

Alice Kassabian Memorial Lecture: Timely learning and training on culture and identity

Steve Szopa

On Saturday, November 4, over 70 people attended our annual Alice Kassabian Memorial Lecture presented this year by Boris Thomas, JD, PhD, LCSW. His topic, "Intersectional Identities and Geographical



Steve Szopa, President and Boris Thomas, Kassabian Guest Lecturer

Relocation" dovetailed perfectly with our Society's diversity initiative. He spoke compellingly about the emotional, logistical and legal problems facing documented immigrants, undocumented immigrants and asylum-seekers. He then led an experiential exercise that helped us know our fellow attendees, our cultural backgrounds and identities. There was a lively question and answer segment in which audience members brought up interesting questions and comments. Comments after the event gave high ratings to Dr. Thomas' energy and deep knowledge of the topic matter. ❖

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Brett, Jackie, Albert, Gloria, Becca, and Lynne Kassabian



Steve Szopa, Dolores Paulson, Boris Thomas, Audrey Thayer-Walker and Golnar Simpson

GWSCSW News & Views

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President's Message

Steve Szopa



Steve Szopa

Fall is an exciting time for members of the clinical society. The Alice Kassabian Memorial Lecture led off our fall educational events with a presentation on geographical relocation and identity. This topic is part of our focus on attracting, welcoming and including members from all backgrounds and walks of life.

I am very pleased with the positive response our members and board of directors are having to our diversity initiative. The ongoing Diversity Advisory Committee is up and running. It has had two very productive meetings and will be presenting some recommendations at the first Board meeting of 2018. We are interested in feedback from all members, so I encourage you to reach out to me with ideas and recommendations. We plan to change the committee name to reflect what we are really seeking: welcoming inclusion of all people both as Members of the Society and as Members of the Board of Directors.

In order to achieve our goals, we will be reaching out to those who are still in school as well as clinical social workers in all work settings. To bring diversity to our Board of Directors, we need volunteers to take on leadership roles on our various committees. Committee Chairpersons make up the bulk of our Board of Directors and have real input into the direction of the Society.

If you are interested in supporting our Education Branch goals, the Continuing Education Committee is in search of a Chairperson or two Co-Chairpersons. Volunteering for this position offers a chance to shape our educational offerings for 2018 as well as a position on the Board of Directors.

Our very active Legislation and Advocacy Branch is looking for volunteers to focus on Maryland legislative and advocacy tasks. Judy Gallant, our L&A Director is also open to having a Co-Director. You do not have to be a legislative expert to participate in these committees. If you have time to read a short Bill and make some comments, you can have an impact on our legislative efforts.

If you are considering volunteering for any leadership position, please reach out to me with your questions. As I have said before, everyone I have encountered in Society leadership has been welcoming and supportive. This level of support is why I enjoyed being the Society Vice President and is why I wanted to move into the President role.

Wishing you all a very happy holiday season. ❖

GWSCSW Members Participate in the DC Out of the Darkness Walk

Cristy Novotney, Volunteer Committee Chair

On Saturday, October 28th, members of the Greater Washington Society for Clinical Social Work came out to support the fight against suicide. In addition to our Society's \$500 walk sponsorship, our team raised \$531 to support the American Foundation for Suicide Prevention. The money goes towards funding research, offering educational programs and support groups, and promoting policies that address suicide prevention.



L to R: Cristy Novotney, Laurie Young, Steve Szopa and Roberta Boam

The walk started at the base of the Lincoln Memorial and followed a path around the Tidal Basin passing the Jefferson Memorial and traveling back along the reflecting pool. It was a beautiful Fall day to walk and come together to show our support for everyone who has been impacted by suicide. ❖



REGISTER ONLINE 2018 EDUCATIONAL OFFERINGS

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

CBT for Social Anxiety Disorder – Practical Techniques and Usable Insights | John Chamberlain, Ph.D.
Friday, February 23, 2018 | 9:00 a.m.-12:00 p.m. | Family and Nursing Care Silver Spring | 3 CEUs

Trauma Informing the 12 Steps: Empowerment in Alcohol & Drug Addiction Recovery | Eryca Kasse
Saturday, March 3, 2018 | 1:30-4:30 p.m. | Forest Hills DC | 3 CEUs

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

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

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

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

MARYLAND LICENSING CHANGES

Judy Gallant, Director, Legislation & Advocacy

Heads up, Marylanders! Significant changes and clarifications to the statute governing Maryland social work licensees passed during the recent General Assembly session. The bill is expected to be signed into law by Governor Hogan, and the Board will work on drafting specific regulations — how the new law's provisions will be carried out soon after.

Making changes to any law is complex, and determining what would be best for our profession requires the work of many parties. The Maryland Board of Social Work Examiners (MdBSWE) formed a Task Force on Statutes and Regulations in the spring of 2016 and ended its work in December. Our Society participated throughout: as part of the Task Force, we were able to provide valuable input on goals and language, help shift the direction in some areas and add clarifying amendments in others. I am very grateful to Gil Bliss, Linda Friskey, Joel Kanter, and the members of the Maryland Legislation and Advocacy Committee for their investment of time, energy and thoughtfulness. Through our work together, we were also able to prepare our lobbyist, Pam Metz Kasemeyer, to deal with changes that can occur during the legislators' debates prior to the final vote.

Major changes are summarized below, although of course the MdBSWE will be notifying all licensees of the changes (make sure they have your current mailing address and email). Information on the Task Force process and how certain decisions were made follows the summary.

LGSW to be renamed LMSW - Licensed Master of Social Work

Beginning July 1, 2018, the category of LGSW will become LMSW (Licensed Master of Social Work) for all new licensees, and all LGSWs shall be considered licensed as an LMSW by the Board for the remainder of the term of their license.

