



# news & views

## GWSCSW Annual Dinner heralds an evening of fun and flare in Virginia

*Nancy Harrington*

Thanks to the entire group who worked for months getting the Annual Dinner together for everyone. What a work of art the whole experience was. In a gorgeous setting with art on every wall, adding to the tablecloth colors of lilac and violet were beautiful yellow, violet and fuchsia calla lilies spread throughout.



Beverly Magida and Gloria Mog

All set in the gardens of Green Springs in Alexandria/Annandale.

What a treat for the Virginians to have all this and right down the street to boot! (People coming from Maryland and DC could empathize with the previous trips the Virginians usually make). Main courses were catered and side dishes and desserts were brought and shared by members. All were scrumptious.

GWSCSW Annual Dinner ..... 1

President's Message ..... 3

Enhancing Therapeutic Effectiveness When Working with Vegan Clients..... 6

Senior Seminar Update ..... 8

In Memory of Frances Thomas Fifth GWSCSW President..... 9

Legislation & Advocacy

    Federal ..... 10

    DC ..... 11

    Maryland ..... 12

    Virginia ..... 14

LICSW Business Plan Template ..... 15

2017-2018 CE Upcoming Events ..... 16

Out & About ..... 17

COMMITTEE REPORTS ..... 18

BOOK CORNER: Therapy Cracks Me Up: Cartoons about Psychotherapy ..... 20

TECHTIPS: Snapchat ..... 22

Classified Ads ..... 23

Mary Moore generously headed the committee again this year. She and Beverly Magida chose the location after a long search. They, Nancy Harris and Irene Walton, constantly giving of themselves for the Society, again returned to make the evening special. Susan Post, another fine volunteer past and present, hosted the liquid refreshments table with panache and the assistance of Irene Walton. Two of our new members hosted the registration table and greeted everyone as they came in.



Cristy Novotney and Amanda Shapiro



Nancy Harrington and Robert Seiler, Jr.

## 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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# President's Message

Steve Szopa



Steve Szopa

Although things tend to slow down over the summer, there was still a lot going on in May, June, July and August. There were several excellent educational offerings and two Society-wide events. On May 21, we held our Volunteer Appreciation Lunch. I would like to thank Laurie Young for her work and contribution to this event. Cristy Novotney coordinated the list of invitees, and Mary Moore created and sent out beautiful invitations. The food was excellent, and people had a good time. On June 10th, we held our annual membership dinner. I would also like to thank Mary Moore, Nancy Harris, Beverly Magida and Irene Walton for their hard work in finding a lovely Virginia location and setting up the elegant and pleasant evening. A unique part of this meeting was a show of slides from our trip to Cuba.

Given the great success of the Cuba trip, I would like to encourage anyone who is interested in taking a trip like this, or a lower-cost trip, to contact me or Laurie Young; Laurie has paved the way for any future volunteer to coordinate a trip by developing a connection with a good and socially-conscious travel company. Also, Laurie has kindly agreed to advise anyone who wants to coordinate a cross-cultural trip.

I would also like to take this opportunity to thank some outgoing Board and Committee members who are transitioning off the Board. Tish Riley and Terry Ullman have done an excellent job on the Maryland/DC Brown Bag Committee. In Virginia, Fran Lewandowski is leaving the Brown Bag committee. She and Angie Harris set up a fantastically well-attended event entitled: DBT and Stress-Tolerance Skills which had a record-breaking number of attendees.

Amanda Slatus has stepped down as Co-Chair of the Early Career Committee. I thank Amanda very much for her service, and I am very appreciative of Karin Lee stepping into that position. Amanda will continue in her role as Wine-and-Cheese Coordinator until this fall. She is also a member of the new Standing Diversity Committee.

Our Co-Chair of the Membership Committee, Cindy Crane, is stepping down. She and I would like to welcome Catherine Lowry to the position and appreciate her willingness to volunteer along with Mary Moore who is continuing in her role and Co-Chair of Membership.

Sydney Frymire and Karen Goldberg have been the heart and soul of the Professional Development Committee for several years.

There is no way to replace these long-term and experienced Committee Chairs, so we will roll this committee function into our Continuing Education Committee and keep the Professional Development Committee's signature events going.

As you are probably noticing, we have a number of upcoming openings. I'd like to take a moment to talk about the joys and benefits of volunteering. Virtually everyone who has volunteered will tell you that it has been both enjoyable and meaningful. It provides feelings of satisfaction and togetherness. Most committees have dual leaders so that duties can be shared and nobody feels burdened. Committee Chairs also serve on the Board which gives them the opportunity to weigh in on their Committee progress and to give input into the direction of the Society. Members who already volunteer are friendly and supportive. This warm esprit de corps is what motivated and enabled me to step into a leadership position. If you have any interest or curiosity about volunteering for a task, a Committee or even a Chair position, please feel free to reach out to me. I will be able to answer some of your questions and can also connect you to a person who has been active in the role that you are thinking about stepping into.

I am encouraging you to volunteer for another reason. As you know, all of our Committee Members, Committee Chairs, Branch Directors and Officers of the Board are volunteers. If a position goes unfilled, the services that you have come to count on from our Society are at risk of being temporarily eliminated. I welcome you to consider volunteering on an ongoing basis. However, if your schedule does not allow that, we are always appreciative of people who are willing to do a one-time task.

Our wonderful Newsletter volunteers, led by Jennifer Kogan, put together a fantastic newsletter four times per year. In order to give them sufficient time to assemble the Newsletter, I am writing this President's Message well in advance of the publication date. As of today, the Affordable Care Act is still in place but being challenged and threatened with replacement or even repeal. I would like to thank all of our members who responded to Laura Groshong's letters from CSWA (Clinical Social Work Association) asking you to contact your local Congresspersons and Governors. High quality Health Care is vital to our clients and will have a direct effect on the field of Clinical Social Work. I am hoping that the healthcare bill that eventually passes will provide insurance coverage to as many Americans as possible. I feel that our Society has contributed to the dialogue and recommendations for compassionate healthcare, thanks to your feedback. ❖

## MEMBERSHIP RENEWAL IS NOW OPEN

MEMBERSHIP YEAR IS OCTOBER 1 - SEPTEMBER 30

DON'T LET YOUR MEMBERSHIP EXPIRE  
ENJOY THE BENEFITS  
OF MEMBERSHIP

RENEW ONLINE TODAY!

Go to:

**WWW.GWSCSW.ORG**  
**TO RENEW TODAY!**





Steve Szopa, GWSCSW President and Annual Dinner Emcee

**continued from page 1**

Cristy Novotney, another of our most dedicated volunteers, set up tables for people to look at all of the wonderful volunteer opportunities which will help bring you into the fold of our group. Sue Stevens hand made boutonnières, which were absolutely sensational, for all the new members.

