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40th Anniversary Gala

By Sara Feldman

On May 29, 2015, approximately 175 society members, their guests, and our sponsors gathered at the Pooks Hill Marriott in Bethesda for the flagship 40th Anniversary Gala. Everyone entered the beautifully decorated ballroom and enjoyed munching on appetizers. Attendees got to peruse the sponsor tables during the cocktail hour. A special thanks goes out to our sponsors who were present that evening: American Addiction Centers, Dominion Hospital, Caron Foundation, and the Psychiatric Institute of Washington. Our other sponsors for the event included Guttman & Pearl Associates, The Stone House, Lotus Point Wellness, Susan Post, Terry Ullman, Kelly Haines, and Janice Edwards. We are also ever grateful to our volunteers Nancy Barskey and Melinda Salzman who helped us stuff gift bags and monitor the registration process. Gift bags and a chronology of the society greeted everyone at their seats. Our committee head, Gloria Mog, and our wonderful president, Nancy Harrington, then welcomed everyone to the event. Dinner was served while music played in the background. Nancy then helped to present highlights of the society's history while everyone enjoyed their dessert. Some past presidents who were present also spoke about their terms,



A wonderful gala evening!

THANK YOU TO OUR **GENEROUS 40TH** ANNIVERSARY SPONSORS

Gold (\$5,000) | American Addictions Centers

Silver (\$2,500) | Dominion Hospital

Bronze (\$1,000) | Caron Foundation Psychiatric Institute of Washington

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all of which was very inspiring to listen to. Finally, Dynasty DJs helped us dance our socks off for the rest of the evening. Thank you to all of those who attended! We hope you had a great time!

Please stay tuned for our final 40th anniversary event, Sharing Our Talents and Looking Ahead To the Next 40, on October 18th from 3:00pm-5:30pm! The afternoon will include society members sharing their talents, networking and mingling, a book exchange, and a volunteer fair. Details will be listed on the listsery, the society Facebook page, and the website. Register now! 💠



Gala attendee chats with Golnar Simpson, Susan Horne-Quatennans



Donna Dietz, Melinda Salzman, Anne Marie Russell & guest

GWSCSW News & Views

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GWSCSW NEWS & VIEWS

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

The next issue will be published December 2015 and the deadline is October 20, 2015. Email articles to newsletter@gwscsw.org Advertising: gwscsw.ads@gmail.com Contents copyrighted © 2015 GWSCSW

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President's Message

Nancy Harrington



On the first Sunday in May, the Annual Volunteer Appreciation Luncheon was held at Chef Geoff's in Tysons Corner. This was the first year that the event was held in Virginia, mostly because Jan Sklennik's retirement send-off was celebrated as well. Since Jan travelled to DC for many other events over the years, we thought it might be a nice way to say 'thank you' to her. It is also always a treat when we can host events there to thank our Virginia volunteers who make the trip downtown so frequently.

Having an organization such as ours run smoothly is a highly complicated endeavor. That may sound obvious,

but what makes it so complex is the fact that our Society is run almost entirely by its members, or perhaps more accurately, by the members who volunteer. We currently number over 850 members; our volunteers number about 80. This means that ten percent of the membership does the footwork for the other 770 members. Laying out these stats more than likely will produce an emotion that has motivated many of our volunteers to join the ranks of engagement: Guilt. Guilt is something with which we are all familiar. In our work, in our lives, we all deal with, work with, many were raised with, this most interesting and deeply stirring of feelings.

At our volunteer luncheon in May, the question, "Why did you volunteer?" was posed of all the volunteers, and the answers ran the spectrum from guilt to altruism, from networking desires to wanting to give back, after taking and benefitting as a member. Guilt seemed to bring in a large number, and being personally invited also brought in another group.

In response to the question, though, one of our newer volunteers answered in true therapist fashion, with a question, "Why not volunteer?" She said that she had simply expected to volunteer when she joined, because she thought she would be expected to volunteer. I loved her spirit! And I also loved her attitude. This is the attitude that makes it fun to join in and help out. It is a fulfilling experience to do something for a greater cause. And when you do it, with sense of camaraderie, it is even more fulfilling and enjoyable.

There are several ways to get involved as a new volunteer. We need your help with our educational activities, community building, and advocacy. Here are some examples of ways you can get involved.

Education

We all need CEU's. As a society, we need presenters for CEU programs. Leading a workshop is a wonderful opportunity to hone your skills, grow leadership experience, and show off your talents. We are looking to get more study groups going and to train supervisors. Local networking brown bags are a mutually beneficial exercisegetting known by more people, whether you are the presenter or the audience. It is such a fun experience and you get credits too! We need help coordinating all these efforts and putting programs together.

Community

New members are the lifeblood of any organization, and ours is one of the leading clinical society's within the Clinical Social Work Association, which has welcomed such a large number, particularly students. This has created our second surge of growth and reinvestment in ourselves. We must continue to invest in our future by bringing in student members and helping them grow, through mentorship and early career development. We must mentor the early career members into full membership roles.

Advocacy

We need people to represent our interests, and we need people to protect our profession. We need people to take on smaller jobs so that the bigger ones aren't so big and become more manageable.

I want this Society to be one where we all feel good to belong, and there is no better way to belong than to join in. We have needs for volunteers, and we have people who need to volunteer. Sounds like a perfect match, doesn't it?

A common theme at the volunteer dinner was that once getting involved and engaged, the relationships were what kept most volunteers engaged. And that has been the surprising bonus for me as well. The best people to work/play with are social workers!!! We rock! And doing this is fun!

Amid the discussion on volunteering, I must remind you that we continue to celebrate our anniversary! On October 18, the 40th Anniversary Committee will be closing with their finale, Showcasing our Talents. This event should be a ball! A talent show, booths featuring anyone who wants a booth, and a Volunteer Fair, where all volunteer positions in the Society will be on display for your questions. Please come join us. You will not regret it.

Thanks so much for your involvement and engagement. �

I look forward to seeing you at our Final 40th Anniversary Celebration on October 18th!

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PLEASE JOIN US!

Celebrating Our Talents and Looking Beyond

The afternoon will include society members sharing their talents, networking and mingling, book exchange, and a volunteer fair. The event will be free to members, but we ask that you register on the website, so we can get a head count on how much food to get. **VISIT THE WEBSITE TO Register now!**

We are also looking for talent to perform at our event or display artwork. Please contact Gloria Mog (gloriamog@verizon.net) if interested in showcasing your talent or displaying any artwork.

Sunday, October 18, 2015 3:00 - 5:30 PM THE FIRST PRESBYTERIAN CHURCH SOCIAL HALL 601 N. Vermont Street Arlington, VA 22203



Treating Clients in Ethically Non-monogamous Relationships

By Tamara Pincus



When I first wrote about this topic for News & Views in 2011, most therapists were not aware of ethical non-monogamy. It was a big moment for me as I had just come out myself, and I was marketing to this group of clients. In the years since, there has been a big change. The presence of polyamorous and other ethically

non-monogamous relationships has come up in the media. There have been reality TV shows, articles in mainstream media and comments by politicians and judges based on the idea that this will be the next group looking for marriage equality. As a result many more people in open or poly relationships have begun coming out to their therapists.

When a client comes out to you, be accepting. If clients find that this topic makes you uncomfortable, they will not feel safe talking about it and they are likely to feel judged.

Frequently, therapists come at this issue from a place of fear. We assume that these relationships can't work, and we are worried that our clients will get hurt. We worry that feelings of jealousy will be too hard to handle. These concerns come from a place of genuine caring but miss the mark clinically. Jealousy is just one of many strong emotions and just like all feelings we should encourage our clients to feel and work through them. The thing that we have to remember is that no matter what our judgments are, clients have a right to self-determination.

Many of us tend to think that wanting an open relationship means something is wrong but that isn't necessarily true. Recent work of Esther Perel and others show that often when people are unfaithful it is not because of something that is wrong in the relationship, but instead a desire to reconnect with a lost part of themselves or to experience greater autonomy. If you have a client who is trying to decide whether to talk to their partner about ethical non-monogamy or have an affair, remember that ethical non-monogamy is very difficult, but affair discovery is even harder. If you can, encourage them to think through the positives and negatives before they choose.

As a therapist it is your job to remain informed and not to make your client spend their time (and money) explaining to you how their particular kind of non-monogamy works. For the basics I would start by reading such books as, 'The Ethical Slut' by Janet W. Hardy and Dossie Easton. If your client is polyamorous consider reading 'More Than Two', by

Franklin Veaux and Eve Rickert or, 'What Therapists Need To Know About Polyamory', a pamphlet available on the National Coalition for Sexual Freedom website.

If your clients are engaged in swinging or other kinds of consensual non-monogamy consider the chapters about swinging in 'Skipping Towards Gomorrah' by Dan Savage or Curtis Bergstrand's 'Swinging in America.'

We need to let clients know that these relationships are possible and can be successful, but they take a lot of emotional work. Clients will need to expect to do a lot of emotional processing around jealousy and other issues. Any time you have sex with other people you open yourself up to the possibility of having strong feelings for those people. This is not necessarily a bad thing, but it is a thing to be aware of and plan for.

Clients should be mindful to be kind to themselves and their partners around these issues. They have to work to make the relationship a safe place to talk about how they feel even if those feelings are uncomfortable. It's important to consider agreements about what "rules" are and are not okay, instead of having one partner dictate to the other. Be mindful about whether these agreements are coercive.

When opening up a relationship and exploring new and exciting things with a new partner(s) it is very important to also put time and effort into the current relationship or relationships for them to stay strong. This means setting aside time to do whatever works in those relationships to help those partners feel loved. Discussion around the five love languages can be very helpful in this regard. It is particularly helpful to set up time to reconnect after someone has a date with a new partner.

If working with clients in ethically non-monogamous relationships is not a good fit for you, you can always refer them to a local poly/swing/ethical non-monogamy friendly therapist. Not every client is a good fit for everyone and you have to take care of yourself too. ��

- ¹ Esther Perel: Estherperel.com
- National Coalition for Sexual Freedom: www.ncsfreedom.org
- ³ The 5 Love Languages: www.5lovelanguages.com

Tamara Pincus, LICSW is a psychotherapist and certified sex therapist with a private practice in downtown DC working primarily with kinky, ethically non-monogamous and LGBTQ clients.

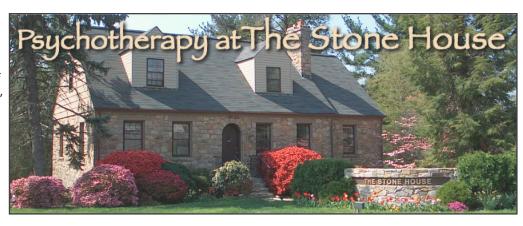
WINE AND CHEESE EVENT Friday, October 2, 2015 6:00-9:00 pm

Hosted by Erica Friedman and Erica Scarpulla (Early Career) 3200 16th Street NW | Apt 306 | Washington, DC

Sponsor Profile: Psychotherapy at The Stone House

By Gloria Mog

of eight psychotherapists practicing at The Stone House in Falls Church, VA are Clinical Social Workers and members of GWSCSW: Brian Douville, Mary Jean Kane, Marie Lutsch, Mimi Mattis, Gloria Mog (40th Committee) and Steve Szopa (VP). Gloria and Steve recently celebrated their 25th Anniversary and the others have been there for 15 years or more. "It is a wonderful blend of the freedom of independent



practice and a close, strong and highly skilled collegial group that always has your back," says Gloria Mog.

Built in 1940 and conveniently located on Arlington Blvd in the 7 Corners area of Falls Church, the property was purchased by Dr. David Frenkel and converted into a group mental health practice in 1989. The original name was "Psychiatric Associates of Greater Washington". In 2000, the decision was made to change the name to "The Stone House" with each clinician managing their own practice independently. Clients often comment on the beauty and warmth of the house which has 11 offices, a spacious waiting room with fireplace, a kitchen and receptionist area. In addition to the 6 Clinical Social Workers, there are 2 Psychologists and 4 Psychiatrists who cooperate in handling difficult cases, cross-referrals, creating a web presence, etc.