Private Practice Changes

Beginning on January 1, 2020, only LCSW-Cs will be allowed to have a private practice to diagnose and treat mental illness and substance use disorders. Currently, LGSWs and LCSWs are permitted to have a private practice, billing patients and insurance companies under their own name, as long as they are supervised by an LCSW-C. However, as of 1/1/20, they will be able to be a part of a private practice only if the fiduciary and legal responsibility for clinical cases is shouldered by an LCSW-C.

A New Category: Independent Practice for LBSWs, LGSWs, and LMSWs

LBSWs, LGSWs, and LMSWs may qualify for Independent Practice, a new category which does NOT include diagnosing or providing psychotherapy for mental illness and substance use disorders. In order to qualify, the person must have completed at least 3 years as a licensee with supervised experience of at least 4,500 hours after receiving the Baccalaureate or Master's degree and with a minimum of 150 hours of face-to-face supervision. Once a licensee has paid applicable fees and been approved by the Board to become an Independent Practitioner, a list on the Board's website will document this designation.

Someone who has been designated as being in Independent Practice will no longer be required to be supervised in order to act within their scope of practice. They will be able to bill independently for those services, such as helping a family find a caregiver for an elderly relative. The Independent Practitioner may subsequently qualify to supervise licensees within their license or those with less education or training, after having completed the required coursework to become a supervisor and after having registered with the Board.

Reactivation, Reinstatement, Reissuance and More

The new law outlines specific processes and requirements for reactivating a license the licensee has requested be placed on inactive status within five years, for reinstating a license on non-renewed status within five years, and for reinstating a license after a lapse of more than five years.

The new law will also have updated requirements regarding criminal background checks, standard now for most health professions in Maryland. Additionally, there are technical changes around the makeup of Board members and the grandfathering of current LGSWs with 10 years of active practice into independent practice. Regulations to spell out the ways certain aspects of the law will be implemented will be adopted by BSWE by June 30, 2018.

About the Process and the Logic Behind the Recommendations

The process of reaching agreement on a bill such as this is a complicated one. Stakeholders, in this case primarily NASW, GWSCSW's Md Legislative Committee, and representatives of State agencies, must come together and also work with the Board and legislators in the process. Some members of the Task Force argued that LGSWs have been put at a disadvantage compared to Counselors in agencies in more rural areas because of the current requirement to be continually supervised by LCSW-Cs, and agencies did not want to spend more money to comply with this requirement. Although imperfect, the changes regarding the ability to qualify for Independent Practice and, subsequently, to supervise at one's own level, are meant to address this loss of hiring of social workers. These changes will also permit the LBSW or LGSW/LMSW, who has, for example, spent years helping families that need caretakers for a family member, to create their own organization to assist families.

In addition, the Task Force was concerned about increased evidence of inexperienced social workers opening clinical practices directly following graduation with a master's degree in Social Work. With the new limits on who may be in private practice, the public will now have greater protection and clarity about the experience level of their therapist.

The new statute brings the Maryland law closer in language and licensure categories to those recommended in the most recent version of the Model Practice Act (developed by the Association of Social Work Boards). One goal was to provide greater standardization of terminology and regulation from jurisdiction to jurisdiction, which can promote increased public understanding of social work, and the potential for increased mobility for qualified social workers.

The text of the law, with the changes it went through, can be found at <http://mgaleg.maryland.gov/2017RS/bills/hb/hb1183E.pdf>.

Anyone interested in improving laws such as this that affect our practice so directly, please contact the chair of your jurisdiction's Legislation & Advocacy Committee. ♦

Judy Gallant, LCSW-C, is the director of the Society's Legislation & Advocacy program, as well as chair of the Maryland Clinical Social Work Coalition, our GWSCSW legislative committee in Maryland. She maintains a private practice in Silver Spring.

UPCOMING VA BROWN BAG EVENT

What About The Baby? The Basics of Infant Mental Health and Clinical Interventions in the Earliest Years of Life

**Friday, December 15, 2017,
12:30 PM - 2:00 PM**

Arlington Central Library
1014 N Quincy St
Arlington, VA 22201



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THE EVOLUTION FROM COUCH TO COMPUTERS: TELEMENTAL HEALTH SERVICES EXPLAINED

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Cheryl Aguilar

Part One

On a spring afternoon, a young student from Maryland finishes class and goes to her after school program at a nearby youth nonprofit. In between programming, she goes to the private counseling room housed inside the organization. She logs onto the computer and connects to her mental health provider, who awaits her on the other side of the screen from her office in DC.

Nearby, a client has a personal emergency and can't make the 45 minutes' drive to meet with his therapist. They set up a video conference instead, and the session takes place while he is in his home office and the therapist is at her office.

These two stories reflect the times in which we live. In these times of increased connectivity, a new model bridges the services gap. If this sounds familiar to you, you may have already heard about the impact and expansion of TeleHealth in our communities and around the world. If this is a new concept, I am delighted to introduce you to not just the future but to the booming and exciting present-day experience of mental health care.

TeleMental Health is a subset of Telemedicine or Telehealth, both terms used interchangeably. The Mid Atlantic TeleHealth Resource defines Telehealth as "The use of electronic information and telecommunications technologies to support distance clinical health care, patient and professional health-related education, public health, and health administration."

Similarly, The American Telemedicine Association defines Telemedicine as "The use of medical

information exchanged from one site to another via electronic communications to improve patients' health status."

The TeleBehavioral Health Institute TBHI Level I Professional Training Certification points out that there are at least 43 terms to describe TeleMental health services such as: telepsychology, telepsychiatry, telebehavioral health, video therapy, online therapy, distance counseling, video conferencing, etc. The three main ways in which TeleMental services can be provided are by text (email or text) video and avatar (use of a digital character that usually represents a real person).

The way I explain TeleMental Health to clients is that it's a different means through which a provider can serve clients using a form of technology.