President Steve Szopa emceed the gathering with an energetic and fun slide show of Cuba, assisted by Laurie Young and Kate Rossier, two of his fellow travelers. Steve mentioned the possibility of another trip, next time state-side.

Rachel Spence, a new member, took the official photos for us.

The raffle this year was once again fun, and we were awarded excellent prizes. Three massages, one each in DC, VA and MD, as well as beautiful hibiscus trees and colorful lilies, were given out.

Thanks one and all. I hope you make it next year to this great event. In fact, if you join the committee to plan the dinner, you will be able to really get involved and enjoy yourselves even more! Contact Mary Moore if you would like to join the committee for next year. ❖

## Annual Dinner Photos



Pam Thielmann, Helen Power and Ann Marie Russel



Mary Moore, Co-Chair of Membership



Laurie Young, VP; Kate Rossier Communications Director; Steve Szopa, President



Phil Callahan and Jen Greenberg, VP

# Members Enjoying the Annual Dinner



# ENHANCING THERAPEUTIC EFFECTIVENESS WHEN WORKING WITH VEGAN CLIENTS

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*Beth Levine*

As clinicians, we see all kinds of people who present with a myriad of problems. Some of the presenting problems will be familiar to us, issues we have confronted in our own lives, but some issues will be new to us, and the question arises, how will we deal with these in a clinically effective way? This could include transgender issues, sexual orientation, or political beliefs or religious practices far removed from our own. Included in this category for most clinicians would be ethical veganism.

Ethical vegans see veganism as a moral baseline of nonviolence and nonuse for all beings, without restriction or caveat. Over the years, the word has also come to be used by people when they follow a plant-based diet, but do not adhere to the moral consideration of nonhuman animals. In this piece, I use the term vegan to connote someone with an ethical concern with our treatment of animals, human and nonhuman, and who has deep convictions that run counter to conventional thinking.

Being vegan is a profoundly different experience than not being vegan in our current non-vegan world. Often, vegans experience PTSD symptoms from bearing witness to our treatment of nonhuman animals. Where non-vegans see a bucket of chicken wings, vegans see images of tortured beings. Non-vegan friends talk about enjoying dairy ice cream, ethical vegans imagine the heartbreak of forced separation between mother and child and their violent deaths. Ethical vegans see the hypocrisy in a local Humane Society raising money for dogs and cats in their care by holding a barbecue.

The social work profession is concerned with treating all clients and their needs. The vegan population in the USA comprises 1.5 percent of adults aged 18 and older (3.7 million adults). This figure does not distinguish between those who see themselves as ethical vegans and those eating a plant-based diet. By comparison, there are 1.4 million Americans, around 0.6 percent of the U.S. population, who identify as transgender and yet there are many training programs to help therapists work with transgender clients. In my experience, there is a lack of trainings to help therapists work with the relatively larger potential population of vegan clients. The purpose of this article is to start to address this need.

We may want to ask ourselves the following:

- How do we face this moral difference in a way that keeps the therapeutic alliance safe?
- Can we be open to our own sensitivities and prejudices so that we can help the vegan client feel safe and understood?



By considering these questions, we can better manage our countertransference and talk with our clients about our interactions when we feel it would be therapeutic to do so.

I will briefly discuss three areas for non-vegan therapists to be tuned into when working with a vegan client:

- The therapist may have some office decorations or other products that are animal-based. The therapist's office might have leather chairs or a leather couch. Maybe there is a hunting picture on the wall or milk chocolate candy in the waiting room. Perhaps the therapist just finished a hamburger before the session and the client smells the food in the room. Vegans perceive unfairness and violence in animal-based products.
- Another reason for a vegan client to not feel safe may be reactions on the part of the therapist. The therapist might become defensive because of what is called "do-gooder derogation," the putting down of morally motivated others. Research by Julia Minson and Benoit Monin of non-vegetarians' reactions to vegetarians indicates a "knee-jerk defensive reaction to the threat of being morally judged and found wanting" (p. 205, *Do-Gooder Derogation: Disparaging Morally Motivated Minorities to Defuse Anticipated Reproach*). The therapist might also become defensive because he or she is uncomfortable with this topic of conversation. Perhaps the vegan client is heartbroken over our treatment of our fellow earthlings and is vividly describing

the violence and torture to which she bears witness. Defensive reactions can be statements, non-verbal cues, steering the conversation away from a topic, or silence. Examples of statements from therapists that vegans in therapy have shared with me include: "That's an extreme diet," "By being vegan, you're limiting the people you can date," "Would you consider being a little less rigid with your veganism?" and "You're being judgmental." Vegans are likely to experience do-gooder derogation and other defensive reactions in their daily lives so it is especially important that therapists be aware of the possibility of this trigger reaction within themselves to prevent defensiveness from happening or to be able to process it if it does.

- An additional barrier for vegans to forge a safe relationship with non-vegan therapists is that vegans are profoundly aware of a point of disconnect. Non-vegans disconnect from the fact that by consuming or using animal products, whether for food, entertainment, clothing, etc., they are participating in what vegans see as the daily use, torture and killing of billions of nonhuman animals. By disconnecting from the violence in animal-based products, they cannot access the experience of what it is like to be vegan. As was told to me by a vegan who has been to non-vegan therapists: "In my experience, my therapists have been very careful not to offend too much. It is more that they really do not get what I am saying when I talk about the feelings caused by the constant and eternal holocaust. I can see that they do not get it. They just cannot comprehend the magnitude of it and its crushing weight. When they respond, I do not think that they really understand that what they are saying will not help."

Even if a vegan client is not talking to a therapist about what it is like to be vegan in a not-yet-vegan world, e.g., the client is talking about their relationships or work stress, this aspect of their life is, almost assuredly, always with them. In either case, it is important for therapists to understand the barriers that could keep a client from feeling safe and understood so that these issues can be addressed in therapy. By doing so, the safety and connection between a non-vegan therapist and vegan client will increase and, therefore, improve the help the client receives. ❖

*Beth Levine, LCSW-C, has a private practice in Rockville, Maryland. She works with adults in individual and couple settings. She specializes in Emotionally Focused Couple Therapy and also uses Internal Family Systems and Accelerated Experiential-Dynamic Psychotherapy in her work. Beth is an ethical vegan and animal rights activist and is developing a resource of therapists who are also ethical vegans for the vegan community.*

## agency outreach

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

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

Our Community Branch offers Early Career, Middle Career, and Senior Seminar fellowships, as well as Wine and Cheese gatherings. The Membership and Volunteer Committee are also great groups to join.

