



news&views

Your Clinical Society Needs You!

Kate Rossier

Now is the time to become a part of the Society Leadership! Why not share your knowledge, energy, and passion with fellow members? Even if you're not ready to take on a leadership role right now, there are many committees to join and your contribution will make a difference. GWSCSW has a wonderful esprit de corps, and we love creativity and implementing new ideas! Take a look at two members who describe their experiences volunteering and how they found their "home" with GWSCSW. Read more about your Society and how we need your input throughout this newsletter issue.

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As someone who was fresh out of social work school and looking for a clinical community, (and didn't graduate from Catholic) I found GWSCSW. A few months later I attended the first meeting of a brand new sub-committee focusing on



early career social worker issues. You could feel the energy in the room and in our first year we moved from a sub-committee to our own committee, reduced the rate for CEUs for LGSW Society members, and built a thriving early career community within the Society. Each step of the way veterans of the Society were encouraging and enthusiastic. Not too long after, I became a co-chair of the Early Career Committee and then the Early Career Rep on the Executive Board. Like many others on the board I ended up wearing multiple hats, becoming the Wine & Cheese coordinator as I looked to transition the Early Career Committee to new leadership. I received so much support and encouragement from so many people and became really integrated into the GWSCSW community, I found my clinical home. In short, I volunteer because of how much I've gotten from the Society. As I move to a different place in my career, I encourage supervisees to attend Early Career Committee meetings and help LGSWs obtain their clinical licenses through my private practice and agency work. I have stepped back in my volunteer capacities to focus my energy and limited time on specific Society issues important to me. I believe as we move through our social work careers our activity in the Society ebbs and flows. I have consistently found that the more I give to the Society the more I get out of it, and I encourage anyone with time, interest or desire for community to step up and help us maintain the vibrant Society we have.

If you want to talk more about my experience and how to get involved I would be happy to speak to you! I apologize in advance if there's a delay in my response as I get swamped with emails. You can reach me at amanda.slatus@gmail.com or 667.217.1023. (If you'd like to talk to someone sooner than I might be able to get back to you, feel free to contact Kate Rossier, whose contact info. is listed at the end of this article).

GWSCSW News & Views

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I joined GWSCSW in 2012 after graduating from social work school. I was looking for a job and was told it might be a good way to network. Somehow, I ended up at meetings for the Early Career Committee, as I was looking for guidance as to how to navigate this new social work world. At the time, the Early Career Committee was thriving with a lot of energy, passion, and commitment to early career social work goals.



As I became more involved with the early career committee, I was asked to co-chair the Social Media Committee with Juleen Chevalier. I officially joined the Board as the co-chair of the Social Media Committee in September 2013. It has been wonderful to be involved on the Board and create larger Society goals from behind the scenes. It has been a very rewarding experience to take part in initiatives that benefit the larger group. Around the same time that I joined the Social Media Committee, I also joined the 40th Anniversary Committee to plan the events that took place to celebrate our 40th anniversary year. While this was an ad hoc committee and not a Board position, it was great to work with some new people on creating events to celebrate all of the good work of the Society. Throughout my time on the Board, I have met a lot of wonderful people who have been very supportive of my own individual career goals as well as the larger goals of an early career social worker. It is always nice to go to Society events and see familiar faces from my time on the Board or involvement with other committees. Everyone is always so friendly, genuine, and caring. I am very grateful that I have been able to call the Clinical Society my social work home base for the last 5 years. Feel free to contact me at sara.m.feldman@gmail.com or 301-219-0009. ❖

To see a list of leadership roles that will be available this Spring, go to: <https://www.gwscsw.org/board-positions>. To learn more about why other board members joined (and stayed on!) the board, go to <https://www.gwscsw.org/board-testimonials> Questions? Contact Kate Rossier, Co-Director of Communications at kazrossier@hotmail.com or 571-332-1184



President's Message

Steve Szopa

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The last three months have been busy and challenging for me and for the Board because, along with the many other duties we perform, we have been recruiting for new Board Members for the 2018-2020 term. I'll say more about that at the end of this message.

The good news is that our Society remains in good shape in many ways. Leadership is stable, we continue to offer new opportunities and we are financially solvent. We have good educational options coming up through the end of my term as president. Our Legislation and Advocacy Branch has been active and involved in the brief but intense legislative seasons in Washington, Virginia and Maryland. Our Community branch has been working on recruiting and welcoming new members by hosting numerous events for new members as well as the upcoming volunteer appreciation luncheon and the June Annual Dinner. Our Communications branch has continued to support and improve the many ways that we communicate with our members including the listserv, the website, our social media pages and this newsletter.

Another piece of good news is that the ongoing Diversity Committee has been working hard and presented 10 recommendations to our Board of Directors at the most recent Board meeting. My overarching goal as I stepped into the Presidency was to keep all the good things about the Society going strong while adding some elements to make the society even better. The Diversity Committee has been a big part of this goal. By taking steps to attract and welcome people from all aspects of society, we make the Society more creative and vigorous. Increasing diversity also ensures that we have members of the younger generation who can draw our attention to new developments in the world and in the field of Clinical Social Work. With this input, the Society can remain focused on staying alive and relevant in the future.

I am also excited about some projects that we are working on that will take some time to implement. For example, several of you have asked if there will ever be the option of taking some of our CEU classes online. Technology has improved to the point that it is feasible for us, as a volunteer-staffed nonprofit organization, to implement it. We will start working with some other clinical social work societies that have recently started online courses in order to learn the best ways to implement online CEU classes.



Despite the retirement of all of our Continuing Education chairpersons, we are able to offer a variety of stimulating and thoughtful continuing education options. Steve Wechsler, our Education Branch Director has announced that we are looking for presenters for Fall of 2018 and Spring of 2019. Although an ongoing volunteer to Chair the CEU committee is necessary, it is also very helpful to have volunteers who will read one or two proposals on a one-time basis. Being a proposal reader is a wonderful way to get to know more about the many exciting educational options that the society offers. It is also a nice opportunity to try out Committee participation in order to see if you enjoy it and would want to join the committee on an ongoing basis. If you are not ready to present a CEU class, our Brown Bag series is a great place to start. Brown Bag presentations are typically smaller and more informal. If you are interested, reach out to me and I can forward you to Steve Wechsler who can give you details.

