

40th Anniversary Event Celebrates Members Talents

Sara Feldman

On Sunday October 18th, the 40th Anniversary Committee held its last anniversary event. This event highlighted our very own members who have talents of their own besides being wonderful clinical social workers. Our performers/artists included: Beth Altman (photography), Judy Gallant (painting), Grace Lebow (painting), Meredith McEver (clay masks and painting), Helen Power (acrylics), Joyce Smith (painting), Connie Ridgway (singing), Grace Gray (poetry), Kate Rossier (singing), Gina Sangster (poetry), Gil Bliss (singing and guitar), and Eileen Ivey (poetry). Thank you so much to all of our performers and artists who shared their talents with us!

There was also a book swap and a volunteer fair where people could sign up to volunteer with a committee of interest. Finally, Lynn Grodzki spoke about the future of social work practice.

It has been a blast planning all of these events this past year. We could not have done this without the support of our gracious sponsors: American Addiction Centers, Dominion Hospital, Caron Foundation, the Psychiatric Institute of Washington, Guttman & Pearl Associates, The Stone House, Lotus Point Wellness, Susan Post, Terry Ullman, Kelly Haines, and Janice Edwards. We hope that all of our members were able to engage in the 40th year celebratory events in some way, shape, or form! Here's to the next 40 years! ♦

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Connie Ridgway adjusts the mike for Gil Bliss



Paintings by Joyce Smith



Gina Sangster Reading Poetry

GWSCSW News & Views

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President's Message

Nancy Harrington



This past year has been an auspicious one as we celebrated our 40th anniversary together. You may have flipped through The President's Chronology, which was distributed in a beautiful pamphlet form at the Gala Event in May, (created by our wonderful Executive Administrator, Donna Dietz). It was printed in the last News and Views issue, and gives a bird's eye view into each of the Presidencies over the past 4 decades.

The reorganization of the Board over this past year is as dynamic as our leadership. It is constantly being reworked and improved upon with feedback. The Bylaws, which were revised and worked on by Sue Stevens and Susan Post are almost finished, and will be brought before the Board for a final vote in January, after which they will be put on our website. [Note: the last revisions were in January 19, 2003] The Policies Manual has been in the works for many months as well. Board members have written descriptions of their respective committees, and the workings of the Society have been laid out extensively in this manual, with the ultimate goal of simplifying and explaining roles for members to join in at every volunteer entry level. These efforts will all be part of the manual along with procedures for running the Society.

Society Survey

One of our major initiatives over the past year has been to create, collect and analyze the results of the Society survey. Steve Szopa and Sue Stevens were the primary authors of the initiative, and Board members all participated in helping construct the survey. We spent our last Board meeting examining the results to learn everything we could about the current needs of our membership. We hope to implement as many of your suggestions as we can. More information will be forthcoming in an upcoming article by Steve Szopa to be printed in our next issue of News & Views. My guess is that you will find the results as interesting and educational as we did. Take a look at the illustration of "The Big Picture" overview of what we learned. [Link to "Big Picture"]

The Final Event of our 40th Anniversary Celebrations

This event marked the third and final 40th Anniversary Celebration planned, organized and presented by our talented 40th Anniversary Committee. Gloria Mog, Marie Choppin, Sara Feldman, Roni Lapan, and Julie Lopez. They worked tirelessly and it showed in every aspect of their offerings. (Check out our GWSCSW Facebook page for some of the pictures from the event) It was sensational! What a talented group we have!

I want to thank all of them. It has been so much fun, beginning with the kickoff event in March, with music, singing, fun games, and networking. This was followed by the May Gala which surpassed our expectations. And now, the finale with an event recognizing the talents of our fellow members.

Much gratitude to Theresa Beeton for chairing the Volunteer Fair and (wo)manning the Volunteer table with home made goodies and surprises. Grace Lebow assisted Theresa, bringing her art, and offering to donate a piece to be won by a Volunteer at the Volunteer lunch in the Spring. Another huge thanks goes to the Board members, who were there to answer questions about volunteer positions. They were very successful in welcoming eight new volunteers. If you missed the event and would like to be part of things, please just go to our website under "Volunteerism." It's easy to sign up and worth the time and energy!

Much appreciation to Irene Walton for running the Book Swap and to our many book donors. Irene left with the rest of the books to donate to the Used Books Library. As you may recall, Connie Ridgeway emceed and led our songfest at the first event. After introducing all of our talented members, this time, Connie led us all again in singing the song we sang in March, "Lean on Me", bringing the three event year of celebrations to a close. Thank you to all who have attended and/or helped out in any way for these three events and for the others hosted by our Society.