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

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

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

**Thanks much!**

# GWSCSW SENIOR SEMINAR UPDATE

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*Grace Lebow, Senior Representative*

**Recently, our Senior Seminar, under the leadership of Estelle Berley, read and discussed a very interesting article recommended by Joyce Smith on the Society listserv. Carolyn Maurer DeVilbiss, a group member and our wonderful monthly minutes recorder moderated the discussion: "Positive Emotions and the Practice of Psychiatry" by George Vaillant. Following is Carolyn's summary.**

*George Vaillant, psychiatrist and researcher, turns his attention to the importance of positive emotions and spirituality in human development. He defines spirituality as the eight positive emotions: awe, love (attachment), trust (faith), compassion, gratitude, forgiveness, joy and hope. He builds his discussion with findings from relatively new scientific disciplines of cultural anthropology, ethology (animal behavior) and neuroscience. He describes a process of cultural and social evolution that has enabled people to survive together by encouraging unselfish and loving emotions and behavior. He distinguishes between "religion" and "spirituality" (not necessarily exclusive), but posits that "spirituality is not about ideas, sacred texts and theology: rather, spirituality is all about emotion and social connection." In his view, history shows that religions that have endured are those that emphasize the positive emotions of love and compassion, therefore supporting our social survival.*

*He believes that psychiatry has focused too heavily on the negative emotions such as fear, anxiety, sadness and anger. It is his contention that psychiatry and research have ignored the importance of studying the effect of positive emotions in growth and healing. For example: Freud did not allow the beauty of music in his own home. Vaillant suggests that "through exclusive attention to patients' negative emotions psychiatrists may contribute to their self-absorption."*

Members found the article to be interesting and well-written. We were intrigued with the definitions of "spirituality" as equivalent to the positive emotions. Carolyn read an excerpt from Wikipedia on the etymology of the word: "spirit", derived from Latin and French words meaning "soul, courage, vigor, breath." We appreciated Vaillant's description of spirituality as leading



*Grace Lebow*

to social connectedness, resilience, both individual and social survival not only in time present, but in time future. "Positive emotions, especially joy, make thought patterns more flexible, creative, integrative and efficient."

In considering the implications of Vaillant's discussion for our practice of social work, members reflected on how heavy it can be for the therapist who is immersed in the work of hearing the emotional distress of clients. We talked about practice arenas where working in teams can relieve that emotional weight through peer support, humor, and problem-solving. Strength-based strategies, group, family, and psychoeducational models tend toward supporting growth, and competence. One member described how some of the Jungian constructs support a more positive focus. Others reflected that it is the therapist's task to help reframe problems in such a way as to convey hope. We would do well to pay more attention to asking about positive emotions more frequently during the progress of psychotherapy.

The group also discussed Vaillant's perspective about "cultural evolution" and his belief that there is historical and scientific evidence of a process of "natural selection for prosocial emotions." He finds that for both humans and other animal species, social learning has been an important development in survival. As an interesting example of such evolution, Martha Horne pointed to the evolution of grandparenting as human lifespans grew longer. Grandparents were then able to be an important addition to the education and socialization of the young, offering relief and support to the parents, and enriching the family culture.

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



## In Memory of Frances Thomas Fifth GWSCSW President

By Marilyn Stickle

Frances Thomas died on July 27th at her home in Statesville, NC at the age of 78. She returned to her childhood home 12 years ago, to care for her parents and then her brother until their deaths. She had a profound impact on her family, on those who worked with her, the people and communities she worked in, and on the profession she loved.



She received her social work degree from Chapel Hill in 1961, moving to Washington in 1965 to work in the outpatient clinic of the Department of Psychiatry at George Washington University Hospital. She later became a faculty member and developed a private practice on K Street. Following decades of full time private practice, she became a therapeutic foster care manager at the Child and Family Services Agency in D.C. She was equally comfortable working with the powerful in individual, family, and psychoanalytic group psychotherapy as with our most vulnerable populations.

President of the Greater Washington Society for Clinical Social Work from 1981-1983, her influence was felt long before her tenure as President and continues today through pivotal leadership roles she played. As Chairperson of the D.C. Coalition of Social Work Health Care Providers, she led the Coalition lobbying effort until licensure was obtained in 1987. The law has been described as the best social work licensing law in the nation. Her tireless efforts, diplomacy, and coalition building skills remain legendary.

Committed to clinical excellence she was also instrumental in the establishment of the Clinical Social Work Institute. While many people were involved in the Institute's formation, Fran's contributions were crucial to its successful beginnings.

Late night phone calls and work seven days a week before technology made communication a click away, her old fashioned values of hard work and persistence were formative in shaping our Society history. She was a unique and amazing leader and visionary.

Fran returned to Washington for the Women's March in January. She is seen in the above photo on the right next to three former GWSCSW Presidents, Marilyn Stickle, Golnar Simpson, and Marcie Solomon. ❖

# LEGISLATION & ADVOCACY

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## ❖ FEDERAL

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*Laura Groshong, Director for Government Relations, Policy and Practice*

### **LICSWs and Preparing for Financial Security: “We’re Not Good with Numbers”**

**One of the most important topics for LICSWs is thinking about how to be prepared for retirement. The following article by Alicia Hudnett and a Business Plan that I put together may be helpful to those who have been avoiding this sometimes anxiety-provoking topic.**

### **What to Do if you Haven’t Saved for Retirement by Age 50**

by Alicia Rose Hudnett @CNMoney April 4, 2017

**<http://money.cnn.com/2017/04/04/retirement/no-retirement-savings/index.html>**

Those of you who are aged 50 or older have probably been working for a few decades, and you may be thinking about what comes next. Most of us dream of eventually leaving the workforce for good -- but what if you haven’t even started saving for retirement yet?

First off, know you’re not alone. In fact, a recent GOBanking rates.com survey found that 28% of people over age 55 have no retirement savings at all, while 26% report that they have under \$50,000 saved for retirement.

But with retirement fast approaching, there are still some moves you can make to get closer to achieving financial independence. Here are a few ideas to get you started.

#### **Work longer**

If you’re in your 50s and still haven’t put anything away for your golden years, you should consider working until at least your Social Security full retirement age of 70-- the age at which you can receive the full Social Security benefit you’re entitled to based on your work history. The later you retire, the longer you can live on earned income and build up your savings, rather than drawing those savings down in order to get by.

Over the next 10 to 15 years, you’ll need to turbocharge your savings. Generally, a savings rate of 15% of gross annual salary is recommended for people who have decades to prepare for retirement. But if you’re in your 50s and haven’t really been saving, then you need to dig as deep as possible. Ideally, you’ll save 30% or more of your salary in order to get your savings on track to meet your needs in retirement.

If you’re unable to save that much, then try to start at 15% and look for ways to make small increases over time. For example, every time you get a raise, put it directly toward your savings contributions.

#### **Take advantage of catch-up contributions**

Now that you know how much you should be saving, let’s address where you should be saving. Tax-sheltered retirement accounts can offer you current and future tax benefits. If you have an employer-sponsored 401(k) or 403(b), you can contribute up to \$18,000 this year, plus a \$6,000 catch-up contribution if you’re aged 50 or older, for a total of \$24,000. If you can max out your retirement account and possibly earn an employer match, then you’ll make up for some lost time.