Although no longer a group practice, the therapists have continued the traditions that created lasting bonds

and a strong sense of support and caring among them. These include a weekly staff meeting where personal and administrative issues are discussed; a weekly Peer Consultation Group; an annual week-end retreat at the beach or mountains; celebrations of one another's birthdays and special events, a holiday party and an annual picnic.

Clinical specialty areas are varied and an effort is made to attract group members and subletters who increase the range of services offered. Imago Relationship Therapy is a core theoretical basis for the 4 clinicians doing couples work. Others are offering Somatic Experiencing, Recovery and Addictions work, child/adolescent and family work and group therapy. Several are certified supervisors and offer individual and group consultation to area therapists as well.

For more information: www.stonehousetherapy.com.

Continuing Ed ONLINE REGISTRATION NOW OPEN

- A Kaleidoscope of Play Therapy Techniques for Treatment of Anxiety, Anger and Attachment Issues | Friday, September 11, 2015 | LOCATION CHANGED TO: 3611 Chain Bridge Road | Fairfax, VA
- A Snapshot of HIV/AIDS in DC | Friday, September 18, 2015
- Relational Ethics and Social Work Practice | Friday, October 9, 2015
- The Ethics of the Supervisory Relationship: Power, Trust, and Shared Meaning | Friday, October 23, 2015
- Impacts on the Supervisory Relationship: Developmental Stages of Supervisor and Supervisee and Cross Cultural Issues in Supervision | Friday, December 11, 2015
- Somatic Psychotherapy: Managing Depression, Anxiety, and Trauma Through the Body Friday, November 6, 2015
- "Is this safe?": Kink-Competent Psychotherapy | Friday, January 8, 2016
- Emergency Instructions for Covering Your Practice | Friday, March 18 and Friday, April 8, 2016
- Working with Transgender Clients | Friday, April 15, 2016
- **Development of Clinical Intuition** | Friday, April 22, 2016
- Relationship Enhancement Therapy with Couples and Families | Friday, May 20, 2016

is limited, Register, early!

PRE-REGISTRATION REQUIRED – Register online at www.gwscsw.org¹

All Parts are Welcome: The Life-changing Power of Internal Family Systems

By Hetty Irmer



This summer, I was actively engaged in decluttering and organizing home after a move, by implementing Marie Kondo's principles from her runaway bestseller, The Life-Changing Magic of Tidying Up. In this immensely readable book, Kondo urges readers to graciously let go of any possessions that do not 'spark joy' and to develop

an intentional stance of loving attention and gratitude for the remaining possessions. Internal Family Systems (IFS), the model of therapy which I have embraced as a clinician, feels similar to Kondo's approach toward possessions. In IFS, we attend to the thoughts, feelings, beliefs and sensations that we possess internally.

At its core is the concept of 'Self' and 'parts' which I would define simply as a compassionate acceptance and appreciation (Self) of all of the 'things' (parts) that are inside of us – sensations, thoughts, feelings, beliefs, memories and perspectives. My friend and colleague, Anna Maria Francis, Ph.D. defines IFS this way: "Internal Family Systems Therapy is a collaborative therapeutic model that leads to client transformation in a nonpathologizing manner. IFS allows clients to quickly access their 'Self', which is an innate state of compassion and wisdom. From this place of Self-leadership, clients can heal the blocks and traumas that constrain their lives."

IFS Origins

IFS was first conceptualized by Richard Schwartz, Ph.D. in the early 1980's. Schwartz was a Chicago-based family systems therapist working with clients suffering from trauma and eating disorders. As he tells it, he began to listen to how his clients were talking about their experiences and noticed that they would say, "A part of me..." when describing polarities of thinking and behaving. Over time and with input from his clients, he developed the model of an internal family of 'Self' and 'parts.' (For more on Dr. Schwartz's description of how IFS began, I recommend reading his article "The Larger Self, IFS from Daily Life to Practice.)

Tuning into our own daily conversations with friends and family and clients, one can notice many references to "parts." It is almost a part of our collective unconscious to speak this way. I bring this awareness to my work with clients using a two-pronged approach: 'Formal parts work' and 'informal

parts work,' (similar to formal and informal mindfulness practice). In formal parts work, I either guide the client to develop a conscious 'Self-to-part' relationship within their internal system (known as 'Insight work' in IFS), or I foster a direct relationship between my 'Self' and the client's 'part/s' through an IFS method known as 'Direct Access.' This method is useful when a client is 'blended' with a part/parts which means they don't have a conscious awareness of the thought/feeling/sensation they are expressing as being a part. They are speaking 'from the part' rather than 'for the part.' This frequently occurs with clients who have a significant trauma history or struggle with being able to modulate emotions.

The goal is for clients to develop the transformative 'Self-to-part relationship', which allows for the witnessing of unhealed trauma and ultimately the 'unburdening' (an IFS process) of painful memories and outdated roles that young parts may have held onto for many years. Once this unburdening begins, parts can settle into more authentic and functional roles within the internal system. This leads to increased harmony internally, and life-changing perspectives and attitudes that lead an individual into a sense of wholeness.

IFS in Action

In 'informal parts work' (my term) I simply begin by reminding myself that whatever comes out of the client's mouth is a 'partial' – and whatever comes out of my mouth too, for that matter! I engage with the presenting parts with as much curiosity and compassion as I can muster. This stance of openness and receptivity to whatever the client brings into the therapeutic space can be described as 'Self energy' or 'Self presence.' I also liken it to the Buddhist concept of beginner's mind. 'Self' can be conceptualized in a variety of ways (e.g. the God within, The Source, Higher Self, Inner Wisdom, etc). There is an openness to spirituality and transcendence in IFS that I find invigorating while not being intrusive. This model is also flexible enough to use with those clients who don't connect to spirituality.

I introduce clients to the concept of 'Self' and 'parts' gently. I have developed a signature meditation, the 'Four Corners Meditation,' which I often use to introduce new clients to the concept of parts. I also listen to when clients refer to their inner experiences as "a part of me..." and I will reflect that back using parts language: "So, what I hear you speaking for is a part of you that..." Soon, clients become familiar with identifying their various thoughts, feelings and sensations as 'parts' and are ready to develop a direct Self-to-parts relationship.

To clarify: the point is not to only be 'in Self' and to reject parts; in fact, that is not possible. The parts are what give the Self-humanity. We are working toward a collaboration and integration of our internal experience, with the Self as the leader. One of my favorite metaphors for Self and parts comes from a Louisa May Alcott quote: "I am not afraid of storms, for I am learning how to sail my ship." I consider Self to be the captain, and all of the parts to be the crew, and of course the storms are the challenges we face in life. When Self is at the helm, and the parts trust Self and are comfortable in their respective roles, then smooth sailing is very possible.

IFS and Social Work

I find that Internal Family Systems Therapy reinforces the fundamental tenets of social work, which led me into my profession as a therapist in the first place. IFS emphasizes meeting the client where they are and becoming aware of the person in their environment – including their internal environment. It is strengths-based and non-pathologizing; and seeks to develop a sense of personal agency and capacity at its very core. Even our 'Friendly Visitor' history has its place in IFS. As an IFS therapist, I am teaching clients to befriend all of their parts, from the compassionate stance of Self presence. The phrase 'all parts are welcome' is fundamentally true in IFS, and therefore the social work tenets of diversity and inclusivity are also represented in this model. However, I would be remiss if I did not note that the IFS community is quite professionally diverse, which I have found to be very enriching.

American philosopher poet Walt Whitman has a stanza in his "Song of the Open Road" in which he exclaims: "I am larger, better than I thought. I did not know I held so much goodness." This, I believe, is my purpose as a therapist – to guide clients to a deep and abiding sense of themselves as expansive, capable, and good. My Internal Family Systems perspective is helping me to be the guide and companion that I seek to be with clients as they set upon this courageous and life-transforming journey of healing and self-discovery. It offers a compass for my role as guide and partner with clients, and it leads me to be a more capable captain of my own ship, for which I am deeply grateful.

- ¹ The Larger Self, IFS from Daily Life to Practice: www.selfleadership.org
- ² Beginners mind: https://en.wikipedia.org/wiki/Shoshin
- ³ Free Meditation Download: www.hettyirmer.com for a free download of the meditation

Hetty Irmer, LCSW-C is a certified IFS therapist and the owner of Four Corners Counseling, LLC in Silver Spring, MD. She offers individual and couples therapy; short-term and ongoing groups for women using IFS tools and principles; and continuing

Sign up for the GWSCSW LISTSERV Email your request to: admin@gwscsw.org

Virginia Senior Seminar To Begin October 2

We are pleased to announce the start of this new Senior Seminar to be held the first Friday of each month between 1:30 and 3:00 in Arlington. With many of our colleagues cutting back practices, thinking about retirement and retiring, this is a group created to give and get support, discuss the challenges of "letting go and moving on", maintain professional connections, and earn CEUs. The group will create a comfortable space to share losses and new opportunities members as deal with the developmental challenges associated with this stage of professional and personal life. Relevant books, memoirs, articles and sharing of experiences will give form and direction to this beginning group in progress.

For additional information please contact:

Susan Miller simmsw@aol.com 703-404-1936

Karen Brandt karen.brandt2@verizon.net 703-344-4742

LEGISLATION & ADVOCACY

■ FEDERAL

Laura Groshong

The Clinical Social Work Association has been advocating on the Hill for an increase in Medicare payment to licensed clinical social work providers for several years. This summer, our advocacy took an exciting turn. At the end of July, CSWA President Susanna Ward, CSWA Deputy Director of Policy and Practice Margot Aronson, and I met with Sean Cavanaugh, the Director of Medicare.

"Equal pay for equal codes" was our primary issue at the meeting. (Medicare permits clinical social workers to bill only 75% of the amount psychiatrists and psychologists receive for psychotherapy codes.) Director Cavanaugh had invited deputy directors of several departments of Medicare to join him in the meeting - three with us in his conference room, and four more from Baltimore, through webcam.

All were well-versed in the clinical work we do and appreciative of the documentation and explanatory materials we presented. There was no questioning of the reasonableness and fairness of our request. The major barrier would be funding for the increased expenditure. Explaining that neither he nor anyone on his staff could express a stance without first having a go-ahead from the Office of the President, the Director offered to put us in touch with the relevant White House, Office of Management and Budget, and Health and Human Services Planning and Evaluation staff to whom to make our case urging that resources be found to add needed funding to the President's budget next year. We will follow up with all these introductions within the next week of this writing.

Our visit to the Hill was focused on two omnibus mental health bills; the House bill was developed last year, and the Senate bill is about to be dropped. We have concerns about how these bills approach Evidence-Based Practice, Assisted Outpatient Treatment, the Medicare lifetime limit of 190 days of psychiatric hospital treatment, integration of primary care and mental health treatment, inclusion of clinical social workers, and much more. I will focus my next update on what we learned and what we accomplished. ��

Laura Groshong, LICSW, is Director of Practice and Policy for the Clinical Social Work Association, the national organization with which our Greater Washington Society is affiliated. 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.

MARYLAND

Judy Gallant

In our last newsletter, I reported to you about several legislative efforts we supported in 2015 and which were successful: the new ability of LCSW-C's in Maryland to treat minors over the age of 16 for mental and emotional disorders without their parents consent, the creation of a Task Force to study maternal mental health, and the restoration of some funding cuts of State supported mental health facilities proposed by Governor Hogan. What follows is a discussion of some legislative efforts that we supported which were not successful in meeting their goals and which we will continue to work on in the coming months, as well as others which we supported with amendments, and had varying outcomes.

Reporting compliance with Mental Health and Addiction Parity Laws and creating increased standards for Health Insurance Plans on the Maryland Health Benefits Exchange

Senate Bill 586, which would have required health insurance companies to report on their compliance with Parity laws, had been the outcome of a year's work by the Maryland Parity Project, an initiative of the Maryland Mental Health Association. New research led by the Johns Hopkins School of Public Health found that 25% of health plans sold on health insurance exchanges set up through the Affordable Care Act offer benefits that appear to violate a federal law requiring equal benefits for medical health and mental health care. The bill had opposition from insurance carriers and from the Maryland Insurance Administration (MIA). The MIA insisted that they did not have the resources to handle the enormous demands to monitor the requirements set forth in the legislation, and the insurance carriers insisted their information was proprietary. With no resolution, the Senate Finance Committee withdrew the bill.