We are now well into the second year of my term as Society President. As you are reading this, we are starting to think about the next administration. Might you be interested in getting involved? I have found this to be such an exciting place to be! Helping with policy decisions, creating opportunities for people to connect, coming up with new ideas and networking. No job or commitment is too small. Jump in somewhere so you can start to build relationships that can last a lifetime. ❖

[The National Catholic School of Social Service at CUA is pleased to announce our Spring lineup of Professional Development workshops. Please see our website for full details of each event, registration links, CEUs and presenter backgrounds: <http://ncsss.cua.edu/ce/>

1.8.16 Eileen Dombo
Intro to DSM 5 & ICD-9

1.29.16 David Jobes
Suicidology

2.5.16 Lisa Kays
Using Improvisation Techniques to Improve Mood

2.12.16 Jen Charles
The Stigma of Mental Illness

2.22.16 Paul Scherz
Biomedical Ethics

3.4.16 Randall O'Toole
Using Motivation Interviewing with Adolescents

3.18.16 Lisa Cullins
The Bipolar Child

For questions or more information, please contact Ellen Thursby (Thursby@cua.edu) or Allyson Shaffer (shaffera@cua.edu) in the NCSSS Professional Development Office at (202)319-5457. Look forward to seeing you in the Spring!

3.21.16 Robert Scuka
Relationship Enhancement Therapy

4.1.16 Veronica Cruz
Beyond Cutting: An In-depth look at Self-Injury

4.29.16 Patrice Forrester
Bibliotherapy

5.13.16 Veronica Cruz
Impact of Parental Substance Abuse

5.20.16 Eileen Dombo
Treating Moral Injury

6.3.16 Jon Fredrickson
Intensive Short-term Dynamic Psychotherapy



How and When to Consult With a Sex Therapist



Gail Guttman

In the late 1950s, Masters and Johnson developed sex therapy as a cognitive behavioral therapy (CBT) model. Sexual dysfunctions were addressed through the lens of an anxiety hierarchy. Initially, sex therapists started with a behavioral technique to create the least amount of anxiety. After a patient became comfortable with that activity, they would move on to the next level in the hierarchy.

Using this model, let's consider a male client who suffers from premature ejaculation. To start, we conduct a sexual history exam, often with the male and sometimes with his partner. Cognitively, we help the client and his partner understand that premature ejaculation is a result of a lack of awareness (i.e., mindfulness) of the point of ejaculatory inevitability, also known as the point of no return. We inform the couple that treatment is about developing an awareness of the point of no return and slowing down, stopping stimulation or changing the current activity as they approach this point. We start with a behavioral technique, which as stated above, creates the least amount of anxiety, i.e., masturbating until they approach the point of no return. Then they stop stimulation until the desire to ejaculate has subsided. After that, they resume stimulation. They go through this process three times and on the third time allow themselves to ejaculate. Once they develop confidence in this process they move to the next exercise, which includes the partner's presence while they masturbate. Such exercises continue in intensity until the couple is ready to move to intercourse. Sometimes, this CBT model is enough to help the client move beyond their sexual dysfunction to a more satisfying sexual relationship. In such cases, a sex therapist could work simultaneously with another couples/individual therapist.

In our GWSCSW community, we often read of requests for sex therapists to work with clients who are seeing other individual or couples therapists. These can be tricky referrals since problems often

go deep and a "quick fix" isn't always the answer. Often CBT alone is not enough to help the sexual problem, as there may be more complexities involved.

A recent case of mine presents with a male who is experiencing premature ejaculation. This client's history reveals a mother who checked his sheets every morning to see if he had had a wet dream. He suffered a great deal of shame and small "t" trauma around his sexuality. The client coped by avoiding sex with his wife, as he did not want to feel a sense of failure and inadequacy. Medically, his testosterone level was checked to rule out any physical causes for his lack of desire.

The client's wife was angry with him and sexually unsatisfied. In her view, intercourse is the most important part of their sexual experience and one in which she feels loved and desired. She has a history of relationships in which she had good sex with unkind men. She then married a man who is kind, but filled with sexual anxiety. She has been unable to put sexuality and intimacy together. They both grew up in families where there was a great deal of criticism and were thus very performance-oriented in their work and home lives. Their need to perform well was also creating anxiety in their sexual relationship.

Many factors are involved in the treatment of this case. There are intra-psychic, psychodynamic issues to be addressed. There are relationship dynamics, which are creating more stress, conflict and a power struggle. It is always important to rule out medical issues. The presenting problem of premature ejaculation could not be treated solely with CBT. Additionally, if a therapist had worked with the attachment issues without CBT, the sexual problem would not have been "solved." In my experience, a sex therapist and another couples therapist should not be working with this couple at the same time. To me, such a case would be ripe for triangulation and splitting. There is a certain kind of weaving of therapy approaches which can be carried out most effectively by a couples therapist who is also trained in sex therapy. Such a therapist can listen to the individual and

couple themes and know which interventions are needed and when. If the male or female was in individual therapy dealing with these issues, it would be possible for that therapist to collaborate with the couples/sex therapist. However, the individual therapist would need to be open to learning how to weave sex therapy approaches into the treatment in a way that supports the couple therapy.

