



news&views

New Diversity Committee: We want to hear from you!

Kate Rossier

Part of our mission as a society is to advance everyone’s freedom and ability to reach their greatest potential throughout life. In considering our mission, the Board’s Executive Committee has begun to look inward to examine how we as a Board and Society reflect the diversity of both clinical social workers and the clients we serve within our tri-state area. We identified potential areas of growth and felt a need to prioritize this issue. In November 2016, a Ad Hoc Diversity Committee was formed including Steve Szopa, Rosemary Moulton, Steve Wechsler, Kate Rossier, Susan Post and Amanda Stalus.

Diversity, of course, is a huge and complex topic. There are so many dimensions of it as well as ways to approach it. We started by asking a series of questions about diversity: What is it? In what ways are we currently diverse and in what ways not? What would we gain as a society by increasing various dimensions of diversity? In what ways do we as a society currently encourage diversity and in what ways might we inadvertently discourage it? What might be some specific ways we could increase aspects of diversity in our society and what might be the challenges as we attempt to do so? As you can see, all

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wonderful questions to grapple with.

So, what is diversity?

We broadly defined diversity as having multiple viewpoints, experiences, or backgrounds. In taking stock of our society, we can see that, over time, there are certain dimensions in which our diversity has grown: age range of members; experience and time in the clinical social work career; other professional experience prior to choosing clinical social work; treatment approaches and modalities; geographic location; provider setting (such as private practice, agency, school, hospital); client populations served; and others. And there are ways in which our membership seems to be limited in its diversity: race, ethnicity, country of birth, gender, sexual orientation and gender identification.



No matter what dimensions of diversity we would choose to concentrate our efforts on, the benefits to our society by becoming more diverse would include increased energy and creativity, greater sense of inclusion, deeper understanding of social justice, closer reflection in our membership of the diversity within our geographic area, and increased cultural competence for all of us. Greater diversity would support us in increasing our therapeutic skills with clients of the many diverse backgrounds found in our area.

GWSCSW News & Views

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

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

The next issue will be published June 2017
submission deadline is April 20, 2017.
Email articles to newsletter@gwscsw.org
Advertising: gwscsw.ads@gmail.com
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Diversity Committee (Continued)

Taking stock: where are we now in terms of diversity?

In terms of professional dimensions, the good news is that we actually do have some diversity already! Member age; stage of education and career; treatment approaches and modalities used; geographic location (roughly 25% in VA, 25% in DC and 50% in MD); practice location within the tri-state area; CSW being first, second or even third career (thus providing a wealth of professional backgrounds); and some range in practice settings.

The consensus of our diversity committee is that we are not diverse enough, however. We lack some very desirable aspects of diversity, especially in the racial/ethnic/cultural dimensions and also in terms of practice setting. One could also argue that in terms of member gender and sexual orientation, we are also lacking in diversity but because our profession as a whole might be skewed, this might be a trickier dimension to improve.

Where to go from here

As we looked at ways we already encourage diversity, we found it was primarily through educational topics that appeal across various clinical social work dimensions. There are, however, several ways in which we inadvertently discourage diversity: namely, the whiteness of our female heavy board; the offering of educational workshops and brown bags on weekdays when people who work in agencies, schools, hospital and other settings cannot come; and our historical identity as a private practice-focused organization.

We encourage those of you who are interested to join us as we explore the challenge of increasing our diversity in the areas of race, ethnicity, sexual orientation, and gender. We are considering ways to reach out with Brown Bag events, Wine and Cheese gatherings and educational offerings focused on topics of interest to a more diverse group of clinical social workers and offering them at times that work for clinical social workers who work in agency settings. We need to tap into the wealth of experience in our own membership, especially members in groups who are underrepresented.

If you or a colleague have an interest in this area of growth for our society, or reflections on your individual experiences as a member, please email any of the members of the Diversity Ad Hoc Committee at: Kate Rossier - kazrossier@hotmail.com | Steve Szopa - steveszopa@gmail.com | Amanda Slatus - amandslatus@gmail.com | Rosemary Moulton - rmoultonlicsw@gmail.com | Susan Post - susan.post@gmail.com | Steve Wechsler - wechsler@solutions-lifecoaching.org ❖

We would love to hear from you!

President's Message

Steve Szopa



The past quarter has been an eventful time in US history. The election of Donald J Trump as President of the United States has caused concern among many of our Members. The GWSCSW is a non-partisan society, but it is not surprising that the vast majority

of members with whom I have communicated are concerned about the President's fitness for duty and do not support many of the policies he intends to and is putting into practice. When I experience moments of fear and frustration, I take heart in knowing that social justice is something that all GWSCSW members support and that many of you are starting or continuing efforts to support vulnerable people in this country and throughout the world. GWSCSW engages in important advocacy in DC, Virginia and Maryland. The Clinical Social Work Association, of which we are a member, engages in advocacy at the national level. I am very proud of how we support clinical social workers and the field of clinical social work. I believe that this support enables our members to devote time and energy to social justice matters. I attended the Women's March on Washington, on January 21. There was a palpable feeling of warmth and support. Some people were angry, but the anger felt like righteous indignation, not aggressive anger. It is my hope that our members who feel that their views are no longer represented by our government will continue to work at the local and national level to make their voices heard and to bring about change.

Over the last three months, our Society has engaged in a variety of important and interesting activities. The Kassabian Memorial Lecture with Nancy McWilliams and Audrey Thayer Walker was well-attended and well-received. Approximately 120 people attended the event which featured a lecture by Nancy McWilliams and a case presentation by our Society member (and Conferences Committee member), Audrey Walker. Our Education Branch presented many excellent programs. I was pleased to hear a very positive comment from a non-member who regularly attends our educational events. He relayed that GWSCSW offers training in areas that

are not found in other settings. Our Legislation and Advocacy branch has been particularly busy with the start of the state legislative sessions. Our Community branch has been quite active in reaching out to new members, students, recent MSW graduates and retirees. Planning is in process for our annual Volunteer Appreciation Lunch and Membership Dinner. Our Communication branch has been active in maintaining and upgrading our website, newsletter, social media connection and our listserv. I would like to thank Donna Dietz, our Executive Administrator for her hard work in migrating our list-serve from Yahoo Groups to Google Groups. This large undertaking made our listserv safer and easier to manage.

There are two particularly exciting things happening in the near future. As many of you know from my last President's Message, I am particularly interested in increasing our Society's diversity and adding additional creative projects to our already impressive list of events. We are starting a project to reach out to Clinical Social Workers who practice in agencies. This project will enable us to connect more directly with a young and diverse group of Clinical Social Workers who may not be aware of the many benefits of being a member of GWSCSW. The second event is that a group of six participants will be going on a people-to-people trip to Cuba in April. The purpose of the trip is to meet and dialog with Cubans who work in social service positions in order to learn and to see if we can be of help. This trip is not sponsored by the Society, but it was open to Society Members who wished to sign up with a travel organization that specializes in cross-cultural trips to Cuba.