We strive to provide the same quality of services as we would if we were in the same room. Basic skills such as active listening, reflecting, paraphrasing, displaying empathy, etc. are all in play during a video session. We know that one of the key elements of establishing rapport, which is so crucial to the therapeutic alliance, is the ability to respond to the emotions of our clients. In fact, if all the conditions are set correctly (lighting, volume, approximating eye contact as close as much as possible) we can still convey empathy and attunement to emotions effectively during a video session.

While my enthusiasm about using technology may be evident now, I wasn't always a fan. A few years back I interviewed for a mental health therapist job. At the interview, I learned that



Cheryl Aguilar

the job I was applying for wasn't for a "regular" therapist job but rather for a TeleMental Health job, which meant I would be providing therapy over video without ever meeting the client in person. When my interviewers asked me what I thought about TeleMental Health, I smiled and gave the "correct" answer but frankly I was thinking, "Can this interview be over now? There is no way this works; you need to meet clients in person to build rapport and a therapeutic relationship, and what about HIPPA, this can't be secure."

After checking in on my perceptions, assumptions and strong feelings about a model of intervention I had never tried, I realized that my hesitation was grounded in the discomfort of not knowing. That same night I researched the subject and was astounded to discover that TeleHealth has been around for more than 30 years and that there is plenty of evidence demonstrating the effectiveness of using technology to deliver health services and standards on how to ethically provide services using video or other technology. I decided to take the job to help implement a TeleMental Health program to primarily with Spanish speaking clients in the DC metro area. In 2015, this program was the first of its kind. We evaluated the program to measure its effectiveness, and part of the findings suggests that the reduction of symptoms of distress is comparable to when clients receive therapy by a provider they meet in person. Given the success of this pilot program, I continue to offer TeleMental Health to my clients in private practice.

In the March issue of News & Views, I will share some lessons I have learned since embarking on the TeleMental health journey. ❖

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

Leader-Manager Coaching

Leaders that set a direction but don't manage will get little done ~ Managers who don't lead are just busy

Do you have clients that are stressed because they need to be more efficient and effective in the workplace? Do you have clients that are striving to get that next promotion? Do you have clients who are team leaders?

As a leader-manager coach I offer an intense 3 month web based package with specific action step tools that will help clients to soar. Meet in person or through Zoom. 25% discount if mention GWSCSW and sign up by December 31 2017.



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GWSCSW SENIOR SEMINAR UPDATE

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Grace Lebow, Senior Representative

Senior Seminars began in 2006 to meet the needs of later career members of our society and those who are pre- and post-retirement. Presently there are four active groups that meet monthly, and there is interest in another group in the N.W. D.C. area.

In preparation for this article, I asked Seminar leaders and their members to send comments about their experiences in their groups. Below are their thoughts. I hope these comments give you a good idea about what goes on in the monthly meetings. Please contact Grace Lebow if you have any questions or have an interest in participating in our Seminars.

From Susan Miller, Seminar leader in Northern Virginia:

"We continue to enjoy our group discussions. The group has created a very warm and supportive environment to process the emotional as well the practical aspects of moving into or toward retirement. Thank you for creating the opportunity for us to get together."

From Beverly Magida in Rebecca Harrison's McLean Seminar

"I am a participant in Rebecca Harrison's Retirement Support Group in McLean. You asked for some feedback on our experiences in this group, so I am offering the following. For me, the group provides a supportive setting where I can safely share my ambivalent feelings regarding ending my practice after thirty years at the end of this year. This includes discussing my excitement and apprehensions about pursuing my "next life" when so much of my identity has been connected to being a therapist. I also talk with these colleagues about my difficulty referring clients on to other therapists, doubting if they will be able to meet my clients' needs, knowing fully well it is really my expectations that is the issue; a projection on my part about being the "good enough" therapist. For me, this supportive group of therapists, who are at various stages of contemplating retirement, offers

me a haven to confirm and assist in processing this very important stage in my life. I hope other clinicians avail themselves of this opportunity to gain more insight about themselves and others experiencing retirement."



Grace Lebow

From Martha Horne in Estelle Berley's Seminar:

"I have thoroughly enjoyed the varied and interesting books – from novels, to books about aging, to professional books – that all relate to our various practices in social work. The lively discussions of our lives, experiences as social workers and the excellent leadership of the group make the books come alive. I am grateful to the CSSS for its monthly support and reflections on my life as my world has changed over the past eleven years (can it be?) that I have been in the group."

From Joan O. Weiss of Estelle Berley's Seminar:

"After I retired, I was apprehensive that I would no longer be able to retain my identification as a social worker. Therefore, I am grateful to belong to a wonderful group of social workers, each of whom has had a unique role to play in our profession. With a variety of relevant readings and pertinent topics to discuss and react to, I look forward with great anticipation to our monthly meetings which reinforce my identification and pride in continuing to be an involved social worker, even after retirement."

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

LEGISLATION & ADVOCACY

❖ FEDERAL

Laura Groshong, Director for Government Relations, Policy and Practice

The Sad State of the Affordable Care Act

One thing to keep in mind as we try to make sense of the chaotic developments over the past month is that the Affordable Care Act, with President Trump's help, has become a political football, fated to have winners and losers. The real losers will be our patients. The real winners and losers will be our patients who may find themselves unable to continue to receive mental health services, without plans that cover mental health services, or without insurance at all. Many of us, struggling to deal with unreasonable increases in fees and deductibles, are among the losers as well.

President Trump's ire at the inability of the Senate – and the specific senators who opposed the three attempts to repeal and replace ACA – intensified to the point where he decided to issue an Executive Order in mid-October which would undermine the funding of the ACA by removing the subsidies to insurers for ACA plans, i.e., cost-sharing reductions, that make the finances work. Since plans had to announce their rates for 2018 last week, many raised premiums, which will price most of the ACA plans out of reach of those who need them. There was no pressure on the President to do this; insurers were willing to make the usual 8-10% increases that have funded the ACA until a few weeks ago. The President's ongoing threats to repeal the ACA himself had an effect on the ACA markets and led to these increases. Some states that saw the possibility that premiums would be raised a lot created funds to cover the shortfall. A list of these states is being compiled and will be sent out shortly. There may be more states that choose to protect their citizens by finding a way to fund the ACA plans as well.

