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GWSCSW Dinner Meeting

Friday, February 4

Health Care Reform in a Changing Political Landscape

Presenter: Douglas Besharov, J.D. Professor, School of Public Policy, University of Maryland

Mr. Besharov was the first director of the U.S. National Center on Child Abuse and Neglect, from 1975 to 1979. With staff in Washington and each of the ten federal regions, the National Center supported research, demonstrations, training, technical assistance, and service projects in all parts of the country. A noted scholar on public policy who has written and edited fifteen books and over 150 articles, Besharov's most recent book is *Recognizing Child Abuse: A Guide for the Concerned*.

Registration info to follow on listserv or call 202-537-0007

Clinical Case Management and Clinical Social Work

Joel Kanter

What is clinical case management? The term "case management" now reflects two diverse perspectives. Initially, it was essentially a semantic replacement for traditional social casework interventions; interventions where social workers directly assisted clients with obtaining resources or modifying environments. More recently, "case management" is often used within the healthcare field to reflect assistance with discharge planning or "management" of medical care by insurers or managed care organizations.

Within mental health, "case management" often connotes a simplistic, paraprofessional intervention where case managers help clients with psychiatric disorders obtain entitlements or link them to needed services. But the reality of the work is quite different. The social work case manager is on the "front lines," working with difficult, often unstable, clients without the backup of nurses, attendants and physicians found in inpatient settings. Knowledge of psychiatric disorders, medications, relational dynamics and environmental resources are all essential. Hence, the term "clinical case management" emerged over twenty years ago to convey the clinical challenge of this difficult work.

Without the conventional parameters of the 50 minute hour and usual consulting room, the clinical case manager is often a "first responder," addressing complex crises involving both psychological and environmental components. For example, if a person with a psychotic disorder decompensates, he or she is often at risk for homelessness. Preventing relapse may involve directly supporting the "holding environment" while preventing homelessness may involve temporarily removing the relapsing client from a stressful living situation. In such situations, the clinical case manager may simultaneously be working psychotherapeutically with the client, collaborating with a psychiatrist and consulting with families and residential providers.

The transference and countertransference responses are often intense and clinical case managers must learn how to recognize and contain these phenomena. Boundary issues cannot simply be managed by resorting to the usual psychotherapeutic conventions and require considerable clinical sensitivity.

Clinical case management interventions require a high level of clinical social work expertise and sadly, neither graduate or post-graduate educa-

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Greater Washington Society for Clinical Social Work, Inc.

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Editors: Angela Fowler-Hurtado & Lisa Wilson Margot Aronson, Alicia George, Erin Gilbert, Jen Kogan, Ann Wroth, Kim Yamas

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News & Views is published four times a year: March, June, September and December. The deadline to submit articles and advertising is the 20th two months prior to publication.

Articles and letters 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.

For advertising rates see page 23 Email ads to gwscsw@gmail.com

The next issue will be published March 2011 and the deadline is January 20 Email articles to angela0614@gmail.com

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President's Message

Sydney Frymire



We had a beautiful fall day for the board retreat in Harper's Ferry this September, and it was a big success. In a follow-up email, our past president, Susan Post wrote, "We have finally reached a real blend of old and new blood and it should be a rich and fun experience to learn from each other and explore new possibilities."

Being in the new blood category, we feel lucky to be working with experienced board members. Thanks to previous dedicated leaders, our soci-

ety is thriving. We have almost 700 members, are financially secure, have great programs and espirit de corps. After a discussion of our educational and development affairs, the board agreed to enhance the committees by revamping the website to make it more user friendly and relevant for our members, look at our organizational structure, and develop our educational programs and our budget, which will help us plan for the future. Since our mentoring activities and support for new social workers is our niche in the Washington, DC metropolitan area, we'd like to further the development of these programs. We are in a great place to take a long view of the Society with a group of motivated and organized leaders poised to take us into an exciting and increasingly successful future. Speaking for the board, we are looking forward to the year enormously!

On a more personal note, I "retired" after 22½ years as a family therapist for Montgomery County on September 30, 2010. I am thrilled to have more time to devote to GWSCSW and my practice after juggling a job and private practice for 15 years. I am interested in learning how we can support the growing percentage of our membership working in the public sector. The pressures there are significant. On top of cuts in salary and benefits, it is increasingly difficult to get supervision from qualified social workers in the work place.

I am grateful to have the support of our experienced board members and leaders. Combined with the energy of our membership and new leaders, it gives us the ability to build on our past successes in order to strengthen the Society and forge an exciting future.

Thank you for your continued involvement with GWSCSW. ❖

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Clinical Case Management, from page 1

tion currently offer the integrative perspective that this work demands. However, there is an emerging literature that offers clinical social workers guidance in this work, supported by empirical research that demonstrates the effectiveness of clinical case management with several client populations. Object relations theory is especially useful in understanding the dynamics involved as one explores how "holding environments" support recovery and development.

While conventionally practiced in agency settings, clinical case management can be effectively implemented in private practice settings with child, adult and geriatric populations. In such work, the psychotherapeutic elements in this work may be reimbursed through conventional insurance while other interventions, including phone contact, travel time and collateral contacts, can be reimbursed on a fee-for-service basis. ❖

Joel Kanter, MSW, LCSW-C is in private practice of psychotherapy and clinical case management in Silver Spring, Maryland. His chapter "Clinical Case Management" was recently published in *Theory and Practice of Clinical Social Work* (2nd Edition), J. Brandell, Ed., Columbia University Press, 2010. Go to the files section of the GWSCSW list-serve webpage at health.groups.yahoo.com/group/GWSCSWEB for articles and a bibliography on clinical case management.

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2011 Referral Panel

The Referral Panel committee has been hard at work revamping the GWSCSW referral website:

www.metropsychotherapy.info

Melinda Salzman and Tania Ponomarenko have simplified some of the information requested and expanded the practice description section, providing members with an opportunity to go further toward distinguishing their unique practices.

Current members of the Referral Panel will receive emails the first week of December with the revised application so they can renew for 2011. Remember you have to renew each year!

Full members of GWSCSW *whose dues are current*, will receive emailed invitations to join the Referral Panel. If you haven't renewed your GWSCSW membership for 2011, you will not receive this email.