I would like to end by thanking all of the new and ongoing Board Members, many of whom have served on the Board for many years. A small group of Board Members are nearing the end of their terms and would like to pass the baton of leadership on to the next generation. I encourage you to think about volunteering to be a Committee Member or Committee Chair. If you are curious about taking a role in Society Leadership, I can assure you that you will be supported, appreciated and will find it rewarding. ❖

THE GIFT OF LIFE

.....

Irv Dubinsky LCSW, Ph.D | President GWSCSW, 2000

This is story of despair, perseverance, new medical technologies, loving support and luck. It is my story for the past eight years. It began after a routine annual medical exam. My internist recommended I see a hematologist because he noticed some differences from the previous year he felt should be looked at. So I went to see a hematologist he recommended. This doctor recommended I do a bone marrow biopsy, the first of many I would get over time.

The biopsy revealed I had a very rare, incurable cancer, called myelofibrosis, a scarring of the bone marrow. The disease interferes with the normal production of the blood. Ultimately, your blood, especially platelets, red and white blood cells gradually decline. You become increasingly fatigued, your immune system declines and eventually you die.

When I went for a second opinion at the Mayo Clinic in Rochester, MN after thirty vials of blood and a cursory physical exam the doctor concurred. He then explained that that there was no cure at my age, 68. He said I was too old for a very high risk bone marrow transplant given to people under fifty. He said I had between four to eight years left.

After this visit I went for a third opinion at John Hopkins Hospital in Baltimore, MD. The doctor there generally concurred, but said everyone is different, and I could live longer. A year later I got a very severe case of shingles, even though I had had the vaccine. I still have some residual pain. My immune system was failing. I started to feel more fatigued and began losing weight. I became involved with some websites for my disease and other myeloproliferative disorders. I went to some patient conferences in DC and New York City and saw the few experts in my disease.

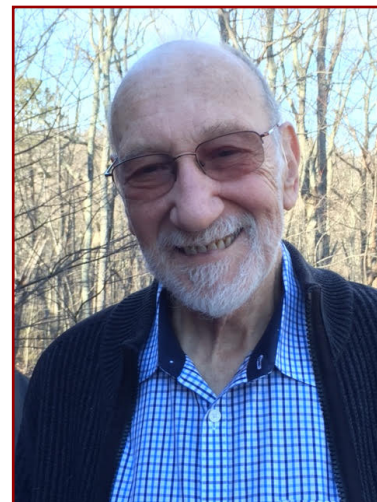
I also went on a new drug that ended the fatigue and reduced my spleen. It was great; however,

it continued to lower my platelet level. I was taken off the drug with my platelets under forty. As things worsened, I was advised to seek out clinical trials.

I applied for two clinical trials pertinent to my disease. In October 2015, I was rejected because my spleen was not enlarged enough. In February 2016, I was rejected because I had another disease, a leukemia (CLL) which would contaminate the study. However, I was also told, 'you really look good.' My platelet level was twenty-two. When you hit 10 you need transfusions to survive. This level often leads to pneumonia and death.

At that point in April 2016, I decided to go see the smartest doctor in this disease, Dr. V. I had seen him in person at the patient conferences in New York city in the fall of 2015. I got an appointment to see him at MDAnderson in Houston, TX. After the standard blood tests and a bone marrow biopsy, I met with Dr. V. He got to the point very quickly. The only thing I could do was a Stem Cell Transplant (SCT). They had recently made significant refinements in using donor's blood and chemotherapy to enable older persons to benefit from this cure. I was seventy-five which was the outer limit for the SCT. It was 'high risk high gain.' I agreed to do it without hesitation.

When I returned home, my wife and local hematologist suggested I get a second opinion. I reluctantly agreed but knew I was going to do this procedure. I went to Memorial Sloan Kettering (MSK) in New York. They agreed with MDAnderson. I decided to go to MSK because it is in New York City where I have some family and friends, and it is closer to Northern Virginia/Washington DC where I have many more friends who could be caregivers and supporters.



I arrived at MSK in late September 26, 2016. I spent one month virtually isolated and confined to a hospital room. They installed a catheter in my left upper breast to give me liquids (medicines, blood infusions, etc.) and take liquids out (blood). For the next three days they gave me chemotherapy to kill my system, then they gave me the donor's blood (SCT). For the next month they gave me multiple drugs each day, transfusions when necessary, while checking on my blood pressure and temperature every 3-4 hours. When they told me I was doing very well and would be discharged in a few days I was nervous about leaving the hospital. It was a safe home; I had become institutionalized. The numerous loving cards and calls were very important. I felt loved and not forgotten.

I was discharged after a month to a patient rooming house called the Hope Lodge, owned and managed by the American Cancer Society. I had my own room but needed caregivers to live with me until I left on January 9, 2017. I went to the Hospital several times a week to check on my progress. Living in the Lodge was a very important psychosocial intervention. I had caregivers living with me including my wife, a niece and eight other friends who came up to be with me during my two months at the Lodge. Practically every week I had another caregiver. They helped by talking with me, seeing that I was taking my pills and preparing my meals, especially during my first month. I felt cared for.

I also dined with other patients and their caregivers which was very important. The other cancer patients had different types of cancer, some doing well, some not so well, some there for a couple of weeks and some several months. They and their caregivers, spouses, parents, children or friends spoke honestly about their pain and joy. This helped acclimate me to life as a cancer survivor. I felt understood and understood them. While I no longer needed a special caregiver, many other survivors do. There is a looming crisis as families who have smaller families to tend to the growing number of cancer patients and survivors. Also, being a caregiver is an awesome responsibility; at times exhausting and exhilarating and resentful and loving.

I am doing very well now without much side effects from the SCT. I have seen someone die while in the hospital, and a pen pal doing a SCT at MDAnderson at the same time has also died. Two people at the lodge with the same cancer had a much harder time. I'm the lucky one. I have been given a gift of life so far. I have another year of being vigilant with my condition before I can definitely say it succeeded.

Lessons Learned:

- **You are in charge**, not your doctors.
- Get **second, third opinions**, more if necessary.
- See the **treatment as a blessing**, not a burden. They are trying to save your life.
- **Don't wait**. The older and sicker you are reduces your prospects for recovery.
- Rally the **loving support** of family, friends, and others.
- You need to feel loved and wanted--- **visits, calls and cards really make a difference**.
- Seek out other cancer patients and caregivers to **exchange joy and sadness**.
- Keep on top of **new developments** to cure your disease - explore websites and conferences to attend.
- Your **primary caregivers bear the brunt of worry**. They are exhausted.
- **Luck is what it comes down to** when getting the right or good enough donor, doctor, hospital, and medications.