Similar to the parity bill, we offered support to a broad and complex bill that focused on efforts to strengthen requirements for certification of a qualified health plan in the MD Health Benefits Exchange. House Bill 990 intended to protect consumers who participate in the plan from discrimination especially from network inadequacy and other pharmacologic inadequacies. The bill failed, but was supported by more than 60 organizations and opposed by the MIA, carriers, and the Exchange.

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Health Care Disparities, Cultural Competency and Health Literacy

The intent of SB 198 is to increase the ability of Maryland health professionals to effectively communicate and provide health services to a multi-cultural population in order to increase patients' understanding of information needed to prevent and treat illness. We supported an amendment that encourages professionals to take recommended CEUs in this area, but does not impose an additional specific requirement for licensure. The bill passed with this amendment, and while the BSWE and other professional Boards will be required to post courses recommended by the Office of Minority Health and Health Disparities, DHMH, to improve education and outcomes, there will be no additional CEU requirements for licensure.

Child Abuse and Neglect

Several different bills concerning child abuse and neglect were proposed and all failed to become law. Senate Bill 574 was proposed to set penalties and required training for clinicians who do not report suspected child abuse. The Maryland Clinical Social Work Coalition proposed an amendment to permit any accusation of failure to report by licensed health providers who are mandated reporters of child abuse to be initially reviewed by the appropriate Licensing Board. Health Professional Licensing Boards have the expertise to determine culpability and to appropriately discipline offenders through fines and revocation of their license, and to refer cases to the attorney general's office when necessary. Two other bills failed as well: one would have created a task force to study and make recommendations to the legislature about goals and potential changes in State laws to improve reporting systems, increase public awareness, and prevent and treat child abuse; another essentially would have created the mechanism we proposed for SB574, where licensing boards would be the first to receive complaints about a mandated reporter's failure to report child abuse. These issues are sure to appear again next legislative session.

Studying teletherapy

We supported development of a Task Force to develop recommendations for regulation of Teletherapy. **This had a large fiscal note attached and the bill failed.** The on-going Commission that currently deals with Telemedicine may review issues raised in this bill.

More work to do

Your Maryland Coalition for Clinical Social Work offered testimony on ten pieces of legislation during the 2015 session. As mentioned above, many of these issues will be raised again in the 2016 Legislative Session. Is there something that makes your blood boil? Would you like to make a difference, not only to your clients but also to thousands of others around the State?

Contact Judy Gallant at jg708@columbia.edu. We're stronger working together. ❖

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

Alice Neily Mutch represents us in Annapolis and guides our advocacy strategy. She has been a lobbyist for health and human service causes for close to twenty years. For more information about Maryland legislative issues, visit www.CapitalConsultantsofMd.com.

This report is based, in part, on Alice's multi-page summary of this year's legislatives session, as well as the Mental Health Association of Maryland's 2015 Legislative Wrap-Up.



VISIT THE GWSCSW WEBSITE: WWW.gwscsw.org

■ DISTRICT OF COLUMBIA

Margot Aronson

From late spring until the passage of the annual District financial plan in July, DC Council Committees were absorbed with oversight and budget hearings. With that task completed, the Council is now in recess until mid-September, when hearings will begin again, with attention and energy focused on legislative approaches to various ongoing and emerging issues of concern.

Three bills "under Council consideration" should be of interest to clinical social workers:

- The Behavioral Health Coordination of Care Amendment Act of 2015 (B21-0007) is described in our June 2015 newsletter; at issue is how many and which healthcare professionals should have access to behavioral health information.
- The LGBTQ Cultural Competency Continuing Education Amendment Act of 2015 (B21-0038) would revise the current law to require all health and mental health providers to complete two hours of LGBTQ CEU training for each license renewal period. So far, no hearing has been held. Issues might be whether such a requirement should be one-time only or every two years, and whether a change in the law to require cultural competency continuing education should be more broad, by, for example, including other groups known to be affected in the District by health outcome disparities and/or stigma.
- The Death with Dignity Act of 2015 (B21-0038) would establish "procedures and safeguards for the request for and dispensation of covered medications to qualified patients who are terminally ill and wish to die in a humane and dignified manner." The bill is highly controversial, as the 7/10/2015 hearing conducted by Council Member Mary Cheh demonstrated. Some of us may have clients for whom end of life (their own or family members) presents challenges that stir up strong feelings about this bill's purpose. It is an issue about which we should be knowledgeable.

As information develops, and when there are hearings scheduled, we will put a notice on the List Serve. We urge you to review these bills; they can be read on the DC Council website in the Legislative Information System (LIMS) section. Post comments on our list serve or send them to the Legislation & Advocacy Committee for DC... and let Council members know what you think; they welcome the thoughts of constituents. We've been told to expect hearings to be scheduled in October, when the Council returns from break. ❖

Margot Aronson, LICSW, is the Clinical Social Work Association Deputy Director for Policy and Practice. She has served as GWSCSW president, vice president/director for legislation and advocacy, and is currently chair for the DC legislative committee.

VIRGINIA

Judy Ratliff

Many of our members have indicated that they would like to participate in legislative and other advocacy if they only knew the most effective way to do this. Our lobbyist, Sue Rowland, who we share with the Virginia Society for Clinical Social Work, has given us ways to access information, which is an important step in effective advocacy.

- The easiest placer to look for details on elections is the Virginia Public Access Project, at VPAP.org. It is an excellent source of information about elections and much more.
- In order to view House and Senate races, both contested and uncontested, go to http://vpap.org/ updates/1960-uncontested-seats/
- If you are unsure of your district number or your legislator's names, the #Who's My Legislator" page provides the answer to these questions. Go to http:// whosmy.virginiageneralassembly.gov

We plan to have Sue Rowland present at our advocacy learning luncheon on November 7. See ad in the newsletter for more information, and check our website to register. I hope to see you there! •

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.

"Everything You Always Wanted to Know about Legislation and Advocacy but Were Afraid to Ask!"

Please join us for a free buffet luncheon at Normandie Farms, Potomac, MD, on Saturday, November 7, 2015, 11:30 am-2:00 pm.

Hosted by: GWSCSW Legislative Committees **Presenters:** GWSCSW Virginia Lobbyist, Sue Rowland, and GWSCSW Maryland Lobbyist, Pam Metz

Program description: To help members feel more comfortable in advocating for our profession. **CEU Information:** Two CEU's will be available for \$30

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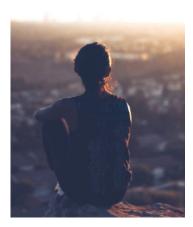
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About the Program



The body's intelligence is a largely untapped resource in psychotherapy. Few educational programs in clinical psychology or counseling emphasize how to draw on the wisdom of the body to support therapeutic change, leaving therapists mostly dependent on the verbal narrative.

The **Level I Training**, first of three in SPI's Training Program, provides participants with foundational Sensorimotor PsychotherapySM skills that can be used to explore the somatic narrative that is arguably more significant than the story told by the words. By tapping into somatic expressions participants can illuminate implicit processes that shape the brain and body and communicate meaning that not only influences the manner in which content is formed and expressed, but may also essentially determine the content itself.

This 80-hour training provides participants with a repertoire of body-oriented interventions for tracking, naming, and safely exploring trauma-related somatic activation, creating new competencies, and restoring a somatic sense of self, as well as effective, accessible interventions for working with disruptive behavioral patterns, disturbed cognitive and emotional processing, and the fragmented sense of self experienced by so many traumatized individuals.

Participants will learn:

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- · The body's role in procedural learning
- Embedded Relational MindfulnessTM for working with present moment experience
- Information processing levels and top-down, bottom-up approaches
- Sensorimotor PsychotherapySM phase oriented treatment model and the five stages of the therapeutic process
- · Somatic resources for stabilization
- · Interventions to reinstate adaptive orienting habits
- · Techniques to restore adaptive, flexible boundaries
- · The body's role in maintaining dissociative parts
- Interventions to process and integrate implicit and explicit memories
- To identify and capitalize on preitraumatic resources
- Sensorimotor Sequencing for recalibrating the nervous system when working with traumatic memory



Kekuni Minton, PhD, is a founding trainer of SPI and former instructor at Naropa University in couples therapy, working with trauma, and psychotherapeutic techniques. His doctoral thesis focused on somatic relational therapy, and he has special interests in meditation and cultural trauma. Dr. Minton is co-author of Trauma and the Body: A Sensorimotor Approach to Psychotherapy with Dr. Pat Ogden, and has been in practice since 1989, integrating and creating cutting-edge psychological techniques for use in psychotherapy.

Underpinning Theory

"Sensorimotor Psychotherapy blends theory and technique from cognitive and dynamic therapy with straightforward somatic awareness and movement interventions... that promote empowerment and competency."

- Dan Siegel, MD, clinical professor of psychiatry at the UCLA School of Medicine

Founded by Dr. Pat Ogden, **Sensorimotor Psychotherapy**SM, is a method of somatic psychology informed by interpersonal neurobiology, neuroscience, and research in trauma and attachment. Sensorimotor PsychotherapySM approaches the body as central in the therapeutic field of awareness and builds upon the body-oriented interventions common to other somatic approaches with unique observational skills, theories, and interventions within a phase-oriented treatment model.



Amy Gladstone, PhD, LCSW, is a clinician, supervisor, workshop leader, and educator who teaches doctoral level courses at Rutgers University on affect regulation and modern attachment theory and is on the faculty of the Integrative Trauma Treatment Program, National Institute for the Psychotherapies, New York City. Certified in Somatic Experiencing and trained in EMDR, with over 30 years of clinical experience, she specializes in combining psychodynamic and somatic approaches to the treatment of relational trauma.

sensorimotor.org

Sensorimotor Psychotherapy Institute

Professional Training in Somatic Psychology

Sponsor Profile: Terry Ullman

By Terry Ullman



I am grateful to the GWSCSW for giving me the opportunity to share information about my practice with you. I was happy to be a sponsor of the 40th Anniversary Gala, even though a family commitment kept

me from attending myself. I appreciate everything the wonderful volunteers at the GWSCSW have done for our membership and our profession as whole. I am proud to be a member and a former member of the board.

I have been a social worker for thirty-four years. Although my primary interest has always been clinical work, I enjoyed other aspects of our profession. In the early part of my career, I pursued my clinical interests at outpatient mental health clinics while simultaneously working in non-clinical jobs where I could do advocacy, program development, case management, administration and education. I loved the diversity and was grateful to be in a profession where I had the opportunity to pursue multiple interests.

After working for the Alzheimer's Association in the 1980's, I dedicated myself to helping people with dementia and their families. I have continued my relationship with the Alzheimer's Association, providing trainings for their staff and conducting community presentations under their sponsorship. Currently, I participate in a workgroup they have formed to address the needs of people with early-stage dementia.

Another population that caught my interest in the early part of my career was older adults. In addition to providing clinical services to them, I was a geriatric care manager for twenty years. For 12 years, I participated in a Washington School of Psychiatry study group on the Psychological Problems of Aging. I continue to have a special interest in working with this population.

In 1991, I decided to start my private practice. I provide individual and couples therapy, eldercare consultations and training and education. I work with adults and older adults and specialize in depression, anxiety, life transitions, chronic illness, loss and grief, relationship problems, caregiving, cognitive impairment and coping with family members with mental illness. I have also facilitated support groups for people with Mild Cognitive Impairment and dementia. I employ a variety of treatment modalities including psychodynamic psychotherapy, cognitive behavioral therapy, emotionally focused therapy, meditation and relaxation techniques. My approach is interactive and collaborative.

I have two offices, one in Silver Spring and one in Chevy Chase, Maryland. I also offer in-home therapy to homebound older adults. I no longer accept insurance, but I do offer a sliding scale to those in need.