Our Legislation and Advocacy Branch desperately needs volunteers to help our loyal and overworked Branch Director, and Chairpersons of the Virginia, Washington and Maryland committees. I have discussed this with several past presidents and they all report that our Legislative Branch is chronically short on volunteers. In the three and a half years that I have been a member of Society leadership, I have seen Margot Aronson Judy Gallant hold the entire Branch together along with one volunteer in each of our local jurisdictions. We are very fortunate to have such loyal and dedicated volunteers, but nobody can keep up these positions for a long time without additional help.

My concern is that people who might consider volunteering for Legislation/Advocacy tasks have an inflated sense of what will be asked of them. Volunteers are not expected to do complex testimony, be subject matter experts or to keep track of all bills and issues in their jurisdiction. At times, reading a one-page bill and making some comments is all that is necessary. I know many of you have passionate beliefs about what this area and the entire country needs in order to get back on track. My hope is that some people will volunteer to fill out these committees, so that we do not have to discontinue our important Advocacy activities.

Now, the bad news. We are having a crisis of volunteerism. Fortunately, we have one person willing to run for president. We still need a Vice President, a Treasurer and a Secretary. Our Community Branch has no one to replace our current dynamo, Sue Stevens, when she retires this June. Each of our four branches has openings on their committees. If we do not fill these openings by June 31st we will have to curtail the services that we offer. Our efforts at reaching for new volunteers have led to some people stepping up to fill the void. This encouraging news leaves me optimistic, but we are not out of the woods.

If you are curious about volunteer options, please reach out to me and I will connect you with a person who can answer your questions.

When I cut back my work schedule to three days per week, on my slow road to retirement, I realized how fortunate I was to have been naturally attracted to a career that offered so much fulfillment while still providing me with a good living. My gratitude grew into a strong feeling that I wanted to give back to a profession that I love. Perhaps you are in a position to give back, or you will be able to in the near future. If so, I invite you to give thought to giving back by volunteering for our Society in any way that moves you. Volunteering for my two leadership positions was one of the most important and meaningful things I have done, and I will never forget the wonderful people and experiences I have had. ❖

UPCOMING MD BROWN BAG EVENT

Tips for Treating Anxiety: New tools from the Mindfulness-Based “3rd Wave” of CBT

Who doesn't struggle with anxiety at least some of the time? In this workshop, clinicians will be given ready-to-use tools to help clients when anxiety is getting in their way. It will present effective techniques from the mindfulness-based “third wave” of cognitive behavioral therapies for addressing anxiety-related problems.

**Friday, April 6, 2018
12:30 PM - 2:00 PM**

Fox Hill
8300 Burdette Rd.
Bethesda, MD 20817



THE EVOLUTION FROM COUCH TO COMPUTERS: TELEMENTAL HEALTH SERVICES EXPLAINED

.....

Cheryl Aguilar

Part Two

Fear is real but manageable through education, preparation, protocols and guidelines.

Before starting to work as a TeleMental Health provider I was a non-believer. I couldn't wrap my head around how something like this could work. I wondered about managing crisis, building authentic therapeutic rapport over video and the effectiveness of this model with the population I mostly work with—Latinos and immigrants. This initial anxiety I felt was similar to the anxiety I had had when I began practicing social work. As beginner social workers, we hone our skills by practicing in the field, through supervision and mentoring, attending trainings and conferences, and reading the literature. Following similar steps to address learning curves was beneficial in my TeleMental Health endeavor.

Using the existing guidelines on TeleHealth by the American TeleMedicine Association and with guidance from the Mid Atlantic TeleHealth Resource and consultants, the organization I worked at put forward our set of internal guidelines and protocols. We took our fears, "our what ifs," and created protocols to address them. We developed protocols on: how to manage crisis, back-up plans if technology fails, while exchanging information via technology.

The National Association of Social Workers recently updated its technology standards. The Telebehavioral Health Institute offers an online certificate training program with CEUs at The Southside Telehealth Training Academy and Resource Center (STAR), where you will learn things like TeleMental Health etiquette, presence, risks and benefits of TeleMental Health, etc. It is important to find other providers that do this work and bounce ideas off each other or create a peer support/supervision group.

TeleMental Health is not HIPPA compliant. It is true that there are some non-HIPPA compliant ways to practice TeleMental Health, namely, using video or phone apps that



are not encrypted or secure. But the explosion of TeleHealth has also come with an emergence of health technologies designed specifically to ensure privacy and confidentiality. When searching for such platforms, do your research and ask vendors if the platform is HIPPA compliant, encrypted and whether they have a Business Associate Agreement. UT Health San Antonio notes that any person or company that is a business associate will be required to sign a contract with special language mandated by the privacy rules. Business Associate agreements assist in protecting client's information when it is released to someone outside of a provider's organization. There are a wide array of platforms out there; some that I am more familiar with and have used are Zoom, US Telemedicine, and Doxy.me.

Licensure. Currently, there is no requirement for TeleMental Health certification but the standards of care indicate familiarity and competence in technologies and laws about TeleMental Health. Most jurisdictions require providers to be licensed where they offer services from and where client is at. For instance, a provider in DC serving a client in MD, must have licenses in both places. One way to clarify matters is to contact the professional boards of the states you are interested in to find out their regulations. If you or your face-to-face clients go on business travel or vacation and still want to schedule a session via video, there may be exceptions that professional boards may grant you since the arrangement is a temporary one. TeleMental Health is evolving so if this a practice you want to pursue, stay abreast of the latest updates.

Informed Consent. Clients who receive TeleMental Health services need to be made aware of the benefits and risks of receiving services over video, such as service interruption due to connectivity or technology issues, among others. The American Telemedicine Association offers templates on

language you can include. In a partner-to-partner model, the organization you partner with becomes responsible for securing a room that is confidential and private. If you are providing services right to a client's device, then the client becomes responsible for ensuring where they are accessing video call is a private place. In either case, this information can be reflected in informed consent.