What does this have to do with LCSWs? The main way that the ACA is beneficial to mental health and substance use treatment is that they are one of the ten 'essential benefits' which must be covered by all plans. This guarantees a mental health/substance use benefit. Those of us on the younger side of 40 may not remember what plans were like before the ACA. A brief history of those bad old

days – there were many plans that simply did not cover mental health because they did not have to; it was perceived as expensive; and there was no accounting for medical cost-offsets when people had access to MH/SA treatment.

At this point, many enrollees covered by the ACA are receiving premium increases of 30-45% for 2018! The concerted effort to destroy the ACA is working as this level of premium is not sustainable for most; to see this occur purely for political (and financial) gain is sad and enraging.

So our patients' and our own ability to get coverage for services is in peril. The essential benefits which required coverage of mental health are being turned over to the states. CSWA had hopes that the bill being developed by Sen. Lamar Alexander (R-TN) and Sen. Patty Murray (D-WA) would serve as a way to prevent this. As Chair and Ranking Member of the HELP Committee, they have been looking for a way to tweak the ACA for the past nine months. The Alexander-Murray deal would continue the insurer subsidies for two years, while establishing new flexibility for states in mandating penalties for those who do not have insurance and other parts of the ACA. While it is not a perfect solution, the return to bipartisan process is almost as important as what the bill actually says. Somehow in the course of this unfortunate path we have been on, the President now believes that Congress has failed to do its job in not repealing the ACA, and it is up to him to do so in a piecemeal way. This means that the President has become an enemy of bipartisan politics, a method to form compromise that CSWA stands firmly behind. Sens. Alexander and Murray deserve our thanks for their valiant efforts.

There will be more efforts to return ACA to its former support or a new kind of health care delivery, but it will undoubtedly take longer than CSWA would wish. ❖

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

❖ District of Columbia

Margot Aronson

The Health Care Reporting Amendment Act of 2017 (B22-0366), currently being considered by the DC Council, will be important to clinical social workers and to our employers as well.

At present, DC Official Code section 44-508 mandates that hospitals submit reports to the relevant professional licensing Board when a doctor or nurse is fired or made subject to disciplinary action for incompetence, mental or physical impairment, and/or unprofessional, illegal or unethical conduct. However, with no specific time lines, no sanctions, and no tracking, enforcement has been lax. This has resulted in some very disturbing cases wherein a professional has been fired for negative conduct in one facility only to find work at another, and, when fired there for similar cause, at a third.

Last spring, DC Mayor Muriel Bowser requested that the Council address this issue, citing serious concerns about patient care. Bill B22-0366, introduced by Council Chair Phil Mendelson in late June, would provide a thorough remedy. B22-0366 not only establishes a reporting deadline and a financial sanction for non-compliance, but also expands the reporting mandate to all employers of health professionals - hospitals, medical and dental offices, agencies and group practices, schools and universities. Further, it is not just physicians and nurses now; rather, all health professionals are to be included.

From the Bill Summary: "As required, this bill requires an employer of a health professional to submit a written report, within 10 days, of any action taken against a health professional due to incompetence, mental or physical impairment, and unprofessional, illegal or unethical conduct. It also requires health professionals to report disciplinary action taken against them in another state and any malpractice suits filed against them."

Concerns about possible administrative costs resulting from the need for employers and for understaffed licensing boards to monitor reports were raised at the Hearing on October 25th, and will be considered by the Council. The proposed monetary sanctions - up to \$10,000 - may be reduced significantly. (However, it should be

noted that of the four States with a similar law, Massachusetts and California impose "up to \$10,000" fine, Virginia imposes "up to \$25,000" and Florida has "between \$5,000 and \$250,000" fine.) An early draft requirement that all complaints were to be reported had been of great concern because "all complaints" was both vague and all-encompassing; those lines appear to have been eliminated from the current draft bill.

DC Board of Social Work vacancies

The DC Board is still short two professional members, an LGSW and an LSWA. Legislation to ease the requirement for each license to be represented on the Board continues to slowly work its way through the legislative/administrative process, and meanwhile, we really need a full 5- member Board. Are you an LGSW or an LSWA living in DC, with three years experience at your license level? Please consider stepping up for a 2- year term. For more information and/or to submit an application, go to the website of the Mayor's Office of Talent and Appointments (MOTA). It's an interesting and enriching experience. ❖

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

❖ Maryland

Judy Gallant

The summer and fall are traditionally relatively quiet times for the MD Clinical Social Work Coalition aka the Maryland Legislative Committee). It was a wonderful time for our annual Legislative Luncheon in October, which is described elsewhere in the newsletter.

Help offered by the MIA to Appeal Denial of Care

The Maryland Insurance Administration (MIA) wants to help provide and:

- assist family and individuals in understanding their rights when it comes to getting treatment;
- navigate through the process of getting proper coverage through health insurance; and
- understand the laws that protect their benefits for those services.

The MIA has a special unit known as the Appeals and Grievance Unit. The main focus of this Unit is to review cases where insurance carriers may deny coverage or payment based on medical necessity. The Unit is always available by phone (1-877-261-8807) to handle an emergency case for care that has not been provided. If you consider treatment medically necessary, but the insurance company disagrees, you can contact the Appeals and Grievance Unit to file a complaint. The Unit can send medical records to an independent review organization for an impartial determination.

The Life and Health Complaints Unit can review issues related to mental health parity, credentialing and denials of claims for other reasons. If you have questions or concerns about these issues you can call (1-800-492-6116) during normal business hours. You can also call or check the website, www.insurance.maryland.gov, for more information on policies that are outside of their jurisdiction.