I would be happy to talk to/communicate with individuals dealing with cancer and caregiving. Irv can be reached by email at Irvdub@icloud.com or by mail at: 34969 Charles Town Pike, Hillsboro,VA 20132. ❖

Irv Dubinsky LCSW, PhD was GWSCSW President in 2000. As many of you may have noted on our listserve, Irv posted in mid-January that he was dealing with an incurable blood disease, which has been further complicated with leukemia. Irv has graciously offered to share an article he has written sharing his learnings at this very difficult time in his life. We are most appreciative for his sharing. Thank you Irv, for your service to our Society. Your participation was invaluable and wholly appreciated. We wish you comfort and grace as you continue your long journey.

Clinical Social Work Association (CSWA) Partnership ~ \$35.00 Member Rate

For the second year, GWSCSW is partnering with the Clinical Social Work Association (CSWA) to reduce membership rates for the national association. Last year GWSCSW was part of a new pilot program where the CSWA annual membership fee (which was increased to \$150 in 2016) **is being offered to our members at a reduced rate of \$35!**

The CSWA, as our national clinical social work organization, is growing in strength across the country, and we want to do everything we can to support that goal. The work that CSWA does on our behalf at the Federal level, "strengthening identity, preserving integrity, and advocating parity" is absolutely critical to us. Anything that we can do to further their work needs to be foremost in our minds.

This is a win-win for us all: CSWA increases their membership and support which increases our numbers as social workers at the bargaining table, and GWSCSW members get a very reduced rate for membership. Your membership with the CSWA also gives you benefits including: access to all PQRS, ICD10, all Medicare forms and templates, and access to the free CSWA webinars, Clinical Dialog, and Members Only Info.

We urge all of you to join CSWA at this **REDUCED RATE OF \$35.00**— and show your support for our collective mission. ❖

**Visit our website CSWA page
to sign up now**

<http://gwscsw.org/CSWA-Partner-Rate>

AS A MEMBER OF THE CSWA YOU CAN LOG IN TO THE MEMBERS-ONLY AREA OF THE WEBSITE AND HAVE ACCESS TO THE RECENT WEBINAR ENTITLED: LCSWs on Fire: Coming to Terms with President Trump

This webinar provides LCSWs with:

- A look at the ways recent executive actions have affected LCSWs' civil rights (immigration, religious and ethnic respect) and mental health (failure to support mental health parity)
- An understanding of political issues that LCSWs need to resolve to remain emotionally centered (maintain our own beliefs while respecting those of others)
- Guidance for helping clients with anxiety and depression about the country's direction
- Ways for LCSWs to engage in advocacy (detailed list of agencies and organizations that need our help)

Student Advocacy Day on the Hill, March 9, 2017

For the past couple of years, in collaboration with the Congressional Research Institute on Social Work and Policy (CRISP) and NASW, the GWSCSW has taken a very active role in planning and sponsoring Student Advocacy Day on the Hill which occurs in March to coincide with Social Work Month. Although we are taking a less active role this year in planning the event, we will still offer some financial support. We urge all who are interested in supporting social work students and this worthy event happening on Thursday, March 9, 2017, to attend. You can get more information and register at: <http://crispinc.org/2017-student-advocacy-day-on-the-hill/>. We hope and expect to continue collaboration with CRISP and NASW in future years around this event and others of mutual interest.

GWSCSW SENIOR SEMINAR UPDATE

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Grace Lebow, Senior Representative

This article is an update on the Clinical Society Senior Seminars. The first Senior Seminar began under my leadership back in 2006 in N.W. Washington, with ten later-career members and was shifted to the dedicated leadership of Estelle Berley. In 2015, a second Seminar was formed in Northern Virginia (NoVa) under the enthusiastic leadership of Susan Miller and Karen Brandt.

The Seminars consist of later-career members of the Society, some not yet thinking about retirement, some preparing for retirement, and some retired. The monthly meetings in our first group have an educational agenda with discussions based on books, movies, lectures, and current social work issues. The NoVa Seminar uses the many talents of its members as a basis for creative outings, activities, readings and educational discussions. Here is Susan Miller's description of her group: "We are a group of writers, poets, artists, jewelry makers, photographers, dancers, gardeners and flower designers in addition to being highly seasoned and imaginative therapists."

The Seminars qualify members for CEUs, though many retired people in the Seminars no longer keep their licenses. At first, the membership of the first Seminar, led by Estelle Berley, shared retirement stories and offered a supportive exchange for those thinking ahead to retirement. This shows up in our readings which over time have moved from discussions based on books such as *What Color Is Your Parachute* by John E. Nelson to more recently, *The World and Me* by Ta-Nihisi Coates.

A third Seminar in N.W. D.C. also began in 2015, did not solidify, and is currently in process of redesigning itself under the leadership of Diana Seasonwein and Susan Lesser. This new group, that I will call a 'Salon,' focusing specifically on retirement issues at this writing has set up a meeting on Feb. 10th in N.W. Washington. It is

not planning to be a long term arrangement and is not offering CEU credits.

There are about twenty people on a wait list for Seminar Groups or Salons, some residing in the Reston/McLean area, in N. W. Washington, No.Virginia, and in the Bethesda/Silver Spring area.

I have encouraged those on this list to gather in their locales to explore their interest in participating in one of the two forms of later career groups, decide what will suit their needs and to work out a dual leadership arrangement from within their interested members.

I will be available to assist the leaders in getting their groups on the road and will share all the forms necessary for the groups to function and for the CEU requirements.

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



WEBSITE BOOK RECOMMENDATIONS COMING SOON!

Ever wish you had a quick way to access the books that have been recommended by and to our members on the listserv?

We have been working on putting together an active and continually growing list of book recommendations that members have received when asking for ideas of books on the listserv.

We will be putting these lists of topics and books on our website for our members to have quick and easy access when needed. We'll update you as soon as it's up and running!

LEGISLATION & ADVOCACY

❖ FEDERAL

Laura Groshong, Director for Government Relations, Policy and Practice

And Now for Something Completely Different: Insurance Auditing

As I write this, the new Federal Administration has yet to take office. There is so much that is currently unknown that I will look at the new policies as they develop another time. Instead, here are some thoughts about how to deal with out-of-network (OON) and in-network requests by insurance companies for Medical Record reviews, an increasingly difficult issue.