Deadline: December 1 PLEASE – Read the entire form carefully and foll		ECIBLY
➤ Are you currently a FULL MEMBER of GWSCSW?	ow all directions. PAINT	EGIBLI.
Yes No If no, stop here; only current full members are eligible.		
	Treatment Orientation(s):	
Name	☐ Brief Short-Term Therapy	☐ Interpersonal Therapy
icensed in:	☐ Cognitive/Behavioral	 Mindfulness, Meditation,
Have you ever been sued for malpractice?	☐ Eclectic	Imagery, Relaxation
suspended or denied?	☐ EMDR	 Play Therapy, including Sandplay Therapy
Have you ever been charged with an ethics violation? No ☐ Yes	☐ Family Systems	 Psychoanalysis
f you answered Yes to any of the above, please attach an explanation	 Imago Relationship Therapy 	Psychodynamic Therapy
All of the above information is true to the best of my knowledge.		
	Issues Treated:	
Signature	Abuse Emotional, Physical.	Death, Dying, Grief
	Sexual	 Depression & Mood Disorders,
Office 1 Street Address	ADD/ADHD	including Postpartum Depression, Bipolar
	 Addiction & Recovery Substance Abuse or 	Disorder
City / State / Zip	Other Addictions	☐ Divorce
Phone	Adolescent Issues	☐ Eating Disorders
	☐ Adoption	 Gay, Lesbian, Bisexual, Transgender, Transsexua
Office 2 Street Address	☐ Aging	Issues
Dity / State / Zip	☐ Anger Management ☐ Anxiety & Fears	☐ Infertility
Phone	Social Anxiety, Panic, OCD, Hoarding	 Medical Issues Chronic Illness, Pain, Caregiving
Email Address:	☐ Career & Work	☐ Sex & Sexuality
	Children & Parenting Couple Marital or	☐ Thinking Disorders &
Nebsite Address:	Other Relationships	Psychosis Trauma
Please check:		- mauma
Office Hours: Day Evening Saturday Sunday	Insurance Panels:	
☐ Handicap Accessible	Adventist Health Care	☐ Johns Hopkins
Adjustable Fees: 🗋 Yes 📑 No	☐ Aetna	☐ Kaiser
Population: Child Adolescent Young Adult Adult	☐ Alliance ☐ Anthem	☐ Magellan ☐ MAMSI
☐ Geriatric ☐ Developmentally Challenged	☐ Anthem	Managed Health Network
Modalities: ☐ Individual ☐ Couple ☐ Family ☐ Group	☐ Beach Street	Medicaid
Services: Case Management Consultation/Supervision	☐ CareFirst or Blue Cross/	☐ Medicare
Foreign Language(s)	Blue Shield	☐ Multiplan
ruregii Laiiguage(s)	☐ Ceridian	☐ NCPPO
➤ APPLICATION PACKAGE MUST INCLUDE:	☐ Cigna	■ New Directions
This application form, fully completed.	Community Health Partners/Infor Med	Optimum Choice
A copy of each state license for 2011 where you wish to list an office	☐ Compsych	One Net
A copy of your current malpractice liability insurance policy showing a	☐ Corporate Family Network	Penn Behavioral Health
minimum of \$1,000,000 coverage for 2011	☐ Coventry	D PHCS
☐ Check payable to GWSCSW in the amount of \$20	☐ Fidelity	☐ Tricare ☐ Unicare
☐ 100 word Personal Statement emailed to gwscsw@gmail.com	☐ GEHA	Unicare United Health Care/
Describe your practice as you would to prospective clients including your special interests, any training that you wish to highlight or any other unique	Great West	United Behavioral Health
aspects of your practice. We recommend using first person singular in your	☐ Guardian ☐ Healthlink	U. S. Family Health Plan
narrative. Please note that your description cannot be longer than 100 words.	☐ Healthink	☐ Value Options
MAIL THIS FORM WITH ALL SUPPORTING DOCUMENTS TO:	☐ Healthnet	☐ Wellpoint
GWSCSW PO Box 3235		If you are adding a plan not
PO Box 3235 Oakton VA 22124		included above, please be specific about the correct
All parts of your application must be included to process your application.		name of the company

AGENCY ENDEAVORS

As clinical social workers, the kinds of work we do is varied. While a large number of clinical social workers work in private practice, still a significant number works in agency settings. Though similar in foundation and approach, the populations, presenting problems and tasks of private practice and agency work can differ greatly. This column features a member of our society who currently practices clinical social work in an agency setting and the unique challenges and experiences that encompass that great work.

Getting My Feet Wet

Carrie Potoff



When I was growing up, I never really dreamed of being a social worker. Instead, I aspired to become a famous actress, comedian, or soccer star. My vision became clearer a bit later in my life when I found myself fleeing New York City on September 11, 2001. Like so many others, it took a significant event to rattle

my complacency. I had been dragging my heels for months before I finally decided to take a leap of faith—faith in my choice to do more with my life. I had no idea that choice would one day lead me into my current role as a clinical social worker.

Based on personal experiences, I knew I wanted to work with medically fragile children. I was fortunate to land an internship at one of the children's hospitals while I was a graduate student in Ann Arbor. I was also very fortunate that this internship was in pediatric oncology. I was collaborating with fiercely dedicated physicians as well as social workers and psychologists who carefully considered the child's mind and body connection. This experience would give me the opportunity to get my feet wet and see if I had the "skin" to work with this vulnerable population. I learned many valuable lessons during this experience: that I must maintain my emotional balance; that things I don't know can have catastrophic consequences; and that I cannot "save" everybody.

I carried these lessons into my current position as a pediatric social worker at Georgetown University Hospital. My work is with children, from newborns to teenagers, who require life-saving transplants. Many families travel from other parts of the world in hopes that this treatment will save their child's life. My job is a combination of traditional medical social work

duties, a speck of case management and an increasing amount of psychotherapy with my patients and their families. Support groups have become my forte. As you would expect, there is a tremendous amount of depression, anxiety, grief and loss with this population. I would be lying if I told you that my job is not challenging. Many days it is just plain and utterly hard. Like many social work jobs out there, it can be a thankless job. Despite all of this, I enjoy my work because the children and families give me the inspiration and drive me to continue. I learn from them every day. They make me laugh. They make me cry—a lot. There can be considerable grief. Many children do not make it. The odds of survival are growing but they are still not profound. But with the many losses, there are also miracles. I celebrate the times when a child bounces into the clinic, happy and healthy, free of the tubes or feeding pumps that used to weigh them down. This work truly exceeds my expectations in so many ways.

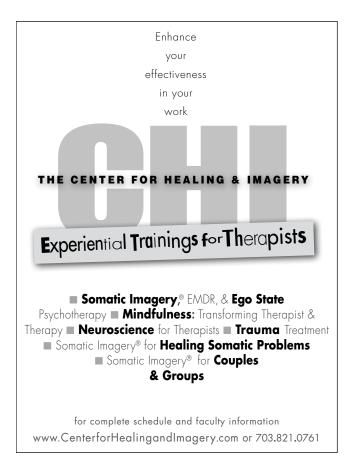
My ethical decision-making skills have been put to the test numerous times. For example, when a parent comes to me pleading for the medical team to stop treatment on her dying son; or when a patient offers me tickets to a Capitals game. The boundaries have been even blurrier. Is it okay to become attached to some patients more than others? There are some mothers I adore working with, and some I admittedly loathe. Does this make me a bad clinician, or even worse, a bad human being? While I abide by the Social Work *Code of Ethics*, it does not spare me from struggling with many gray areas in my practice.

This past summer I had to face my own surgery for an autoimmune disease that I have grappled with since I was ten years old. The idea of surgery was not new to me, but now I was a medical social worker in a hospital witnessing many terrifying things and soon I would become the patient. How was I supposed to separate

my professional and personal selves? How would I be able to maintain my boundaries when my own health was being internally compared to that of my patients'? The harder I tried to avoid these feelings, the more I was consumed by this dilemma. I had lost my balance. My work became my life and my life became my work. During my recovery I realized how enmeshed my two worlds had become. I never intended to work in a job where there would be such a strong comparison to my own life. I was just thrilled to be offered a job right out of graduate school. My parents begged me to find something that was not so stressful. But I proved true to my stubborn nature, and chose so stick with this job. And that decision has taught me a tremendous amount; not only about being a clinical social worker in a medical setting, but also about myself.

This may be one of the toughest jobs I will ever have; it may not be. Only time and fate will tell. I am hopeful that whatever I do in life, I will continue to learn and grow as a social worker. No matter how tough it gets, I honestly love what I do and know that I have made a difference in my patients' lives as well as my own. ❖

Carrie Potoff obtained her MSW from the University of Michigan and is currently a licensed clinical social worker at Georgetown University Hospital's Transplant Institute.



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ADVOCACY & LEGISLATION

■ FEDERAL

Laura W. Groshong

For the past 13 years, since the 1996 Balanced Budget Act passed, the fate of reimbursement rates for Medicare services has been a roller coaster. Numerous agencies influence the rates, including the Commission on Medicare and Medicaid Services (CMS), as well as the American Medical Association, which determines Relative Value Units (RVUs) for all CPT Codes, using a complicated formula. At least 25 different rate cuts have been proposed, from 5% to 21%, all based on the Sustainable Growth Rate (SGR), which was created to keep Medicare spending under control, in part by setting the rates for the thousands of CPT codes which Medicare covers, including psychotherapy.