Exchanging information in a secure way. Since you may not be meeting clients in person, (there isn't a requirement to meet with a client in person first unless you are a psychiatrist or medical provider) research secure ways to exchange information with them. Some practice management software or electronic medical records programs have the capability to exchange information with clients through a secure hub, where clients may be required to set a password to access information. There are other ways like setting passwords on documents sent via HIPPA-secure email, etc.

Just like when you embarked on your social work journey, if TeleMental Health interests you, your existing skills of researching, creating standards of care, your creativity, flexibility and your clinical skills, will help you as you adapt to this new model. Our clients are already using technology in record numbers, and TeleMental Health has the potential to help increase community wellness. ❖

Cheryl Aguilar is a licensed clinical social worker, LICSW, LCSW-C, founder and lead therapist of Hope Center for Wellness, LLC, a multicultural behavioral health practice serving DC metro area residents. The practice also provides consulting and wellness trainings to organizations. She is branding and marketing volunteer with the Latino Social Workers Organization (LSWO) and leads a social workers for immigration interest group through the National Association of Social Workers (NASW) DC Chapter. She can be contacted at caguilar@thehopecenterforwellness.com.

NEED A BOOK RESOURCE?

1. Visit: gwscsw.org
2. Log in at the upper right corner of the homepage
3. When you've logged in, click on the Members Only link
4. Then, in the drop down menu, you will see that the first option is GWSCSW Book List



AIDA
THERAPY

Rob Williams MBA, LICSW, CGP
The Dupont Circle Therapy Group



Group Therapists:
Experiential Consultation Group
Ready to welcome a new member!

An on-going experiential supervision and consultation group* specifically for therapists leading groups, or actively planning to start a group, is currently accepting new members. We have openings for one man and one woman to join the group.

Current group members have had this to say about their experience:

- 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.
- ...most valuable is Rob's ability to create space...so that what is most essential emerges....
- ...helped me understand more about some of the parallel feelings and dynamics that occur...
- ...the riches of this gathering are just beginning to be measured in my work and in my life.

The power of participating in an experiential supervision group is three fold:

1. it illuminates unconscious processes that impact our group work,
2. provides diverse and multidimensional lenses through which to view interpersonal interactions, and
3. provides support and encouragement to keep learning and expanding our capacity in this exciting field.

I hope you can join me.

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

Friday, 9-11AM, Biweekly
Dupont Circle Metro
1801 Connecticut Ave NW, Suite 300

aida-therapy.com



For more information or to join:

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

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

Expand your impact, knowledge and friendships! Join the Legislation and Advocacy Committee

Judy Gallant

I would like to invite everyone to consider an exciting opportunity to influence legislators in each of our jurisdictions by joining your Legislation and Advocacy Committee! Now is a perfect time to do so, as the legislative sessions are currently taking place in Maryland and Virginia. DC does not have the same legislative structure as do the two states, so anytime is a perfect time to join the DC committee!

It is widely agreed that given the political climate, local advocacy is currently the most important and effective way to influence the environment that affects our clients and in which we practice. Many of us wish for some way to become more politically active at this time, and our legislative committees provide a ready-made context for just that! It is not difficult to talk to people about subjects that we care deeply about, and that is the crux of what we do. Legislators, after all, are also people with their own families and own issues who, in general, care deeply about improving how government and society function.

You do not need to be a subject matter expert to make a real contribution to our efforts, but if you have a specific interest, say maternal mental health, you can focus your advocacy in that area. Furthermore, if you're not comfortable advocating in person, you can participate by reading specific bills and giving feedback to the committee and our lobbyists.

Additionally, there are personal advantages to joining us. Participating on a committee broadens and deepens your personal connections with others in the clinical society, and thus enlarges your professional referral base. And, be assured- those of us currently leading the committees are around to guide all volunteers!

A somewhat somber note to add to the timeliness of these opportunities: 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 affect 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. ❖

Don't know what you're missing?
**SIGN UP FOR THE MEMBER'S
GWSCSW LISTSERV**

Email your request to: gwscsw@gmail.com

LEGISLATION & ADVOCACY

❖ FEDERAL

Laura Groshong, Director for Government Relations, Policy and Practice

The Power of Diagnosing, The Power of Getting Involved

As the current administration has just passed its first year anniversary, there seems to be an increase in the ongoing concerns that many LCSWs have had about the way the country is being run. I have seen at least three listserv discussions about the value of clinicians diagnosing the President; a book by 27 clinicians written on this topic; and recently received an inquiry from the American Psychiatric Association about whether CSWA follows the “Goldwater Rule.”

Much has been written lately about the Goldwater Rule, the American Psychiatric Association’s 1973 prohibition against members’ evaluating anyone they have not personally examined. As a long-time legislative advocate as well as clinician, I have felt the impulse to diagnose the President and others, as a way to address the anger and fear that the current administration (it’s not just the president) evoke in me. Here is a summary of why I don’t and why I suggest that others think twice before doing so as well.

CSWA does not endorse the Goldwater Rule *per se*, but we do strongly urge members to avoid making a diagnosis of any person that has not been seen by them directly in a consultation setting. This would, of course, require the confidentiality that any patient would be accorded in these circumstances. It would also mean that a public diagnosis of any person would be an ethical violation.

Diagnosing people that are not asking for our help is a slippery slope in my opinion. It opens the door to diagnosing anyone we and others disagree with politically, and ultimately

undermines our professional conclusions in our consulting rooms. It is more an unprocessed expression of anger and anxiety than a productive road to political change.

That does not mean we can’t use our clinical skills to deal with the feelings that this administration stirs up. We can try to regulate them when we feel helpless and enraged so that we can direct our energy toward what I regard as the most important thing we can do: GET INVOLVED in the political process. Many of us have an ongoing antipathy to this administration so it may seem like believing we were robbed in the last presidential election, those who disagree with us are ignorant, the country is losing much of our social safety net, etc., is all we need to know. That may feel satisfying but will go nowhere in terms of changing the situation. Likewise, using the 25th amendment, criminal charges, and/or impeachment to remove the president are not the best way to solve this problem in my view.