We cannot separate sex as a different phenomenon in life which is not affected by our personal history and couples dynamics. Collaboration with a sex therapist is possible if the individual and/or couples therapist is willing to use the sex therapist as a consultant. The sex therapists in our GWSCSW community are often available for consultation. Using any of the sex therapists in our Society as a consultant on a case with sexuality issues or dysfunctions could prove to be a rich learning experience. ❖

Gail Guttman, LCSW is a partner at Guttman & Pearl Associates in Washington, DC and suburban Maryland. Gail is a certified Imago couples therapist, certified Imago consultant, certified sex therapist and supervisor. As an experienced consultant for other therapists in couples and sex therapy, Gail also leads consultation groups.

CSWA Summit

Nancy Harrington

On October 3, 2015, I had the great pleasure of attending the Annual Clinical Social Work Association (CSWA) Summit. GWSCSW Vice President, Steve Szopa and other board members, Judy Gallant, and Margot Aronson, along with Joel Kanter, as CSWA members, were in attendance as well.

Think of it as the the 'United Nations of Clinical Social Work' everyone in attendance is a President/Director representing his or her own respective state Society. Susanna Ward, CSWA President, and Melissa Johnson, Vice President, and the rest of their Board Members were hosts to our large group.

At the moment, there are twenty state Societies in the United States, seventeen of which are members of CSWA. The goal is to sign on the remaining three by this time next year, so that every Society in the US is represented by (and advocated for) by the CSWA.

At the Summit, we all shared ideas and histories of our own Societies. Later, we heard Laura Groshong enumerate a myriad of accomplishments in advocacy at the national level from the past year, as well as some initiatives moving forward.

In addition to numerous meetings on the Hill, the CSWA has met with many high level officials, HHS, the Medicare Director, and has a meeting scheduled with officials from the White House. The discussions have centered around increasing our Medicare reimbursement rates, which are currently 75% of what psychiatrist and psychologists receive for the same codes of service. Although the White House health legislation specialists had to cancel the meeting at the very last minute, they made a commitment to reschedule. Margot Aronson, CSWA Deputy Director Policy & Practice (as well as chair of our DC Legislation & Advocacy Committee) will be heading the CSWA team of Judy Gallant (who is also Acting Director of our Legislation & Advocacy Program), Chantay White, and Betsy Amey. We look forward to hearing the outcome.

As you know, I reached out to the membership before the Summit to gather examples of issues of insurance denials and complications. I appreciated your responses and passed them on to Laura to use in supporting their case and cause in advocacy. I am so appreciative of the relationship and partnership we have with the CSWA and the work that they are doing on our behalf. I am hopeful for a long and enduring relationship. ❖

LEGISLATION & ADVOCACY

❖ FEDERAL

Laura Groshong, Director for Government Relations, Policy and Practice

Clinical Social Workers, along with our health and mental health colleagues, breathed a huge sigh of relief when, this summer, Congress at last repealed the much-reviled “SGR” – that formula based on the Medicare Sustainable Growth Rate, which has been cited every spring, year after year like clockwork, as the reason that devastating cuts in provider reimbursement rates were about to go into effect.

And then, for each of the past seventeen years, Congress has pulled back at the very last minute, creating temporary relief with a one-year postponement on the threatened cuts. The pattern became so familiar that it was commonly referred to in the Media as the “Doc Fix.” Finally, this year, Congress resolved the SGR issue – with no cuts! – by passing the Medicare Access and CHIP Reauthorization Act (MACRA).

The end of our annual cliff-hanger is unquestionably cause for celebration. However, we need to be aware that changes are in store.

Changes MACRA will bring

On July 8, the Centers of Medicare & Medicaid Services (CMS) released its proposed 2016 Medicare Physician Fee Schedule. While this proposed rule always covers a wide range of significant payment issues, it has special weight this year, signaling the beginning of extensive rulemaking that will implement MACRA, a value-based system that encourages providers to take risk on their patient populations.

If MACRA lives up to its promise, health care could begin to look very different in just a few years. MACRA will introduce unprecedented provider

accountability into the system, changing the incentives around patient care.

In its proposed rule, CMS will be implementing two “tracks” in MACRA, the Merit-Based Incentive Payment System and the Alternative Payment Model track. Under the first, the Merit-Based Incentive Payment System, provider payment will be tied to performance in four key areas:

1. Quality;
2. Treatment length;
3. Clinical outcomes; and
4. Use of electronic health record technology.

Under the Alternative Payment Model (APM) track, those providers who derive a significant and increasing portion of their revenue over time from a “qualified” APM may receive a bonus payment.