Until recently, reimbursement cuts have been prevented, often at the last minute, for a month to two years at a time, thanks to the collaborative work of Congress, CMS, and provider groups, including the Clinical Social Work Association. Typically, this caused delays in payment by two to four week as the proposed cuts were being reviewed.

In August, 2010, a new way to determine reimbursement for LCSWs emerged, based on the Medicare Economic Index (MEI) instead of the SGR. The MEI is calculated by the "work value" of a service, not by the increasing cost of the service. Unfortunately, psychologists and LCSWs are not only among 25 provider groups whose reimbursement rates were cut based on the MEI evaluation, but are in line for a 5% cut, one of the highest.

Proposed MEI cuts will be voted upon in the 'lameduck' Congress after the elections, probably in December. Further, it now appears that the long-threatened major cut to reimbursement for Medicare services based on the SGR of 21–23% may actually occur. This decision will also likely be made in December by the lame-duck Congress.

A combined cut of 21%–28% would be a drastic cut to LCSW Medicare reimbursement. Meanwhile, there may be even more serious changes taking place in the way that most LCSWs have practiced for the past 15 to 20 years. There is movement toward development of some new delivery systems, e.g., medical homes,

which will lower the administration of claims that LCSWs in private practice currently must do or pay to have done by billers. But the option of working as a sole practitioner with some insurance reimbursement may be severely curtailed, if not eliminated in the next 5–10 years. For more information, see the article in the online Winter 2010 edition of *Access*, the CSWA newsletter, on Medical/Health Homes, Meaningful Use, Electronic Health Records, Personal Health Records, and ICD-10 Use at http://www.clinicalsocialworkassociation.org/newsletters/.)

Medicare Opt-In and Medicare Opt-Out for LCSWs: A Quick Summary

All LCSWs are eligible to be Medicare providers. However, to be eligible for Medicare reimbursement, LCSWs need to apply formally, a process called "opt-in."

Anyone who has not opted-in to Medicare in the past five years MUST opt-in to the new Provider Enrollment, Chain and Ownership System (PECOS) to be eligible for reimbursement. PECOS is designed to be used online, a preview to the all-online health care system in 2014.

The URL for opting in to the Medicare system is https://www.cms.gov/cmsforms/downloads/cms855i.pdf.

Each LCSW should be thoughtful about whether the advantages of being a Medicare provider outweigh the disadvantages before opting-in or opting-out as a Medicare provider. If you decide not to join the Medicare provider system, you should "opt-out" officially. Each opt-out period lasts for two years, at which point you are again eligible to opt-in or opt-out.

Remaining in the limbo of being a provider without opt-in or opt-out could lead to problems. If you opt in, you are then obligated to see any Medicare patient who contacts you and requests services. Yet in effect, you cannot refuse to see any Medicare patient if you have not opted out of the system; a complaint could be filed in such a situation.

There is no official opt-out form, but a list of the information that must be included in an opt-out letter can be found at the following URL: http://www.cms.gov/manuals/Downloads/bp102c15.pdf (p. 30).

Laura Groshong, LICSW, is Director of Government Relations for the Clinical Social Work Association, our national affiliate. For more information see www.clinicalsocialworkassociation.org.

MARYLAND

Betsy Amey, Margot Aronson, Alice Neily Mutch

The Maryland General Assembly meets in Annapolis each year for 90 calendar days to act on more than 2,300 bills, including the State's annual budget. The 2011 session will begin January 11 and adjourn April 11.

This November, voters elected all 47 senators and 141 delegates who will be making policy for the next four years in Maryland. And, knowing that visibility is key to effective lobbying, our Maryland Clinical Social Work Coalition (GWSCSW and MSCSW) asked members to make an impression—first, on candidates as they campaigned, and now, as they are preparing themselves for office. What a perfect opportunity to raise their awareness of the clinical social work profession and the issues facing us and our clients!

We made the task as simple as possible: our outstanding Howard University MSW intern, Ramona Wilson, developed a computer matrix so that we could let each Maryland member readily identify the candidates in his/her legislative district (and their email addresses). We then supplied a model letter, ready to personalize and send. The letter thanked the candidates for dedication to the community, and then went on to describe the work of clinical social workers, noting that we provide more than half of psychotherapy and substance abuse services (evaluation, diagnosis and treatment) in the state... and that, whether we work in independent private practice, facilities, public or non-profit agencies, or interdisciplinary group practices, we see at first hand how the lack of timely and appropriate mental health and substance abuse treatment results in more costly and damaging medical [and other] problems for the patient and the State.

From the model letter:

In spite of reforms and federal legislation, several issues continue to concern me and my colleagues:

- Too often, the needs of the mentally ill and chemically dependent are overlooked or dismissed as "too expensive."
- Too many individuals particularly those who work for small businesses and do not qualify for public programs - are uninsured or "underinsured."
- Too often, the elderly and chronically ill in our state are offered end-of-life counseling about resources such as hospice too late or not at all.

continued on page 8



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Metro DC, NASW Conference

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A film fest takes place on Friday evening!

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We have a special \$99 room rate at Gallaudet, so you may want to check in and enjoy three full days of socializing and study with your colleagues!

Registration begins in December at www.naswmetro.org

Maryland, from page 7

- Increasingly, financial disincentives discourage private mental health practitioners and practice groups from participating in insurance networks, compounding patient problems of access to affordable care.
- Clinical social workers in particular are being squeezed by frequent cuts in Medicare and private insurance fees, despite the fact that our current rates are only a fraction of those paid to psychiatrists and psychologists for the same services.

I hope you will be an advocate for the needs of my patients and their families, and will address the concerns of mental health professionals, if you are elected to the General Assembly.

Our initial grassroots effort garnered quite a few responses from candidates—an important beginning. By the time you read this newsletter, the election will be over, and the second wave of letters will have gone out, asking members to demonstrate to the newly elected legislators, as they prepare to take office, that clinical social workers are a valuable constituency, interested and willing to become involved.

During the legislative session and throughout the year, our Coalition, under the guidance of lobbyist and master-strategist Alice Neily Mutch, will be working to influence policies that concern us all, in areas such as licensing, scope of practice, insurance, reimbursement, and access to affordable high-quality mental health care. We are much more effective when legislators know who we are and what we stand for, and when they know that we're interested in their projects as well.

So, thanks to those of you who have helped jump-start the process of making clinical social workers and our issues visible to those who will be in the leadership for the next four years. For others, it's not too late to start: if you have not yet done so, please send out the new round of letters to the legislators!

Alice Neily Mutch is lobbyist for the Maryland Clinical Social Work Coalition. Her website (www.capitalconsultantsofmd.com) provides a wealth of information about Maryland legislation and regulations. Betsy Amey, LCSW-C, is legislative vice president of the Maryland Society for Clinical Social Work; she is a therapist with The Resource Group in Towson. Margot Aronson, LCSW-C, is a former president of GWSCSW and the current legislative chair; she is in private practice in the District of Columbia.

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■ DISTRICT OF COLUMBIA

Margot Aronson

To protect the role of social workers in mental health practice in DC, the legislative committee has taken a cue from our Maryland Clinical Social Work Coalition and mounted a grassroots advocacy campaign. We've sent our District members a model letter, asking you to personalize it and then email it to the Council Chairelect and members, to raise awareness of the clinical social work profession and to highlight an issue of special importance to us right now.

What may seem an arcane administrative matter—that is to say, which of the DC Council committees provides oversight for the Board of Social Work—actually has far-reaching consequences for us and for the District.

The Council's Committee on Health is responsible for matters concerning health, mental health and environmental health in the District, including oversight of the Health Professional Licensing Administration (HPLA). The HPLA professional boards (the Board of Social Work, the Board of Medicine, the Board of Psychology, the Board of Marriage and Family Therapy, the Board of Professional Counseling, the Board of Nursing, etc.) provide consumer protection by assuring that licensees are meeting established education and training standards, and following accepted standards of practice.