Complaint forms and authorizations for the release of medical records are available on the website, www.insurance.maryland.gov. You can have your patients sign the release, and then file a complaint on the patient's behalf. In some cases you may have to go through the insurance company's appeal process first. In other cases, the MIA won't have jurisdiction (such as with someone covered by Medicare, or Federal Employee Health Insurance), but may be able to refer you to an agency that does.

The MIA is offering to come and meet with small groups of providers about the appeals process. If you are interested in participating in such a meeting, please contact Judy Gallant at judy.gallant@verizon.net. If we get enough interest we will set up a meeting with a representative of the MIA for people to attend.

Is there an issue affecting your practice or your clients 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 judy.gallant@verizon.net, or sign up to volunteer on-line at our website. We're stronger working together. ❖

Judy Gallant, LCSW-C, is the director of the Society's Legislation & Advocacy program, as well as chair of the Maryland Clinical Social Work Coalition, our GWSCSW legislative committee in Maryland. She maintains a private practice in Silver Spring.

❖ Virginia

Judy Ratliff

As you may know, the Virginia Board of Social Work (VBSW) is proposing a bill to amend the Code of Virginia by amending sections that would add authority for the Board of Social Work to license baccalaureate social workers as well as masters level social workers. The social workers who would be most impacted are those who currently have the LSW license and those who will apply for the LSW license in the future. The new legislation would:

- enable the VBSW to create an LBSW and a LMSW license.
- enable the VBSW to require the LBSW applicant to take the ASWB Bachelor's level exam.
- enable the VBSW to require the LMSW applicant to take the ASWB Master's level exam.
- define "Masters Social Worker" as a social worker who is engaged in the practice of "non-clinical social work".

The new legislation would specify that the LMSW is "...engaged in a non-clinical, generalist scope of practice of social work to include staff supervision and management..."

Joseph Lynch, LCSW, who is the Virginia Society for Clinical Social Work (VSCSW) Legislative Vice President, made a Virginia Freedom of information request to Jamie Hoyle, Executive Director of the VBSW for information on LSW's. The response was *"The Board does not track the number of LSWs that hold a bachelor's versus master's degree. We also do not have any information about those that are employed in non-clinical/clinical practice, exempt/non-exempt settings or how many are required to be licensed by their employer. We do not track this information either."*

Joseph Lynch, LCSW then independently conducted invaluable research to identify who the current Licensed Social Workers (LSW) are and what their characteristics are. He found that there are currently 846 LSWs. The information provided in this article basically derives from Joe Lynch's research and we are very grateful to have it.

The majority of LSWs (670) or 79% have a Virginia address and 73% of the 670 reside in the major urban areas of Richmond, Northern Virginia, Tidewater and Roanoke. According to Joe, the following are the characteristics of Virginia LSWs: the majority are female MSW's who have had their LSW for over 6 years and range in age from 25 to 82 years old. They work about equally in "Exempt" and "Non-Exempt" settings. Only 10% practice exclusively in "non-clinical" social work practice. While 39% practice, exclusively in "clinical social work" and another 51% practice "a mix of clinical and non-clinical social work". Although the majority the majority resides in Virginia or a contiguous state, Virginia LSWs are also located in 33 other states. The LSWs cite a pride in their credential, feeling it distinguishes them from others in the work setting and underscores their professional identity as social workers who are committed to maintaining a higher standard of practice." ❖

To view the complete LSW study go to:
http://www.vscsw.org/news/vscsw_lsw_study/

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.



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



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

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

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

- It's a rare thing to have a place and a group of people committed to creating a space for one's own and each other's development as a group therapist.
- ...felt grounded throughout the difficult experience of starting a group.
- ...most valuable is Rob's ability to create space...so that what is most essential emerges....
- ...helped me understand more about some of the parallel feelings and dynamics that occur...
- ...the riches of this gathering are just beginning to be measured in my work and in my life.

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

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

I hope you can join me.

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

Friday, 9-11AM, Biweekly

Dupont Circle Metro

1801 Connecticut Ave NW, Suite 300

aida-therapy.com



For more information or to join:

Call **202-455-5546** or email rob.williams.msw@gmail.com

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

LEGISLATIVE LUNCHEON OFFERS HOPE TO ATTENDEES

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Judy Gallant

On October 1st, 2017, members from DC, Maryland and Virginia gathered at Maggiano's Restaurant in Friendship Heights to hear speakers from each of our jurisdictions discuss "Our Current Political Climate: How Do We Get What We Want for Clinical Social Work and Our Patients? Health Policies and Beyond...." They also enjoyed a lovely lunch which included vegan pasta primavera, salad, chicken, fish, fresh fruit and profiteroles.

Judy Gallant, Director of our Legislation and Advocacy Branch, began the afternoon by welcoming everyone and reminding us that our Society began through the efforts of a few dedicated Clinical Social Workers who came together over 40 years ago to advocate for recognition of our profession through licensure in each of our jurisdictions. "Those pioneers did not have experience with legislators or any legal training; they simply had motivation to create an environment for our profession that would nurture our growth and permit us to provide our services independently to our clients. They did it through establishing relationships within their community and with legislators, and through keeping a clear focus on their goal. It is still inspiring." She urged attendees to speak up for the issues for which we are advocating; only that conviction, working together with like-minded colleagues, and earnest discussion of the issues with those that can help us are needed to exact change.

Pam Metz Kasemeyer, our Maryland lobbyist, spoke of her experiences over the past 20+ years as a lobbyist with the Maryland General Assembly. She discussed how, despite all the years she's worked with politicians, she believes that almost all of those that she has dealt with come from a sincere desire to improve conditions for our community. As an example of the positive experience she has had working with Governor Hogan's administration, she described him as realistic and flexible around most issues that have come before him. She did indicate that this coming legislative session is likely to generate few controversial bills, as it is an election year, and, based on her previous experience, many legislators tend to take few risks in those years. Other opportunities for member's involvement include the possibility of working with the Maryland Board of Social Work Examiners as it decides on regulations to

implement the bill on tele therapy that was passed last session, or meeting with representatives from the Maryland Insurance Administration about reimbursement issues. Her optimism about her work and heartfelt lack of cynicism was reassuring to members.

