In challenging myself to find reasons to say thank you, I notice the awesome activism that is taking place in our world. People are marching and speaking out for the environment, for common-sense gun laws, for women, for children, for the oppressed. The energy arising is clear and thrilling. We are being called to show up, to speak up for our values, and to be grateful.

POSTING TO THE GWSCSW LISTSERV

To post to this group, send email to
listserv-gwscsw@googlegroups.com

IF YOU ARE NOT ON THE LISTSERV CONTACT:
ADMIN@GWSCSW.ORG

e.e. cummings offers us the classic form of gratitude in his poem:

i thank You God for most this amazing
day: for the leaping greenly spirits of trees
and a blue true dream of sky; and for everything
which is natural which is infinite which is yes

(i who have died am alive again today,
and this is the sun's birthday; this is the birth
day of life and of love and wings: and of the
gay
great happening illimitably earth)

how should tasting touching hearing seeing
breathing any – lifted from the no
of all nothing – human merely being
doubt unimaginable You?

(now the ears of my ears awake and
now the eyes of my eyes are opened)

~ee cummings

Cummings shows us that what awakens us to be truly ALIVE is feeling gratitude!

You might want to try for yourself. Begin writing with the following, sentence stems,

I thank you....

I thank you....

I thank you....

(Simply repeat for 2 minutes and see what shows up.)

If you want to share, I would love to hear. Thank you for reading and for sending me your thoughts and responses. I am deeply grateful for our community. I appreciate learning and hearing from you. You can write me at wendi.kaplan@verizon.net.

Wendi Kaplan, MSW, CPT-M/S, is a psychotherapist in Alexandria, VA. She is the founder of the Institute of Poetry where she teaches the theory and process of biblio/poetry therapy, journaling and word arts. Wendi is an assistant clinical professor for the George Washington University School of Medicine.

Group Therapy Consultation Groups

Comments from current group members:

- **It's a rare thing to have a place and a group of people committed to creating a space for one's own and each other's development as a group therapist.**
- **...felt grounded throughout the difficult experience of starting a group.**

If you are currently conducting a psychotherapy group or plan to start one – and have an interest in deepening your understanding of group processes, one of the following groups might be right for you.

Cases are worked with in an experiential and process-oriented model focusing on intrapsychic, interpersonal, and systems processes in an atmosphere of safety and trust. Transferences are illuminated through the here-and-now associations and interactions among supervision group members.

Whichever group might be a fit for you, the goal is for members to experience growth in group leadership abilities as they learn experientially about their reactions to issues which arise in their groups.



Leader: [MaryDluhy, MSW, LICSW, CGP, FAGPA](#)

Day/Time: [weekly, Tuesdays, 12:15-1:30PM](#)

Location: [Upper NW Washington, DC](#)

[202-363-9400](tel:202-363-9400) / marydgroup@aol.com



Leader: [Rob Williams, MBA, LICSW, CGP](#)

Day/Time: [biweekly, Fridays, 9-11AM](#)

Location: [Dupont Circle](#)

[202-455-5546](tel:202-455-5546) / rob.williams.msw@gmail.com

aida-therapy.com/aida/group-therapists/

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

COMMITTEE REPORTS

Continuing Education

Vacant

CEcommittee@gwscsw.org

We are now accepting applications for CEU events for 2018-19. Do you have a topic that you know others are interested in learning about? Would you like to share your expertise and promote your work? This is a great opportunity to highlight your experience and promote your practice.

1. Visit the GWSCSW website: www.gwscsw.org - under the Education tab for information about submitting a proposal.
2. After your proposal is submitted it will be reviewed by the Education Chair.
3. Donna Dietz, GWSCSW's Administrator will work with planning/logistics regarding dates and location. Please note that we would like to offer more events in PG County and Virginia.

The GWSCSW website outlines the process and additional information. We encourage you to think about talks on theory and best practices in your area of interest. We are also looking for presenters on ethics. The Diversity Committee recommends that CEU presenters incorporate some discussion about diverse, non-mainstream populations during their presentation. NOTE: We are still looking for volunteers to help with reading proposals and/or scheduling logistics for presentations. We are happy to mentor you through this process. If you have any questions, please contact Donna Dietz, GWSCSW Administrator.

Early Career

Karin Lee, Katie Smeltz, Chrissy Wallace, Co-Chairs

EarlyCareer@gwscsw.org

The Early Career Committee met on May 6th for an introduction to the Mentoring program by Nancy Harris. We will also be discussing possible CEU events in the fall. Look for an update in the next newsletter! Meanwhile, if you have you any requests or ideas for Early Career Committee programming, please let the co-chairs know.

Legislation & Advocacy

Judy Gallant, Director

dirlegislation@gwscsw.org

The L&A Program is planning an informational session in the fall with the chairperson from each of our jurisdictions and our lobbyists to find out YOUR ideas and to answer any questions Society members might have about Legislation and Advocacy. We hope many of you can join us at this annual event. Look for more information on the Listserve and in the next newsletter.