Vacancies on the DC Board of Social Work

There are currently three positions vacant on the five-member Board of Social Work. This is causing a serious hardship for the current members, who are, as goes without saying, dealing with an outsize workload.

The position of chair has been vacant for nearly two years; the consumer position has been vacant for one year.

GWSCSW and NASW have been urged to help identify qualified candidates; we've also given assistance in identifying inappropriateness of qualifications (e.g., a licensed professional counselor is not an acceptable choice for consumer member).

If you would be willing to serve, or know of someone you would recommend, please email Margot Aronson at malevin@erols.com.

December 2010 GWSCSW News & Views

In addition to its monthly meeting, the Committee on Health holds public hearings on proposed health/mental health legislation, policy initiative, and government operations; it also oversees the activities of the HPLA boards, weighing in on regulatory and scope of practice issues and on the body of laws governing professional licensure. As committee members come to know more and more about all the various professions and the role each plays in the District, their decision-making reflects the full range of health and mental health services and providers available to the citizens of the District.

Except for social workers....

Oh, wait! That is, the full range except for social workers! Social workers make up the largest number of mental health providers in the District of Columbia (and across the United States). But oversight of the Board of Social Work—alone among the health/mental health professional boards—takes place not on the Committee on Health, but on the Committee on Human Services, which is responsible for matters concerning welfare, social services, youth affairs, and disability services.

How does this happen to be the case? When asked by the NASW panel at the Mayoral Forum this summer, Council Chair Vincent Gray explained that when Council member Tommy Wells—himself a social worker—was appointed chairman of the Committee on Human Services four years ago, they agreed that it seemed to be a good fit to move the Board of Social Work to Wells' purview, given the importance of social work to all those services.

In fact, the DC government employs a wide range of health care professionals, not just social workers, to ensure a responsive human services system of care for individuals, children, youth and families. Nor are social work licensing issues limited to welfare, social services, youth affairs and disability services.

Isolation of the Board has led to problems

Neither Gray nor Wells foresaw the kind of problems that would arise from the move. But, ultimately, isolation of the Board of Social Work from the oversight of the Committee on Health has proved a disservice to the profession and to the public.

Expertise on Board matters lies with the Committee on Health. Committee on Human Service members are not accustomed to the kinds of issues that come before the boards. (Recently we were startled to find that a licensed professional counselor was actually being interviewed for the Board of Social Work "consumer" position; we intervened to prevent the nomination from moving forward.) Members of the Committee on Health are making decisions about other mental health professions without having clinical social work in their context. In fact, it came as a surprise to two of the committee members to learn that social workers can sometimes be psychotherapists.

BSW members, professional associations, and others concerned with the regulation of social workers must monitor and advocate with two separate committees to address issues involving any and all of the professional health occupations. (The Board members—who are volunteering their time—had to prepare separate reports for the two committees last spring.)

The Board's association with the Committee on Human Services has the effect of limiting the public's impression of our scope of practice solely to welfare work; our mental health credentials are called into question. At the last Board of Social Work meeting, someone complained that a licensed clinical social work was diagnosing and treating a mental health disorder—and was sure that this was beyond her scope of practice.

Other health and mental health professionals are interpreting the placement of the Board as indicative that social work in the District is limited to child protection and other human services. Being exiled from the Committee on Health puts us at a significant disadvantage in the mental health professions pecking order.

When the Council convenes in January, the newly-elected Council Chairman will give committee assignments to the four at-large members and the eight members representing the District's Wards. The changes will also afford an opportunity to return the Board of Social Work to the oversight of the Committee on Health. Councilman Wells knows of the NASW and GWSCSW concerns, and has agreed to put some thought into the issue; what he decides will undoubtedly be a strong influence on the new Council chair.

GWSCSW DC members can help by making sure that Wells, the new Chairman, and other members of the Council hear from you. Visibility—in large numbers!— is critical to effective advocacy. Two hundred emails could be convincing!

Margot Aronson, LICSW, is GWSCSW Vice President for Legislation & Advocacy. Her experience includes work in the international sector, in child protection, and in residential treatment; she is currently in private practice in the District of Columbia.

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■ VIRGINIA

Christopher J. Spanos

The Virginia General Assembly meets annually, beginning on the second Wednesday in January, for 60 business days in even-numbered years and for 30 days—a "short session"—in odd-numbered years. The 2011 Assembly will convene on Wednesday, January 12, and is scheduled to end on Saturday, February 26.

The major issues for the session will be to adjust the state budget to meet revenues and to handle Governor McDonnell's proposals for restructuring state government, but there is a key item for clinical social workers: Virginia's response to the national health care legislation.

The McDonnell Administration has established the Virginia Health Reform Initiative, which establishes an Advisory Council to explore healthcare solutions that go beyond federal healthcare reform to address health care access, cost and delivery issues in Virginia.

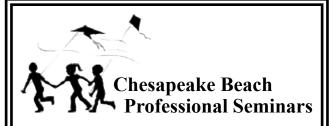
The Advisory Council is establishing task forces in six key areas: Medicaid Reform, Insurance Market Reform, Delivery and Payment Reform, Capacity, Technology, and Purchasers Perspective. Each of these task forces will be making recommendations to the Advisory Council, which will in turn make recommendations for a comprehensive health care reform strategy to the Governor.

Society members will want to pay particular attention to the meetings of the Medicaid Task Force, with regard to the following issues:

- Behavioral Health Care coverage under Medicaid for the existing clients, the expanded Medicaid population and the exchanged population; and
- The status of public mental health and substance abuse coverage under an adopted Medicaid Managed Care model.

Clinical social workers are healthcare stakeholders with valuable input for the Medicaid Reform Task Force. Information regarding Task Force meetings will be posted on the Commonwealth Calendar (http://www.virginia.gov/cmsportal3/cgi-bin/calendar.cgi) and the Legislative Information Systems meeting website (http://leg1.state.va.us/). �

Christopher J. Spanos is a government and public affairs counselor who has long served as legislative consultant for the Virginia and Greater Washington Societies for Clinical Social Work. He can be reached at 804-282-0278 or at ChrisSpanos@SpanosConsulting.com.



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Welcoming Our New Members

Jane Morse

This November marked yet another lively welcome to new members of GWSCSW with our annual New Member Tea. We gathered at the home of Sue Stevens one Sunday afternoon for our new members to learn about the Society and the wonderful variety of people who make up our membership.

President Sydney Frymire and the membership committee welcomed attendees and spent an enjoyable afternoon getting to know our new members. We learned many interesting facts about the group including that various members dote on their dogs, have lived abroad, backpack in National parks, take piano lessons and run 10k races. One new member had even completed a 10k that very morning!

We would like to thank all those who attended and extend a special thank you to Lisa Snipper, the Membership Committee's first technical consultant. Lisa uploaded the pictures here. •



Left to right Karen Goldberg, Sue Stevens (membership committee co-chair) and Sydney Frymire (GWSCSW president)

Welcome New Members!

Full Members

Wendell H. Cox Roberta Drucker Vicki J. Goodman Daniel J. Meckel Clare Michaud Dianne B. Modell Tamara Pincus Debby Rubenfeld Jennifer Lynn Shea Gwyneth Williams Fran Zamore

Affiliate Members

Mark O'Shea

Graduate Members

Malikkah Rollins Linden von Eichel

Student Member

Katrin Ana T. Haller



Lisa Snipper, with new members Karla Fife and Evan Marks



Brooke Morrigan (committee member) with new members Miriam Elwell and Teresa Mendez

Making Time

Angela Fowler-Hurtado

Balancing the many tasks and responsibilities of work and family life can be challenging. As a social worker in private practice and mom to a 1 year old, I have encountered new demands in organizing my time and managing the work/family balance. I recently chatted with two of our members, Jen Kogan and Julie Lopez, both of whom wear multiple hats and do a phenomenal job of balancing their many responsibilities, to ask them a few questions about how they make time for it all.