CMS seeks input for Alternative Payment Models

Although CMS indicates that it welcomes feedback on any topic related to APMs, the proposed rule also states that a separate Request for Information (RFI) will be issued in the near future to gather more targeted stakeholder input. According CMS, topics to be covered in its RFI include questions on the following:

- Criteria for assessing physician-focused payment models;
- Criteria and process for the submission of physician-focused payment models eligible for APM;
- Qualifying APM participants;
- The Medicare payment threshold option and the combination all-payer and Medicare payment threshold option for qualifying and partial qualifying APM participants;
- The time period to use to calculate eligibility for qualifying and partial qualifying APM participants;

- Eligible APM entities;
- Quality measures and EHR use requirements; and
- The definition of nominal financial risk for eligible APM entities.

While it is clear that much remains to be developed, this outline of questions gives LICSWs some idea of how the basis for mental health reimbursement will be changing in the next few years. CSWA will be responding to CMS as the process unfolds; we will keep you apprised of the way that the delivery of psychotherapy services evolves.

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.

Questions about ICD-10?

Visit the GWSCSW website for handy links to consult with your ICD-10 questions.

Information is also available under the Education link on our website.



Clinical Social Work Association

Membership in CSWA is an investment in your professional growth and development. Remember, CSWA is the only national organization that advocates for your interests! VISIT OUR WEBSITE AND BECOME A MEMBER TODAY!!

CSWA has been on the front lines to ensure your ability to provide quality clinical care in the foreseeable future. We are currently actively involved in promoting clinical social work mental health services in the Essential Health Plan and protecting Medicare reimbursement. These legislative and policy changes, at the national level, directly affect your ability to practice within your individual states.

CSWA is an independent membership organization which means that social workers need to join as individuals, even if you are member of a state society. Without membership in organizations at state and national levels, your interests are not being protected. The CSWA needs your support to continue with the important work being done nationally -- advocating for the clinical social work profession.

Please join us and receive the following benefits as a result of your membership:

- Legislative advocacy for adequate reimbursement for licensed clinical social workers.
- Ongoing efforts for more effective mental health treatment coverage in the essential benefits.
- State society advocacy and consulting.
- Up-to-date clinical information that informs your practice.
- Free consultative service for legal and ethical questions.
- Discounted comprehensive professional liability insurance.

www.clinicalsocialworkassociation.org

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❖ District of Columbia

Danielle Drake

New Release of Mental Health Information Form in DC

The DC Ombudsman for Health Care and Finance recently created the DC Clinical Mental Health Subcommittee and charged it with the task of developing a form to provide for the release of mental health information for use by home health care agencies. The agencies have requested a system that would allow their aides to receive relevant mental health information about their clients, in order to provide for continuity of care.

In creating the form, our Society representative pressed for limiting the amount of information released to what is presently spelled out by the DC Mental Health Information Act and the DC Patient Bill of Rights. These two pieces of legislation limit the information we, as therapists, can release to third party payors to the following:

- (1) Administrative information;
- (2) Diagnostic information;
- (3) The status of the client (voluntary or involuntary);
- (4) The reason for admission or continuing treatment; and
- (5) Prognosis and estimated length of treatment.

A copy of the new release form to be used by home health care agencies will be made available on the Society's website under the "Archives" tab.

Advocating for limited release of Mental Health Information to Health Care Providers

Simultaneously, we learned that Councilmember Yvette Alexander was also drafting a proposed amendment to the DC Mental Health Information Act, titled, "Behavioral Health Coordination of Care Amendment Act of 2015". This amendment would allow for the broader release of fairly detailed mental health information to "health care providers."

We contacted Councilmember Alexander's Chief of Staff, J. P. Brandt and met to discuss the draft amendment. The meeting was successful in providing an opportunity to clarify the need for privacy protection of mental health treatment records and citing local and federal legislation supporting privacy protection of mental health treatment records. We also informed him about the similar efforts underway by the Ombudsman's Clinical Mental Health Subcommittee and provided a draft of that committee's new release form.

It is not clear the extent to which Councilmember Alexander's recent proposal incorporates our suggestion to limit the amount of information to be released. It appears that the form created by the Clinical Subcommittee will NOT be used. Furthermore, it appears that the crucial issue of informed consent is not being addressed sufficiently in the current version of the bill.

On another front, the DC Department of "Behavioral" Health has moved forward with electronic records implementation. We had met with them last year to press for caution, given the expectable security breaches we believe will occur.

We are reminded once again, how fragile our system of privacy of mental health records can be. ❖

Danielle Drake, PhD, LICSW, is a member of the DC Legislative Committee. She maintains a psychotherapy and psychoanalysis private practice in Falls Church, VA. Additionally, she is a Clinical Professor at the Georgetown University School of Medicine, and at the George Washington University School of Professional Psychology.