If you don’t have a workplace retirement plan, then you can save up to \$5,500 per year, plus an additional \$1,000 if you’re aged 50 or over, in an IRA. If you’re in a position to do so, make sure you reach to get these catch-up contributions in order to bridge the gap between what you have and what you need in savings. In fact, saving the full \$6,500 for the next 15 years in an account earning 5% would yield a nest egg of about \$150,000.

#### **Look to sources of guaranteed income**

Social Security was never intended to be your only source of retirement income -- or even the primary source. But if you haven’t amassed sufficient personal savings, then you will need to run the numbers to determine how you can maximize your Social Security benefit in order to help you make ends meet in retirement.

Go to the Social Security Administration's website, set up an account, and take a look at your expected Social Security benefit. Consider how much your check will continue to increase each year you delay filing for benefits. For each year you delay filing, your Social Security check will increase by about 8% until age 70, when your benefits will max out.

Meanwhile, if you reach retirement with a smaller nest egg, you might consider annuitizing a portion of your savings to provide a guaranteed stream of income.

If you're 50 or older and nowhere close to being retirement-ready, then you need to start thinking seriously about how to build the savings you'll need to have a happy and secure retirement -- and you may ultimately need to adjust your idea of what your retirement will look like. While this may be your last chance to move the needle in the right direction, the good news is that if you commit to changing your situation, there is still time to make some progress toward retiring in comfort.

CNNMoney (New York) First published April 4, 2017: 11:04 AM ET. **See page 15 for a LICSW Business Plan Template.** ❖

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



Looking for an opportunity  
to volunteer your time and talents?  
**VOLUNTEER**  
We need you!  
Contact [volunteer@gwscsw.org](mailto:volunteer@gwscsw.org)

The graphic features a white background with a green border. At the bottom, there is a row of colorful hands in various colors (red, blue, green, orange, purple, etc.) reaching upwards. The text is centered and uses a mix of bold and regular fonts.

## ❖ District of Columbia

*Margot Aronson*

So far, grassroots activism has been demonstrably effective in 2017, and not just at the national level. When District of Columbia parents, teachers, and clinicians spoke up this spring in opposition to Mayor Muriel Bowser's plan to alter the school mental health program, the Council listened, proposing an amendment to the annual budget omnibus bill (Bill 22-244, the Fiscal Year 2018 Budget Support Act of 2017).

It was a plan to refocus the work of school social workers and other mental health clinicians away from direct clinical services into preventive activities across multiple schools that aroused concern. Clinicians would be pulled from their full-time schools – predominantly in the District's most vulnerable areas – and instead have part-time responsibilities in each of several schools. While this would no doubt achieve a goal of increased numbers of students with access to care, it would also rupture the existing therapeutic relationships of troubled students and their families with their dedicated school clinicians.

The plan would have tapped into the Department of Behavioral Health's Core Service Agencies and community-based organizations to provide direct clinical services. However, as the introduction to the Amendment states, "Public testimony was overwhelmingly against moving forward with DBH's plan for the 2017-2018 school year, because it was clear that DBH was not and could not be ready to effectively implement the myriad changes it was proposing over the summer months."

The Amendment – thanks largely to the work of Councilman Vincent Gray, Chair of the Committee on Health, and David Grosso, Chair of the Committee on Education - delays alterations to the school-based behavioral health programs and services model for the coming school year. At the same time, it establishes a Task Force which will include a range of school, mental health, agency, and public representatives to examine the issues raised at the hearing and to guide the development of a new broadly-based proposal.

Thanks to all social workers and others who got involved; this is what democracy looks like!

### Board of Social Work Vacancies

The Board currently has two vacancies: still needed are an LGSW and an LSWA. Requirements for applying include DC residency plus 3 years of experience at the licensure level. For more information and/or to submit an application, go to the website of the Mayor's Office of Talent and Appointments (MOTA).

Members of the Board are all volunteers, and our GWSCSW members who have served on the Board have described the experience as hard work but very, very rewarding as well as challenging. The Board meets on the 4th Monday of each month, starting at 9 AM. The MOTA site provides more description.

Legislation has been proposed that would change the composition of the Board so that it would not be limited, as it is now, to the requirement that each license level be represented. Traditionally the five member Board has needed - specifically - one LICSW, one LCSW, one LGSW, one LSWA, and one member of the public. Since there are not many LSWAs and LISWs, and of those, not many reside in the District, these positions have sometimes been vacant for lengthy periods.

Needless to say, a five-member Board with two vacancies is likely to have difficulties achieving a quorum - as for example whenever anyone calls in sick. The GWSCSW L&A Committee for DC plans to support legislation easing the one-each requirement when the process reaches the Public Comment stage.

Meanwhile, however: if you qualify, please consider stepping up! ❖

*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.*

#### POSTING TO THE GWSCSW LISTSERV

To post to this group, send email to  
[listserv-gwscsw@googlegroups.com](mailto:listserv-gwscsw@googlegroups.com)

IF YOU ARE NOT ON THE LISTSERV CONTACT:  
[ADMIN@GWSCSW.ORG](mailto:ADMIN@GWSCSW.ORG)

## ❖ Maryland

*Judy Gallant*

**In our last newsletter, we told you about the complex new licensing law for social workers. Additional bills we supported that passed in the 2017 General Assembly session are summarized below.**

### Fighting Opioid Abuse and Addressing Substance Use and Mental Health Disorders

Over forty bills were introduced on topics ranging from limitations on prescribing, education in schools, access to community supports and removing restrictions on insurance, making Maryland's opioid crisis a top priority this session.

**The Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017** (Senate Bill 967/House Bill 1329) focuses on expanding treatment options. This bill covers many of the provisions that we and Maryland's Behavioral Health Coalition have worked together on for several years as the Keep the Door Open Act. The HOPE bill:

1. requires that treatment centers for mental health and substance use crises will be established by the Department of Health and Mental Hygiene (DHMH), along with a toll-free crisis hotline with information on treatment programs;
2. requires that DHMH develop written information about opioid use disorders and distribute the information to health care facilities and health care providers so they can make it available to patients;
3. requires that health care facilities have available providers who are trained and authorized to prescribe opioid addiction treatment medications, including formulations containing buprenorphine;
4. provides a mandatory appropriation for community providers that serve mental disorders and/or substance-related disorders; and

5. requires hospitals develop a discharge protocol for individuals treated for a drug overdose.

Additionally, as of June 1, 2017, **anyone can get naloxone at a Maryland pharmacy without a prescription.** This permits people who may be at risk of an opioid drug overdose, or those who may be around someone at risk of an overdose, to have the drug available for use should an emergency arise. Naloxone is a life-saving medication that can quickly restore the breathing of a person experiencing an opioid overdose. The person requesting Naloxone needs to speak to a pharmacist since it is a prescription drug and will not be on store shelves with over-the-counter medications. They also may need to mention the Statewide Standing Order, issued by Dr. Howard Haft, Maryland Department of Health. The Statewide Standing Order allows pharmacists to dispense naloxone to anyone without a paper or electronic prescription.