Jen Kogan is the founder and moderator of DC Therapist Moms, an online networking group, former editor of *News & Views*, a private practice clinician who works with parents and mother of two. Dr. Julie Lopez is the director of a growing holistic treatment center (The Viva Center), an adjunct professor at the Catholic School of Social Service, a private practice clinician and a single mother of two. Both had insightful thoughts to share.

How do you manage the various tasks/ responsibilities you have?

Jen: As a mom of two kids, one in elementary and one in middle school, I have made the decision to see clients while they are in school and leave the office promptly at 3 PM every day. While this does mean I will miss taking on some cases, I need to set this boundary in order to be there for my family right now. There is a lot of homework in 7th grade!

For me, being flexible is the key to getting things done. Luckily, my kids are old enough to understand and respect that sometimes I do need to do a little bit of work from home. I view managing my tasks/responsibilities as if I am practicing pilates. I am constantly making small adjustments based on the situation that is at hand.

Julie: I am committed to a continuous process of thinking about and making adjustments to how I spend my time and energy. This process is driven by who I am, and what my interests, values and skills are. Therefore, my practice is constantly evolving in ways that reflect me. Then, because my life is reflective of me, it makes it easier to thrive and be successful in the things I am doing.

Being able to set limits on my time is also critically important. I know that I like a lot of different things so I have to constantly be aware of limiting the time I spend on each thing in accordance with the value I place on each aspect of my life. For example, as a single mother, I place a high priority on after-school hours up until bedtime as important time to nurture my children and home life. Therefore, I have set up my professional life to end at 3 PM each day to get those critical hours with the kids. (Except for Thursdays because of the class I love to teach!)

What skill, tool or strategy do you find most helpful in managing and organizing your time?

Jen: I was born multi-tasking! I really like to work on a few projects at once. However, I also have to be able to drop something and then come back to it a few hours later whether it be case notes or an article I am writing. This is a must for me in terms of balancing work/home/life. I also do some work at night once everyone is asleep.

Julie: I tend to make a lot of lists. I will list out all of the different things that need to be done and prioritize what needs to happen first in order of time constraint and importance. I also use chunking: breaking down bigger tasks into smaller steps. This helps me stay focused on one step at a time, one day a time. Some of my bigger projects would never have moved forward without this process because it initially felt overwhelming. Once they were broken down they became much more manageable.

How do you maintain a centered, mindful focus and incorporate self-care in your life?

Jen: Actually, my work with parents for the most part keeps me centered and feels very generative in terms of my own parenting and sense of family. Meeting a friend during the day for a walk or coffee helps me feel energized. When I need to pause and be quiet, my favorite thing to do is pet my cat while looking out my window—very meditative. Also, reading a great book is a wonderful escape.

continued on page 14

ADELE NATTER, LICSW, LCSW-C

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Making Time, from page 13

Something else that I have learned over time is to take a breath before saying yes to an idea or project. Nowadays, I try to take a little time to see if it is something that feels right and fits with what I believe in. My own ongoing work in therapy also helps to keep me centered.

Julie: Knowing myself is really important. I know I am a morning person so when I have a lot going on I end the day earlier and wake up earlier in the morning when I know I am on my game and will be more efficient. Working out is a big deal for me. I make it a priority by carving time for it into the day. Paradoxically it creates more time because I have more energy. I find nutrition is also important for me; eating less processed and sugary foods helps keep my energy up.

Another important aspect of my self-care has been knowing what my fears are and working along side them in order to take risks to set up my life in a way that is balanced and healthy for me. One example, when I first began private practice I was told I would always have to work evenings and weekends. This scared me! Setting my own schedule was a process of working with my fears to muster the courage to set things up to be in alignment with my priorities and my life. ❖

Angela Fowler-Hurtado is co-editor of *News & Views* and maintains a private practice in Dupont Circle.

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4 December 2010 GWSCSW News & Views

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.

Pamela Brewer was a finalist in the international "Fire Mountain Gems" jewelry contest for her creation of a five-piece convertible necklace. This was her first entry into a contest for jewelry making, something she does for relaxation.

Angela Fowler-Hurtado, Mike Giordano and colleague **Sara Mindel** celebrated their new private practice office space at Dupont Circle in June with an open house and the inaugural art exhibit in their office's gallery. Local artist Carole Clem's photography was featured.

Mike Giordano facilitated a workshop on Motivational Interviewing and HIV Treatment Adherence in San Francisco for National Minority AIDS Council grantees in October.

Barbara Kane, Linda Hill and **Deborah Marks** recently gave an informative and entertaining free CEU presentation: *The Sandwich Generation: A Skill Set for Coping with Adolescents and Aging Parents*. Barbara, Linda and Deborah performed skits and role-plays of the therapy sessions to the delight of their audience. A repeat of this conference was held at Arden Courts of Potomac on Thursday, November 11, 2010.

Beth Levine became a Certified EFT Supervisor (Emotionally Focused Couple Therapist Supervisor). She is also assisting EFT Trainer Rebecca Jorgensen with four EFT Core Skills Training weekends.

Kate Scharff, along with a psychologist and two family law attorneys, has founded the Collaborative Practice Center of Greater Washington (CPC). The Center, which is in Dupont Circle and currently houses 21 full- or part-time affiliated professionals, is the first of its kind on the east coast—a multidisciplinary setting in which individuals and families can find psychotherapy (both general and divorce-related), mediation, Collaborative Divorce, parenting coordination, divorce consultation, custody planning, divorce financial planning, and traditional family law services. Kate is now the president-elect of both the Montgomery County Divorce Roundtable and the DC Academy of Collaborative Professionals, and is on the founding faculty of The Collaborative

Practice Training Institute (which provides multidisciplinary training in Collaborative Divorce). Kate, along with her colleague Lisa Herrick, Ph.D. has co-authored the book *Navigating Emotional Currents in Collaborative Divorce: A Guide to Enlightened Team Practice,* which will be published in October 2010. Kate and Lisa will be presenting a workshop entitled *Creating a Deep and Durable Collaborative Parenting Plan* at the International Academy of Collaborative Professionals' annual Symposium in Washington in October. Kate suggests that anyone interested in learning more about working in the Collaborative Divorce arena attend all or part of that Symposium, since this is a unique opportunity to attend in our own hometown.

Please send all your upcoming news to Angela Fowler-Hurtado at angela0614@gmail.com.



Patricia Y. Olsen LCSW-C

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GWSCSW Course Offerings 2011

This flyer describes the 2011 selections offered by the GWSCSW Continuing Education committee. Considerable attention has been given to insure that the topics meet the needs and interests of the clinical social work community. The program's focus is clinical. Non-clinicians will be admitted to classes at the discretion of the instructor.

- **FEES** Fees are reduced by 50% for GWSCSW Graduate members. Some scholarship funds are available.
- **CEUs** Participants will be issued a Certificate of Attendance at the conclusion of each course which will document the hours attended.
- **REGISTRATION** Many of the courses fill up quickly. Priority in registering is given to GWSCSW members. Please register at least one week prior to the beginning of the course in order to be included on the class list.
- **REFUNDS** Cancellations made prior to 48 hours before the first day of the course will receive GWSCSW credit. There are no refunds for cancellations made less than 48 hours prior to the course.
- **QUESTIONS** If you have any questions regarding a particular course please contact the instructor. Please contact the Chair for scholarship information: Marie Choppin, mchoppin.lcsw-c@verizon.net, 301-625-9102.

GWSCSW Study Groups

A study group can be a wonderful resource for Society members, since members themselves can establish the size, time, place, frequency, content and learning objectives of the group. Generally these groups are led by peers, though they may be leader-led. Group discussion may utilize resources such as books, articles, films, case examples, or even call upon relevant outside expertise. The chair of the Continuing Education committee and the vice president (education) are available for consultation.

The GWSCSW Continuing Education committee has developed procedures to award CEUs to study groups participants.