Many LCSWs feel like it’s not as satisfying to get involved in political campaigns as to use our clinical skills. I nonetheless urge all GWSCSW members to find a candidate in this important election year to commit 5 hours a week toward electing. You may be surprised at how empowering it feels. It will make a huge difference for our country if the Senate and/or House change leadership. If your representatives are not in need of help, this electronic age makes it possible to help candidates in other states. I get many messages from people when I send out legislative alerts for CSWA that say “I don’t really need to, the legislator already agrees with us” or “It’s a waste of my time, the legislator will never listen”. I disagree. We need to keep telling elected officials how we want them to represent us. Eventually the pendulum will swing, and we will be able to articulate what we want to more friendly legislators. We need to communicate with our legislators regularly and develop relationships that allow us to be taken seriously, even if there is disagreement. An example:

the now disgraced Republican Pennsylvania representative who wrote a bill about mental health parity implementation, left clinical social workers out of the bill as providers (he was a psychologist) until he received a tsunami of messages from clinical social workers, triggered by CSWA and NASW working together. LCSWs were included.

One final note: CSWA has always been a strong supporter of the right of District of Columbia citizens to have real Congressional representation. I know the special frustrations this presents to CSWA members who live in DC. We continue to work with them for the day when those members will have the representation they deserve. In the meantime, use your energy to help nearby candidates in Maryland and Virginia – Jamie Raskin running for the 8th District in Maryland is an excellent choice – to help your neighbors help the country. ❖

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

❖ District of Columbia

Margot Aronson

As you know, the Continuing Education requirements no longer include three hours of HIV/AIDS training for the DC social work licensing. Instead, we will need two hours of LGBTQ training.

The HIV/AIDS training requirement for social work


The impetus for the HIV/AIDS CEU requirement came several licensing cycles ago, when the DC Department of Health directed all the health professional licensing boards to consider adding mandatory training hours. The social work board chose to add the hours, recognizing that the District has struggled with one of the highest

HIV/AIDS prevalence rates in the country; they felt that social work professionals should be aware of the local public health issue and have accurate and up-to-date information.

Significant progress has been made, as a January 17, 2018, article in The Current by Channing Wickham of the Washington AIDS Partnership and Walter Smith of DC Appleseed makes clear. They note a 75% reduction in new HIV infections since 2011, as well as encouraging statistics on the strategy established by Mayor Muriel Bowser and the DC Department of Health in December 2016, known as the “90/90/90/50 Plan to End the HIV Epidemic in the District of Columbia by 2020”.

As the DC Department of Health website explains, the plan “was developed to achieve the following core goals: 90 percent of DC residents with HIV will know their status, 90 percent of persons diagnosed with HIV will be in treatment, 90 percent of persons in treatment will achieve viral load suppression and the District will see a 50 percent decrease in new HIV cases.”

Wickham and Smith report that at the one-year mark, performance for Goal 1 is at 86%, Goal 2 is at 78%, Goal 3 is at 82%, and goal 4 is at 33%. This is good news, but major challenges remain, particularly with regard to the disproportionately high percentage of HIV cases among black, transgender, and young residents. Wickham and Smith point out that these populations “have historically been underserved by medical providers, government and other key supports.” They note the critical importance of “access to safe, stable and affordable housing..., sexual health education in our schools... and steps to reduce stigma and discrimination – in the doctor’s office and beyond...” as the District – and all of us - address this challenge.



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

The LGBTQ training requirement

Starting with the current licensing period, two hours of LGBTQ training are mandated for professional health licensees. This decision comes from the DC Council, which passed The LGBTQ Cultural Competency Continuing Education Amendment Act of 2016 (DC Law 21-9) after hearing concerns about stigma affecting LGBTQ. ❖

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

**DC Appleseed has been involved in the HIV/AIDS issue since issuing a groundbreaking report in 2005 that provided a systemic analysis of the District government's response to the HIV/AIDS epidemic, with recommendations for improvement. They have followed up with annual report cards, grading the District's progress, and worked with the Washington AIDS Partnership, Mayor Bowser, and the DC Department of Health to develop the strategy for the 90/90/90/50 plan.*

❖ Maryland

Judy Gallant

At this writing, the Maryland General Assembly has just started their 90-day session. Our Maryland lobbyist, Pam Metz Kasemeyer, tells us that in terms of the issues important to us, the focus of the Legislature will likely be on addressing the opioid crisis and on the continued evaluation of health care reform (and how our state may be able to protect Marylanders from the continued attacks on the ACA by the Federal Government). We are currently working in collaboration with our friends at the Maryland Behavioral Health Coalition in support of fully funding the Keep the Door Open Act (addressing provider rates at CMHCs) which passed and was signed into law last year.

Yet another attempt to establish criminal penalties for failure of mandated reporters to report child abuse & neglect

For many years, lawmakers and others have pointed out that Maryland is the only state in the country that does not have criminal penalties

for mandated reporters who don't report child abuse and neglect. There have been repeated attempts to introduce legislation to change that. A law passed in 2016 directs any agency that has substantial grounds to believe a health care practitioner knowing failed to make a required report of child abuse to report the person to the appropriate licensing board. From our point of view, this is the appropriate route for investigation and repercussions, if necessary. For most of us, the loss of our livelihood and income would be a profound form of punishment.

Senate Bill 132, one of the early bills introduced this session, reintroduced the prospect that mandated reporters of child abuse and neglect would be guilty of a misdemeanor if they knowingly failed to report when they have actual knowledge of abuse or neglect OR if the person witnesses the abuse or neglect. (An example of "actual knowledge" would be if the victim told you of the abuse or neglect. Pam informs us that actual knowledge does not apply if a patient who is prone to exaggeration discloses abuse or neglect.) It would also only apply when the victim is currently a child, and would not apply when an adult tells you about abuse that took place when they were younger. It would also not take the place of current reporting laws: we would continue to be responsible for reporting in the same circumstances we are now. Should this bill pass, it would criminalize a very narrow and specific occurrence of failing to report, different from previous bills that have been proposed.