I love to teach and have given more than 300 presentations over the years. In my practice, I offer community presentations, continuing education programs and trainings on a variety of mental health topics. I have also taught classes for parents of adult children with mental illness. For more information, please see my website, www.terryullman.com. •



Students on the Hill Hold the Future of Social Work

By Shauntia White



On March 17, 2015, I had the pleasure of spearheading the annual Student Advocacy forum on Capitol Hill, sponsored by the Greater Washington Society for Clinical Social Work, the Congressional Research Institute for Social Work and Policy (CRISP), and the National Catholic School of Social

Service in conjunction with the Congressional Social Work Caucus. It was truly an historic day for social workers, but especially so for all those students who put months of hard work into planning the event.

Over 200 students and recent graduates from all across North America were in attendance. For many students the decision to attend this forum was simple: Millennials, aspiring social workers, and we are all young professionals who fear the economic uncertainties, government waste, and unemployment here in the United States.

It all started one year ago when I attended a student informational seminar in the Congressional South Meeting Room (sponsored by CRISP) to learn more about the workings of Congress. During the seminar, I was inspired by Judy Schneider, Specialist at the Congressional Research Service. Schneider is well known on Capitol Hill by Members of Congress, staff, lobbyists, and many others as the 'go-to-person' for topics regarding House, Senate and Committee Procedures. She made policy sound simple, practical and understandable from the varying policy streams to the importance of political involvement and advocacy as rising professional social workers.

We live in times where young adults seek to think "outside-of-the box" and avoid dichotomous thinking in the social work profession. The country is changing and we are in desperate need of socially conscious social workers. As professional social workers, we have the skills and knowledge to assist social work organizations to solve the social and economic challenges faced by the American people.

I thank the Society for its continuous faith in younger social workers. I invite all members to continue to support young social workers on Capitol Hill through the Student Advisory Council, a non-commercial, non-sectarian, non-partisan, and non-profit young professional component of CRISP. At the recent Student Advocacy forum, it was a pleasure to sit at the policy table with GWSCSW on my left and CRISP on my right – all working together to firmly position the social work profession to help increase the contributions of emerging social workers on Capitol Hill and optimize societal health solutions for generations to come. ��

Shauntia White, MS, an MSW candidate at The Catholic University of America, holds a master's degree in human development and family science from Oklahoma State University. She is also a GWSCSW Student Committee Co-Chair.

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August 18, 2015

Nancy A. Harrington LCSW, CGP 4310 Wakefield Drive Annandale, Virginia 22003

Dear Nancy,

I am writing to request your help to invite one of your members to serve as a liaison with the Greater Washington Society for Clinical Social Work and the Pro Bono Counseling Project. Joyce Harrison, LCSW-C mastered this position for nearly five years, generously helping in many roles beyond her expected term of two years.

As a rule, each professional society has recommended one of their members to serve as a liaison on our Board of Directors. It is essential for us to have the "voice" of a clinical social worker in private practice on our Board of Directors when social workers cared for 63% of our clients last year and provided 60% of the total hours donated for client care last year. We have been so lucky that Joyce is dedicated to our mission and will continue to take client referrals.

It is not required that Joyce's successor follow in her footsteps, but Joyce's participation on the Clinician Recruitment and Retention Committee helped to resolve more than one concern confronting the organization's working relationships with clients and clinicians. Recently, Joyce helped our clinical staff to advise our clients how insurances are currently paying for couples counseling Also, all members of the Board of Directors are required to make a personal financial donation of any amount.

There are six full meetings of the Board from September to June. These meetings are usually on Wednesday evenings in our Towson office from 6pm to 7:30 or 8:00 with dinner. Committee meetings are held at the convenience of the members' time and location.

Please let me know how I may assist in this transition. Our first Board of Directors meeting is 9/9/2015 and Joyce agreed to attend with her successor.

Sincerely,

Bajana Khawson

Barbara K. Anderson Executive Director

POETRY MUSINGS: KINDNESS

By Wendi R. Kaplan



What does kindness have to do with therapy?

For most of us kindness is a value that we are taught when we are young. Be kind to others is heard in many homes and schools. We are taught manners, the behavior that shows people you care. We are taught consideration, another behavior through

which we learn empathy and compassion. Thus kindness is often defined through our actions and behaviors.

I do not recall discussing kindness explicitly in graduate school or in any of the myriad of post graduate programs and education that I have attended. We did though talk about the actions and framework involving empathy, compassion and consideration... all components of kindness. As therapists we hone our skills for compassion. We meet our clients with our open hearts and minds. We welcome people who carry with them great satchels of loss and sorrow, satchels often large enough to bend them and some are bent so completely their eyes see only their knees or floor. We meet our clients and their burdens, with our own blend of tenderness and compassion and, yes, kindness. For, is it not true, we learn about kindness from our own sadness?

I wonder about our own sorrows and how we deal with them. Poetry and literature can provide support, sustenance and perspective during times of stress and trouble. Sometimes I carry poems around, like a talisman, a comfort and reminder.

In the aftermath of 9-11 I read poetry to soothe myself, to remind myself of what was important, to find my "true north" again. "Kindness" by Naomi Shihab Nye was one of those poems. Then again, after Hurricane Katrina, and again, after the countless tragedies at Virginia Tech, Sandy Hook, Nepal and now the Charleston 9 among so many others. In Nye's poem I am reminded

that kindness is so much more than behavior. Kindness also grows from the sandpaper of loss and fear that rubs you more deeply raw than you can imagine and opens you to a more vulnerable, more tender, more authentic place of being. It is here that kindness takes root and grows.

I bring Nye's poem to clients and to colleagues in challenging times, both global and personal. In the face of loss and tragedy, we lean on "Kindness" as a ballast against the terrible winds. We use it to contemplate our own losses and to sit with them in tender mindfulness. In doing so, we become profoundly present. A shift occurs, a shift that begins almost imperceptibly and then grows. The breathing deepens, the heart opens, the muscles soften and our vertebrae remember their true alignment. As we come more fully present with ourselves, we also become more fully present with each other and with the world. This unfolding awareness opens us, and as we open we notice the kindness within and around us.

Give yourself some time to read Nye's poem.

Breathe in the words or phrases that resonate with you in this moment. Notice the parts that you reject or push away and be curious about that. Notice what happens to your mind, heart and body when you read about kindness.

I invite you to think about how kindness has shown up in your life. What are the times you have known or shown kindness? How might you disregard it? How might you pause and have tea with kindness?

"Kindness in words creates confidence.
Kindness in thinking creates profoundness.
Kindness in giving creates love." - Lao Tzu

If you would like to share any of your writings or thoughts about this, feel free to email me at wendi.kaplan@verizon.net. I'm always

touched to hear from you. ❖

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 the theory and process of biblio/poetry therapy, journaling and word arts. Wendi is an assistant clinical professor for the George Washington University School of Medicine.

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KINDNESS

Before you know what kindness really is You must lose things, feel the future dissolve in a moment like salt in a weakened broth. What you held in your hand, what you counted and carefully saved, all this must go so you know how desolate the landscape can be between regions and kindness. How you ride and ride thinking the bus will never stop, the passengers eating maize and chicken will stare out the window forever.

Before you learn the tender gravity of kindness, you must travel where the Indian in a white poncho lies dead by the side of the road. You must see how this could be you, how he too was someone who journeyed through the night with plans and the simple breath that kept him alive.

Before you know kindness as the deepest thing

you must know sorrow as the other deepest thing. You must speak to it till your voice catches the thread of sorrows and you see the size of the cloth.

Then it is only kindness that makes sense anymore, only kindness that ties your shoes and sends you out into the day to mail letters and produce bread

> only kindness that raises its head from the crown of the world to say It is I you have been looking for, and then goes with you everywhere like a shadow or a friend.

> > - Naomi Shihab Nye



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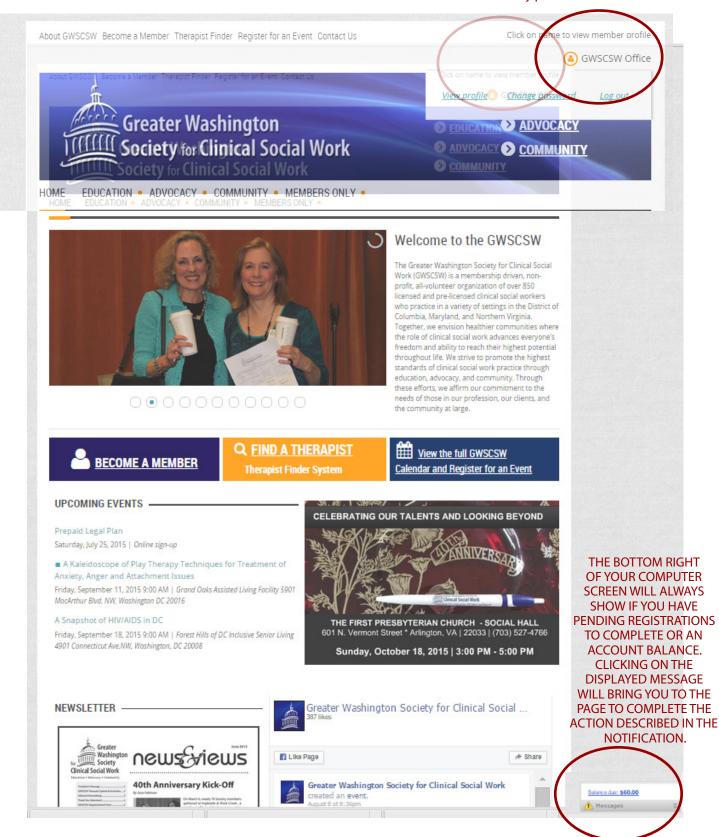
Before you know what kindness really is

-- You must lose things... -Naomi Shihab Nye

SEPTEMBER 2015 GWSCSW News & Views

TECH TIPS: GWSCSW WEBSITE

Once logged in, your name located in the upper right of the screen will link to your member profile. After clicking the View profile link, you will see key profile information.

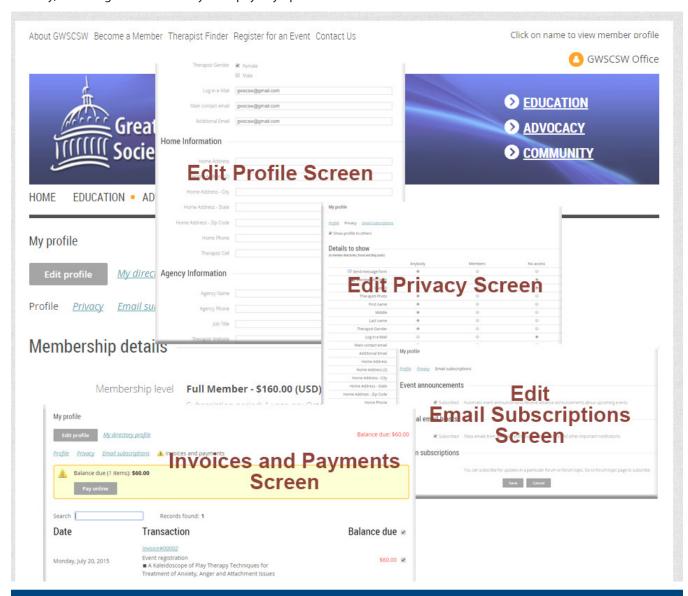


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GWSCSW WEBSITE: EDITING YOUR PROFILE

There are three different tabs used to edit member information/preferences: PROFILE | PRIVACY | EMAIL SUBSCRIPTIONS.

- 1. **PROFILE:** Use the profile link to edit your member information Note: your profile photo (if you had one on the previous website) will be uploaded within a week, you can always change it later or if you upload one immediately it will not be replaced with the previous photo.
- 2. PRIVACY: Use the privacy link to change your privacy settings (Click Edit Button Select Choices Click SAVE at the bottom) If you do not want to have your profile shown to others uncheck "Show profile to others" at the top otherwise select if you want anyone or just members to be able to see your information. CURRENTLY THE DEFAULT IS THAT YOUR PROFILE WILL BE SHOWN SO IF YOU WANT TO HIDE IT MAKE SURE YOU CHANGE THE SETTINGS ONCE DONE, Click on My directory profile to preview how your profile is displayed to others based on your privacy settings.
- 3. EMAIL SUBSCRIPTIONS: Choose how you want to receive emails and announcements click SAVE at the bottom
- 4. The INVOICES AND PAYMENTS link will show you all your open/paid invoices. (Note: past invoices are not included in the system, all invoices from the launch of the new system will be included these include membership invoices/payments, event invoices/payments, and any additional invoices/payments (such as newsletter advertising). Additionally, following this link allows you to pay any open invoices.