Unfortunately, at the last minute, we received word from Sue Rowland, our Virginia lobbyist, that she was ill and was unable to attend our event. Judy Ratliff, Chair of the Virginia Legislation and Advocacy Committee, filled in beautifully, along with assistance from Dolores Paulson, long active in GWSCSW advocacy and current member of the Virginia Board of Social Work. There was an in-depth discussion about the complexity of proposed changes to licensing categories in Virginia and how GWSCSW and the Virginia Society for Clinical Social Work have been collaborating to ensure that any changes will not be detrimental to Clinical Social Workers. A free-wheeling discussion ensued around what is most helpful to our members.

Our chair of the DC L&A Committee, Margot Aronson, explained how the structure of DC government permits one to get to know council members relatively easily, and to have them know us and our concerns. Because of her and others' commitment to keeping in touch regularly, they are responsive and welcoming of our input. She described how a recent debate around a "Death with Dignity" law unfolded with members of Congress, and managed to become law. Although this was not an issue that we took a stand on, the process was instructive and the understanding of the law is essential to our members.

We ended with a discussion of the importance of engaging all members of GWSCSW in advocacy, including supporting their legislators, responding to legislative alerts and calls to action from the Legislative Committees, and becoming more involved in either the MD, VA or DC Legislative Committees. The lively discussion from all jurisdictions was inspiring to the speakers and planners alike. ❖

POETRY MUSINGS

Beginner's Mind

Wendi R. Kaplan

***"A magic dwells in each beginning...
and, protecting us, it teaches us how
to live." ~ Hermann Hesse***

Ah, beginner's mind.

I remember as a younger therapist participating in a clinical training program with an experienced, wise and respected therapist and teacher. At that time, in addition to working in a wonderful family service agency and seeing some private clients, I was also teaching at American University. I had about ten years of experience and this was the third training program I had participated in since graduate school. I was studying and teaching, voraciously taking in all that I could to better hone my skills and the art of therapy, as well as making the connections as a student of our craft.

At some point the teacher and I were talking during a break and he said to me, "I know you are a teacher, but allow yourself to be a learner here." I felt somewhat chagrined as well as intrigued. And also, relieved! I asked him what he meant and he said that being a learner is a gift. He added that he found that most therapists know well how to give but are challenged to receive. It aroused a curiosity in me and I began to think about and explore what is known in Buddhism as beginner's mind.

In his book *Zen Mind Beginner's Mind* the Zen teacher Shunryu Suzuki says, "In the beginner's mind there are many possibilities, in the expert's mind there are few." This profound concept confounds most of us as we value experts and specialists. And yet, it allows each of us to approach life, people, situations with an openness that belies certainty and sows curiosity and freshness.

When we attempt to cultivate beginner's mind we welcome the newness and awe that children naturally have. We allow ourselves to be uncertain, and therefore give ourselves room for other possibilities and perspectives.

Beginner's mind requires a willingness to be vulnerable, to let go of what we know for sure, to listen even more deeply within. It reminds me of Rumi's lines in "The Zero Circle"

Be helpless, dumbfounded,
Unable to say yes or no.
Then a stretcher will come
from grace
To gather us up.



Wendi R. Kaplan

How does one become a learner?
We begin as learners. As babies, we take in information from everywhere and we are voracious. Babies explore with their mouths, fingers and other senses.

How do we clear our minds? How do we approach life, moments, situations with newness? With a sense of not knowing, in order to create the space for authentic learning and freshness?

Sometimes it is as simple as taking a breath. Take a deep breath, and create an intention of opening your heart and mind to what is present in the moment.

Below are some writing prompts for you:

- When I open myself to the present I notice...
- Letting go of my list in this moment the flower that arises is...
- 'How might I see each client today with new eyes?

How might I see each client today with new eyes? Let us know how you cultivate beginner's mind! I would love to hear your writings or thoughts. Please feel free to email me at wendi.kaplan@verizon.net. ❖

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

DON'T MAKE LISTS

Every day a new flower rises
from your body's fresh soil.
Don't go around looking
for fallen petals
in a fairy tale, when you've
got the golden plant
right here, now,
shooting forth in light from your eyes,
your awakening crown.

Don't make lists, or explore ancient accounts.
Forget everything you know
and open.

~Dorothy Walters~

IT'S ALL ABOUT CHANGE

GROUP SESSIONS

BECOMING YOURSELF

A safe place to examine the core issues of codependency.

**LGBTQ
ADULTS**

A safe place to connect and explore issues of identity

- Boundaries · Self-Esteem
- Love Addiction/Love Avoidance
- Perfectionism
- Needs and Wants

Mondays, 7:15 pm

3000 Connecticut Ave., NW
Suite 137C
Washington, DC
20008

- Affirmation not Alienation
- Coming out of Marriage
- Stages of Coming Out
- Unique Issues in Parenting
- Societal and Internalized Homophobia

Wednesdays, 4:30-6 pm

4400 East West Highway, Suite 26, Bethesda, MD 20814

GRACE RIDDELL, LICSW, LCSW-C, MEd.

E-Mail: GRiddell4@gmail.com 301-942-3237
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COMMITTEE REPORTS

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Continuing Education

Vacant

CEcommittee@gwscsw.org

We are accepting proposals for additional workshop offerings from those wishing to present a continuing education workshop in 2018. Please contact Donna Dietz, GWSCSW Administrator if you are interested in presenting a workshop.

Are you interested in working with our CE committee? We need volunteers to help organize continuing education events. This role requires the chair(s) to review proposals, coordinate event date, time, location, and help with coordinating the logistics for the event.