Each study group should select a coordinator to record attendance, document educational content for each session, and submit the following to the Continuing Education committee:

- 1. Learning objectives
- 2. Education content, including a bibliography
- 3. List of participants
- 4. List of attendees for each meeting
- 5. Evaluation forms from each attendee at the end of the academic year
- 6. A check for \$15 per person, payable to GWSCSW

For questions, call 202-537-0007 or email gwscsw@gmail.com

GWSCSW COURSES REGISTRATION FORM					
s					
	State	Zip			
Phone ()	Office Phone ()	l			
Courses Desired:	Date:	Member Fee	Non-Member Fee		
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■ Grief Support Group Development and Implementation

This workshop will focus on the creation and implementation of a 6 week grief support group. It is designed for both the agency worker or for those in private practice that are desirous of initiating grief-related group work into their practice. It will provide information about what needs to be done to initiate the group, including week by week templates; detailed information about the cognitive, emotional, physical and spiritual responses to grief; a model proposal to take back to your agency or to inform your private work; marketing tips and procedures; and how the therapist can best facilitate the group's dynamics and process.

Date: **Friday, January 14, 2011** Time: 10:00 AM – 2:15 PM

Location: 3000 Connecticut Avenue, NW Ste 434

Washington, DC 20008

Instructor: Eileen Stanzione, PhD

Info: estanzione@xecu.net 240-409-4590 Cost: Members \$60 / Non-Members \$100

CEUs: 4 hours

Navigating the Workplace: Helping Our Clients Create a Healthy and Happy Work Environment

Workplace tension is a considerable problem for the clients we work with and is affecting their home life, health and overall well-being. The following course will address common workplace issues and how clinicians can help their clients manage and cope with them and become healthier and more effective at work. In this workshop we will first define the elements of a "toxic" workplace and how to identify when clients are experiencing burnout. Next, we will learn techniques and exercises that can be used to help clients communicate more effectively. Furthermore, we will gain knowledge of certain CBT and solution focused techniques that can help our clients deal with workplace stress. Last, we will review characteristics of different generations in the workforce and how it affects the workplace satisfaction.

Date: **Friday, February 4, 2011**Time: 10:30 AM – 12:00 NOON

Location: 3000 Connecticut Avenue NW, Suite 434

Washington DC 20008

Instructor: Laurie Emmer-Martin, LICSW, LCSW-C

Info: emmermartinccc@gmail.com 571-282-3733

Cost: Members \$25 / Non-Members \$40

CEUs: 1½ hours

■ Downward Facing Dog: Using Yoga to Turn the Face of Clinical Therapies Upside Down

This training will offer interactive opportunities for therapists to learn about powerful the body-mind connection. You will learn how to use effective techniques with yourself and clients to reduce stress and anxiety and transform depression in the body. You will learn how to weave some mind-body techniques into your therapy sessions and how yogic understanding of the movement of energy centers in the body. The body is often more receptive than the mind to change so it is with yoga and yoga's wisdom that clients often learn how to change their own psychological barriers and issues. You will learn to move energy effectively in your own body, how to reduce stress and fight or flight in the body, how to use specific asana and breathing techniques to help with specific psychological issues and with a deeper understanding of how the body and energy can improve the mind. You must come prepared to move your body (any preexisting injuries are fine) and be prepared to open your hearts even more fully!

Date: Friday, February 11, 2011

Time: 9:00 AM – 1:30 PM Location: 5808 Midhill Street Bethesda, MD 20817

Instructor: Sharon Hyman, LCSW-C, RYT

Info: sharonhyman@in-joy.org 301-320-2022 Cost: Members \$60 / Non-Members \$100

CEUs: 4 hours

■ Death of a Loved One: Walking with Young Families Through the Experience of Loss

The death of one of its members can be one of the most jarring and profound experiences a family can have. Though bereavement does not always require therapy, families often seek help in understanding what they are going through and learning how to best support each other as they grieve. This course will address the tasks of mourning, the differences between childhood and adult grieving, the developmental needs of grievers, and the relational context in which grieving occurs. There will be a focus on family connection and how to promote it during a time of loss. Though this course will primarily focus on the loss of parents of dependent children, the concepts are easily generalized to other losses.

Date: Friday, February 18, 2011

Time: 9:00 AM - 12:15 PM

Location: 11161 New Hampshire Avenue, Ste 307

Silver Spring, MD 20904

Instructor: Erica Berger, LCSW-C, LICSW

Info: bergererica@yahoo.com 301-593-6554 x 27

17

Cost: Members \$45 / Non-Members \$75

CEUs: 3 hours

■ An Introduction to Contextual Family Therapy

Contextual family therapy is a unique approach to family treatment that builds on the utilization of family strengths and untapped resources within the context of "relational ethics." It replaces blame and pathologizing of family members with an appreciation of each member's context and struggles. Developed by Ivan Boszormenyi-Nagy, Barbara Krasner and Austin Joyce, it has been very successfully implemented with a wide socioeconomic and clinical range of families. This course will introduce students to this underutilized approach, its basic tenets and interventions. Participants will be encouraged to bring in their own cases for illustration and discussion.

Date: Fridays, March 11 & 18, 2011

Time: 3:00 - 4:30 PM

Location: TBD

Instructor: Adina Shapiro, LCSW

Info: adinsh@aol.com 703-761-3939 Cost: Members \$45 / Non-Members \$75

CEUs: 3 hours

■ Emergency Coverage of Your Practice: Practical and Ethical Considerations

If you suddenly were to become incapacitated due to injury, illness or death, who would contact your clients? Just as it is important for an individual to write a will to protect personal assets and provide for his or her dependents, it is also prudent for a clinician to prepare for an untimely or unanticipated inability to carry out their functions at work. The purpose of this course is to help clinicians anticipate the needs of their clients and their business or the organization where they work, should such an emergency arise. The goal of the course is to enable participants to identify individuals who could step in if needed, write instructions for their backup personnel, and distribute these instructions. Qualifies for 6 Ethics credits.

Date: Fridays, March 25 & April 8, 2011

Time: 10:00 AM - 1:00 PM

Location: 8830 Cameron Street, Suite 503

Silver Spring, MD 20910

Instructor: Melinda Salzman, MSW, LCSW-C

Info: salzmanmsw@starpower.net 301-588-3225

Cost: Members \$90 / Non-Members \$150

CEUs: 6 hours (Ethics)

■ What is Imago Therapy? Its Theory and Practice

This one day workshop will provide you with an introduction to the theory and practice of Imago therapy. Imago therapy is a form of objects relations therapy, in which the couple uses their relationship to help in healing themselves and each other. The natural consequences of such healing are, of course, personal growth, as well as a strong, deep, personal connection. Couples learn to restore and repair their connection through this therapy.

Date: **Friday, April 1, 2011** Time: 9:30 AM – 4:30 PM

Location: 6000 Executive Blvd., Ste 530

Rockville, MD, 20852

Instructor: Gail Guttman, LCSW-C

Info: gailgpa1@comcast.net 301-984-0322 Cost: Members \$90 / Non-Members \$150

CEUs: 6 hours

■ A Day at the Office of a Sex Therapist

This workshop is about sex therapy. Beginning with a description of various clients/patients Hani may see in one day, and their presenting problems and issues, she will then discuss what sex therapy is, the training one has to receive in order to become a sex therapist, and the AASECT certification process. The presentation will end with a discussion about any of the clients/patients Hani describes in the beginning of the presentation, their presenting problems and issues, and ways to evaluate and treat them. Participants are welcome to bring their own cases for discussion.

Date: Saturday, May 14, 2011

Time: 2:00 - 5:00 PM

Location: 6917 Arlington Road, Ste 202

Bethesda, MD 20814

Instructor: Hani Miletski, PhD, MSW

Info: hani@drmiletski.com 301-951-6592 Cost: Members \$45 / Non-Members \$75

CEUs: 3 hours



The 2011 Brown Bag schedule was not determined at the time of printing.