❖ Maryland

Judy Gallant

At the end of October, we bid a fond farewell to Alice Mutch, our dynamic Maryland lobbyist of many years, who has retired to spend time with her husband in the beautiful state of Maine. She has helped Clinical Social Workers in general, and the Maryland Clinical Social Work Coalition in particular, get recognized in legislation over the course of her time with us. She has been a strong advocate for increasing our reimbursement rate, even if that has fallen on deaf legislative ears. We wish her a relaxing and fulfilling retirement, and thank her for the excellent guidance she has provided to our organization for over the past 10 years.

We are excited to welcome our new lobbyist, Pamela Metz Kassemeyer, and the backing of all the associates in her law firm, Schwartz, Metz & Wise, P.A. Pam has over 25 years of lobbying experience in health care and environmental policies, among others. She has a calm and authoritative presence, and we are very happy to be working with her and her firm around issues important to our organization. Those of you who were able to attend our legislative program “Everything You Always Wanted to Know about Advocacy, But Were Afraid to Ask” were able to learn from her (and other’s) expertise. If you were unable to attend in November, we hope you will get to know her at future events. You can learn more about her here: http://smwpa.com/portfolio_item/pam-metz-kasemeyer/

The summer and fall are traditionally relatively quiet times for the Maryland Legislative Committee, but we have addressed a number of issues through collaboration with other organizations and responding to requests for our input.

A subcommittee of the Maryland Board of Social Work Examiners was considering regulations around Child Custody Evaluations and child therapy for children of divorced parents. Thanks to

strong advocacy on our part (with special thanks to Linda Friskey and Joel Kanter who attended some of the subcommittee meetings), as well as support from the Private Practice committee of NASW-MD, we were able to convince the Board that regulations were not appropriate for child treatment. We did agree that it was appropriate for the Board to set standards for Child Custody Evaluations. Those standards will likely appear in a newsletter sent to Maryland Social Workers from the BSWE.

Advocating for higher reimbursement

We responded to a request for comments on a Maryland Health Benefit Exchange (MHBE) Network Adequacy Workgroup Report and advocated that the MHBE examine impediments to network adequacy, including the fact that reimbursement rates for LCSW-Cs are only 75% of the reimbursement rate of psychologists for the same procedure codes. We discussed how low reimbursement rates make supporting oneself difficult for the private practitioner in network with insurance companies, and has led to many removing themselves from these networks. We also pointed out problems that occur when provider lists are inflated by listing providers who are unable to assume the care of additional consumers. We discussed pleas we frequently get from clients who have called numerous mental health providers on their insurance company’s provider list to no avail. They are suffering with mental health issues and are unable to access treatment, in spite of being insured.

Teletherapy recommendations

State Delegate Kirill Reznik requested our input on legislation he intends to propose this coming legislative session regarding teletherapy. Our recommendation is that the Legislature require the Licensing Boards of the appropriate professions to set their own standards for their licensees by December 30, 2017. The standards should be required to include:

- How to ensure privacy of client through secure connections, privacy of sessions, as well as privacy of records;
- How to ensure client safety (needing to contract with client about emergency procedures);
- How to ensure that out of state practitioners seeing tele therapy clients located in Maryland are held to the same standards as Maryland licensees seeing tele therapy clients in Maryland;
- Any training or CEU requirements the Board may feel is necessary for their licensees to be permitted to engage in teletherapy.

Many issues will be raised in the 2016 Legislative Session. Is there something that makes your blood boil? Would you like to make a difference, not only to your clients but also to thousands of others around the State? Contact Judy Gallant at jg708@columbia.edu. We're stronger working together. ❖

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

❖ Virginia

Judy Ratliff

Many of Virginia's members of GWSCSW may not know that our Society and the Virginia Society for Clinical Social Work share a lobbyist, Sue Rowland. Judy Ratliff, Chair of the Legislative and Advocacy Committee, and others attend the quarterly meetings of the VSCSW Board of Directors as the representative of GWSCSW, and report back to our Board. One of the items on our joint agenda will be for the legislative chairs to meet with Dr. Jack Barber, the Acting Commissioner of Mental Health. Another will be to identify potential future legislation that we feel is important and outline a plan to move it forward.

We hope that you will follow legislation in the 2016 legislative session. Legislation that impacts Clinical Social Workers and our clients

generally comes out of one of the following four committees:

1. The Senate Courts of Justice
2. The Senate Education and Health Committee, especially The Health Professions Subcommittee
3. The House Courts of Justice Committee: David Albo is the chairman, and he is especially interested in mental health issues.
4. The House Health, Welfare and Institutions Committee

It would be worthwhile to pay attention to the work of these committees, as well as to the work of their members. They will have the most influence over our concerns.

This is an election year for all VA legislators. We hope that you all voted for those legislators who will support legislation that will protect our vulnerable citizens and our professional concerns. In order to view House and Senate races, both contested and uncontested, go to <http://vpap.org/updates/1960-uncontested-seats/>. If you are unsure of your district member or legislator's name, the "Who's my Legislator" page provides the answer to these questions at <http://whosmy.viriniageneralassembly.gov/> ❖

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.