Need help? Contact Donna - admin@gwscsw.org

BOOK CORNER

What Works with Teens: A Professional's Guide to Engaging Authentically with Adolescents to Achieve Lasting Change

Britt Rathbone, LCSW-C and Julie Baron, LCSW-C

Reviewed by: Emily Hershenson

GWSCSW member Britt Rathbone is acutely aware of the challenges and the rewards of working with teenagers. In his most recent book, Mr. Rathbone and his colleague Julie Baron have carefully charted what's effective and what's not effective when encountering this population. In addition to psychotherapists, the co-authors have sought to target coaches, educators and other professionals who are regularly involved with adolescents as an audience for this publication. Mr. Rathbone hopes that What Works with Teenagers: A Professional's Guide to Engaging Authentically with Adolescents to Achieve Lasting Change (2015, New Harbinger Publications, Inc.) will fill the void that, until now, existed for practitioners searching for a comprehensive text on the subject matter. In a recent interview with News & Views Mr. Rathbone stated, "We felt that there was nothing out there that addresses work with this population in this way."

Mr. Rathbone and Ms. Baron approach this goal by conceding that engagement with adolescents, regardless of your professional role, can be both exhausting and humbling. The book, separated into two distinct parts, begins with a review of the neurobiology of the ever-evolving teenage brain. It includes recognition that these biological changes substantially impact psychosocial development and that the intersection of these two factors can be perplexing, if not exasperating, to the helping professional. This part also emphasizes how crucial the nature of the relationship with teens is to successfully fostering change. Under no illusions, the authors acknowledge that the relatively straightforward components of a strong professional relationship with adolescents (respect, acceptance and awareness to name a few) are actually quite complex in application.

This book also attempts to help readers with the direct application of these principles, a process that in its implementation at times can seem so daunting. Mr.

Rathbone said, "In writing the book, we tried to be evocative

What Works with Teens

A PROFESSIONAL'S GUIDE to Engaging Authentically with Adolescents to Achieve Lasting Change

BRITT H. RATHBONE, MSSW, LCSW-C JULIE B. BARON, MSW, LCSW-C

emotionally and get our readers to really buy into what we're saying. If they think about their own lives, they can apply the things we discuss more readily." He and Ms. Baron seek to achieve this by directly asking readers to examine their own adolescence and how it may impact their work.

Even in the second part of this book, this type of selfreflection and cultivation of self-awareness for the reader is encouraged. Additionally, in the latter part of the book, the authors detail the nature and approach of what can help bring about lasting change. They continue from earlier sections of the book to share clinical vignettes, checklists, graphic representations of concepts, and concise summaries at the end of each chapter. Readers will also find that the authors consistently advocate for eliciting feedback from teens, something Mr. Rathbone says can be remarkably useful. He and Ms. Baron provide forms that can be used to navigate the evaluation process. "This book will hopefully motivate professionals to influence change one adolescent at a time," Mr. Rathbone further reflected. "What stands out for me, after working with adolescents for many years is how resilient teenagers are--and how much they actually do want our help." The book is available electronically and in paperback form at amazon.com. .

Emily Hershenson, MSW, is a clinical social worker who works primarily with patients in treatment for AIDS-related cancers at a research hospital in Bethesda, Maryland.

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.

Marilyn Austin wrote a play called "The Point", which will be produced as a part of the Festival of Women Playwrights. It will be performed by the Arcturus Theater Company from September 24-October 10.

Gil Bliss was in Stevenson, WA in June at the Summer Workshop with the American Academy of Psychotherapists. This was his first experience as a member of the Academy. He spent 8 hours a day for the first two days in process groups, and 5 1/2 hours on the last. This group of therapists processes even after the formal workshops, although more casually. The theme was vulnerability and risk-taking to pursue intimacy. He did better than just survive the week, but he did come away with a better sense of his personal limitations.

Sharon Covington's new book, 'Fertility Counseling' came out in April. She was also quoted in a 'Time Magazine' article on miscarriage which came out in December 2014, titled, "Someone I love was never born." She has a new study coming out on the role of the MMPI-2 in gestational carrier evaluations. Here is the citation:

Klock SC, Covington SN. (2015) Minnesota Multiphasic Personality Inventory (MMPI-2) of gestational surrogacy (GS) applicants. International Journal of Obstetrics and Gynecology; (in press).

Sydney Frymire's article about The Trek of Your Life's project in Nepal and human trafficking after the earthquake was published on a blog, Mid life Highway and in the Writer's Center Workshop and Event Guide. Here is the link to the one on Midlife: http://midlifeboulevard.com/fighting-child-trafficking-earthquake-in-nepal/ Magazine.

Mike Giordano and **Tamara Pincus** presented at Whitman Walker Health on addressing biases against non-monogamous relationships in clinical settings.

Mike Giordano co-presented at the American Association of Sex Educators Counselors & Therapists (AASECT) annual conference in Minneapolis, MN in June. The topic was "Sexing the Trans Man: Trans Masculine Sexuality". His co-presenter was Buck Angel - an adult filmmaker, speaker and advocate. Mike also sat on a panel discussion about LGBT Kink for the DC Public Library's WordsOut Literary Festival in June.

Patricia Demont graduated from the Washington

Center for Psychoanalysis' Couples and Family training program.

Joel Kanter has given two recent presentations. In March he presented on Psychoanalytic Social Work "Heroes": Reflections on Selma Fraiberg, James Robertson, and Clare Winnicott at the Biennial Conference of the American Association for Psychoanalysis in Clinical Social Work. In June, at the International Association for Relational Psychoanalysis and Psychotherapy Conference in Toronto, he presented on What is going on around here? Differentiating interpersonal and relational paradigms. He also published a review of Marco Conci's book Sullivan Revisited: Life and Work in the December 2014 issue of Psychoanalytic Review.

Molly Milgrom is excited to announce the opening of her part-time psychotherapy practice in Dupont Circle where she is seeing individuals, age 19 and older. Her specialties are college and graduate students, young professionals, career-changers, and expatriates and adult third-culture kids. Molly also has experience working with clients on issues such as life transitions, anxiety, depression, cultural adjustments, quarter-life crises, professional changes, personal growth, physical illness, domestic violence and trauma, self-confidence and self-esteem, and stress management. She is bilingual and offers sessions in Spanish or English. Please visit her website at mollymilgrom.com. She would be grateful for any referrals.

Helen Power will be exhibiting her paintings with the Lake Barcroft Art League in a group show entitled, "Harvest: Artists Reap from Nature and Spirit". The exhibition will be held at the Unitarian Church of Arlington from September 23-November 1, 2015. All are welcome at the opening reception on Sunday, September 27, from 4-6pm.

Marilyn Stickle has written a chapter in the book "Spirituality and Social Work,"edited by Lourdes Morales Alejandro, published in Spanish and available at http://issuu.com/lourdesi.moralesalejandro/docs/libroespiritualidadpdf.

Ruth Ann Stoltzfus graduated from the Washington School of Psychiatry's Infant and Young Child Observational Studies Program this June. She presented a paper from her observational work entitled "Ambivalence in an Infant Observation" at the programs conference, From Ambivalence to Postnatal Depression: Challenges in Becoming a Mother (and Father!). *

Marie Caterini Choppin, LCSW-C & Associates



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FEARLESS FINANCE: TIPS FOR THERAPISTS

Saving for Retirement in your Practice

By Lori Atwood



I know it seems far away to you. I know you think you will work until your expire, but the fact of the matter is that EVERYONE retires if they are lucky enough to live into old age. Retirement, despite ads on TV and personalities in the financial infotainment industry, is not a goal. It's a reality. It just is.

If you do not die from an untimely death, you will, at some point, not be able to work. That "some point" is quite flexible especially these days and studies show that the longer you work, the better it is for your cognitive health. All that aside, how are you going to pay for these golden years? And I do mean years, because if you retire in your sixties, it could easily be 30 of them.

I won't go into a whole discussion of how much you will need in retirement, but I could do that in another article if people are interested. Here, I'm just going to say that my rule of thumb for anyone STARTING to save in their early thirties is that they save at least 15%, but preferably 20% of their PRE-TAX income into a qualified retirement account. If you are starting to save after 35 years old, save 20%.

Let's start with the pre-tax income part. Salaried people have the amount their boss quotes them when they get their job (pre-tax) and the amount they actually see in their paycheck (after-tax). It's a bit "fuzzier" for a small business.

To approximate pre-tax, take the amount you brought in last year, all your income from your services, and subtract your business expenses like rent, utilities, ads/promotion, health insurance payments, etc., and take 20% of that remaining number. Your accountant can help you if you have questions. The amount you get after multiplying by 20% is roughly what you should be SAVING each year for retirement.

Frightening, isn't it? The sad truth is that our system does not work so well now. Most people do not save anywhere near enough in 401ks and other vehicles to sustain retirement for 20-30 years and that's the reality of it. Don't be in that category. If you save 20% starting in your thirties, you will likely be comfortable enough in retirement.

For anyone who is out of his/her thirties or cannot remember his/her thirties, you have to start saving now and save as much as you can. Rule of thumb is to save at least 20%, but it is important to save the max the IRS will allow. Yes, the IRS will limit how much you can save tax-free (i.e. in qualified accounts like IRAs, 401ks, etc.).

What are the best ways to save? Keep the following tips in mind:

- Ask you tax preparer how much you can save for retirement in a qualified account. He/she has to give you this number based on YOUR EARNINGS from last year.
- Open a SEP IRA at your bank or discount brokerage (Scwhab, Fidelity, Vanguard, etc.). if you have employees, or intend to have employees, speak to your accountant as a SEP may not be the best type of account for you.
- 3. SAVE EACH MONTH either directly into that SEP account if your accountant can give you an estimate for what you will be able to save this year
- Transfer the maximum fixed amount that you can spare from your income (e.g \$500, \$1000, \$2000) per month and move it to a regular savings account each month
- At tax time, ask your accountant how much you can move to your SEP IRA and write a check from that regular savings account to your SEP IRA - YES, you get a deduction for doing this so DO IT.
- 6. Transfer your retirement savings from your BUSINESS account and not your household account. Get in the habit of seeing retirement savings as a business expense.
- For additional savings you can open a personal traditional or Roth IRA, but you have to ask your accountant about specific amounts you can contribute as each person's eligibility will be different based on total household income.

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

You can see Lori's articles and services at: www.loriatwood.com. *



Alice Kassabian Memorial Conference: Reflections on Wisdom~ Its Nature, Value, and Relevance to Contemporary Practice

Saturday, November 21, 2015 9:00 AM - 12:30 PM Cosmos Club: 2121 Massachusetts Avenue NW, Washington DC

GWSCSW Member – \$100.00 (\$135.00 on or after Oct 30)Non-Members – \$135.00 (\$170.00 on or after Oct 30) Student Member – (\$75.00 on or after Oct 30)

Early registration is encouraged. Seating is limited.

Register at: www.gwscsw.org



In Cosponsorship with





Reflections on Wisdom~Its Nature, Value, and Relevance to Contemporary Practice

Dr. McWilliams will explore the reciprocal relationship between wisdom and psychotherapy with emphasis on the clinical implications of valuing wisdom. The social, interdependent nature of wisdom differs from that of knowledge, which can be pursued in relative isolation. A Clinical Case presentation will illustrate.

Since ancient time, philosophers have differentiated between being smart and being wise. More recently, some authors and mental health professionals have tried to specify what we mean by wisdom - a virtue often viewed as the consolation prize for getting old and typically experienced vs. coming to the self rather than being actively pursued.

Wisdom seems to require acknowledgement of limitation and mortality, while fantasies often are limitless and immorality may propel searches for knowledge. Professional incentives often reward knowledge at the expense of wisdom: hypothesistesting tends to be privileged over hypothesis-generation; master of techniques may be valued over nuanced understanding of one person to whom the techniques are applied.