**The Heroin and Opioid Education and Community Action Act of 2017** (Start Talking Maryland Act) (SB 1060/HB1082) focuses on education. This bill requires the Maryland State Board of Education to expand current drug addiction and prevention education in public schools to specifically include heroin and opioid addiction and prevention, as well as requiring public schools to store naloxone and authorize trained school personnel to administer it. It also requires institutions of higher education that receive Maryland State funding to establish awareness training for incoming students, campus police training and obtaining and storing naloxone. The Governor must include at least \$3 million in the FY2019 budget for grants to local boards of education to implement the bill's requirements.

### **Maternal Mental Health**

The Public Health – Maternal Mental Health (HB 775/SB 600) directs the Department of Health and Mental Hygiene (DHMH) to disseminate written information about perinatal mood and anxiety disorders to health care facilities and providers and post the information on the DHMH website. The legislation requires DHMH, along with stakeholders, to identify and develop CME training and education programs

for providers that enhance the early identification of postpartum depression and perinatal mood disorders. Additionally, the Department is to develop a plan to expand Maryland's Behavioral Health Integration in Pediatric Primary Care Program to assist obstetric, primary care, pediatric and other providers in addressing emotional and mental health needs of pregnant and postpartum women.

### **Teletherapy**

Health Care Practitioners – Use of Teletherapy (HB 352/SB1106) explicitly authorizes health care practitioners who provide behavioral health services and are licensed by the State boards of Nursing, Physicians, Professional Counselors and Therapists, Psychologists, and Social Workers to use teletherapy if they comply with specified requirements. Over the course of the past 3 years, our Maryland Legislation & Advocacy Committee worked with Delegate Kirrill Reznik to help craft this bill. By April 1, 2018, the boards must adopt regulations that, to the extent practicable, are uniform and do not affect the practitioner's scope of practice for the use of teletherapy.

If you (yes, you!) are interested in participating in helping the Board of Social Work Examiners develop regulations for teletherapy, please let me know. The Board does value the GWSCSW's input in crafting regulations and this would be a wonderful way to have our voice heard.

### **ADHD**

Public Health – Treatment of Attention-Deficit/Hyperactivity Disorder–Identification and Posting of Information (HB184) was initially a poorly conceived bill that would have required all health practitioners to post recommendations that came from DHMH consulting only 2 sources about treatment of ADHD. We opposed this legislation as introduced. However, working with the sponsor, the legislation was amended into an acceptable form. This legislation charges DHMH to work with stakeholders to identify evidence-based information and other resources and information regarding Attention-Deficit / Hyperactivity Disorder and to post the information on the DHMH website for use by both providers and patients. A similar educational approach was undertaken in a 2014 law relative to Down Syndrome.

Working on the advisory committee to DHMH to develop information appropriate for providers and patients on ADHD treatment would be another wonderful way to get involved and HAVE OUR VOICE HEARD! Please let me know if this is of interest to you. ❖

*Judy Gallant, LCSW-C, is the director of the Society's Legislation & Advocacy program, as well as chair of the Maryland Clinical Social Work Coalition, our GWSCSW legislative committee in Maryland. She maintains a private practice in Silver Spring. Pamela Metz Kasemeyer, JD, and her firm of Schwartz, Metz & Wise, PA, represent us in Annapolis and guide our advocacy strategy. Ms. Kasemeyer is an acknowledged authority on Maryland's health care and environmental laws and has represented a variety of interests before the Maryland General Assembly and regulatory agencies for more than 25 years. This report is based, in part, on Pam's multi-page summary of this year's legislative session.*

## ❖ Virginia

Judy Ratliff

The Virginia Board of Social Work is currently receiving public comment with regards to the amendment of the Regulations Governing the Practice of Social Work services to: 1) amend the definition of clinical social work services to include psychosocial interventions; 2) repair applicants for reinstatement to provide verification of licensure in another state, if applicable and a report from NPDB; and 3) amend section 110 to specify an amount of supervision that is required for a person who has not actively practiced for 10 or more years and applies to reinstate or reactivate his license. Comments can be made to the Board before September 22, 2017.

The Virginia Board of Social Work Regulations Governing the Practice of Social Work were amended effective June 28, 2017. The Regulations are amended to: 1) require submission of an application for licensure within two years of completion of supervised experience; 2) requires registration of supervision whenever there is a change in the supervisor, the supervised practice, or clinical services or location; and 3) add romantic relationships to the unprofessional conduct section.

At the full Board meeting on May 11, the Board approved the draft legislative proposal for mid-level licensure for the 2018 Session of the General assembly. This bill is to amend the Code of Virginia by amending sections 54.1-3700 and

64.1-3705 by adding authority for the Board of Social Work to license baccalaureate social workers and master's social workers and to register persons obtaining supervised experience for licensure as a clinical social worker.

**Legislative Alert:** Some of you may have seen my request for Virginia GWSCSW members to send us your VA legislative voting districts. This request was made at the behest of our lobbyist, Sue Roland. In light of the fact that the General Assembly will be voting on our request to amend the sections of the Code of Virginia mentioned above, it is extremely important to have this information so that if your assistance is needed in contacting a legislator, we can contact you directly and quickly. If you have not already submitted this to Donna, our administrator, PLEASE DO THIS IMMEDIATELY. Thank you to all who have done so. ❖

*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.*

## UPCOMING BROWN BAG EVENTS

### VIRGINIA

Mental Health & Spirituality:  
Overview of Diagnostic and  
Treatment Trends & Issues  
Friday, October 6

### MARYLAND

When Your Patient Becomes  
Seriously Ill  
Friday, October 13

Watch for emails  
announcing additional  
Brown Bag events and  
check the GWSCSW  
online calendar!



# LICSW Business Plan Template

(submitted by Laura Groshong, Director for Government Relations, Policy and Practice)

Consciously developing the business side of our practices has been challenging for many mental health clinicians. This simple document is designed to help you become aware of 1) the costs involved in running a practice, and 2) the amount of income needed to meet your income goal. (~LWG)

## Questions for developing a Business Plan:

1. How many clinical hours per week/month do I need to fill to meet my income needs?
2. Do I need to increase my fee to meet my income needs? What will the marketplace support given my experience and skills?
3. What additional services (conferences, writing, consulting, etc.) do I need to add to augment my current offerings for income purposes?
4. What marketing efforts do I need to make to secure my referral base? How much time per week/month do I need to devote to this activity?
5. How much do I wish to grow my practice income from where it is now? How will I achieve this?
6. Do I wish to make any changes in regards to my participation with insurance panels from what I am doing now? If I'm not on panels, how do I market myself to become attractive to prospective business outside of panels?
7. How will I monitor and fine tune my progress on this business plan? Do I need a business buddy or mentor to maintain my progress on this plan?