Being an OON clinician used to be a fairly straightforward process. The positives were that there was much less paper work and the ability to charge our usual and customary fees. The negatives were that there was usually a higher co-pay for the patient and some insurers did not cover OON clinicians.

In the past year there has been a change in the way that OON clinicians, including LICSWs, are covered. Plans that have been issued through the Affordable Care Act now have a requirement (starting in 2017) that a percentage of all clinicians paid by the plan are audited. This includes OON clinicians, a shock for many LICSWs who have gone OON to avoid this kind of process. You may be contacted by a company that has a different name from the insurer, e.g., AvantMed, MCM Maxcare, Navicure, etc., and be told that all your records should be sent for a given patient immediately. One other note: LICSWs are receiving requests for Medicare Medical Records for patients who are not in the Medicare system. Clarify whether this is an error before sending any information.

Here is what I have learned through investigating these companies and from insurers. In general, when you are asked for a patient record, first ask for a letter about the issues to which the reviewer would like you to respond. When received, start with a summary of the Medical Record; this is the best way to protect your patient's privacy. Keeping minimal notes on patient progress – according to

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the established treatment goals – in the Medical Record is a good policy. As always, it is a best practice to have the patient read any report that is sent beforehand.

If you are asked for more information by a reviewer, make sure that you are reviewed by an LICSW. This may not guarantee that you will have good communication, but it will improve your chances. If you are questioned about the length of treatment or the frequency of sessions, have a list of articles that support the length and frequency for the condition(s) that you are treating. There is a list of these articles for some conditions at the CSWA website.

Remember that the insurance system may be changing into an integrated care system if the Affordable Care Act is maintained in some form in 2018. That is unclear as of this writing. In the meantime, continue to protect the confidentiality of patient records, and the validity of your clinical judgment, when you respond to these requests. ❖

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

❖ District of Columbia

Margot Aronson

As I prepare to meet today's newsletter deadline for this issue, I can't help noting that this is Inauguration Day! Will legislation and advocacy in the District have a change of emphasis when the new administration settles in?

There has been much talk of leaving decision-making power to local governments. However, already this year our DC Death with Dignity Act (DC Act 21-577), which is due to take effect in mid-February, is being challenged by Sen. Lankford of Oklahoma and Rep. Wenstrup of Ohio. This law is similar to what is currently in place in Oregon, Washington State, Montana, and Vermont.

Meanwhile, Florida's Sen. Rubio is introducing new legislation that would prevent DC government from passing any gun control measures. So far, then, it's looking like same-old-same-old, or perhaps even more, Federal interference.

Board of Social Work Update

Three new Board members were sworn in this fall. The new chair is Mywen Baysah, LICSW, a school social worker at Cedar Lane Academy, a DCPS charter school. Ms. Baysah's background is in child welfare, and includes Child and Family Services (CFS) experience. Newly representing Licensed Graduate Social Workers is Davida Harper, LCSW: licensed in DC and in MD, Ms. Harper is currently working in Child Protective Services in Maryland. The new consumer member, Selerya Moore, has long worked with the Commission on Mental Health; her previous work was with DCPS.

Board continuity is provided by Velva Sprigs, LISW. Ms. Sprigs, who filled in as Acting Chair when needed, has given the Board thoughtful and practical input. Her 3-year appointment is up in March, 2017, and we sincerely hope it will be renewed.

Board meetings take place at the DC Department of Health, 899 North Capitol Street NE, on the fourth Monday of each month. The Open Session begins at 9 and lasts between one and two hours, depending upon the agenda. All are welcome. Cancellations are announced on the Board website. ❖

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

DC License Renewals

The renewal date for all District of Columbia social work licenses is July 31. Requirements for this licensure renewal are: 40 hours of continuing education, including 6 face-to-face hours of ethics training and 3 hours of HIV training. No more than 12 hours of on-line training will be accepted.

❖ Maryland

Judy Gallant

At this writing, the Maryland General Assembly has just started their 90-day session. We are already tracking numerous bills, which include the following:

- a bill proposed in the Senate which would establish penalties for a person required to report child abuse who “knowingly fails to make the required report” to potentially be subject to a fine not to exceed \$1,000 or imprisonment not exceeding one year or both. We had thought that a bill that passed last year would end the yearly wrangling over criminal penalties in Maryland. That law directs an agency that had substantial grounds to believe a health care practitioner knowingly failed to make a required report of child abuse to report the person to the appropriate licensing board. However, we will once again be fighting these proposed penalties.
- a paid sick leave bill, which passed the house last year, will likely be the subject of major debates this year. Although it would provide benefits to workers that all would like to have, it puts a financial burden on businesses. Of particular concern to our profession, facilities such as Residential Treatment Centers and nursing homes wonder if they are required to have paid sick leave for their workers and whether they would be able to provide consistent client services. Our lobbying associates at Schwartz, Metz & Wise have been working with the bill’s sponsors on flexibility for these kinds of facilities, while still hoping to protect workers’ rights.
- a bizarre bill that would require all health care providers of children and adolescents to post information in their office from the CDC about treatment of ADHD.

Additionally, we are working in collaboration with our friends at the Maryland Behavioral Health Coalition in support of the Keep the Door Open Act which would index the behavioral health provider rates at community mental health clinics to the cost of inflation. Although it passed in the Maryland Senate last year, there will likely

be even greater financial pressures at work this year due to the Trump administration’s efforts to repeal the Affordable Care Act (ACA).

Potential Impact of ACA Repeal on Maryland

In that vein, the House Health and Government Operations Committee has already held a briefing on the potential impact to Maryland of the repeal of the ACA. The Department of Legislative Services completed an analysis of the impact of health care reform and discusses the consequences for Maryland should the ACA be repealed. Just a few of the potential impacts:

- if the enhanced federal funding available for Medicaid expansion provided for by the ACA is repealed, health care coverage for as many as 286,000 enrollees could be eliminated;
- the ACA also includes an enhanced Federal matching rate for the Maryland Children’s Health program through September, 2019. Loss of this funding would increase Maryland’s general fund spending by an estimated \$68 million in fiscal 2018 and \$72.8 million in fiscal 2019.
- Maryland may elect to discontinue the Maryland Health Benefit Exchange, or may continue the MHBE as a marketplace with State funding and modified functions.

The report concludes:

“Given the results of the U.S. election, substantial revision or repeal of the ACA is anticipated. ***The change in leadership in Washington underscores the importance of monitoring legislative and policy initiatives under consideration at the federal level, such as the Ryan Proposal, in light of the potentially significant impact that a change in federal health policy could have on the State.***” (emphasis mine)

Although this report was written for the benefit of Maryland’s legislative body, we would all be wise to heed this advice. Please contact Judy Gallant at jg708@columbia.edu or [sign up to volunteer to help our legislative committee 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 Acting Director of the GWSCSW Legislation & Advocacy Program. She maintains a private practice in Silver Spring.