Overview of our decision making

How do we make decisions about supporting, opposing or choosing not to take a position on a bill? In this example, your MD L&A committee thought about the idea that we should stand against any effort to criminalize non-reporting; as we have testified in the past, our licensing Board is the appropriate route for investigations. We also examined the idea that narrowing the focus of the criminalization in the way this bill does would have the benefit of clarifying that only an egregious and specific flaunting of the reporting laws would become a criminal act, and that this would put the issue to rest. A question was also raised about how the public might view us if we were to oppose it. Our lobbyist gave us history on this particular bill: it had been proposed towards

the end of last year's session, after other bills with more sweeping ideas about criminalization had failed. The language of the current bill is the way it was amended at that time by the Senate. Since this occurred at the very end of the last session, the House never had a chance to look at it or vote on it. She also let us know the stance other organizations were taking at the time of our discussion: NASW is supporting it; the Academy of Pediatrics support it; psychiatrists chose to take no position; the MD Psychological Association opposed it. At this time, we have chosen to have Pam continue to monitor changes that will inevitably come as the bill either progresses or fails to come to a vote.

Parity@10 Compliance Campaign*

The Mental Health Association of Maryland and several other consumer health advocacy groups, are joining together as part of the Parity@10 Compliance Campaign, a collaboration between national and state advocates to establish effective models for robust enforcement of the Parity Act in 10 states and to disseminate those models across the country.

Although we, along with other organizations in the Maryland Behavioral Health Coalition, have worked hard to help put in place and support some of the strongest legislation in the country to help set standards for mental health parity, an independent report by Milliman, Inc., found that Maryland residents are struggling to access affordable behavioral health treatment under their private insurance plans. The nationwide study found that Maryland residents are much more likely to rely on out-of-network services for behavioral health treatment compared to other medical and surgical services.

The **Milliman study** looked at three years of insurer claims data from 2013 to 2015, covering approximately 42 million Americans in all 50 states and Washington, D.C. The data demonstrated that insurers in Maryland are much more likely to provide adequate numbers of in-network care providers for medical and surgical services compared to behavioral health services. Among the study's key findings:

- In national rankings, Maryland was the third worst state in terms of the utilization of out-of-network office visits for behavioral health

care. The proportion of out-of-network behavioral health care office visits was 9.5 times greater than that of primary care out-of-network utilization in 2015.

- When it comes to inpatient behavioral health treatment, individuals in Maryland were 7 times more likely to utilize out-of-network facilities compared to those accessing medical/surgical care in 2015.
- The proportion of outpatient behavioral health facility care delivered out-of-network use was 3.5 times greater than that of medical/surgical facility out-of-network utilization in 2015.

The lack of in-network treatment options force Maryland residents that depend on behavioral health treatment to utilize more expensive out-of-network services, thus undermining efforts to provide access to affordable treatment for thousands of vulnerable Marylanders. The information in the report was presented to Maryland lawmakers in January, along with policy recommendations regarding Parity Act enforcement to address ongoing disparities in coverage for mental health and substance use disorders.

We are monitoring and will keep you informed as we are able about the Parity@10 Compliance Campaign. However, if you are interested in participating more actively in the campaign, please contact Judy Gallant at judy.gallant@verizon.net. We're stronger working together. ❖

*Information in this section was taken from the news release of 1/30/18 from the MHA-MD and the Legal Action Center.

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.

The Wine & Cheese committee invites you to join clinicians of all levels for our upcoming wine & cheese social. Come mingle with fellow social workers; make connections, make friendships! Stay for as little or as long as you'd like.

We would love to see you!

Friday, March 16, 2018, 6:00 PM - 8:00 PM

Silver Spring, MD

❖ Virginia

Judy Ratliff

As I write this article, the changes to social work licensure are working their way through the VA Legislature, and we will have the outcome by the time I write the next newsletter article. Virginia is different from Maryland and DC in that we have two different professional Societies representing clinical social work in Virginia, the Virginia Society for Clinical Social Work and the Greater Washington Society for Clinical Social Work. The Virginia Society represents the southern part of our state, and the Greater Washington Society represents the northern part of our state. We share the cost and the benefits of our lobbyist, Sue Roland, who has presently been keeping close watch on the above mentioned bill and has been ensuring that any concerns the involved legislators or other groups may have are addressed.

I would like to speak to my role in this process. The VA Society has been very active in representing social workers and our clients in the legislature and are responsible for us even having licensure and for not having to be supervised by a psychiatrist. Our Societies joined forces over the years and we now have places on their Board for two representatives from GWSCSW who have voting rights. Previously, there were two representatives from us, but I have been the sole representative since Delores Paulson became a member of the Virginia Board of Social Work. Let me share with you what I do.

I attend board meetings of both GWSCSW and VSCSW. I meet in the metro area four times a year for and travel to Richmond 3 times a year and to Charlottesville once a year for them. I represent our interest in legislation at these meetings. When indicated, I participate in telephone conferences to discuss strategies or bills that are important to our members and clients. I also have been working very hard to help the VA Society visibly include us in letters they write, include our letterhead with theirs and recognize our concerns along with theirs. This

may sound weird to you, but they managed the lobbyist contract initially, with us paying the Virginia Society our share, and sometimes they just need to be reminded that we are two groups but we are one when it comes to legislation in VA. It is also important to note that although Virginia society members belong to one group, there are several chapters of the VA Society. In addition to the main benefit of being able to share a lobbyist, we can attend their continuing education programs for their member prices and we reciprocate this benefit to them.

I plan to retire from practice in either December of 2018 or January 2019 but I will remain as chair of the Legislation and Advocacy Committee until June 2019. I know how much time this requires, and I know how much we have to lose if we don't have someone to take my place. Now, when there is a call to action to contact legislators to support or not support a bill, we have a unified voice for social work in VA. Without our voice, we lose strength to bring about change for our profession and our clients. I think that would be very sad. In order to preserve this position and its functions, I propose the following:

- I will hold a coffee meeting on a Friday in a convenient location, with our lobbyist in attendance, to meet with all of you who have the slightest interest.
- We can talk about relevant legislative issues, but, more importantly, I can get your input for possible other models to handle this function. Ideally, we should have two co-chairs, but we could brainstorm other structures.
- If there were an actual committee, or even people to help on an ad hoc basis, then we could hold a brown bag luncheon and invite the social worker member of the oversight committee for the Fairfax County Police Department and another one to invite a judge I know of who is very interested in mental health.