INCOME	
Clinical income (@10-30 clinical hours a week)	\$
Presentation income (@ 0-20 hours a year)	\$
Consultation income (@0-10 hours a month)	\$
Other income streams	\$
<b>TOTAL INCOME</b>	<b>\$</b>
EXPENSES	
Rent (@5-25% of income)	\$
Marketing (@1-15% of income)	\$
Support services, i.e., back-up data, biller, etc. (@0-15% of income)	\$
Supervision (@ 0-10% of income)	\$
Professional Dues/Licensure Renewal (@1-5% of income)	\$
Malpractice/Liability Insurance (@1-2%)	\$
Website (\$1000 setup, 1-2% of income maintenance)	\$
Office Supplies (@1-3% of income)	\$
Office Furnishings (ave. over 10 years @1% of income)	\$
Computer, Printer (ave. over 5 years about 3% of income)	\$
Cell phone/landline (@1-3% of income)	\$
Education/Conferences (@ 1-10% of income)	\$
Health Insurance/other health costs (@4-20% of income)	\$
Taxes (city, state, federal)(@15-25%)	\$
Electronic Health Record (@\$500-600)	\$
Retirement (401k, etc.) (5-15% of income)	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>
<b>TOTAL PROFIT (INCOME-EXPENSES)</b>	<b>\$</b>

(Adapted from Walfish and Barnett, Financial Success in Mental Health Practice, American Psychological Association, 2009)



# REGISTER ONLINE 2017/2018 EDUCATIONAL OFFERINGS

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**The First 3000 Hours – Parts I and II | Denise Jones**  
Monday, September 11, 2017 | Check in -- 8:30 a.m.  
Session 1 -- 9:00 a.m.-12:00 p.m.; Lunch – 12:00-1:00 p.m.  
Session 2 – 1:00-4:00 p.m. | Forest Hills, DC | 3 CEUs for each Part

**Medical Marijuana: Current Issues for Mental Health Providers**  
**Linda Friskey and Franca Posner**  
Sunday, October 1, 2017 | 9:00 a.m.-12:30 p.m. | Forest Hills, DC | 3 CEUs for each Part

**Emergency Instructions for Covering Your Practice | Melinda Salzman**  
The class will meet for two three-hour sessions -- Friday, September 22, 2017 & Friday, October 6, 2017 & | 12:30 – 3:45 p.m. | Location TBA (MD) | 6 CEUs

**The Clinical Significance of Caffeine | Linda Friskey**  
Thursday, November 2, 2017 | 9:00 a.m.-12:30 p.m. | Sunrise Senior Living, Columbia MD  
3 CEUs

**Trauma Informing the 12 Steps: Empowerment in Alcohol & Drug Addiction Recovery**  
**Eryca Kasse**  
Friday, November 17 2017 | 1:00-4:15 p.m. | Location TBA (MD) | 3 CEUs

**Ethics and the Single Therapist – ethical dilemmas in the modern age | Michael Giordano**  
Tuesday, January 9, 2018 | 9:00 a.m.-12:15 p.m. | Location TBA (MD) | 3 CEUs

**Effective Therapy for Couples Impacted by Adult ADHD**  
**Janette Patterson and Melissa Orlov**  
Thursday, March 22, 2018 | 9:00 a.m.-12:15 p.m. | Family & Nursing Care, Silver Spring  
3 CEUs

**Intuition – Case Studies | Marilyn Stickle**  
Friday, April, 20, 2018 | 9:00 a.m.-12:15 p.m. | 5319 Lee Highway, Arlington VA 22207  
3 CEUs

**Understanding Racism From a Personal and Professional Perspective**  
**Gil Bliss and Cathy Roberts**  
Friday, May 11, 2018 | 12:00-3:15 p.m. | Family & Nursing Care, Silver Spring | 3 CEUs

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REMEMBER TO CHECK THE ONLINE CALENDAR FOR UPDATES AND ADDITIONAL INFORMATION  
<http://gwscsw.org/Calendar>



# OUT & ABOUT

*This column shares news about members' professional accomplishments—our publications, speaking engagements, seminars, workshops,*

**Lisa Kays** and **Michael Giordano** organized an ethics conference in June at Trinity College. Lisa taught on the ethical use of social media, and Michael taught on sex positive ethical social work and HIV. Over 90 people attended and fulfilled their ethics and HIV licensure renewal requirements.

**Janette Patterson**, MSW, LCMFT and Melissa Orlov (ADHDmarriage.com), author and marriage consultant will be presenting Making Things Better: Anger and Communication Workshop for Couples Impacted by ADHD on October 20th and 21st in Silver Spring, MD. Register at ADHDmarriage.com, under Seminars & Groups/Workshops.

**Jim Presant** will leverage his expertise with career choice and failure-to-launch in a group helping high schoolers choose a career direction to inform their educational planning. CareersforSuccess.net will launch soon. ❖

**THIRD ANNUAL LEGISLATION AND ADVOCACY LUNCHEON | Our Current Political Climate: How Do We Get What We Want for Clinical Social Work and Our Patients? Health Policies and Beyond....**

**Sunday, October 01, 2017  
12:30 PM - 3:30 PM**

**MAGGIANO'S CHEVY CHASE  
5333 WISCONSIN AVE., NW  
WASHINGTON, DC 20015**

**FREE PROGRAM AND LUNCH-  
REGISTRATION REQUIRED!  
2 CATEGORY 2 CEU'S AVAILABLE  
FOR \$30 EXTRA CHARGE**



**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](http://aida-therapy.com)



For more information or to join:

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

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

# COMMITTEE REPORTS

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## Continuing Education

*Beth Levine and Barbara Hill, Co-Chairs*  
[cecommittee@gwscsw.org](mailto:cecommittee@gwscsw.org)

Our CE Committee chair, Beth Levine, and our Brown Bag co-chairs Trish Reilly and Terry Ullmann, are resigning. They will stay on to help transition to new people. I want to thank them for their hard work in planning our activities over the past year.

We have immediate needs for assistance to help these committees plan future workshops and events. We will help train you. Ideally, we would like 2-4 people on each committee. If you have interest please email me at [DirEducation@gwscsw.org](mailto:DirEducation@gwscsw.org). There are descriptions of the committee responsibilities on our website.

## Early Career

*Karin Lee, Katie Smeltz, Chrissy Wallace, Co-Chairs*  
[earlycareer@gwscsw.org](mailto:earlycareer@gwscsw.org)

The Early Career Committee is happy to announce that Katie Smeltz and Chrissy Wallace have joined Karin Lee as co-chairs. In May, Katie and Karin hosted an Early Career Committee meeting at the Georgia Avenue Petworth Library. In June, Chrissy established a Facebook Group for Early Career Committee Members; if you'd like to join, please send Chrissy a friend request via Facebook (to "Chrysanthy Wallace") or an email ([chrysanthy@gmail.com](mailto:chrysanthy@gmail.com)). Also in June, Chrissy sent out a survey via Survey Monkey to learn more about Early Career Committee members and their interests. Survey results will help the co-chairs plan future events. Did you mean to respond to the survey and ran out of time? We're still interested in hearing from you! Send Chrissy a note and ask for a link or go to <https://www.surveymonkey.com/r/P2YNKZ5z>.