At the conclusion of this program, participants will be able to:

- Compare two types of knowledge -- accruing information and attaining wisdom.
- Identify four cultural and professional reinforcements for the valuing of information at the expense of wisdom, and generate hypotheses about possible unintended consequences of these.

Nancy McWilliams, PhD, ABPP, internationally noted author, lecturer, scholar, teacher, adventurous psychoanalyst and psychologist, teaches at Rutgers University Graduate School of Applied and Professional Psychology and has a private practice in Flemington, New Jersey. Her innumerable publications, translated into sixteen languages, and her worldwide lecture tours demonstrate that not only is she a Citizen of the World, but within this a world advocate for psychodynamic understanding and treatments.

Continuing education credit: 3 CE credits available for full attendance. The Institute of Contemporary Psychotherapy and Psychoanalysis (ICP+P) maintains responsibility for this program and its content. ICP+P is approved by the American Psychological Association to sponsor continuing education for psychologists. ICP+P is approved by the Maryland Board of Social Work Examiners to offer Category I continuing education credit. Because ICP+P has approval from the Maryland Board, CE credit hours awarded by ICP+P may also be claimed by social workers licensed in Virginia and the District of Columbia. These continuing education credits meet the ANCC approval standards for nurses and the approved standards for marriage and family therapists. Attendees from the above professional groups will earn 3 CE credits for attending the conference. Full attendance is required to receive the designated CE credit. ICP+P is accredited by MedChi, the Maryland State Medical Society to provide continuing medical education for physicians. ICP+P designates this educational activity for a maximum of 3 AMA PRA Category 1 Credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity.

Training sponsored by the Greater Washington Society of Clinical Social Workers is approved by the DC, Maryland and Virginia boards of social work to offer continuing education to social workers. The GWSCSW accepts responsibility for this program.

COMMITTEE REPORTS

Continuing Education

Linda Hill & Barbara Kane cecommittee@gwscsw.org

We are excited about the course selection this Fall. A wide variety of courses including ones on HIV, Ethics, and Supervision are offered. Make your reservation soon to ensure your place. The courses are described in this issue. Courses are being offered in MD, DC, and Virginia. If you are interested in presenting, please find the proposal guidelines on the website.

Early Career & Graduate

Juleen Hoyer & Amanda Slatus earlycareer@gwscsw.org

The Early Career Committee is excited to be planning several programs for the fall. We welcome current MSW students, recent grads, LGSWs, and others early in their careers to attend a committee meeting or a committee-hosted workshop! Our meetings always include an opportunity to network and gain support, as well as an easy way to get more involved in your professional organization (watch the listserv or check the calendar on www. gwscsw.org for event schedules). Please email us at earlycareer@gwscsw.org for more information.

Leadership/Nominating

Sydney Frymire & Susan Post leadership@gwscsw.org

We've had a great year. More members than ever before are participating in our clinical activities. This year, our board benefited from our work with Justin Pollack, a consultant who works with private non-profits and volunteer organizations. One of his suggestions was to encourage our members to participate in more of our activities and have events to just get to know each other better.

We are pleased to report our first meet-up in July to hear about our member's careers and encourage them to participate in our clinical society was a big success. Twelve members attended, and enjoyed a lively discussion about our work and concerns. Generally, the group was interested in becoming more active in maintaining quality education for MSWs and becoming more visible in our communities politically. Members are concerned about making sure we are represented and included in new initiatives, prepared for the changes in insurance reimbursement requirements, and improving our rate of payments. They told us they appreciate the list serve and activities we offer. If you are interested in becoming more involved, please join us for our Celebrating Our Talents and Looking Beyond (last 40th Anniversary Event) on October 18. There will be information about committees and short-term projects as well as the opportunity to meet and share with other members.

Legislation & Advocacy

Judy Gallant, Acting Director dirlegislation@gwscsw.org

In our legislative survey from earlier this

year, one of the clearest recommendations that vou, our membership gave, was the need for more information and training in order to feel more comfortable jumping in when requested to assist in advocacy efforts. We hear you, and are planning a learning luncheon on November 7: Everything vou always wanted to know about advocacy but were afraid to ask! Along with the Chairs of each of our Legislative Committees, our Virginia

and Maryland Lobbyists will join us. They will be our guides in harnessing our inner strength to make a difference and change the world (or at least a corner of our world!). Come join us at Normandie Farms for this complementary luncheon and fun learning opportunity, and earn some CEUs to boot! See our ad elsewhere in the newsletter, and log on to our website to register. Margot Aronson, Judy Ratliff and I look forward to seeing many of you there.

Membership

Cindy Crane membership@gwscsw.org

I'm pleased to report I have assumed the position of Membership Chair. Our first event will be the Fall New Member Brunch the first week of November. Future events will include the Spring New Member Brunch and University Outreach where we will make presentations to graduate students about what the Society offers and increase visibility in colleges and placement settings. Please get in touch if you'd like to learn more and/or are interested in joining the committee.

Newsletter

Jen Kogan newsletter@gwscsw.org

Your newsletter needs you! Send us your ideas for articles, proposed writing and more. Submitting an article is a wonderful way to connect with colleagues about a topic or practice area of interest. Send an email to jenko108@gmail.com with your query. Looking forward to hearing from you.

Professional Development

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

The Professional Development is using the summer months to plan programs for Fall 2015 through Spring 2016. Paul Kelner and Laurie Young have joined the efforts of the on-going Committee, and special thanks goes to them for volunteering their time. At a meeting held on 6/27, we developed a list of topics which include licensing, supervision, upcoming changes with the implementation of ICD-10, self-care, case management, new directions in clinical practice, and use of video sessions.



From Left: Caroline Chiara, Sharon Kenthack, Lisa Sherper at a summer Leadership meeting held at the home of Sydney Frymire

Members' ideas about other topics that would help advance your career, as well as reactions to those proposed would be greatly appreciated, so we can best meet members' needs. Please use the email addresses above to let us know.

The Committee also developed a survey for Mentors and Mentees, in order to receive feedback about the Mentor Program from its current and former participants. The survey is in the process of being formatted, so that it can appear on the website. Information and online applications for the Mentor Program are currently available at www.gwscsw.org. Mentors provide guidance to newer social workers in addressing concerns such as licensure, establishing a private practice, employment, securing supervision, and consolidating professional identity. Mentors and Mentees are matched according to location, interests and types of experience. Potential mentors and mentees can use the Professional Resources tab on the left side of the website at www.gwscsw.org. Questions can be addressed to Nancy Harris at nlharris1214@gmail.com or 301-385-3375.

Social Media

Sara Feldman & Juleen Hoyer socialmedia@gwscsw.org

The Social Media Committee has been excited to continue to improve our community by helping people connect through social media. We are continuing to update the GWSCSW Facebook page with articles, events, and photos. Please visit the page, like/comment on the posts. and remember to email us photos of GWSCSW events to add to the page! Let us know if you have an idea about how to make the page more relevant to YOU. We have been continuing to highlight a Featured Member on our FB page. This is yet another way to get to know your colleagues, so check out the page! If you would like to be featured or would like to nominate someone to be featured, please email us at socialmedia@gwscsw.org.

We are continuing to "like" society members' FB pages in order to increase web presence. If you would like the society FB page to "like" your private practice business page on FB, just send an email to socialmedia@qwscsw.org.

We will continue to post helpful technology hints on the listserv, as various topics become relevant. Feel free to email

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

Cheryl Tauber
McNaught
Colin J. McNaught
C&C Innovation

Thanks go out to our wonderful website designers. They brought us into the present, and now they are retiring. Thanks so much Cheryl and Colin!

From your grateful GWSCSW Community

NCSSS Professional Education and Training Program

The National Catholic School of Social Service (NCSSS), offers a full list of Professional Development Courses.

For information about courses to meet Ethics and HIV requirements for license renewal, go to http://ncsss.cua.edu/ce/default.cfm

For more information, contact

Ellen Thursby | thursby@cua.edu

Allyson Shaffer | 202-319-4388 | shaffera@cua.edu

Washington Center for Psychoanalysis

2015-2016 WCP Psychoanalytic Takes on the Cinema



November 6: "The Apostle" (1997) 134 minutes (PG -13)

After his happy life spins out of control, a preacher from Texas changes his name, goes to Louisiana and starts preaching on the radio.

Writer/Director: Robert Duvall

Starring Robert Duvall

Discussant: Doug Chavis, MD, Director, Washington Psychoanalytic Institute



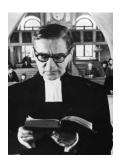
January 8, 2016: "The End of the Affair" (1999) 102 min.

Novelist Maurice Bendrix has a chance meeting the husband of his ex-mistress Sarah, who abruptly ended their affair two years before. Bendrix's obsession with Sarah is rekindled; he succumbs to his own jealousy and arranges to have her followed.

Director: Neil Jordan; Writers: Graham Greene, Neil Jordan

Starring: Ralph Fiennes; Julianne Moore

Discussant: Wilfried Ver Eecke, PhD, Georgetown University



March 11, 2016: "Winter Light" (1963) 81 min.

A small town priest struggles with his faith.

Director: Ingmar Bergman; Writer: Ingmar Bergman

Starring: Ingrid Thulin; Gunnar Bjornstrand

Discussant: Chris Khellaf, PhD, Clifton T. Perkins Hospital Center



May 20, 2016: "Of Gods and Men" (2010) 122Min.

Under threat by fundamentalist terrorists, a group of Trappist monks stationed with an impoverished Algerian community must decide whether to leave or stay.

Director: Xavier Beauvois; Writers: Xavier Beauvois, Etienne Comar

Starring: Lambert Wilson, Michael Lonsdale

Discussant: Julio Szmuilowicz, MD, FRCPC, DABPN, Toronto, Ontario

Psychoanalytic Takes on the Cinema Film Discussion Series

Registration & Fees

4 Films/no CE credits: \$80. / 4 Films with 3 CE credits per meeting: \$225.

All meetings begin at 7:30 PM and are held at 6912 Ayr Lane, Bethesda, MD

Register at: www.wcpweb.org

24 SEPTEMBER 2015 GWSCSW News & Views

GWSCSW PRESIDENTIAL CHRONOLOGY

1 *Eloise Agger, 1975-1977

deceased

Founder of the Society and its first President, Eloise's visionary leadership was critical in the formation of a vehicle for advocacy of social work practice and values. She understood the importance of the psycho-social perspective and wanted to establish the credibility of that perspective through both legislation and education. Her vision was large, including the whole metropolitan DC area. At a time when states were establishing clinical societies, Eloise saw the importance of uniting all three local jurisdictions into one. This played out well over time, as leaders organized across state and district lines, supporting legislative initiatives as they developed. At the time, only social workers who earned doctoral degrees were permitted to enter psychoanalytic training. Eloise, and other social workers, determined to become analysts first earned their doctorates and then entered analytic training. She continued to play an important role over decades, supporting the admission of social workers to analytic programs, and was a founding member of the Clinical Social Work Institute, serving on its Board until her death. Her publications included articles on the importance of siblings in emotional development.

An article by Carolyn Gruber written for the GWSCSW News at the time of Eloise's death in 2001 summarizes her spirit and commitment to clinical social work. In Carolyn's words she was "first and foremost a life force. Oh, how we loved Eloise's spirit. She lit up any room she entered. We never knew exactly when she might show up for a meeting. But when she did show up, she was totally there. She was irreverent in a way that was totally acceptable. When she was with us, her intellect, her humor, her sense of being present in the moment, would take over the agenda. What good humor. What apt expression of what was being discussed. What an irrepressible sense of the absurd. Eloise was one of the most accepting people we ever knew. She accepted herself and she accepted us likewise. We never doubted her good will. Our inspiration, our mentor, our leader, our outrageous cockeyed optimist."

2 *Louisa Schwartz, 1977-1978 deceased

A resident and practitioner in the District, she was President when Maryland licensure passed in 1977. Our attorney and lobbyist in that effort, Peter Masetti, served as counsel to us in our successful efforts and continued to advise us during the early years of the Society. Later he became a judge and therefore could not help us with DC Licensure, recommending Larry Mirel, who became our counsel ten years later in our successful DC licensure efforts.