On a lighter note, because of driving to Richmond three times a year, I have joined the Virginia Museum of Fine Arts and have seen an exhibit from the Beijing Palace, a Dale Chihuly exhibit and the Terracotta Warriors, among other exhibits. I have found neat shops and restaurants in Careytown. I have found other things of interest on my way home from Charlottesville. Let me know if you are at least willing to be part of reorganizing how this committee does business in order to keep it viable. If you want to be part of the solution, e-mail me at jratliff.lcsw@gmail.com or call me at (703) 758-1660. And remember this message on the masthead of The Washington Post: "Democracy dies in darkness." ❖

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.

Student Advocacy Day on the Hill, March 20, 2018

For several years, in collaboration with the Congressional Research Institute on Social Work and Policy (CRISP) and NASW, the GWSCSW has supported planning and sponsoring Student Advocacy Day on the Hill which occurs in March to coincide with Social Work Month. This year we will again offer financial support. We urge all who are interested in supporting social work students and this worthy event happening on Tuesday, March 20, 2018, to attend. You can get more information and register at: <http://crispinc.org/2018-student-advocacy-day-on-capitol-hill/>.

Some things can't be turned off.



Do you feel isolated because you are **gay in a straight marriage, living in suburbia, or having trouble coming out** to family or at work?

Join other LGBTQ+ adults in a safe place to connect and explore issues of identity related to coming out.

Learn more: www.grace-riddell.com/groups

**Wednesdays at 4:30pm
4400 East West Hwy, Bethesda, MD**

***Space is limited! Call (301) 942-3237 to register.**



**GRACE RIDDELL, LICSW, LCSW-C
AND ASSOCIATES**

**PHONE (301) 942-3237
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POETRY MUSINGS

Voice Matters

Wendi R. Kaplan

"I have come to believe over and over again that what is most important to me must be spoken, made verbal and shared, even at the risk of having it bruised or misunderstood."

~ Audré Lord

"Joining together, hearing each other into voice, coming out of the isolation that keeps us in doubt and shame can lead to transforming the dominant values of both therapy and the larger culture."

~ Judith V. Jordan

We are stumbling right now. Collectively stumbling.

Therapists help people find their voice and speak aloud the secrets, thoughts, troubles, feelings, concerns, and issues in their lives. We create a space and a relationship that is safe enough to invite their voices. Expression is crucial for people to be heard. As Peggy O. Heller, therapist and poet, has said, *"It is not enough for the truth to be true; the truth must also be told!"*

Poetry is a vehicle for learning to listen and learning to speak. Poets speak of things that have been considered "unacceptable" and that should "not be spoken about." In challenging political times, like this time when the press is being called "fake news," and lies surround us like hurricane rains, we are seeing voices emerge that have been silenced for years and lifetimes. Women and men are speaking out, getting strength from each other and revealing themselves with courage and a conviction to change.

Poets use words that allow us to see the unseeable and unspeakable. They give us their voices and help us find our own. Think of Langston Hughes, giving us glimpses of his life as a Black person, which is especially apparent in his poem, "Consider Me."



Consider me,
A colored boy,
Once sixteen,
Once five, once three,
Once nobody,
Now me.

Before me
Papa, mama,
Grandpa, grandma,
So on back
To original
Pa.

(A capital letter there,
He
Being Mystery.)

Consider me,
Colored boy,
Downtown at eight,
Sometimes working late,
Overtime pay
To sport away,
Or save,
Or give my Sugar
For the things
She needs.

My Sugar,
Consider her
Who works, too—
Has to.
One don't make enough
For all the stuff
It takes to live.
Forgive me
What I lack,
Black,
Caught in a crack
That splits the world in two
From China
By way of Arkansas
To Lenox Avenue.

Consider me,
On Friday the eagle flies.
Saturday laughter, a bar, a bed.
Sunday prayers syncopate glory.
Monday comes,

To work at eight,
Late,
Maybe.

Consider me,
Descended also
From the
Mystery.

Remember Marge Piercy's manifesto poem, aptly called "Unlearning to not speak"

Blizzards of paper
in slow motion
sift through her.
In nightmares she suddenly recalls
a class she signed up for
but forgot to attend.
Now it is too late.
Now it is time for finals:
losers will be shot.
Phrases of men who lectured her
drift and rustle in piles:
Why don't you speak up?
Why are you shouting?
You have the wrong answer,
wrong line, wrong face.
They tell her she is womb-man,
babymachine, mirror image, toy,
earth mother and penis-poor,
a dish of synthetic strawberry icecream
rapidly melting.
she grunts to a halt.
She must learn again to speak
starting with I
starting with We
starting as the infant does
with her own true hunger
and pleasure
and rage.

Bringing voice to bear is an important part of our work as therapists. It is a necessity for now.

**Looking for an opportunity
to volunteer your time and talents?**
VOLUNTEER
We need you!
Contact volunteer@gwscsw.org



What poems or quotations help you to find your voice?

Choosing with integrity means finding ways to speak up that honor your reality, the reality of others, and your willingness to meet in the center of that large field. It's hard sometimes.

~ Terry Tempest Williams,
When Women Were Birds:
Fifty-four Variations on Voice

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.



***New Member
Spring Brunch***

»»»»

Sunday, April 15th, 2018
11:00 a.m. - 1:00 pm.
At the home of Cindy Crane

"When I joined GWSCSW and, since then, I have formed extraordinary friendships, established a professional network, and found the best resource for learning and staying current. I think association membership and activity is a cornerstone of one's professional life."

We invite you to join us for a New Member Spring Brunch. If you've joined the Society in the past few years but have never been to a New Member Brunch, please come join us - we'd love to meet you! See details on the GWSCSW website under CALENDAR OF EVENTS

TECH TIPS: GOOGLE MY BUSINESS

Sara Feldman

Google My Business is a free and easy-to-use tool for businesses and organizations to manage their online presence across Google, including Search and Maps. By verifying and editing your business information, you can both help clients find you and tell them the story of your business.