Brown Bag workshops will be announced on the GWSCSW listserv, and registration will take place via email.

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December 2010

OUR ONLINE SOCIETY

Ann Wroth

Join Us!!

Have you ever wondered how to find a good therapist for a patient who is moving out of the area and wants to continue therapy? Do you have a question about, say, treating a couple but being asked to see the husband separately for a few sessions? What about alerts to the need for action affection legislative issues that relate to clinical social work? How do you keep up with GWSCSW CEU events or the goings on at the Washington School? All of these and many more are topics you can find on our online society.

Not all GWSCSW members are active users of the GWSCSW listserv. If this includes you, there are two ways you can be apart of our online society and receive this invaluable information resource: email postings to the listserv can be delivered to your inbox as they are posted OR you can receive a day's postings the following morning as a digest. Whichever you choose, the listserv provides a vital and stimulating connection to fellow members of the Society, access to referrals to practitioners who offer particular services or modalities, and answers to tricky questions. If you want to only get reminders of Society events, such as opportunities for CEUs, which often do not make it into the Newsletter, you can subscribe to the INFO listerv and you will receive that information.

To join the listserv, send an email to Jan Sklennik in the GWSCSW office at gwscsw@gmail.com. According to Jan, she frequently gets calls from people who want to join the listserv but are not members—this is a benefit of membership—and many of these folks join right away so they can be part of our listserv.

It is stimulating, a good networking tool, and a great way to be an active member of the Society. Drop Jan a line today and join us! ❖

Ann Wroth, MSW, works at the National Alliance on Mental Illness, supporting people living with mental illness and their families.

Where Do All the 70s Hang Out?

A recent request for resources for a 70+ client on the GWSCSW listserve generated a list of organizations and resources for this age group. Below are the recommendations shared by our members.

- Politics and Prose book groups, book talks, etc.
- Continuing education or "extension-type" courses at AU and other universities
- OLLI (Osher Lifelong Learning Institute) connected to AU at www.olli-dc.org
- www.meetup.org: search seniors in your area
- The Transition Network at http://www. thetransitionnetwork.org/Chapters. aspx?ChapterId=d4424f88-2c3e-4f3a-8e1d-9eca37dc684b&Page=Announceme nts
- OWL (Older Women's League) at www.owlnational.org
- Gray Panthers at www.graypanthers.org
- OASIS sponsors activities for homeless seniors in DC
- Holy Cross Hospital and Montgomery County co-sponsor lectures, activities and various exercise classes at no or low cost

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GWSCSW BOOK CORNER

Our book corner celebrates the works of GWSCSW authors. Please contact Erin Gilbert at erin@egtherapy.com with information about your publications.

Reviewed by Erin Gilbert

GriefWork: Healing from Loss Fran Zamore & Ester A. Leutenberg

Following the death of her husband, GWSCSW member Fran Zamore was encouraged by a friend, Ester Leutenberg, to write a book on grief and loss. Leutenberg wanted to co-author the book, as she was both a publisher and a mental health advocate who had lost her son to suicide some years prior. She persisted in her persuasions until Zamore agreed. Two years later, after a process that Zamore compared to childbirth, *Grief-Work: Healing from Loss* was born.

The introduction to *GriefWork: Healing from Loss* provides information on bereavement and group work for readers unfamiliar with these subjects. The following chapters contain over 50 reproducible handouts on

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topics such as self-care, relationship changes, coping with special days, and the "new normal." Zamore stated that *GriefWork: Healing from Loss* is intended for clinicians working with clients on bereavement issues, but can be adapted for use with clients who have experienced other types of loss, including the loss of a job, self-esteem or status.

Several items were created to accompany *GriefWork:* Healing from Loss. The GriefWork Companion: Activities for Healing is intended for individuals struggling with loss, and includes worksheets and pages for journaling. Clinicians can encourage clients to use the book alongside their individual or group work, as activities correspond with information in *GriefWork:* Healing from Loss. A GriefWork poster and a GriefWork Group Starter card game were developed for clinicians who would like to spark discussion with individuals or groups. GriefWork: Healing from Loss, the poster and the card game are sold as a kit from Whole Person Associates at wholeperson.com. Both books are available on amazon.com and wholeperson.com.

As for Zamore's career, she discovered that she had found a new direction for her work. After studying grief in detail, she made the shift from a generalist practice to working with loss and bereavement. Zamore currently is employed as a hospice program bereavement coordinator. She found the books of Dorothy Becvar to be extremely helpful along the way.

When asked about future projects, Zamore noted that she isn't ready to tackle any yet, but she is considering writing a similar book to *GriefWork: Healing from Loss* for children. ❖

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December 2010 GWSCSW News & Views

COMMITTEE REPORTS

CEU Committee

Marie Caterini Choppin, Chairperson mchoppin.lcsw-c@verizon.net

I want to introduce myself as your new CEU Committee chairperson. My name is Marie Caterini Choppin, and I have a private practice in Silver Spring and Bethesda, Maryland, working with couples, families, groups and individuals. I am also on the GWSCSW Board as the director-at-large. I am new to the Board and am slowly getting acquainted with the other members and learning how the Board functions. In my previous work experience, I was the CE Coordinator at CPC Health for 2 years in which I developed the topics for the year, with the input of staff members, recruited the presenters, coordinated the logistics, and maintained the records for the attendance, CEU certificates and paperwork. Taking this chairperson job feels like I've come full circle!

I am excited to be a part of this wonderful community of dedicated, energetic and knowledgeable clinical social workers and I hope that I can provide the guidance and support that will be needed to make this committee viable, workable and valuable to the Society.

From the time I was a CEU coordinator at CPC Health in the '90s until the present, the ways in which CEUs can be obtained by clinical social workers has drastically changed and evolved. Originally, the GWSCSW developed the CEU committee with the pur-

pose of providing education for clinical social workers, specifically, since other organizations did not provide this. We wanted to be the place to come in order to get continuing education credits and to ensure that ethics and supervision requirements could be met through the Society. As well, an important part of the mission was to mentor members who were interested in presenting but hadn't had the experience. Providing CEU opportunities and mentorship continue to be the mission of this committee, but so much has changed.

Today, things are vastly different. The impact of the Internet has been tremendous on all of us, and many clinicians can get their education units met through online courses (within limits of the requirements for each jurisdiction); have access to an abundance of types of courses; and most organizations now provide CEUs to clinical social workers. This means that our CEU committee needs to begin to evaluate what we can do for our members in the context of what is VALUABLE to them, PRACTICAL to provide, and IMPORTANT to clinical social workers, in particular.

With that purpose in mind, I am excited to work with my committee members and the GWSCSW members to develop a CEU program that really meets the needs of our community, provides specific workshops geared towards clinical social workers, and utilizes new technology, as appropriate. If we are going to continue to remain abreast of new practice standards, theoretical orientations and technological advances, we will need

to begin that process now so that we don't fall behind other mental health counterparts.

In the coming months, we will begin looking for new members to join the committee who are willing to mentor new presenters, review workshop presentations for approval, be able to commit to attending bi-monthly meetings and be invested in making the changes we may need. If you think you are interested in volunteering, please feel free to email me at mchoppin.lcsw-c@verizon.net to discuss this possibility.

I look forward to the coming months and getting to know the members and hearing from you about your needs. Please feel free to contact me with any questions, suggestions and/or ideas for workshops or other CEU venues.

Legislation & Advocacy

Margot Aronson, Chairperson malevin@erols.com 202-966-7749

With three jurisdictions to monitor, our GWSCSW Committee has more than enough work to keep us busy—even now, when the Virginia and Maryland Assemblies are not in session. And in fact, since we're in an election year, this fall's efforts have been particularly important.