❖ Virginia

Judy Ratliff

The Virginia Legislature is now in session. I am working with the Virginia Society for Clinical Social Work (VSCSW) and our lobbyist, Sue Rowland, to look at bills that are being proposed, especially those that relate to mental health treatment and practice, to ensure that they include language that is appropriate for our profession and our clients. Other bills that are proposed relate to the growing problem of addiction in Virginia and the restriction of LGBT resident rights.

Ad Hoc Police Review Commission and Training Program for Police Interventions for those Experiencing Mental Health Challenges

Sharon Bulova, chairman of the Fairfax County Board of Supervisors, created an Ad Hoc Police Practices Review Commission in 2015, which recommended that there be a police civilian review panel. It will consist of nine members selected by the Board and is charged with reviewing complaints alleging an abuse of authority or misconduct by the Fairfax County Police Department (FCPD). The Commission also recommended that the county establish an office of independent auditor to review “use of force” cases and incidents in which police were involved that resulted in serious injury or death. According to the Fairfax County Times, the County “also established the Diversion First program for people experiencing mental health challenges, altered its training methods to emphasize de-escalation and developed a policy requiring that the names of officers involved in critical incidents are released within 10 days.”

Use of force allegations will be handled by the office of the independent auditor. The Times goes on to state that “the kinds of complaints it (the panel) can review include the use of abusive language, harassment or discrimination,

the endangerment of a person in custody and serious violations of county or FCPD procedures.” The panel will not review complaints “if the incident in question occurred more than a year ago and requests for review must be filed within 60 days of when the individual was notified of the completion of the FCPD investigation”.

When dealing with requests for review, the panel can convene a public meeting within 45 days of receipt of the complete police department internal administrative investigation to ask questions of the component and department representatives familiar with the investigation.... The process has raised some concerns about the amount of information that the panel will be able to access, since it is prohibited from taking testimony or receiving ‘factual evidence’ during these public meetings....(because) permitting the civilian review panel to conduct its own investigation of an incident, as opposed to reviewing an investigation done by the police, would raise administrative, practical and legal issues, “The problem is the General Assembly establishes what power the Board of Supervisors has to create advisory commissions or other committees”, independent counsel Julia Judkins said.” Further, state law does not allow advisory bodies like this panel “the authority to swear witnesses, take testimony or compel people to appear and if they did any of these things, panel members could open themselves up to legal action.”

Renewal Explanation for 2015 Regulation Changes

For people who have been curious or confused by the correct number of CEUs and payment for upcoming renewals for licensing in VA, the chart below 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.

	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

POETRY MUSINGS

Stumbling



Wendi R. Kaplan

***"We may stumble and fall,
but shall rise again."***

- Mahatma Gandhi

We are stumbling
right now. Collectively
stumbling.

We have elected someone to our nation's highest office who does not appear to have ever led, but rather has bullied and forced his way to power. Most of us in the DC area were caught by surprise and many of us are reeling from the election and the growing awareness of the impact it will have.

And the way forward does not seem clear, does not seem evident. It appears dark and muddy. We have surely stumbled.

Is this not how many clients enter therapy? They are caught, off-guard, by death or loss or transition. They come in bringing their despair and hopelessness and fear. They come in seeking a way, seeking a voice, seeking a hand, seeking connection.

This is how we begin. We begin by listening. We begin by breathing and breathing together. We begin by encouraging them to examine and explore what this stumble means for them. We help them to sit with whatever arises.

We know from years of work, from years of living, from history...that these times are important. These moments are pivotal. We must honor the mistakes and missteps that brought us here. We can seek the learning that comes with our stumbles.

We give perspective and hope to those who seek our help and guidance. Now we are called to give this to ourselves and each other.

We must pause. We must reflect. We must allow ourselves to feel what arises. We must allow ourselves to hear the fear and despair and hold it as best we can.

We must remember that *"there is a time for every purpose under heaven."*

We must remember the words of Joseph Campbell, *"Where you stumble, there lies your treasure."*

We must remember what bolsters us and what sustains us.

We must remember our values, what is true for us. We must remember that we have a moral compass and we must check it and check it often.

We must find courage.

We must find vision.

We must find purpose.

And we must remember that change will come. It will. As we tell our patients, everything changes. It does.

And sometimes, we know, as Gloria Steinem says, *"we must put our bodies where our beliefs are."* Because in the darkness, when we stumble, we must feel each other, connect with each other and find ways to rise up. ❖

Quiet friend who has come so far,
feel how your breathing makes more space
around you.

Let this darkness be a bell tower
and you the bell. As you ring,

what batters you becomes your strength.

Move back and forth into the change.

What is it like, such intensity of pain?

If the drink is bitter, turn yourself to wine.

In this uncontainable night,
be the mystery at the crossroads of your senses,
the meaning discovered there.

And if the world has ceased to hear you,
say to the silent earth: I flow.

To the rushing water, speak: I am.

~ Rainer Maria Rilke

Rise up. Be the bell. Speak.

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



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Trauma Certificate Programs
(both programs are 9 classes spread out over 4 months- **54 CEU's**)

Level I Certificate Program in Advanced Trauma Treatment

A strengths- based, de-pathologized approach to understanding and creatively treating adolescent and adult trauma, abuse, and neglect. Topics include: trauma's impact on memory and the brain; attachment and affect dysregulation; trauma in a family-of-origin context; cognitive, emotional, behavioral and somatic manifestations of trauma in children and adults; integrating right and left hemispheres of the brain to creatively ground, self-soothe, and treat trauma; pharmacological and non-pharmacological treatment of depression and anxiety; trauma and addiction; transference and counter-transference; trauma and spirituality; ethics, reporting, and termination.

Level II Certificate Program in Trauma Treatment: Healing Through Creative and Expressive Modalities

Open to Level I graduates AND practitioners with expertise in treating trauma. This highly experiential program offers countless creative tools to help safely process and work through trauma. Techniques include: using playback theatre, music, psychodrama, double chairing, and guided imagery to express and re-story trauma; using "Parts" work through mapping, role plays, drawing and journaling to overcome resistance, calm the inner critic, and self-actualize; using visualization and focusing techniques to manage anxiety, depression, and flashbacks; multisensory art approaches to healing; working with puppets; and processing complex trauma scenarios in clinical practice.

*To date over 800 clinicians have graduated from these programs!