This can be a great way for private practitioners to make sure their business is listed in Google. You can get started at google.com/business. By engaging in this tool, you can manage the information that Google users see when they search for your business or the products and services that you offer. Did you know that businesses that verify their information with Google My Business are twice as likely to be considered reputable by consumers? When people find your business on Google Maps and Search, you can make sure that they have access to the most up to date information about your business such



as your business hours, website, and current office location. You can also read and respond to reviews from your customers/clients and post photos that encapsulate your brand. Businesses that add photos to their listings receive 42% more requests for driving directions on Google Maps and 35% more clicks through to their websites than businesses that don't. You may also see specifics on how people are finding your business and where those searches are originating as well as information like how many people called your business directly from the phone number displayed on local search results in Search and Maps. ❖

This article is not an endorsement of Google or its products. Information adapted and sourced from Google.

EVENT CANCELLATION REMINDERS

Do you have a situation when you have to cancel your attendance for a GWSCSW event?

Out of respect to presenters and to ensure fair registration, the GWSCSW Executive Committee has approved the below guidelines for workshop registrations.

1. Registration and payment for CEU events must be received and fully paid 7 days in advance of the start time of the workshop. If not paid, 7 days in advance, registration will be canceled.
2. Requests to attend a CEU Workshop that arrive with less than 7 days advanced notice will be considered and approved when possible. If approved, payment must be made immediately, via the website, using PayPal or a Credit card. Checks will not be accepted less than 7 days before the start time of the event.
3. Cancellations made more than 7 days from the start time of the Workshop will receive a refund minus a \$25 processing fee.
4. Cancellations made less than 7 days from the start time of the Workshop will not receive a refund of any funds paid.
5. No-Shows: If you do not submit a written cancellation request within the eligible time-frame, and/or do not attend the event, full registration payment is required and non-refundable.

If you have an emergency, less than 7 days before the start time of a workshop and cannot attend, please contact Donna Dietz.

ARE YOU ON THE GWSCSW LISTSERV? Email your request to: gwscsw@gmail.com

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 and Chrissy Wallace, Co-Chairs
EarlyCareer@gwscsw.org

Are you building your social work career or hoping to support others as they build a foundation in the field? Becoming active in the Early Career Committee is a fantastic way to network both with others who share your aspirations and with seasoned social workers! Contact us for more information on how to get involved!

Legislation & Advocacy

Judy Gallant, Director
dirlegislation@gwscsw.org

See page 7 for info on why joining this committee has so much to offer! Members of our Society attended the Maryland MHA 2018 Briefing and Reception in Annapolis on February 7th. There they heard, among other speakers, the head of NIMH and a member of the CMA leadership.

Membership

Kathryn Lowry & Mary Moore

Membership@gwscsw.org

Beverly Magida participated with the Dean of the School of Social Work along with some other GMU Advisory Committee Members in a site visit on Feb. 7th for the new GMU School of Social Work campus that was recently completed.

Newsletter

Jen Kogan

newsletter@gwscsw.org

Do you have an idea for an article or feature story? Get in touch so we can talk about it! News & Views comes out four times a year so plenty of time to write something and then see it come out in print! Get in touch now! Contact Jen at jenko108@gmail.com or 202-215-279

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 (<https://www.facebook.com/Greater-Washington-Society-for-Clinical-Social-Work-482606325093876/>) 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 co-chairs of this committee, Sara Feldman and Juleen Chevalier, will be stepping down from their positions in June. 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

We are looking for members who are interested in helping to plan the Volunteer Appreciation Lunch. This is a fun event that takes place in the Spring. Please contact me if you are interested. Please consider signing up to volunteer as we have many interesting volunteer opportunities. Check out our website and sign up today! ❖

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.

Fairfax Community Professionals, **Dan Campbell, Roger Rothman, Julie Mayfield, and Paul Hart**, are putting together a referral list of clinicians in the central Fairfax County area who will serve high school students. The list will be shared with local high schools. On January 18 we sponsored a networking event to kick off this project and had 18 attendees.

Beth Levine is taking the Level I Internal Family Systems (IFS) training beginning in May 2018. She is looking forward to enhancing her work with both individuals and couples. She has found IFS to be effective in helping clients. Research supports the efficacy of IFS.

Patricia Morgan was awarded a Silver Telly award for her show Spotlight on Mental Health done with Bert Morgan for Channel 10. You can view the program on youtube using the title or the name Bert Morgan, co producer. Eight shows have been completed. The last one done on play therapy. We have done a generic mental health program, two sessions on the Merrifield Center, Fairfax County Mental Health Services, Dulles Airport's Traveler's Aid , ADHD, Autism, and Bipolar, These are done pro bono and will continue on a monthly basis.

Gina Sangster will have essay in the upcoming Winter issue of Voices, focused on aging and a poem in the Spring issue on technology. Voices: The Art and Science of Psychotherapy is published by the American Academy of Psychotherapists.



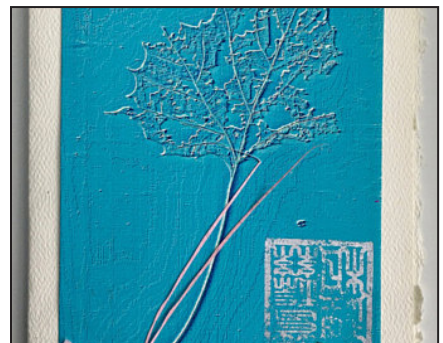
Grace Lebow Here I am at 88 years old, a Social Worker turned Artist in Retirement, starting a new art business on Etsy, designing and selling nature leaf art cards.

Both artist and Social Worker are Creative Problem Solvers whether we are trying to figure out how best to guide our client toward clarifying and approaching their issues or whether as a painter we are guiding our brush to achieve a clear focus and balanced composition. As Social

Workers, we stop. look and listen, thoughtfully observing our client and listening with both ears and a third ear just as an artist steps back to think about and observe his subject, even feeling the model's position or the sway of a leaf. Social Workers call this 'Empathizing with Client.' As Social Workers we validate strengths and steer the client toward more clarity in understanding their truth just as the artist tries to balance the composition to make a strong painting that reads clearly to the viewer.