We do not endorse one candidate over another. Rather, our focus is on clinical social work visibility: to be known as professionals who are informed on mental health issues in our jurisdictions and willing to

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help candidates understand these issues will significantly increase our influence when the newly elected legislators take office.

At the same time, a Board of Social Work in each jurisdiction considers regulatory issues and makes decisions that affect our scope of practice and our licensing. We are the losers when we fail to monitor and participate in the development of these decisions.

The committee is made up of volunteers. Read about our activities on the legislative pages of this newsletter and then email or give a call (202-966-7749). When all the heavy lifting is left to just a faithful few, the risk of burnout rises dramatically. Please join us and be heard on mental health and practice issues in your jurisdiction.

Professional Development

Sheila K. Rowny, Co-Chairperson sheila@rowny.com, 301-365-5823 Karen G. Goldberg, Co-Chairperson goldbergks@aol.com,301-680-9060

The Professional Development committee held its fall kick-off Society event on Sunday, September 26 at the Bethesda Library. The workshop featured a panel of presenters on the topic of "Professional Issues for new MSWs." An information-filled and lively discussion of concerns related to the transition from student to professional, licensing requirements, supervision, strategies for securing employment, the value of clinical work in non-clinical set-

tings, conflicts between organizational and professional goals, and the shift to a clinical work setting followed the panel presentation. Requests for a follow-up meeting, as well as future panel discussions on practice-based issues, were proposed. Many thanks to presenters Philip Conklin, Nancy Pines, and Karen Goldberg; and to discussion facilitator, Marilyn Lammert, for sharing their wisdom and their Sunday afternoon. Thanks also go to Sheila Rowny, Marilyn Lammert, and Nancy Meyer for planning the program.

Members who are interested in starting a private practice, as well as those who are in the process of establishing their practices, are invited to attend committee member Susan Marks' monthly support group meetings. For further information about the group and meeting times, Susan can be contacted at 703-533-9337 or at surobin@comcast.net.

The beginning of fall has also brought new requests for mentors. The committee is continuing its mandate to provide mentors for any member who desires a one-toone relationship with a senior level clinician from the Society. Mentors offer guidance to newer social workers in dealing with concerns related to licensure, establishing a private practice, employment, locating supervision, furthering professional identity, and other questions related to professional development. Applications for a mentor can be found on the mentor page of the GWSCSW website. Mentors and mentees are matched according to location, interests, and types of experience.

Members willing to volunteer their expertise as a mentor can fill out the mentor application, which is also found on the mentor page.

The committee is starting to plan for additional activities related to professional development, so if you have any ideas or suggestions, please submit them to Sheila or Karen. And as always, if you would like to join in our ongoing efforts, the committee welcomes new members.

Newsletter

Angela Fowler-Hurtado, Co-Editor angela0614@gmail.com, 202-544-2032

Lisa Wilson, Co-Editor wilsonlicsw@yahoo.com, 202-431-9371

We are excited for our first issue of News and Views as co-editors. A big thank you to Jen Kogan and Caroline Hall once again for the excellent work they have done on the newsletter in the past few years. We hope to continue to bring you an interesting, relevant and engaging newsletter with articles and information shared by our members and other clinical social workers.

Please share any thoughts or ideas you have for the newsletter with us. We would love to explore ways we can continue to improve on it. If you would like to share an article or an idea, please contact either of us at angela0614@gmail.com or wilsonlicsw@yahoo.com. We are more than happy to discuss ideas and help with the writing process. The deadline for the upcoming March issue is January 20. We hope to hear from you! ❖

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SILVER SPRING – Office space for sublet in attractive, new office suite in Silver Spring, Md. Shared kitchen and fax. Convenient parking; near Metro. Available daily or hourly. Congenial colleagues. Please contact Kathy Richardson at 301-588-4183 or richpoint@verizon.net.

SPRINGFIELD – Nice office space available for clinical social worker in Springfield medical building. Full days including evenings and smaller blocks of time available in office to be shared with another LCSW. Possible referrals. Perfect for someone developing a private practice or for parttimers. Contact Goldye Donner, LCSW at 703-569-6492 or gpdonner@aol.com

WHITE OAK AREA – \$650/month includes rent, cleaning, supplies, fax, copier and more; convenient to public transportation, ample parking; weekly peer consultation; referrals possible. Call Barbara at 301-593-4286.

WOODLEY PARK – Welcoming office space to sublet Tuesday & Thursdays. Jeanine, 301-518-6947.

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ADOLESCENT THERAPY GROUPS – Ongoing psychotherapy groups for adolescents 6th grade through college and DBT Skills Groups. Rathbone & Associates. High quality effective adolescent treatment. 301-230-9490. www.rathbone.info.

CAREGIVERS SUPPORT GROUPS – Facilitated by Flora Ingenhousz, MSW. Flora specializes in the treatment of individuals, couples and families facing chronic and/or life-threatening illness. This includes helping people navigate end-of-life issues and grief. 301-649-5525, www.flora-lcsw.com

EVENTS

FEBRUARY 5, 2011 – "Unfinished Business: When Adults Return to the Analyst of Their Childhood" Presenter: Ruth Karush, M.D. 5:00-6:30 p.m. at the Baltimore Washington Center for Psychoanalysis, ten minutes from the Capital Beltway at 14900 Sweitzer Lane, Suite 102, Laurel, MD, 20707. 1.5 CEUs. For more information visit www. bwanalysis.org or call 301-470-3635 or 410-792-8060.

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If you haven't renewed your GWSCSW membership for 2011, this will be your last newsletter.

UPCOMING GWSCSW EVENTS

January 14 GWSCSW Continuing Education*

Grief Support Group Development and Implementation

Presenter: Eileen Stanzione, PhD

Time: 10:00 AM – 2:15 PM Location: Washington, DC

February 4 GWSCSW Continuing Education*

Navigating the Workplace: Helping Our Clients Create a Healthy and Happy Work Environment

Presenter: Laurie Emmer-Martin, LCSW-C Time: 10:30 AM – 12 NOON

Location: Washington, DC

February 4 GWSCSW Dinner Meeting

Health Care Reform in a Changing Political Landscape

Presenter: Douglas Besharov, J.D. Time: 6:30 — 9:00 PM

Location: TBD

February 11 GWSCSW Continuing Education*

Downward Facing Dog: Using Yoga to Turn the Face of Clinical Therapies Upside Down

Presenter: Sharon Hyman, LCSW-C Time: 9:00 AM — 1:30 PM

Location: Bethesda, Md.

February 18 GWSCSW Continuing Education*

Death of a Loved One: Walking with Young Families Through the Experience of Loss

Presenter: Erica Berger, LCSW-C Time: 9:00 AM – 12:15 PM Location: Silver Spring, Md. March 11 & 18 GWSCSW Continuing Education*

An Introduction to Contextual Family Therapy

Presenter: Adina Shapiro, LCSW Time: 3:00 – 4:30 PM

Location: TBD

March 25 & GWSCSW Continuing Education*
April 8 Emergency Coverage of Your Practice:

Practical and Ethical Considerations

Presenter: Melinda Salzman, MSW, LCSW-C

Time: 10:00 AM — 1:00 PM Location: Silver Spring, Md.

March 25 GWSCSW Dinner Meeting

An Evening of Creative Sharing

Organizer: Peggy Heller, MSW

Time/Location: TBD

April 1 GWSCSW Continuing Education*

What is Imago Therapy? Its Theory and Practice

Presenter: Gail Guttman, LCSW-C Time: 9:30 AM – 4:30 PM Location: Rockville, Md.

May 14 GWSCSW Continuing Education*
A Day at the Office of a Sex Therapist

Presenter: Hani Miletski, PhD, MSW

Time: 2:00 – 5:00 PM Location: Bethesda, Md.

For current information on events, dates, times, locations go to our website at www. gwscsw.org and click on CALENDAR.

* Complete information for all the 2011 GWSCSW Continuing Education courses can be found on pages 16–18