A Fond Farewell and a Warm Welcome

We are saying good-bye to Alice Mutch, our lobbyist in Maryland for many years (only our second lobbyist, after Steve Buckingham, who some may remember). We welcome Pam Metz Kasemeyer as our new lobbyist. See Maryland update for more information.

5 Reasons Your Practice Should Be Online



Marie Choppin

Seven years ago, I wrote an article for News & Views about the many ways in which the internet impacts our lives: how we communicate, how we interact with clients and colleagues, and how we receive continuing education. These days, the biggest shift is in how we use the internet – more blogging, more apps and more people using smart phones and tablets.

This change extends to how we run our businesses if we want to stay in practice and expand over time. While referrals from colleagues continue and meeting face-to-face is vital, we also need to have a presence on the web. Below are 5 reasons that I believe you must get online if you want to grow your practice:

1. A majority of people use the internet. As of January 2014 in the US, 74% of online adults use social networking sites. Worldwide, internet usage has grown tremendously; in 1995, it was less than 1%. Today approximately 40% of the world's population has an internet connection. The number of internet users has increased tenfold from 1999 to 2013.

2. Almost every potential client who contacts you has looked you up online prior to even contacting you to find out more about you, your practice, your theoretical orientation, reviews about you, etc. This is true no matter where the potential referral comes from

Most clients who contact our practice say they have read about our approach on our website. If this online information about you or your practice is not available, they are less likely to reach out because they may believe you aren't a legitimate professional. Most clinicians have a Psychology Today profile, which is helpful, but having a website allows you to define yourself and your practice more clearly, authentically and

with more detail. This means the clients who call you are already connecting with you because of what they have read about you and are more likely going to look like your 'ideal client.'

3. Using the internet to blog, post articles about mental health or share others' blog posts helps to de-stigmatize mental health issues and raise awareness which, ultimately, encourages access to services.

Although perceptions about mental health treatment have changed over the years, there is still a lot of fear, many myths and tremendous shame about going into therapy. Unfortunately, because of this, many people don't get help when they need it, wait too long to finally make the call or don't get it at all and are left suffering. As mental health professionals, it is our duty to reach out and educate people about the benefits of obtaining early treatment.

4. Using social media (Facebook, Twitter, Instagram, Mail Chimp newsletters, YouTube, etc.) to market is an easy way to share information with your potential customers, especially the 'tech savvy' younger generation.

Before the internet, marketing consisted of meeting colleagues and writing letters to potential referral sources, sending out postcards, doing presentations, and making phone calls. While using those means of advertising is still valuable and necessary, having a way to connect with many people at once means that you can easily let people know about your services with no or nominal cost.

Being a member of a listserv, using e-mail and sending out online newsletters help spread the word with the click of a button. Additionally, since the younger generation only uses social media, this is the most efficient way to market your services to them since sending a letter in the mail or an email to those under 25 won't work as they simply don't respond or look at e-mail. In our

profession, as in others, keeping up with what is happening in our culture is vital to being able to connect and relate to our clients.

5. Finally, even though most of us feel that in-person therapy is the most effective treatment modality, the reality is that more people in the future will be interested in and perhaps benefit from receiving some kind of on-line therapy using Vsee or Skype.

Nowadays, clients often travel for work, are overscheduled with other activities and not able to come in weekly for therapy. This is a frustrating situation but is often the reality of peoples' lives in the D.C. area. If clients aren't able to come in weekly, sometimes it can feel that therapy isn't effective. Consequently there may be times when a phone or Skype session is useful to continue the therapy. Some therapists may never offer the option of a phone and/or online therapy session. However, as regulating boards begin to change around this issue, it is likely that more and more people (especially those not able to access therapy near their homes) will need to go online to get help.

It is incumbent upon us clinical social workers to meet our clients where they are by adapting to changes in technology. Doing so will allow us to join with our clients and connect with colleagues as we grow our psychotherapy practices. ❖

Marie C. Choppin, LCSW-C, LICSW, Certified EFT Therapist is Founder/Director of Lotus Point Wellness, Inc in Silver Spring and Bethesda, MD.



Remember you can find past issues of
GWSCSW News & Views at

www.gwscsw.org

Social Work Supervision in the District of Columbia

Margot Aronson

When a question is raised about who can be a supervisor of a graduate social worker earning the advanced clinical social work license, and what that supervision should look like, the answer depends upon the jurisdiction. Though there is some overlap, our three GWSCSW jurisdictions have some dramatically different requirements, as for example:

- Maryland's Board of Social Work Examiners requires a would-be supervisor to have an LCSW-C and have completed 12 required hours of supervisory training in order to be placed on their list of approved supervisors.
- Virginia's Board of Social Work requires 14 hours of continuing education in supervision every five years for an LCSW to qualify to guide a master's level social worker to advanced clinical licensure.
- In the District of Columbia, the Board of Social Work requires only that an LICSW be in good standing to be qualified as a supervisor to assist LGSWs working towards their LICSW.