I would like to remind everyone of part of my program article from our March newsletter:

Judy Ratliff will be retiring from her practice and her leadership position with our Society as Chair of the Virginia L&A Committee in 2019. Margot is increasingly active with CSWA and national issues, and needs a DC Committee Co-chair to help shoulder the responsibilities she has been carrying for many years. I am the Director of the Legislation & Advocacy Branch as well as the Chair of the Maryland L&A Committee. I am in need of a Co-chair of the Maryland Committee, as well as a Co-Director of the L&A Branch. I will do my best to continue to function in both positions as the sole leader until 2019, but know that I cannot go beyond then without others being part of L&A leadership.

These realities need to be addressed by you, the membership, or we risk losing one of the major strengths of our Society and the primary reason for the Society's formation: giving a voice to the values of Clinical Social Workers in the legislative processes and the development of regulations that effect our ability to do the work we love; and standing in solidarity with our clients to support their ability to function through advocating for their needs.

Be sure to contact one of us with any questions or suggestions you might have, or to join one of the committees: in DC, Margot Aronson, malevin@erols.com; in Maryland, Judy Gallant, judy.gallant@verizon.net; and in Virginia, Judy Ratliff, jratliff48@hotmail.com. We look forward to hearing from you.

Membership

Cindy Crane & Mary Moore

Membership@gwscsw.org

On Sunday, April 15th, the New Member Spring Brunch was held at the home of Cindy Crane. We had a total of 20 attendees. Of those, 8 of them were committee members and Board members. We had 12 very enthusiastic new members attend the brunch. Everyone had a wonderful time, the new members got a sense of what the Clinical Society is all about, and several of the new members agreed to get involved in committees. It was most definitely a success!

Newsletter

Jen Kogan

newsletter@gwscsw.org

Writing and editing has long been a love of mine and as I reach the end of my tenure as Editor of News & Views, I am glad I have found someone who feels the same. Nancy Pines brings solid experience and knowledge to this job which delivers the News & Views to our membership four times a year. It has been a true pleasure for me to serve in this capacity. New adventures await!

Nancy Pines, Incoming Editor

When I saw Jen's message asking if there was someone out there who might like to take over her job as News and Views editor, I replied quickly. I thought, "Ah, this is just what I am looking for as a volunteer." Additionally, as I contemplate retirement, it also uses some skills I have developed. Jen has been most available as I learn the ropes, and she will be a hard act to follow, as they say.

For the past while, I have been a "blue pencil" for another monthly publication for a group I also belong to. I really enjoy that. So, I hope this works out. Jen has been most available as I learn the ropes and she will be a hard act to follow, as they say.

Otherwise, I have been a member of the society for years. I have a small private practice with SPMI clients in Gaithersburg. One goal I have is to improve my computer skills by consulting with my computer whiz neighbor who refuses payment but wants a bottle of his favorite scotch as compensation. Ok with me.

Social Media

Sara Feldman
socialmedia@gwscsw.org

The Social Media Committee has been excited to continue to improve our community by helping people connect through social media. We are continuing to update the GWSCSW Facebook page with articles, events, and photos. Please visit the page, like/comment on the posts, and remember to email us photos of GWSCSW events to add to the page! Let us know if you have an idea about how to make the page more relevant to YOU. We are working on getting more traffic to the Facebook page. Please like the page if you haven't already, and share the page with your fellow colleagues! Feel free to email us at socialmedia@gwscsw.org 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. Lastly, the chair of this committee, Sara Feldman, is stepping down from her position this month. Please contact Sara Feldman (sara.m.feldman@gmail.com) if you are interested in taking on this rewarding role or if you want to learn more about what it entails!

Volunteer

Christy Novotney
volunteer@gwscsw.org

On Sunday, April 29th we held our Volunteer Appreciation Lunch. We enjoyed delicious Greek food at Trapezaria in Rockville and a convivial atmosphere. It was lovely to be able to celebrate and thank our volunteers for all of their hard work and dedication in organizing quality events for our society. Towards the end of lunch, raffle prizes were distributed, and everyone had fun with their new therapeutic materials. A special thank you to Jennifer Greenberg for co-planning the lunch with me and to Ruthie Arbit for helping to facilitate this event. ❖

agency outreach

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

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

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

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

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

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

Thanks much!

TECH TIPS: FACEBOOK PRIVACY

Sara Feldman

Do you use Facebook? Are you worried that your data has been compromised? If you are like me and the 87 million other users who were affected by Facebook's recent Cambridge Analytica privacy breach, you should have received a message on your news feed notifying you if your data was compromised. If you were breached, your profile data and the data of your friends was harvested. The information was added to a huge database being compiled for Cambridge Analytica, the political data firm with links to Trump's 2016 presidential campaign. None of the people whose data was collected knew it had happened while it was happening.

There are still a variety of ways you can protect your private data moving forward:

1. Remove Facebook from 3rd party applications
2. Block specific data used by other applications
3. Turn off Facebook's data collection on other websites

You can find the specifics on how to take these steps here: <https://www.digitaltrends.com/social-media/protect-yourself-on-facebook/>



Another option is to simply delete your Facebook.