Both programs and all trainings are approved by The MD Board of Social Work Examiners, The Board of Professional Counselors and Therapists, and The Board of Examiners for Psychologists (all Boards offer reciprocity with DC, VA and WV)

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GWSCSW BOOK CORNER

Hatching Charlie: A Psychotherapist's Tale

by: Charles Creath McCormack | Reviewed by Emily Hershenson

In the prologue of his most recent book, Maryland-based psychotherapist Charles McCormack writes, "We can each have our truth. The important thing is to leave room for the truths of others." McCormack has written and published an autobiography, *Hatching Charlie: A Psychotherapist's Tale*, which he aptly describes as "a story of the human condition." With candor and warmth--and room for the truths of others--he shares his own personal history with readers, weaving in stories of his professional work in various settings with theoretical perspectives he has found instructive throughout his career.

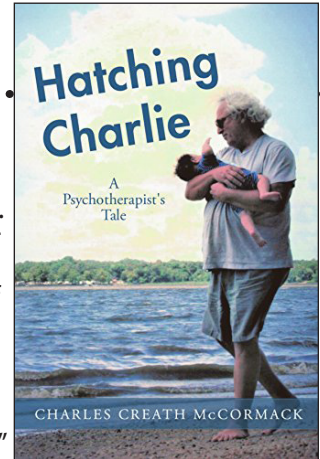
In an impressive 38 chapters, McCormack shares memories of his chaotic childhood, his burgeoning adolescence, and his own family dynamics over the years. He describes through amusing and sometimes heart-wrenching anecdotes how he has been transformed by the many roles he has assumed over the years, from son to grandfather and from student to experienced clinician.

In a recent interview with GWSCSW Book Corner, McCormack stated he was compelled to write the book after his own adult children began to direct existential

questions towards him. They wondered about their identities, the meaning of life and the pursuit of happiness. These queries stirred him to think and write about his own experiences. "Writing the book was a rich process," he said, "Once I began to write, the memories came tumbling out." The book is notable for its authenticity and honesty. He mentioned that he shares some of his personal stories with his clients to help normalize their experiences, rather than pathologize them.

McCormack is working on an audible version of this book, which he anticipates will be available later this spring on Amazon. This is McCormack's second book. His first book, *Treating Borderline States in Marriage: Dealing with Oppositionalism, Ruthless Aggression, and Severe Resistance* (2015), is also available on Amazon. ❖

Emily Hershenson, MSW, LICSW, works with Clinical and Translational Neuroscience Branch at the NIH. She also has a private practice in Washington, DC.



Ascend and Ascend Too strive to help young women and now young men who are between 18 and 28 years of age:

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- Improve physical and emotional health
- Experience and sustain a higher level of self-confidence

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FEARLESS FINANCE: TIPS FOR THERAPISTS



Taking on Associates

Lori Atwood

Should you take on associates or not take on associates? Apparently, that's the million-dollar question for many psychotherapists. There are many considerations to think about before taking on an associate, and like many things in life, you should not decide to take on an associate for the money only. The financial aspect of having an associate (or many) should be the natural fall-out from a well-thought-out decision that includes your mission, professional vision and clinical considerations.

Below are the five things I would want you to consider before deciding to bring on an associate:

- **Leverage and pipeline** – an associate should provide “leverage” for you in the sense that you send prospective clients to the associate, you get a revenue split, and you DO NOT HAVE TO TURN AWAY new clients. You should only consider an associate when you can fill half to three quarters of the associate’s schedule (no matter how many hours he/she wants). The associate should try to fill the remainder of hours to build name recognition and marketing skills.
- **Split** – I believe “all boats rise with the rising tide.” The better you treat your associates, the longer they will stay. Even if you are filling your associate’s pipeline as described in #1, I would recommend a beneficial split TOWARD the associate. If licensed, you might consider giving your associate 55-65% of revenue from his/her hours and if not yet licensed then 50-60%. It’s generous, I know, but remember your associate has to pay rent, and stay motivated, because constant associate turnover is a time suck for you, and therefore a money suck as well.
- **Decoupling** – Even with a generous split, most associates will want to start their own practices at some point. Think about your policy on whether the associate can take his/her current clients or has to leave them with the practice. Think about how long you want to keep associates for generally and how you will handle associates that do not “work out.” These are not financial issues, but associate turnover, training and the time it takes to find and hire new associates takes time from you seeing clients and that makes it a financial issue.
- **Price** – how will your associates be priced. For licensed associates with experience, generally

they will be able to give you a good idea of price, but for unlicensed associates or newly licensed associates, you will want to have a price you feel comfortable setting. The key for pricing is that you have a consistent policy you apply to all associates. If licensed the price is X and if unlicensed the price is Y. Be consistent; it’s better for your associates and clients.

- **Incentives/benefits** – think about what perks you want to offer an associate such as training, CEUs, co-marketing, office supplies like water, pens/pads, etc. What can you offer new associates that makes you an attractive partner for them? The reason this matters financially, is that you will have to pay for these incentives. Your share of the revenue an associate brings in has to not only cover those new expenses associated with associates, but also provide you enough profit to make it worthwhile.

I’m sure you are all waiting for me to tell you how this new associate gets paid, i.e. 1099 or w-2, whether you collect the money and pay the associate, or he/she collects the money and pays you, and whether clients write checks to you/your practice or to the associate, etc. I’m sorry to disappoint you, but those are questions you must ask your accountant and your attorney before embarking on adding associates. There could be state-by-state considerations and really, these are tax and legal questions.

Taking on an associate can be a great way to leverage your pipeline and experience as well as increase your revenue and more importantly, your Earnings Before Tax. However, there can be a lot of work, administration, and marketing associated with bringing on an associate. If you think associate will just bring you more money, you could be mistaken. Do not start an associate program only for the financial rewards, it is bound to be a letdown in that respect. Think about it first and start an associate program if it makes sense for you. ❖

Lori Atwood, RFC, has been in finance for over 20 years and believes that people can and should be fearless about their finances. Lori started Lori Atwood - Fearless Finance, LLC, 7 years ago because she was looking for someone to help her with her family's financial planning, but who was not paid on commission. She did not find anyone and with her background as a Registered Investment Adviser years before for Piper Jaffray Private Client Banking (now part of UBS), she decided to do it herself. Friends and acquaintances began to ask her for help and Lori Atwood - Fearless Finances was born. You can see Lori's articles and services at: www.loriatwood.com.

COMMITTEE REPORTS

Continuing Education

Beth Levine and Barbara Hill, Co-Chairs
Ecommittee@gwscsw.org

Thanks to all the clinicians who have submitted proposals for the 2017/2018 academic year. We couldn't do this without you! Be sure to plan ahead so you can attend as many of these local learning workshops, support our community, and network with colleagues. You can find the 2017 trainings under Education (upper right on the GWSCSW website) and Calendar (left hand side).