My Etsy Shop | www.etsy.com/shop/GraceArtNotes

My leaf series expresses my love of nature. I design each piece of art in this series individually with loving care and create greeting cards from the designs. The cards are acid-proof and can be matted and framed. ❖



SAVE THE DATE

Annual Dinner

The Membership Annual Dinner will be held this year at the Unitarian Universalist Church Fellowship Hall on Sunday, June 3 from 5 to 8 pm. This is a lovely setting, right off the Beltway in Bethesda, easy to get to from Virginia. This dinner is a free benefit of membership; come and network with friends, old and new.

CLASSIFIEDS

For questions about advertising, contact ADMIN@GWSCSW.ORG.

Two furnished sublease options available | Loudoun

Two furnished sublease options available in 2450 sft windowed, professional suite in Premier Plaza near One Loudoun off Route 7. 24/7 building access. Rent includes use of waiting room, in suite restrooms, and kitchen as well as hospitality station, Wi-Fi, fax, and copier. Corner office available Mondays through Fridays 7:00am to 3:00pm and all day Fridays and Saturdays. Set up features large couch, two chairs, glass table and water feature on one side of 205 sq ft rectangular space (11.9 x 17.3) with desk on opposite end. Windowed green room 117 sq ft (9 x 13) features loveseat, two chairs, and desk. Available all day Mondays, Tuesdays, Fridays, Saturdays, and Sundays. Share space with fun-loving, entrepreneurial group of therapists, psychologist, and psychiatrist. Contact Cyndi Turner at admin@insightactiontherapy.com or 703-646-7664. See www.insightactiontherapy.com for pictures.

Fairfax Townhouse Offices

Therapist owned and occupied townhouse office building conveniently located on Lee Highway between George Mason and Harrison Streets, one block from the Lee Harrison Shopping Center. Furnished offices available, half time and part-time. Flexible arrangements can be made in this easy to be in space. Two long-term clinicians are "downsizing" so that space is available for the first time in a number of years. Half time space available Mondays after 5 PM, all day and evening on Tuesday and Thursday, Friday after 5 PM and all day Saturday. Rent for this 18x12 office is \$475. A second office is available excluding Wednesdays. Collegial atmosphere, shared waiting room and snack area with microwave and frig, parking. Walk to grocery stores, restaurants, and Starbucks.

Professional office - Rockville Town Center

Private professional office in a warm and welcoming space. Windows, new carpet, freshly painted. One short block from the Rockville Town Center. Walk to restaurants, Metro, courthouse, or library. Office is in a commercially zoned duplex house. Street looks residential. Security system, 24/7 access, WiFi, waiting room, group room/art room, abundant free parking. Ready for move in. Call 301-424-0920 or email roistacher@verizon.net. (\$600-\$725) Lease required. Utilities included.

Silver Spring Office Rental

Office space is available in a suite of offices located at 8607 2nd Avenue, Silver Spring, MD -- blocks from the Silver Spring Metro Station with parking nearby. Available beginning in March 2018, the suite is newly renovated, tastefully furnished, secure, and equipped with high speed internet access and office equipment. It also has a kitchenette and powder room. The suite is in a "smoke free" condominium building with an elevator. Space is available in four-hour blocks of time, from 7:00 am to 9:00 pm, seven days per week for use by a therapist who is licensed to practice in Maryland. Full-time renters (40 hours per week) will have exclusive use of an office seven (7) days per week. Part-time renters will have exclusive use of an office during designated days and hours. Monthly rental rates are based on the number of hours rented per week. The minimum rental is four hours per week. For more information, please email innertracllc@gmail.com.

New Dupont Office Suite Available June 1, 2018 My suite mates and I are expanding our Dupont Circle office space to add a second floor with additional brand new offices. There will be 5 windowed offices with plenty of light, 2 restrooms, waiting area, kitchenette, storage, biweekly cleaning, internet access, shared printer and an art therapy space. 5-10 minute walk from Red Line Metro and ample metered, street, and garage parking is nearby. Two of the offices are currently available for full time leasing (216 and 172 sq. ft. respectively) and are large enough to accommodate small groups of 6-10 members. Leases from 3 up to 10 years are available. e are completing negotiations with the landlord and bidding out the project to general contractors currently. We are looking to have all of our new suite mates onboard in the next few months. Contact Rob Williams at 202-491-8878 or email rob.williams.msw@gmail.com for more information.

Adolescent/Young Adult Therapy: CBT, DBT, PEERS®, MBSR-T, Medical Illness Counseling, Group Therapy. Powerful interventions for depression, anxiety, anger, perfectionism, fear, shame, rumination, social anxiety, ASD and more. Rathbone & Associates. Rely on Experts. 301-229-9490 www.rathbone.info.

Professional CEUs: See our current schedule at www.rathbone.info, click on "Professional Trainings". Current topics, quality speakers, practical skills.



PO Box 711
Garrisonville, Virginia 22463

CHANGE SERVICE REQUESTED

Continuing Education Spring Offerings

*Seating
is limited.
Register
early!*

**Trauma Informing the 12 Steps: Empowerment in Substance
Misuse & Addiction Recovery | Eryca Kasse**

Saturday, March 03, 2018 | 1:30 PM - 4:30 PM

Ethics and the Single Therapist | Mike Giordano

Tuesday, March 13, 2018 | 9:00 AM - 12:15 PM

**Effective Therapy for Couples Impacted
by Adult ADHD | Janette Patterson and Melissa Orlov**

Thursday, March 22, 2018 | 9:00 AM - 12:15 PM

Intuition – Case Studies | Marilyn Stickle

Friday, April 20, 2018 | 9:00 AM - 12:15 PM

Understanding Racism From a Personal and Professional Perspective | Gil Bliss

Friday, May 11, 2018 | 12:00 PM - 3:15 PM

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

MARCH 2018