Early Career

Karin Lee, Katie Smeltz and Chrissy Wallace, Co-Chairs
EarlyCareer@gwscsw.org

Please join the Early Career Committee for BRUNCH on December 3, 2017 from 11:00am-2:00pm at 12117 Whippoorwill Lane, Rockville, MD 20852

Enjoy brunch while connecting with new and old colleagues, and while learning more about the organization and the social work profession from GWSCSW Board Members.

Are you building your social work career or hoping to support others as they build a foundation in the field? Becoming active in the Early Career Committee is a fantastic way to network both with others who share your aspirations and with seasoned social workers! And, of course, this is the perfect opportunity to voice the ideas and events that you would like to see happen throughout the year!

Legislation & Advocacy

Judy Gallant, Director

dirlegislation@gwscsw.org

An article about the successful October Legislative Luncheon "Our Current Political Climate: How do we get what we want for Clinical Social Work and Our Patients? Health Policies and Beyond..." can be found on p. 13 of the newsletter.

Expand your impact, knowledge and friendships!

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

It is widely agreed that given the political climate, local advocacy is currently the most important and effective way to influence the environment that affect our clients

and in which we practice. It is not difficult to talk to people about subjects that we care deeply about, and that is the crux of what we do. Legislators, after all, are also people with their own families and own issues who, in general, care deeply about improving how government and society functions. You do not need to be a subject matter expert to make a real contribution to our efforts.

Additionally, there are personal advantages to joining us. As you get to know others on the committee and they get to know you, they will think of referring clients to you. And if you have a specific interest, say maternal mental health, and have contact through committees you might come to be a part of, that is yet another way people will come to think of you for referrals. And, be assured-Margot Aronson, Judy Ratliff and I have signed a pact that it will be at least a year before you are asked to chair one of our committees!

See individual jurisdiction articles for the latest updates. Be sure to contact one of us with any questions or suggestions you might have, or to join one of the committees: in DC, Margot Aronson, malevin@erols.com; in Maryland, Judy Gallant, gallant@verizon.net; and in Virginia, Judy Ratliff, jratliff48@hotmail.com. We look forward to hearing from you.

Membership

Catherine Lowry & Mary Moore

Membership@gwscsw.org

The fall new member brunch was held on Sunday, November 12th at the home of Cindy Crane, in Bethesda, MD. A wonderful time was had by all.

Beverly Magida LCSW, BCD, our committee's Liaison to GMU's Graduate School of Social Work, attended GMU's MSW orientation for returning and new Graduate MSW students in August at GMU's Student Union. Students interested in joining the GWSCSW were excited to hear about the numerous benefits of membership plus the zero membership fee for students. Students were especially interested in the options of being mentored by skilled clinicians and attending the numerous workshops that could be used towards satisfying CEU credits. The GMU orientation is an annual opportunity for the Liaison to promote student and staff membership in the GWSCSW.

Newsletter

Jen Kogan

newsletter@gwscsw.org

Do you have an idea for an article or feature story? Get in touch so we can talk about it! News & Views comes out four times a year so plenty of time to write something and then see it come out in print! Get in touch now! Contact Jen at jenko108@gmail.com or 202-215-2790.

Social Media

Sara Feldman & Juleen Hoyer
socialmedia@gwscsw.org

The Social Media Committee has been excited to continue to improve our community by helping people connect through social media. We are continuing to update the GWSCSW Facebook page with articles, events, and photos. Please visit the page, like/comment on the posts, and remember to email us photos of GWSCSW events to add to the page! Let us know if you have an idea about how to make the page more relevant to YOU. We are working on getting more traffic to the Facebook page. Please like the page if you haven't already, and share the page with your fellow colleagues! Feel free to email us at socialmedia@gwscsw.org if there is something you would like us to post about on the listserv. We are also available to field any personal questions you may have about your own social media pages and accounts. We'd love more help, so contact us at socialmedia@gwscsw.org if you're interested in joining the Social Media Committee!

Volunteer

Christy Novotney
volunteer@gwscsw.org

We are looking for members who are interested in helping to plan the Volunteer Appreciation Lunch. This is a fun event that takes place in the Spring. Please contact me if you are interested. Also, we are looking for a person who is interested in being the Wine and Cheese Coordinator. As a coordinator you can plan social events with our members. Please consider signing up to volunteer as we have many interesting volunteer opportunities. Check out our website and sign up today! ❖

Some things can't be turned off.



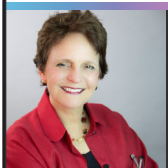
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AND ASSOCIATES**

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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.

www.MyNDTALK with **Pamela Brewer** has received the HONcode Certification - which is granted by the international body, Health On The Net and certifies the veracity and transparency of the website. This Certification is shared with many well-known sites including WebMD and the American Heart Association. MyNDTALK is a daily podcast hosted by member Pamela Brewer @ www.MyNDTALK.org.

Dan Campbell gave a presentation titled, "Apply Oxygen Mask to Yourself First: Self Care Strategies for Caregivers" at the conference, "Navigating the Caregiving Journey" in Woodbridge, Va in early October.

Marie Caterini Choppin has continued her training in working with couples by adding AEDP for Couples (Accelerated Experiential Dynamic Psychotherapy). She took two full week immersion trainings in the summer of 2016 and 2017 and will participate in an on-going five full weekends of supervision with other therapists. Adding the somatic experiencing training of AEDP along with EFT has deepened her work with couples.

Gina Sangster will have an essay and two poems published in the Winter issue of Voices on the topic of aging and a poem in the Spring issue on technology.