If you have an idea for a training and aren't sure whether to submit a proposal, feel free to contact Beth Levine (DancingBL@aol.com) or Barbara Hill (your_therapist1@yahoo.com) and we can brainstorm together.

DC Brown Bag

Tish Reilly and Terry Ullman, Co-Chairs
BrownBag-DC-MD@gwscsw.org

The DC/MD Brown Bag Committee has had the pleasure of sponsoring two fabulous programs this year, with two more scheduled before the end of the academic year. On September 9, Gil Bliss and Cathy Roberts facilitated a great discussion on "Understanding Racism from a Personal and Professional Perspective" in Baltimore, under our sponsorship. At the request of a member that was unable to attend the program in Baltimore, we repeated it in the Washington, D.C. area on December 3 in Chevy Chase. The program was well attended and led to a very interesting and thought-provoking conversation.

We also sponsored a program by Karen Freed, on "Divorce Isn't the War of the Roses: How We Can Help," on October 28. Karen did a fabulous job of helping us to understand the options for separation and divorce and how to help clients through this process.

Most recently, on February 24th, "Understanding and Teaching DBT's Distress Tolerance Skills," by Orit Paytan, was held. Orit offered an overview of Dialectic Behavioral Therapy (DBT) and taught skills from the Distress Tolerance module.

We are excited about our last (but not least!) program on "Creativity Unleashed: Playful Methods for Creating Therapeutic Change," facilitated by Elana Benatar and Brittany Beck on April 28th. This discussion will teach participants how to use various creative therapy modalities to assess and treat clients of all ages. We are looking forward to this interesting presentation and hope you will join us.

Legislation & Advocacy

Judy Gallant, Director
dirlegislation@gwscsw.org

No matter what your political views are, the weekend of January 20-22 was inspiring. There was a peaceful transfer of power from the Democratic Obama administration to the Republican Trump administration. The next day, events estimated to be the largest world-wide protests were held. Here, the Women's March on Washington attracted a wide-ranging group of causes, including women's rights, LGBTQ rights, Disability rights, Black Lives Matter, abortion rights, right-to-life, environmental advocates, religious freedom advocates, voting rights, DC statehood, anti-violence advocates.

There was one very practical message that Michael Moore delivered that day. He spoke of the need for continued involvement in the democratic process. He had the hundreds of thousands gathered repeat the phone number of the Capitol switchboard half a dozen times (202-224-3121). He suggested that people could call lawmakers on a daily basis to advocate for their beliefs.

As advocates for our Society's goals of promoting access to mental health care and licensing and reimbursement issues for clinical social workers, we know that building relationships with professional allies and lawmakers are another important part of the equation. On a local level, these relationships are easier to forge than on a national level and are of key importance if the need for funding shifts to local sources.

I urge you to join our L&A committees. 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. Any relationship you may have with your local representatives could be important to us. 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 are essential. See individual reports elsewhere in the newsletter for what is occurring in each jurisdiction.

A brief comment on another occurrence of interest: please join me in congratulating our own Margot Aronson for her new role with the Mental Health Liaison Group, representing CSWA's interest to lawmakers and staff on Capitol Hill. See more details in Out and About elsewhere in this issue.

Membership

Cindy Crane & Mary Moore
Membership@gwscsw.org

The Membership Committee met on Feb 4 to organize and plan for our upcoming annual Spring University Outreach efforts at Catholic University of America, Howard University, University of Maryland, and George Washington University. Committee members and Outreach volunteers for each university attended. The annual Spring New Member Brunch is still planned for April, date TBD.

Newsletter

Jen Kogan
newsletter@gwscsw.org

Were you editor of your school newspaper in college or high school? Do you have a love of the printed word and want to get involved with the newsletter? We have a fantastic committee of editors and proofers but could use a 'big picture partner' to assist the Editor with ongoing operations. Interested? Get in touch now! Contact Jen at jenko108@gmail.com or 202-215-2790. Thanks!

Professional Development

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

On 12/15/16, the Professional Development Committee, in collaboration with the National Catholic University School of Social Service, sponsored "Social Work Licensing: DC, MD, VA." Representatives from each of the three licensing boards presented an overview of the regulations, which was then followed by a question and answer session. The workshop was well attended and many thanks go to Mavis Azariah, Robin Jenkins (DC), Gloria Hammel, Tyrone Willoughby (MD) and Jaime Hoyle, Dolores Paulson (VA) for sharing their expertise and taking time out of their schedules to travel to the workshop. Also, appreciation goes to Dr. Melissa Grady, NCSWS Associate Professor and GWSCSW member, for acting as the moderator for the workshop. Information about upcoming events will be announced at www.gwscsw.org soon.

Information and online applications for the Mentor Program are found on the GWSCSW website. Potential mentors and mentees can click on "Community" on the main website page. GWSCSW members with varying levels and kinds of experience are needed to participate as mentors. Mentors provide guidance to newer social workers to address concerns including licensure, establishing a private practice, employment, securing supervision, and consolidating professional identity. Mentors and Mentees are matched according to location, interests and types of experience. Questions can be addressed to Nancy Harris at nlharris1214@gmail.com or 301-385-3375.

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

Social Media

Sara Feldman & Juleen Hoyer
socialmedia@gwscsw.org

The Social Media Committee 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. 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
volunteer@gwscsw.org

Thank you to all the members who have joined our various committees. We have people who are volunteering as proofreaders for our newsletter, members who are working to stay up to date on legislative issues, volunteers who are serving as student representatives and so much more. If you have not done so yet, please consider signing up to volunteer as we have many interesting volunteer opportunities. Check out our website and sign up today!! ❖

DON'T FORGET TO REGISTER

VA BROWN BAG

**Train A Brain, Change A Life:
Bringing Neurofeedback Into Practice**

Friday, March 24, 2017 | 1:30 - 3:00 PM

MD BROWN BAG

**Creativity Unleashed: Playful
methods for creating therapeutic change**

Friday, April 28, 2017 | 12:00 - 1:30 PM

Visit
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for more
information and to
register today!



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.

In December, **Michael Giordano** presented on transmasculine sexualities and identities at the National Sex Ed Conference in Atlantic City, NJ. He also presented on LGBTQ-informed adoption work for the DC-based Barker Foundation in November.

Additionally, Michael co-wrote an article, "Interracial Friendship in the Time of Ferguson" with another local therapist, Sean LeSane, which was published in the Summer edition of the American Academy of Psychotherapists' journal, "Voices."