Stay tuned for an invitation to the next Early Career Committee event, which will be a social/networking event and will take place in early fall. Meanwhile, if you have suggestions for Early Career Committee activities or would like to be added to the Early Career Committee List Serv, please write to Karin at [Nirakeel@gmail.com](mailto:Nirakeel@gmail.com), Katie at [Smeltz66@hotmail.com](mailto:Smeltz66@hotmail.com) or Chrissy at the address above. As a reminder, the Early Career Committee is open to all recent graduates, LGSWs, LSWs, and early LICSWs, LCSWs, and LCSW-C.

## Legislation & Advocacy

*Judy Gallant, Director*  
[dirlegislation@gwscsw.org](mailto:dirlegislation@gwscsw.org)

The 3rd Annual L&A Luncheon - "Our Current Political Climate: How do we get what we want for Clinical Social Work and Our Patients? Health Policies and Beyond..." The L&A Committee will host a FREE luncheon on Sunday, October 1, with our lobbyists, Pam Kasemeyer (MD) and Sue Rowland (VA), and committee chairs to answer questions Society members might have about our current political climate and what this means for how we advocate and what we advocate for. This is your opportunity to speak with our lobbyists and your committee chairs about topics you think we should be addressing with lawmakers and to find out about issues likely to come up in the next legislative sessions. Come learn and help educate us about what's on your mind! The luncheon will be held at Maggiano's, 5333 Wisconsin Ave., NW, Washington, DC, 12:30-3:30 pm. A delicious buffet, with vegan options, will be served! Two Category 2 CEUs will be offered for \$30. Registration on our website is necessary for both the luncheon and the CEUs. Maggiano's is at the Friendship Heights Metro stop on the Red Line. We hope this convenient location will make it easy for many of you to join us.

In June, Margot Aronson spoke to a full house, giving a fascinating history of health insurance in the US, before and including the Affordable Care Act, and what could happen to health insurance under the Trump administration. Did you know that Blue Cross came into being in 1930 from a plan designed by Baylor University Hospital in Texas? The hospital was finding people were not paying their bills and they were losing money. They offered Dallas Public School teachers the opportunity to receive 21 days of hospital care for \$6.00/ year. Other hospitals began to use this design as well, and eventually Blue Cross was born. This was just a small part of the wealth of information Margot shared with us. A lively discussion about the current state of affairs followed. See individual jurisdiction articles for the latest updates. 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](mailto:malevin@erols.com); in Maryland, Judy Gallant, [judy.gallant@verizon.net](mailto:judy.gallant@verizon.net); and in Virginia, Judy Ratliff, [jratliff48@hotmail.com](mailto:jratliff48@hotmail.com). We look forward to hearing from you.

## Membership

Catherine Lowery & Mary Moore  
[membership@gwscsw.org](mailto:membership@gwscsw.org)

Catherine Lowry is taking over for Cindy Crane as the new membership committee co-chair with Mary Moore. Cindy will continue as a committee member along with Nancy Harris. The planning meeting for the fall brunch will be determined soon.

## Newsletter

Jen Kogan  
[newsletter@gwscsw.org](mailto:newsletter@gwscsw.org)

Your newsletter welcomes ideas and articles about clinical work and practice. We are also very interested in hearing from members who have specialized knowledge or adjunct therapy practices they want to share.

Lastly, consider your own life experiences and how they may have affected how you practice. One of the things I love about our profession is how we are always learning. Why not share your expertise and life lessons with fellow members? Send an email with your story/article ideas to [jenko108@gmail.com](mailto:jenko108@gmail.com). Thanks!

## Social Media

Sara Feldman & Juleen Hoyer  
[socialmedia@gwscsw.org](mailto: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](mailto: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](mailto:socialmedia@gwscsw.org) if you're interested in joining the Social Media Committee!

Remember you can find past issues of  
GWSCSW News & Views at  
<http://gwscsw.org/Newsletters>

## Volunteer

Christy Novotney  
[volunteer@gwscsw.org](mailto:volunteer@gwscsw.org)

We are appreciative of all the time and dedication our volunteers give to GWSCSW. We had 102 members volunteer with us this year! The Volunteer Appreciation Lunch was on May 21, 2017. We had a lovely Italian meal while sitting on the outside patio at Pacci's in Silver Spring. We enjoyed lively conversations with our fellow volunteers and got to know each other better. Thank you to Laurie Young for leading the efforts to organize this fun luncheon.

If you are interested in volunteering, we need you! We are looking for Co-chairs for the Professional Development Committee, Co-Chairs for the CE Committee, Brown Bag Committee volunteers and members who like to plan events and help recruit volunteers. These are just a few of the current openings. Check out our website to see all the committees and details on what they do. Getting involved with GWSCSW is the best way to enjoy all the benefits it has to offer. ❖

**DON'T FORGET TO KEEP  
YOUR PROFILE CURRENT!  
VISIT OUR WEBSITE AT:  
[www.gwscsw.org](http://www.gwscsw.org)**

- 1. LOG IN USING YOUR EMAIL ADDRESS AND PASSWORD**
- 2. CLICK ON YOUR NAME IN THE UPPER RIGHT CORNER.**
- 3. CLICK: VIEW PROFILE**
- 4. CLICK: EDIT PROFILE**
- 5. MAKE CHANGES TO YOUR PROFILE**
- 6. SCROLL TO THE BOTTOM AND HIT SAVE**

**KEEPING YOUR PROFILE UPDATED  
ENSURES THAT YOUR LISTING ON  
THE THERAPIST FINDER IS ACCURATE**

## Therapy Cracks Me Up: Cartoons about Psychotherapy

Emily Hershenson

Book Corner recently spoke with California-based cartoonist and psychotherapist, Jean Rosenfeld, LCSW, about her newly published work, *Therapy Cracks Me Up: Cartoons about Psychotherapy*. The book is available on [amazon.com](http://amazon.com).

### Book Corner: When did you first begin drawing cartoons?

**Jean Rosenfeld:** I first started doing cartoons about psychotherapy in 1995 when I began editing *The Clinical Update*, which is the newsletter for the California Society for Clinical Social Work. Readers told me that my cartoons were the first thing they looked for when they opened the newsletter--so I continued. Eventually, other newsletters and magazines published the cartoons as well.

### BC: What prompted you to publish your cartoons in book form?

**JR:** *The Clinical Update* was coming out ten times per year for most of the nineteen years I edited it. As a result, I ended up with a large inventory of cartoons. I thought I could reach a wider audience with a published book.