3 Vesta Downer, 1978-1979

Organizing and helping to shape the framework of the Society, Vesta lived and worked in Virginia where she was key to our obtaining licensure. She remembers organizing meetings in Presidents' living rooms and especially in her own home, recalling a membership of approximately 15-20. A determined visionary, she organized lobbying efforts in Richmond that led to the successful passage of a licensure bill in 1978. It was a hard won battle, leading to clear definition of clinical s ocial work practice, and eventually, with a Vendorship Law passed later, to parity with psychiatrists and psychologists in the provision of independent mental health services.

4 Anne Stephansky, 1979-1981

A founding member of the Society, Anne worked steadily and patiently, building consensus among Society members. Work on legislation continued to be a focus of activity, primarily in Maryland and Virginia where licensing and parity laws were being established and challenged. With each challenge, more clinical

social workers rallied and our membership grew.

She established monthly board meetings that met on Sunday mornings. Her husband, Ben, retired from the State Department, greeted Board Members with a warmth that made the trip to their home on Bancroft Place NW, DC, well worth the trip. The Agenda was established in advance with committee chairs giving reports that were succinct and thoughtful. The atmosphere was collegial; there was a feeling that we were building an organization critical to the health of Clinical Social Work and its unique contributions in the metropolitan area.

Later, she and Connie Hendrickson started a Supervision Course for the Society, a big morale boost for Social Workers to be in charge of our own education; and independence from psychologists and MD's, reflecting a maturation of our profession. She also made efforts to provide volunteer work in DC with Child Welfare, and later served on the Board of the Clinical Social Work Institute.

5 Fran Thomas, 1981-1983

An early member of the Society, Fran joined the Executive Board in 1977 and served as First Vice President for Legislative Affairs from 1979-1981. She credits learning the leadership skills required in her role as Chairperson of the D.C. Coalition of Social Work Health Care Providers as having developed doing legislative work on behalf of the Society. Fran's leadership and coalition building are legendary, and her role in obtaining DC licensure was pivotal. Committed to advancing the quality of human services across all three jurisdictions, and to her role as an advocate for clinical social work, she personifies the sacrifices of our early members in working as hard on Society business as she did in her private practice.

Fran's diligence and diplomacy opened many doors, including institutions that provided meeting space for our monthly meetings. Under her leadership we moved from meeting in members' homes to public spaces while our membership continued to flourish. 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.

6 Marilyn Stickle, 1983-1985

"During my presidency we continued to build the framework of the Society, working on legislation in all three jurisdictions, improving referral panel procedures, mentoring young members, increasing continuing education efforts, and fundraising. Most importantly, during my presidency we focused on the goal of attaining social work licensure in the District of Columbia. The Health Occupations Bill, proposed in October of 1983, presented a grave threat that could have prohibited social workers from practicing in the



District. It also presented an opportunity to organize the social work community in an unprecedented way. As I finished my second term, language was in place in the Health Occupations Bill that protected the integrity of clinical social workers, in what was widely viewed as the best licensure law in the nation. Additionally, we attained this landmark legislation by building coalitions with NASW and 25 organizations, including the Washington Council of Agencies representing 245 member agencies.

As President during the 10th anniversary of our Society, we had grown to 300 members, had achieved parity, licensure in the

District was well on its way to passage, and coalitions with other mental health organizations were strongly in place. We were in a phase of development that enabled us to focus increasingly on the important educational aspects of the Society."

7 Marcie Solomon, 1985-1987

It was an amazing, exciting time. I had never been involved in anything political before, and I found myself in the leadership of the successful efforts to get vendorship in Maryland, licensure and vendorship in Virginia and licensure and vendorship in D.C., all at the same time. The teamwork, creativity and generosity all around was simply wonderful. What an opportunity and honor it was for me.



Mary Dluhy and Fran Thomas played immensely important roles. Fran was a visionary and worked tirelessly and

skillfully on every aspect of our agenda. I fully believe that without her we would not have achieved DC licensure when we did. Mary was my most valuable right-hand person, lending her wisdom all the way. To pay our staggering legal bills we held endless fundraisers. It was all fun and all so worthwhile.

By the end of my term we had achieved all of our legislative objectives but we were still on a roll, wanting to create even more structures that would empower.our profession. So a group of us called ourselves the Task Force to Explore the Establishment of a Clinical Social Work Institute and eleven years later the Institute opened it doors. It provided a truly exceptional PhD- granting program for many of our colleagues. Sadly the Institute closed ten years later, a victim of the economy. I hope that at some point that impressive program will be resurrected.

8 Carolyn Gruber, 1987-1989

"I think I want to be thought of as the education president. Was able to focus on that because we won so many good political battles just prior to my presidency such as licensure and vendorship, in three jurisdictions. So then we could focus on improving ourselves. We had lectures, seminars, and small groups. We created a booklet for continuing educational opportunities. We had monthly meetings with good



speakers. The newsletter was full of information. This was all before the internet. We worked with the Federation on issues such as the Kennedy Waxman bill. We went to the hill. It was a strange time in my life when I was getting my doctorate, beginning my work in academia and testifying all at the same time."

9 Janis Colton, 1989-1991

"It was a great honor and pleasure to be president of the Clinical Society at an important moment in our history. It seemed to me that all we had been working toward came together and moved us into a fully functioning professional organization, administratively,



educationally and in growth of membership. Our continuing education program assumed a new, enlarged and more focused format, our membership soared to over 600 and the energy that characterized us all the formative years gave a wonderful boost to every endeavor. What a great time we all had!"

10 Susan Horne-Quatannens, 1991-1993

"When I assumed the presidency of the GWSCSW we had begun to enter a new era. Some of our battles for recognition had been won. We had licensure in all the jurisdictions that surround us and in Virginia we had a mandated reimbursement law (insurers could no longer exclude us.) We could finally turn our attention to increased sophistication in clinical practice through educational offerings and requirements in licensure. My fondest memories are more personal. I can't remember ever asking anyone to help or serve that didn't say yes. Social Workers are indeed wonderful, giving people."

11 Golnar Simpson, 1993-1995

I received the honor of becoming President after a decade of coming up through the ranks, finding my voice and having the good fortune of continuing the work of our Society with the help of many others. We faced many challenges, some new and some old. Ongoing Licensing matters were not quite settled and we had a rigorous legislative and advocacy agenda covering the three jurisdictions and the Federal level. Dr. Carolyn Gruber and I had started the Education Committee of the Society ten years earlier and the enhancement of our diverse educational programs was on track in full force. Another important area of activity had to do with Bridge-building with other organizations both inside and outside of social work. My perspective in life and organizational matters is that "there is no I without a You" and promotion of a sense of community was essential to achieve our local and national goals. With close to 900 members we needed to get ourselves known! We established close relationships with social work and other mental health organizations. At the national level, as the third largest society of our parent organization: Clinical Social Work Federation, we were recognized with respect and admiration for our contributions. In this regard, in subsequent years, when I became President of the Federation and we had to deal with the issue of establishing a national Guild, I could not be any more proud of our Society for its democratic management of the matter Under the leadership of Dr. Alice Kassabian. I consider my term of office as a highlight of my professional career, with fond memories of difficult and exciting times and with gratitude for the generosity and the help from the Board members and the administrative staff.

12 *Alice Kassabian, 1995-1997 deceased

An early member of the Society, she served on the Board from 1975-1977 and then again from 1987 until she became President in 1995. Connie Ridgeway interviewed Alice in 2007 for an article in News & Views in which she reviewed her Presidency. "With the rise of managed care, clinicians were making less money and struggling against the loss of their autonomous practices due to invasive managed care policies. Social workers nationwide were looking for a way to rectify this, and the Clinical Social Work Federation was urging its members to unionize. Through a referendum of all its members, the Society voted against Guild affiliation. It seemed as though the Guild issue split the profession on both the national and state levels. The Society went through a difficult time and lost members." Committed to social justice, our biopsychosocial identity, and upholding high professional standards, Alice was active for decades at both local and national levels. She established the first non-profit daycare center in Fairfax, published on the genocide of Armenians, and served on the Board of the Clinical Social Work Institute.

13 *Eileen Selz, 1997-1999

deceased

Eileen saw herself as a transitional leader, aware of the enormous changes facing our profession, coming in to office at a particularly challenging time for the Society. Growth of the Society with rapid turnover of committee chairs and of executive committee members had reached a crescendo. It was becoming harder to find officers and members who could volunteer significant amounts of time. George Seltz, Eileen's husband, was a retired

Naval officer and like spouses before him, helped to attend to Society business. Despite his additional, significant support, more was needed. The decision was made to hire a full-time director.

Spanning three jurisdictions, no Society in the nation had as much legislation to monitor and address as ours. Also, managed care was affecting every aspect of practice, including record keeping, requirements for authorization of treatment sessions, and income. Transitioning to a new practice environment was proving to be the greatest challenge the Society had faced.

Additionally, our Society had to make a decision regarding affiliation with the Guild, a union of Office and Professional Employees of the AFL/CIO. This was an effort to deal with the challenges of managed care, led by the Federation. This created tremendous controversy and required a great deal of our time and resources. Would this be an answer to the problems faced with managed care, or simply another drain on our budget? In the end our members voted not to join, despite the Federations' decision to do so.

Given the challenges facing the Society, a membership survey was conducted in 1998. The results were statistically significant, providing a historical document demonstrating the evolution of clinical practice at that time in our history. It will be added to our archives for those interested in more details. The section on technology reflects our evolution in communication: 48% of respondents were interested in using e-mail to receive information, 65% thought we should create a webpage and 44% said they would use one if we did, 58% were interested in training in the use of computers, and 21% were interested in learning how to use fax machines. These statistics reflect the changes in communication that have enabled our Society to survive and thrive in the present.

14 Irwin Dubinsky, 1999-2000

"I was called late one night and asked if I wanted to be a member of some committee, or another committee or President. I said President, not really believing it would happen. Three weeks later I got a letter from GWSCSW with a ballot inside. I saw my name running for President unopposed. It was a shock. I soon recovered and thought maybe I could really help this organization. Before being a social worker, I had experience managing organizations as well as teaching management at GWU. I had worked with various non-profit clinics in Anacostia and Connecticut Ave. I was a career changer studying at the Washington School of Psychiatry and IPI. I was actively attending conferences, was an adjunct Professor of Social Work at VCU, but I did not know the Board members or the history of the organization.

Six months prior to my becoming President, the Board hired an office manager for \$50,000 and raised the dues from \$135 to \$215. I came into the Presidency, not knowing much of the preceding history, but realizing having raised the dues was causing the rapid loss of members. There had been much turmoil in the Society about joining the Federation's medical plan that required all our members to join. I tried my best to address the dire financial situation by recommending letting go of the office manager, reducing the dues to prevent further loss of members, as well as other measures to bring financial stability back to the Society.

We were all intimately involved with the Clinical Social Work Institute from 2001 to 2010. It was a Social Work Doctoral program in DC, but we could not raise the \$500,000 needed to keep it running."

15 Nancy Nollen, 2000-2001

"2000-2001 was a year of tremendous challenge for the Clinical Society. A steady decline in membership to approximately 400 members over the past three years, coupled with concerns over the continued demands of managed care on our practices, and the looming question of Guild membership complicated our work. The decision about whether to



join the Clinical Social Work Federation Guild resulted in internal debate that created a split between members who wanted to join the Guild and those who did not. This created a further decline in membership during my term.

Attracting members to volunteer for board and committee positions was also a challenge; this had been a growing issue during several previous Presidencies. Prior to becoming president of the Society in 2000, I had already served as a board member for three years in the position of vice president. Four months into my term of office, the secretary dropped out due to illness. That left a Board of the President, Treasurer, and a small core of long-time former board officers to serve as advisers. With a diminished Board, an Executive Director was hired to meet the demands of managing the day-to-day affairs of the Society. As membership continued to decline this solution became increasingly difficult to maintain as we did not have the funds to pay her salary.

With all the above factors in play, the Board was forced to make the hard decision not to fully fund the Continuing Education program in that year; the money was simply not there. This was an unpopular decision creating further dissatisfaction among members. The Society was in crisis. Most importantly, no members stepped forward to serve as officers, a legal requirement for our continued operation. With the advice of legal counsel we continued to try and recruit new officers with the understanding that there was a time limit beyond which we could not operate without them. Fortunately, new leadership did come forward and helped us transition to our current, healthy organization."