While the DC qualifications to be a supervisor may seem comparatively minimal, it is important to understand the parameters of the supervision itself, which are carefully defined in the District's regulations and guidance documents.

DC Municipal Regulations for Social Work

The must-have resource for both supervisor and supervisee in the District is the D.C. Municipal Regulations for Social Work. This document provides detailed instructions on supervision. It outlines: (1) what must be in the contractual agreement between supervisor and supervisee; (2) the responsibilities of each party; and (3) the requirements for registration and contact with the Board of Social Work. It also details the regulations governing social work practice in the District with which all social workers must be familiar. DC

Municipal Regulations for Social Work is a 22-page document – not a difficult read, as it is organized with clear headings and there's plenty of space for making notes between lines and categories. While there are two sections - 7012 and 7013 - specifically related to supervision, it is the expectation that supervisor and supervisee will make themselves familiar with all the regulations. (You can download this document at: <http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Social%20Work%20Regulations.pdf>.)

Guidance Document on Supervised Hours

The Guidance Document titled "Policy Statement" (on the DC Board's home page among the links to general information about the Board) will be of critical importance to supervisors and supervisees, as it delineates which activities will count in the 3,000 hours of supervised practice an LGSW needs - hours and activities that will need to be documented, signed, and submitted to the Board. While a Guidance Document does not have the legal strength of a regulation, it provides information on how the Board is likely to respond when certain issues arise, and is often a precursor to establishing or clarifying regulations. The "Policy Statement" on supervision – relevant to social workers who are supervising off-site, as well as on-site supervisors - can be found at http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Policy_Statement_casemanagement.pdf.

Raising Questions, Being Heard

Supervision is critical to the development of each new generation of clinical social workers. The Board of Social Work works for us to clarify expectations and maintain high professional standards. Our obligation is to be familiar with the rules and regulations governing social work in the District, to become comfortable finding our way around the Board's website (and making sure supervisees are comfortable with doing the same) and to alert the Board when there are questions, concerns, or complex issues that need their attention.

The Board's Open Meeting begins at 9:00 AM on the 4th Monday of each month at the Department

of Health headquarters (899 North Capitol Street NE, about two blocks from Union Station), and generally lasts an hour and a half. (For more detailed information, phone the Board at 202/442-5955.) The GWSCSW Legislation & Advocacy Committee for DC attends these meetings, to provide our comments and to be sure we have up-to-date information as changes take place. We would welcome assistance in this and our other DC legislative interests; please contact me at 202/966-7749 if you can help out. ❖

Margot Aronson, LICSW, is currently the chair for the GWSCSW Legislation & Advocacy Committee for DC, as well as Deputy Director for Policy and Practice for the Clinical Social Work Association. She maintains a small private practice in the District.

Special thanks to Larry Cohen, LICSW for his assistance gathering information on the documents mentioned above. Larry's website is www.socialanxietyhelp.com.



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FEARLESS FINANCING: TIPS FOR THERAPISTS

Starting Your Private Practice: The Most Important Number You Need to Know Before You Start



Lori Atwood

Setting up your own private practice is scary and exciting. Being your own boss! Specializing in the aspect of psychotherapy that you want to concentrate on. That's why you went into all that debt to get through graduate school, isn't it?

There are lots of things to think about when you branch out on your own, but probably one of the most important issues is your finances. Can you make it work? Here's what I say to clinicians when they want to go out on their own: **HOW MANY HOURS** do you need to bill each week/month to make enough for your household? If you cannot answer this question, you're not ready.

It's a little complicated, obviously, but you can figure it out (or hire someone like me to help you figure it out). First, make a list of **ALL** your expenses. Do not forget anything like utilities, licenses, paper clips, software, etc, each MONTH. Remember, small businesses run by the month.

Add up the total of your expenses. If you decide to take credit cards, you will have to factor in how much it costs to process those payments (usually 2-4% of the amount charged). Add that to your other expenses and get a total per month.

Decide what you will charge for one session. Run scenarios where you multiply your hourly rate (or session rate) times number of hours per month billed. Usually, a therapist at full steam is billing 85-95 hours per month. If you only want to work part time, it will decrease from that range.