### BC: Whom did you have in mind as readers?

**JR:** When I do the cartoons, I imagine the audience being therapists. I have shown them to family and friends, and they all seem to enjoy and understand most of them. I think the audience for this book is much larger than just therapists. There are people in twelve-step groups, as an example, who can appreciate the themes in this book. In fact, I showed the book to my neighbor who is an engineer--someone who has never been in therapy--and he really enjoyed it. He bought a copy for himself and bought one for his daughter, saying it was fun for him to get a glimpse of therapy from the therapist's and client's perspective. It was surprising that an engineer who has never dabbled in therapy liked the book.

### BC: What are you hoping readers get out of the book?

**JR:** A few chuckles, mostly. But there are some cartoons that comment on the latest therapy trends or political or cultural events. These cartoons are worth reflecting on for a little longer. There is some recognition

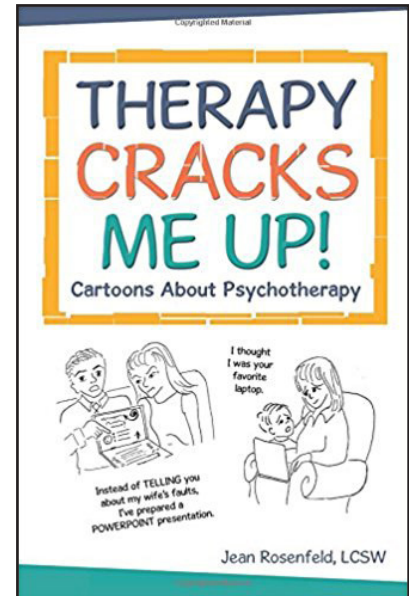
humor that the cartoons generate. Readers may think, "Oh I have experienced that, or I have had that thought."

### BC: Any examples of those more thought provoking cartoons come to mind?

**JR:** One of the cartoons that prompts reflection is one that asks, "Does having a childhood count as a preexisting condition?" I almost left it out of book thinking health insurance is not much of an issue anymore. Unhappily, with all the public wrangling over health care, it's something to be concerned about again. It's a cartoon that's relevant on a number of levels.

### BC: Do you believe there is a role for humor in clinical practice?

**JR:** There is. Therapists have to be careful and be certain they have a relationship with the client that can handle humor. Laughing with your client can be a shared moment that strengthens the therapeutic alliance. It can really reduce anxiety and defensiveness. It works especially if the client has a sense of humor. If you as the therapist can appreciate clients' humor, it can be self-esteem building for them. I'm careful though. I was careful



with the cartoons I chose for the book. It is easy to do humor that's hurtful. I tried to do cartoons that are gentle and wouldn't upset people.

**BC: Were there challenges in compiling the cartoons?**

**JR:** I had a big challenge doing the cover. I was clueless about how to do a cover, and it slowed me down by a year. A friend recommended a graphic designer in town. Then it moved quickly. Now the challenge is marketing it. I've priced the book low--it's \$5.95. That's less than some greeting cards! I'm hopeful that buying it won't be such a big decision for people and that maybe they'll buy copies for friends as well.

**BC: Will there be a follow-up volume?**

**JR:** Maybe next year or the following one. I only used half of my cartoons. I have plenty more, and now I have been through the publication process so it will be easier.

**BC: Did anything surprise you about the publishing the book?**

**JR:** I am surprised how well it turned out. I'm proud of it. ❖

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



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**October 20 - Mediation**  
**October 20 - Public Speaking for Therapists**  
**October 27 - LGBTQ**  
**October 27 - Coaching**  
**November 17 - Police Psychology**  
**November 17 - Ethics**

**Fees are \$60 for 3 hours. NASW-Metro members receive a \$10 discount. Please go to our website for further information. [dpa.onefireplace.com](http://dpa.onefireplace.com)**

# TECH TIPS | SNAPCHAT: A BRIEF TUTORIAL

Brought to you by GWSCSW's Social Media Committee



Snapchat is a relatively new social media app where users can take photos, record videos, add text and drawings, and send them to a controlled list of recipients. These sent photographs and videos are known as “snaps.” Users can set a time limit for how long recipients can view their “snaps,” after which they will disappear from the recipient’s device and be deleted from Snapchat’s servers. Once the “snap” has been viewed, it will disappear. A caveat to this: recipients of a “snap” can screenshot the picture. The sender is usually notified when this happens.

A feature also exists where you can post your “story” for the day. This is a number of pictures that can be shared for 24 hours showing your “story” in pictures for the day (in other words, the pictures in your story stay up all day and are not deleted immediately). Snapchat “stories” are typically shared to more followers than an individual “snap” might be. The stories can also be viewed multiple times a day by the recipient. Unlike individual “snaps,” stories do not disappear once they are viewed. Newer features of the app include the ability to send short videos, communicate via video chat, and communicate via a text chat.

## Why is it important to be familiar with Snapchat?

As you may well know, the majority of Snapchat users are millennials. If you are a therapist that works with millennials, it is important to have a working knowledge of Snapchat and some of the relevant terms that go with it. Many young people are using it to live track their day, often making mundane tasks look exciting while allowing people to have a window into their moment to moment lives.

Snapchat can be a great way to maintain social connections, but I have seen the harms of Snapchat in my own practice. Imagine how a teen might feel if he or she sees all of his or her friends hanging out together in that moment, and he or she was not included. Snapchat has also been used for bullying. This is especially dangerous because bullies can perpetuate a message about someone by telling a large number of people at once.

## Helpful tips for users of Snapchat:

- If you notice your mood changing in a negative way by following certain people, think about unfollowing them
- Be careful of who is on the receiving end of your “snaps”
- Remember, nothing on the Internet is short-lived or private
- Manage your settings
- Do not share personal information ❖



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## **And Where Are You From?**

### **Intersectional Identities and Geographic Relocation**

**Boris Thomas, JD, Ph.D., LCSW**

**November 4th, 2017 | Cosmos Club -- Washington D.C.**

*In describing his presentation, Dr. Thomas writes:*

Who is “from here” and “not from here? What defines an immigrant? Touching on how US law and policy have shaped individual and group identities related to place, I will explore the way we as members of American Society and clinicians understand and manage the ethno cultural disruptions resulting from geographic relocation. Through memoir and case examples I will explore the intersectional connections-and disconnections-associated with geographic movement.

Dr. Thomas is a distinguished clinician and author/presenter on matters of race, gay male relationships, cultural differences and the clinical process. The combined lenses of law and clinical knowledge, provides Dr. Thomas with a unique perspective on the conscious and unconscious intersectional dynamics of the immigration experience. He is a graduate of Chicago Institute for Clinical Social Work and New York University's Silver School of Social Work and Law School. Dr. Thomas teaches at the Institute for Contemporary Psychotherapy, New York and Institute for Clinical Social Work, Chicago. He is in private practice of clinical social work in New York city.