Cyndi Turner and **Craig James** have been training clinicians around the country on the controversial topic of alcohol moderation. Including numerous local events like GWCSSW (September 2016), they spoke this summer at NASW- Virginia Annual Conference Virginia Summer Institute on Addiction Studies, American Mental Health Counselors Association Annual Conference, Cape Cod Symposium on Addictive Disorders, and National Conference on Addiction Disorders. To learn more, check out Cyndi's book: Can I Keep Drinking? How You Can Decide When Enough is Enough. ❖

TECH TIPS: GOOGLE VOICE

Sara Feldman and Juleen Hoyer

Google Voice is an app on any type of smartphone that provides a U.S. telephone number, chosen by the user from available numbers in selected area codes, free of charge to each user account. You must have a Gmail email address in order to use Google Voice. Calls to the new number are forwarded to telephone numbers that each user must configure in the account web portal. Multiple destinations may be specified that ring simultaneously for incoming calls. You may answer and receive calls on any of the ringing phones as configured in the web portal.

Users in the U.S. may place outbound calls to domestic and international destinations. Calls may be initiated from any of the configured telephones, from a mobile device app, or from the account portal.

Google Voice may be a good option for therapists who do not want to give out their personal cell phone number, do not have a landline, or who want to keep their personal and business contacts on separate phone numbers. There is an option for “do not disturb,” so you can send people straight to voicemail when you are done working for the day. You are also given the option when someone calls your Google Voice phone number to answer the call or send them directly to voicemail. You can create a separate voicemail greeting than that of your personal cell phone.

There are many other useful features that come with Google Voice: voicemail, free text messaging, call history, conference calling, call screening, and blocking of unwanted calls. A feature that may be useful for many therapists is the feature of transcribed voicemails (ie you can read a transcription of the voicemail that has been left for you—a useful tool for in between sessions!) While the transcription is not always 100% accurate, it is close enough that you can extract the meaning from the written transcription. Transcribed and audio voicemails, missed call notifications, and text messages can optionally be forwarded to an email account of the user’s choice.



One thing to be cautious of, Google Voice is technically not HIPAA compliant. However, per the Zur Institute:

The 2013 HHS-HIPAA regulations refer to the idea that covered entities are permitted or allowed to send clients unencrypted emails and texts, which may include confidential information, if two conditions are fulfilled:

1. The client requests and agrees to such unencrypted digital communication after he/she has been advised of the risks (i.e., informed consent)
2. If the covered entity has conducted and documented an analysis regarding different email or text communication options in regard to cost, risk, applicability, suitability, security, etc.

If the covered entity’s (i.e., therapist’s) analysis proves that encryption turns out to be too expensive and difficult to implement due to the covered entity’s size (i.e., solo private practice) and capabilities, and seems to add little value to the overall security of PHI, then HIPAA allows the covered entity to forego encryption, after the client has been informed of the risks. It is important to remember that HIPAA regulations are scaled. That means that solo practitioners or small operations are expected to implement and invest much less than larger operations, such as large clinics and hospitals. ❖

Sources: Wikipedia and the Zur Institute

ADVERTISING

Advertisements, accompanied by full payment, must be received by the GWSCSW by the first of the month preceding publication. Material should be sent to gwscsw.ads@gmail.com. For questions about advertising, call 202-537-0007.

Classified Ads: 75¢ per word	Display Ads: Full page 7 x 9½	\$325	Half page	\$250
Minimum price \$15 (20 words)	Quarter page 3½ x 4½	\$125	Horizontal: 7 wide x 4½ high	
	Eighth page 3½ x 2¼	\$ 75	Vertical: 3½ wide x 9¼ high	

Size of display ads indicated above is width by height. These are the only sizes that will be accepted. Electronic submission (PDF) preferred. Publication does not in any way constitute endorsement or approval by GWSCSW which reserves the right to reject advertisements for any reason at any time.

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

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Large L-shaped windowed office, with full sun on 5th floor in Farragut North business district, available part-time immediately and possibly full-time as of January 1. Four-room suite in modern office is near White House, Mayflower Hotel and National Geographic, at intersection of Red Line and Blue/Orange Metro lines, just off Farragut Square. Many senior Executive Branch, congressional, legal, private consulting, non-profit, trade association, union and corporate clients within easy walking distance. Marble entryway, 24/7 concierge, upscale art-filled modern waiting room, three daily world-class newspapers and coffee-tea for clients, internet and phone/fax for counselors. Bonus features include several highly experienced and friendly colleagues, with many inter-referrals. Reasonable rates. Please contact Ed directly by email. ed@edwardhonnold.com

Social Work Licensing:

DC, MD, VA

Friday, December 15, 2017

10:00 AM - 12:00 PM

Description:

This workshop is for social work students, recent graduates, LGSWs, LCSWs, and social workers who are changing level of licensure or jurisdiction. There will be a panel of representatives from each of the three licensing boards, who will present an overview of the regulations. Following the presentations, there will be a question/answer/discussion period. In addition, participants will receive a handout summarizing the regulations.

**Catholic University--Caldwell Hall 620
Michigan Ave. NE Washington, DC 20064**

NEWS & VIEWS FEEDBACK

Do you have thoughts or feedback about something you read in our latest issue? Perhaps something struck a chord?

We want to hear from you! Your opinions about clinical and legislative articles, practice building tips and regular columns are most welcome.

Send your feedback to newsletter@gwscsw.org

Questions? Contact Jen at jenko108@gmail.com

NEWS & VIEWS SUBMISSION GUIDELINES

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

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

Submissions will be reviewed and are subject to editing for space and clarity.

We Want YOU!

Every two years, we have a changeover in our society's leadership as the two-year terms come to an end. Fortunately, some folks stay on for a year, allowing for continuity and institutional knowledge at the same time that the new board members bring in fresh energy and ideas. We are coming to that point in the cycle, as the current term ends in June. Election of the new GWSCSW officers will take place in the spring.

Additionally, we always welcome new volunteers to help out in tasks that range from one-time two-hour commitments to more ongoing efforts such as our diversity project or a committee position. We have a wonderful esprit de corps and don't believe in micro-management: we love people to bring their own creativity and vision. So, please consider joining in the fun and the work!



Why join the GWSCSW Board?

- **Give back to the profession**
- **Develop leadership skills**
- **Lead the society activities and help to promote the profession**
- **Advance your career**