Keep in mind that anything you do or post on the Internet is usually trackable or retrievable in one way or another. Our data and browsing habits are out there (usually from things we post or do ourselves) whether we like it or are aware of it. Some data is more coveted than other data. For example, always be wary when saving your credit card information to a website, even if you are a regular shopper on that website. While it may save you a few minutes in the moment to not have to type in your credit card information, is it worth getting your credit card number potentially stolen by storing it in the website? It is important to be mindful when using websites that save information on you and your browsing habits.



The Second Annual CE You! Summer Mini Conference!

August 8-9, 2018 | 2 Days, 18 CEUs!

Homewood Suites by Hilton, Columbia/Laurel | 7531 Montpelier Road | Laurel, Maryland

Join us for our Second Annual CE You! Mini Conference! This 2 day program is jam packed with training and will provide you with a total of 18 CEUs! All New Classes! The full conference will cover all of your Ethics requirements as well as Cultural Competence! You can attend the full conference or select to attend just one day.

visit us at: <https://ceyou.org/>

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
Minimum price \$15 (20 words)	Quarter page 3¾ x 4½\$125	Horizontal: 7 wide x 4½ high
	Eighth page 3¾ x 2¼\$ 75	Vertical: 3¾ wide x 9¼ high

Size of display ads indicated above is width by height. These are the only sizes that will be accepted. Electronic submission (PDF) preferred. Publication does not in any way constitute endorsement or approval by GWSCSW which reserves the right to reject advertisements for any reason at any time.

Dr. Jeffrey Kranzler is now offering individualized social skills training for children, adolescents and young adults in his Bethesda and Rockville offices.

The social skills intervention is based on the most up to date evidence based curricula and are tailored to address the specific needs of each individual. Those who may benefit include individuals on the Autism Spectrum, and those with ADHD, Social Anxiety and other developmental, behavioral, learning and emotional factors. For more information please call (786) 417 7561 or email him at drjeff@juliebaronandasociates.com (Rockville) or KranzlerJ@metcounseling.com (Bethesda) for further information.

Beautiful new offices in downtown Columbia.

Offices have wonderful 12' high ceilings. Offices include an ample waiting room, with water cooler, a small staff area with refrigerator, microwave, copier, fax, Wifi internet, and restrooms in the hallway nearby. Great location with restaurants and Whole Foods within walking distance, free parking and easy building access weekdays, evenings and weekends. Plenty of networking and opportunities for cross referrals with a long established multi disciplinary practice.

Please contact Jan Carlson at 410 730-0552, ext 4, for further information.

Spacious, renovated Conn. Ave, NW (Davenport St). Designated parking space, street entrance, shared waiting room. Built in bookcase, recessed ceiling lights, wood floor. Available immediately. 301 299-2832

NEWS & VIEWS SUBMISSION GUIDELINES

Articles – Focus on your area of expertise and practice, ethical dilemmas, responses to events in the media or other topics relevant to clinical social work. Articles should be 500–700 words.

Out & About – Share news about you: an article you've written, if you've been in the news, taught a class, earned a new certification or are a singer, artist or writer. Submissions should be 50 words or less. **Send all submissions to newsletter@gwscsw.org**

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

OUT & ABOUT

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.

Gil Bliss and his partner **Cathy Roberts** have had a busy spring. They presented twice at the University of Maryland School of Social Work and once for the Ferentz Institute. They also offered a workshop in April at the White Privilege Conference in Grand Rapids, MI. They continue to focus on race and White Privilege and have expanded their workshops to include historical trauma, including the work of Dr. Joy DeGruy about Post Traumatic Slave Syndrome, as well as somatic and mindfulness methods for racial healing. They also presented at a GWSCSW continuing education event on May 11th.

On April 11, **Dan Campbell** enjoyed presenting his talk, "Oxygen Mask to Yourself First: self care for caregivers," to the Prince William Senior Resource Group in Manassas, VA.

Beth Levine's Letter to the Editor was published in USA Today's, "Your Say" on February 14th. They titled it "If dog meat trade outrages you, try veganism." Beth is grateful to the editors for publishing her piece in full. Beth Levine also had a poem published in The Animals Voice Magazine.

Gina Sangster will have an essay in the Winter issue of Voices journal on the topic of aging and will have a poem in the upcoming issue on technology. She also participated in the poetry open mic at the Capitol Hill Literary Festival on May 6th and has a poem in the May issue of the Hill Rag. ❖



PO Box 711
Garrisonville, Virginia 22463

CHANGE SERVICE REQUESTED

SAVE THE DATE

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

“When LGBTQ+ ‘Cured’ Psychiatry: The History You Never Knew!: An Ethical Retrospective”

Saturday, November 03, 2018 | Cosmos Club -- Washington D.C.

Continuing education credit: This Conference provides 3 LGBTQ+ and 3 Ethics CEU credits.

GWSCSW honors the memory of Dr. Alice Kassabian, a former president of our Society, clinician, advocate for social justice and excellence in clinical practice. Dr. Kassabian was an active member of the Diversity/Otherness Committee of American Association for Psychoanalysis in Clinical Social Work (AAPCSW) which promotes excellence in clinical practice by providing opportunities for expanded conversations regarding the centrality of focused attention to culture and issues of diversity.