16 Marilyn Austin, 2001-2002

"The year 2001 is a time which most of us will never forget! But in addition to the life-changing tragedy on Sept. 11, our Clinical Society was struggling. Our membership had been close to 600, but by this point we were down by quite a few.

The Clinical Institute was up and running, and took the focus, time and energy of many of our members. There were also several other new training institutes in town, as well as the ever-present NASW and at least three schools



of Social Work in the area which drew talent and attention. Our membership dues had increased, the Clinical Federation was demanding our overdue contributions, and there was a great difference of opinion about how to run our Society.

By the spring of 2001, the nominating committee had seemed to reach a dead end in finding new people to take over the offices of our Clinical Society. In early June, as special meeting was called on a Sunday afternoon to ascertain interest by our members in continuing to function. Several Board members and past presidents were there, asking for volunteers to take over the organizational offices, if we were to continue. Silence.....

Then a woman finally raised her had and said she would take the nomination for President.

At that time, I was living in Calvert County by the Bay, and the distance was a couple of hours away from Washington. I, however, thinking that I would volunteer for Vice-president - as there probably wasn't much I would have to do...raised my hand. Others volunteered for the remaining offices and the meeting was dismissed.

By the next morning, Susan Quatannens was on the phone, telling me that the woman who had agreed to be president, had decided not to take that on......so would I agree to do take that position? I agreed to one year.

We needed to reorganize: dues were lowered a bit; monthly dinner meetings and speakers were arranged; the Newsletter became an important focus; and we began negotiations with the Federation about our debt with them. By the end of the year, our Society was back on track.....and my year was up!"

17 Margot Aronson, 2002-2005

"The opportunity to help re-start the Society came at a perfect time. Having just retired from my state job, I knew I had a lot to learn about private practice, and I wanted to get to know some experienced clinicians. And I had time.

Volunteering to take over the newsletter was an easy call for me after years of professional experience as an editor. Editing articles and talking to



the writers provided a quick and helpful GWSCSW education. Then Marilyn Austin said her term was up, and it was up to me to take the helm, because no one else was willing to do it.

Marilyn promised to help me through the transition, and indeed, she was wonderful. As it turned out, all the folks with leadership roles were extraordinary: Dolores Paulson and her Education Committee kept our excellent CEU program going without missing a beat; Ann Aukamp (and later Janet Dante) kept us on track with our finances; Charles Rahn built membership back up to the 500's; Cecilia McKay (and then Diana Seasonwein) handled the newsletter with skill and elan; Tricia Braun stepped up to work on development issues; Eileen Ivey kept our Referral Panel active, and Dolores, Connie Hendrickson, Alice Kassabian, Audrey Walker and I convinced ethics guru Frederic Reamer. Actually, factually, although it is true that Dolores has always considered me part of the Reamer committee, I didn't help the others convince Reamer to come to DC. Instead, my assignment -- not an easy one by any means - was to convince the Board to agree to sponsor a 6-hour training in ethics. This was before 6 hours of ethics was a requirement for CEUs, and there was powerful resistance on the board: ethics is dry and boring, nobody will come, we'll lose our shirts and our reputation, etc etc. I remember checking with Jan daily to find out how many people had signed up, because we had to get to a certain number of participants to pay for the venue and for Reamer, who wasn't inexpensive. I was so happy when we had enough sign-ups to break even! (Jan was happy too, because then I stopped calling every day.) Joel Kanter, our vice president, was amazing; he was a thoughtful, always on-target advisor who took into account the details as well as the overview, our Society history as well as the long view to the future. Joel created the listsery, engineered the transition of the Referral Panel from a phone service to a web-based service, and organized a variety of stimulating dinner programs to rekindle the interest of our former members.

So it was a slam dunk, right? Well, not exactly. When our administrator, Jan Sklennik, called to suggest it was time to get membership renewals going, I was like a deer in the headlights: the procedure was one of many that hadn't been re-established yet. Also, it turned out, by the way, that we were \$14,000 in arrears to the Clinical Social Work Federation (now the Clinical Social Work Association - CSWA). Then the IRS let us know that we were being fined for neglecting to file returns (even when

you don't pay, you have to file). And NASW-Md informed us they would not agree to renew the contract of our legislative coalition's lobbyist, Steve Buckingham...which was going to have the effect of breaking up the legislative coalition (NASW Maryland and DC chapters, GWSCW and the Maryland Society, and the Social Work Hospital Administrators- Maryland chapter) that had been active and effective in Annapolis for a dozen years. Meanwhile, the Federation was in the midst of its own major crisis.

At the end of the day, our goal was to put the Society back on solid ground, and while it's true that we did a lot by the seat of our pants, I think overall we made good progress. What I am proudest of is this: I put our core values on the logo. Education, Advocacy, and Community. These values got us started; they are the context when difficult decisions must be made, and I believe they are basic to why folks are willing to stay intensely involved."

18 Diana Seasonwein, 2005-2007

"During my 2 years as President I was challenged, confused, and unsure of how to be president. I had just returned from living overseas in Prague when Margot cajoled me, as only Margot can,

to be editor of the Newsletter. "Are you crazy? "I asked Margot. No, I was the crazy one—I took the job. It was rewarding and fun—Margot and I stayed up into the wee hours, editing, laughing and crying. And Jan was always there to help us out. How I'll miss her. Next, Margot cajoled me into being President. We had had so much fun as editor/president, that we just switched places—she was again newsletter editor, while I



attempted to fill her unfillable shoes as President. At least I knew how to write, and to edit, but this...

Under my watch, we hired Jan as our paid executive administrator; her services were priceless.

We became incorporated as a 501(c)(3) entity, with the expert guidance of a pro bono attorney from a large law firm.

Lawyers are my friends, and as such, I enjoy the legal aspects of our work. Previously, the Society had retained two other law firms before I found the law firm who is the best fit for our prepaid legal plan. Sheila Cahill, a practicing clinical social worker and JD, and I wrote the contract for our current firm. For several years I remained the liaison to the law firm.

And lest we forget: Beatnik Pete. When one is President, one receives phone calls and invitations galore. So it was with Beatnik Pete. He is a very engaging man, who wanted the Clinical Society to provide consulting to his grass roots organization of stabilized chronic mentally ill followers. I arranged several workshops/ presentations, which were well attended by his group. Alas, Pete went off his meds, but was lucky enough to become a patient at the NIMH for 1 year.

Ah, yes, these are some of the perks of being President of our wonderful Clinical Society."

19 Susan Post, 2007-2010

"I was president of GWSCSW during the most recent decade of our history, from 2007 to 2010. During my time in office, we concentrated on expanding our reach and programs in several ways. More events began to take place in Virginia as we worked to help MD and DC members overcome their paralyzing fear of crossing the Potomac, and we began to pay more



attention to the needs of our graduate members. Their ranks

in our membership has since grown steadily, so that today our early career members benefit from more programs aimed at their specific needs and also contribute an entirely new energy and set of skills (especially with social media) to the Society at large. We also began to bring a wider range of treatment modalities into our educational programs, so members who were not practicing solely psychodynamically could benefit from a wider range of offerings that included family and couples treatment, alternative therapies, sex therapies and others. The first wine and cheese event took place during my last year as we worked to find informal ways for members to get to know each other and feel a greater sense of investment in our Society. It was a transitional and dynamic three-year period, the fruits of which have largely been seen in its aftermath. It was both an honor and a challenge to lead, and I learned many lessons the hard way, made some good friends, and had a lot of fun. And that's what I wish for every member today."

20 Sydney Frymire, 2010-2012

The best part for me was working with Board members who had rebuilt our society and new members, like me. We collaborated with Maryland Society of Clinical Social Work to join forces to become one society in Maryland. Thanks to the executive committee we started new committees, organized our finances, and continued to enjoy the esprit de corps that energizes us and makes being President a rewarding experience.



21 Kate Rossier, 2012-2014

"The two years, 2012-14, in which I held the position of presidency were ones in which we continued to forge our way into the 21st century world of technology and all of its impacts on communications - continued website development, addition of a society Facebook page, ever increasing use of the listsery, and so on. Additionally we increased our ties to our national partner, CSWA, with attendance at their first ever summit, which was held in Crystal City in October of 2012. Along with CSWA, we attended to the impending predicted



impacts of the Affordable Healthcare Act. We also did our best to compassionately and thoughtfully respond to the horrible shooting at the Sandy Hook Elementary School. Much of the work was not glamorous at all and had to do with updating how we do things and shifting procedures so that they worked for us in the current world of clinical social work and beyond.

However, on a lighter note, we began our preparations for the recognizing and celebrating this, our 40th year. Part of that effort was one of the highlights for me personally of my two years as prez: I invited all Past Presidents to two gatherings which Golnar hosted and at which I learned a great deal about the history of our society - which of course paralleled the national history of clinical social work's fight for recognition and inclusion as mental health care providers. They were very inspiring teachers for me and I thoroughly enjoyed getting to know them. The meetings culminated in two newsletter articles - one that I wrote and then in an excellent review of GWSCSW's history that Chana Lockerman wrote for last September's issue of News and Views.

Another highlight was the bimonthly meetings I had with our wonderful administrator, Jan Sklennik, who functioned as the backbone of our organization - keeper of much institutional knowledge, juggler of numerous society deadlines, graphic designer of all of our publications - newsletter, postcards,

brochures, etc. We had wonderful working lunches and she was a rock

Overall, the experience of being president was a tremendous one. I had the great pleasure of working with wonderful Executive Committees, as well as the larger Boards, and I thoroughly enjoyed the tremendous teamwork and collaboration."

22 Nancy Harrington, 2014-present

"Volunteerism and engagement have been the Mantras for my term. The Executive Committee and the Board have worked very hard to incorporate these into the fabric of this Society. We've hired consultants to help us institutionalize that effort, with much success. We are currently entering an era where one of our formal activities will actually feature a Volunteer Fair. I have great hopes for this as an annual event.



Reorganization and streamlining have been the foci during the first

year of my presidency, all towards the end of standardizing and simplifying roles and responsibilities for the volunteers, past, present and future. There is also a back to basics organizational pull with our three branches of the Society—Education, Advocacy and Community, all overseen by the umbrella of Communications, and its continued expansion. The Society has been upgraded by technological gains put into place under the lead of Kate Rossier, that has brought our running of the organization into the twenty first century.

Susan Post, Sydney Frymire and Sue Stevens have all been tremendous mentors throughout my presidency. Steve Szopa, as Vice President, a position previously unfilled, couldn't be a better right hand man. His support has been significant, as has that of my entire Executive Committee and Board.

A day on the Hill introduced by two of our Student representatives, Shauntia White and Amanda Benjamin, brought about increased recognition and visibility of GWSCSW and Social Work Students to the Hill and the Social Work Caucus Committee. The second Annual Conference of the CSWA brought together the micro and the macro work of our Social Work goals, joining forces to advance the goals of Licensed Clinical Social Workers. As of this writing the GWSCSW has a membership number of 853, and is the second largest Clinical Society behind New York in the entire CSWA and the United States.

During the first year of my term, Jan Sklennik retired and was replaced by Donna Dietz, our new Executive administrator who immediately brought us up to date, up to speed and brought numerous upgrades to the inner workings of every part of the Society from allowing the obtaining of CEU forms online, and members doing evaluations online, improving the aesthetics and pride of the Society.

The making of this chronology has been an exciting endeavor, finishing up on the work of Kate Rossier's earlier conventions with the Past Presidents. Those meeting and the collection of historical recollections of the remaining Past Presidents, has culminated in this document which will be archived for eternity, or until the internet explodes.

I feel so lucky to be President during this 40th Anniversary. What a huge honor it has been to witness and be a part of this wonderful process. I have loved every minute." <

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We welcome GWSCSW members to write articles, contribute to one of the columns, or share your news in Out & About.

Deadlines at http://www.gwscsw.org/newsletter.php

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

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

Send all submissions to newsletter@gwscsw.org Submissions will be reviewed by the editors and are subject to editing for space and clarity.

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