Britt Rathbone coauthored a chapter on Dialectical Behavior Therapy Skills Groups for Adolescents in the recently published book *Handbook of Child and Adolescent Group Therapy: A Practitioner's Reference* published by Routledge.

Jennifer Rollin recently launched a private therapy practice in Rockville, MD, specializing in helping adolescents and adults with eating disorders, body image issues, and anxiety. Connect with Jennifer through her website www.jenniferrollin.com

Margot Aronson, Clinical Social Work Association Deputy Director of Policy and Practice has been elected to the Mental Health Liaison Group (MHLG) Board of Directors. MHLG is the premier coalition of health and mental health organizations that advocate at the national level on mental health issues. A past GWSCSW president (2002 to 2005), Margot has also served as GWSCSW newsletter editor and as director of Legislation and Advocacy, and currently chairs the L&A committee for DC. ❖

TECH TIPS: SOCIAL MEDIA AND TECHNOLOGY TIPS FOR SOCIAL WORKERS

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Brought to you by GWSCSW's Social Media Committee, adopted from NASW

1. We recommend that you don't "Friend" clients on social media. If this is something you do decide to do, think about under what circumstances this is useful and appropriate both for you and your client.
2. Make sure any social media posts do not reference specific clients (both on your personal and professional social media platforms). Even if you think you are writing without using any identifying information, if the client themselves were to see it and know it is about them, this could be damaging to your client and violate confidentiality.
3. Privacy, privacy, privacy!! Make sure your privacy settings on social media are secure. View what it is like to look at your profile both from the perspective of someone who is "friends" with you and from the perspective of someone who is not "friends" with you. Remember, any activity you do on social media (likes, posts, comments) can be easily found by others.
4. Implement a social media and technology policy in your practice. Decide how you want your clients to communicate with you and when. Lines can easily get blurred these days with all of the available forms of communication, so make sure you are not communicating with clients in any way you do not feel comfortable with.
5. Make clients aware of how their own use of social media can impact their privacy. Location tagging, what they "like" on social media, etc. can potentially compromise their privacy.
6. Know before you go. Do not implement technology into your practice until you have fully researched and thought out how you are going to use it (marketing, electronic note keeping, etc).
7. Make sure any technology you do use to keep patient records is encrypted and password protected. ❖

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.

Therapy Groups — Therapy groups for adolescents: middle school, high school, college. Experienced, ethical, professional treatment. Rathbone & Associates, Complete list of groups at www.rathbone.info, 301-229-9490.

Adolescents/Young Adults — Expert therapists get results with young people. Effective, quality treatment. Rathbone & Associates, www.rathbone.info, 301-229-9490, Bethesda and Rockville.

PEERS® Groups — Parent assisted evidence based intervention for adolescents who have trouble making or keeping friends. More information at www.rathbone.info. 301-229-9490.

Adolescents/Young Adults — Expert therapists get results with young people. Effective, quality treatment. Rathbone & Associates, www.rathbone.info, 301-229-9490, Bethesda and Rockville.

Training: Quality CEU professional trainings on EFT, Adolescent Technology and Therapy, CBT for Trauma, and Ethics. See spring calendar at <http://rathboneandassociates.com>.

Men's & Mixed Groups, adults/all ages, evenings, Downtown Silver Spring, Insurance/Sliding Scale. All cultures welcome. Leader has many years' experience collaborating with individual therapists. Jonathan Lebolt, PhD, LCSW-C, CGP, (240) 507-7696, Therapy@Doctor-Jon.com, www.Doctor-Jon.com.

Office space available full time in Old Town Alexandria, two blocks from the King Street Metro station. This lovely historic townhouse is shared with four therapists, and is available April 1st. Please contact Matthew Hagan, LCSW at (703) 548-4447 or mshagan123@verizon.net or Elizabeth Ketz-Robinson, LCSW at (703) 548-8288.

Beautiful furnished office with bathroom and waiting room available Fridays and weekends in downtown Bethesda. Contact Stefanie Gilbert, Ph.D. at gilbert459@aol.com.

Lovely office available to sublet Wednesdays and/or Fridays. Located 2 blocks from Tenleytown metro in suite of therapists. Waiting room, 2 bathrooms, small kitchen, WiFi. Please contact Emily Randall at ebrandall@gamil.com

SOCIAL WORK LICENSING – Prep courses and home study materials. For sample questions, schedule, and information call Jewell Elizabeth Golden, LCSW-C, LICSW, BCD, 301-762-9090

March 24, 2017, April 7 & 21 and May 12, 2017 – Leon Levin Psychoanalytic Film Series. Baltimore Museum of Art. 7:30 – 10:30 p.m. 3.0 CME/CEs per film. All are welcome. Come to one or come to all. NEW THIS YEAR - Register online via the Baltimore Washington Center for Psychotherapy and Psychoanalysis website www.bwanalysis.org.

April 8, 2017 – Dead Child, Dead Mother: Reflections on Paul Gray's Close Process Attention Technique as Exemplified in His Supervision of the Treatment of an Adult Replacement Child. Paul Gray Visiting Scholar Silvia M. V. Bell, MD; Moderator: Martin Ceaser, M.D; 5:00 – 6:30 p.m. at the Baltimore Washington Center for Psychotherapy and Psychoanalysis, ten minutes from the Capital Beltway at 14900 Sweitzer Lane, Suite 106, Laurel, MD 20707. 1.5 CME/CEs. For more information visit www.bwanalysis.org or call 301-470-3635 or 410-792-8060.

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.

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- Body Issues and Eating Disorder Treatment
- Adolescent and Family Therapy
- Drug and Alcohol Assessments
- Depression and Anxiety Issues

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CHANGE SERVICE REQUESTED

Continuing Education Spring Offerings

Serious Play: Improvisation in Clinical Practice | Lisa Kays

Thursday, March 09, 2017 | 9:00 AM - 12:15 PM

A Systems Approach to Sex Therapy | Gail Guttman

Friday, March 17, 2017 | 9:00 AM - 4:15 PM

Intuition: Research & Practice | Marilyn Stickle

Friday, April 21, 2017 | 9:00 AM - 12:15 PM

Workshop III: Reduction of Grief Symptoms Through Mind-Body Techniques | Fran Zamore and Michael Shea

Friday, April 21, 2017 | 9:00 AM - 12:15 PM

Holistic Health Care for Transgender Clients | Rosemary Moulton

Thursday, May 04, 2017 | 1:00 - 4:00 PM

Mother-Son Incest: The Unthinkable Broken Taboo | Hani Miletski

Friday, May 19, 2017 | 1:00 - 3:00 PM

*Seating
is limited.
Register
early!*

PRE-REGISTRATION REQUIRED – Register online at www.gwscsw.org