Your calculations should roughly look like this:

Revenue (also called sales receipts or billings): 90 hrs/mo. * \$185/hour \$16,650/month	\$16,650.00
Additional Revenue	Sublet 10 hours/ month * \$15/hour = \$150
Total Revenue	\$16,800
Total Credit Card Fees (50% of clients pay credit card)	2.99% * (\$16,650* .50) = \$249/month
Total Expenses (e.g. rent, utils, etc. \$2500/month)	Income Before Tax \$16,800 - \$249 - \$2500 = \$14,051/ month

Here's where I would tell you to save for retirement. Save **EVERY** month! Depending on the type of vehicle you choose (SEP, IRA, i401k) the amounts will differ. Ask your accountant. Let's say you put \$1000/month into a retirement account. Now you have \$14,051 - \$1000 = \$13,051

Ask your accountant for an estimate of your quarterly taxes. Take that number and divide by 3 (3 months to a quarter) and set aside that amount each month. For our example, let's say the therapist must set aside \$4300/month, or one-third of her Income Before Tax as an example.

\$13,051 - \$4300 (taxes) = \$8,751

Always, leave a few hundred dollars of cushion in your Business account. Pay yourself \$8000/month. If you need \$8000/month take-home to keep your household going, your number is 90 billable hours/month. Run scenarios to see what happens if you only book 65 hours/month.

If you cannot make the numbers work due to your pipeline of clients, the hours you have available to work, your rent expenses or anything else, stay put. If you can make it work. Go for it!!!! ♦

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

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Clinical Society Senior Seminar Adds Another Group



*Grace Lebow, Retiree
Representative*

I am pleased to announce that there has been so much interest among our GWSCW members in our two Retiree Seminar Groups, that a third group began on November 6th.

How fortunate for this new group that Susan Lesser and Michele Smith, long term Clinical Society members stepped up as coordinators/leaders to assist the group in getting a good start on Nov. 6 at the home of Tarpley Long in N.W. D.C. The place of future meetings will be decided by the ten members who live from Takoma Park to N.W. D.C. to Reston, Va..

The first Clinical Society Senior Seminar began in 2006 under my leadership and continues to have monthly meetings at a member's home in a convenient location for all ten members. The seminar offers education, an outlet for clinical interests and experiences, a place to share and to keep updated about social work issues, peer support and guidance for those in the process of retiring and for those developing new directions.

The second group had an enthusiastic beginning in September under the leadership of Susan Miller and Karen Brandt. Here is Susan's comment after the first meeting: "The Group is filled with great wisdom, maturity and creativity. We are a group of writers, poets, artists, jewelry makers, photographers, dancers, gardeners and flower designers in addition to being highly seasoned and imaginative therapists."

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. ♦

Life and Work in a Small Village



Gina Sangster

Here's how blurred the boundaries can be between me and some of my clients: on a recent evening I stood in one of my living room windows and watched a wedding ceremony take place

outside the historic Eastern Market across the street. Opening the window slightly allowed me to hear the familiar names intoned by the minister, his pronouncement of "husband and wife" followed by cheers of the assembled guests. Perhaps I shouldn't have watched. I didn't reveal any recognition – at least not verbally – when my client told me where the wedding would be held. We had already run into one another once before as I walked by an outdoor cafe, sometime last summer, when I'd been introduced to the then-fiance, about whom I knew a fair amount.

An uncomfortable clash of confidential and public occurred outside a similar spot when another young client announced, "There's my therapist!" and then introduced me to their ex seated across from them with a mouthful of food. As for my own personal discomfort, it was a Sunday evening, and I was accompanied by a man I've dated off and on for some years. (After that, I decided we'd take the back route through a parking lot to avoid such awkward moments; and no hand-holding.) I normally discuss such sightings in a subsequent session, and in this case, my client assured me that everyone in their generation is in therapy. There's no discomfort with being recognized in public, perhaps an over-statement.

Thus far, my most challenging boundary issue arose when a new client began to describe a friend with whom they'd had difficult interactions. During our first session, I suspected I knew who they were talking about; by our second session I was certain that their former friend was another client of mine. I decided NOT to follow the advice Nancy McWilliams gives in her book

Psychoanalytic Psychotherapy (see p. 109) to decline working with the second individual. I consulted with another clinician and we agreed that it would be difficult to resolve without breaching confidentiality. As it turned out, the two clients never discovered the extreme coincidence. I don't believe there is a fail-safe rule in these situations; others may disagree.

No matter what efforts I might make to limit client-therapist sightings or the potential for blurred boundaries, there's only so much I can do, only so much I'm willing to do. I have the good fortune to live two blocks from the office building where I practice. It's not quite the comfort of a home office – which I'm not sure I would find entirely comfortable – but I am at home in my neighborhood, where I have lived most of my life. Over the past couple of years, I have seen a total of five clients who all work in the same organization; none are "best friends" or romantic partners, but they all know one another. Don't we all appreciate that word-of-mouth can be one of our best advertising tools? Should we refuse to accept all clients referred to us by former – or even current – clients? Where we each draw the line is a matter of clinical judgment.

Interestingly, none of the clients I've run into have ever asked me personal questions. Perhaps they see enough to embellish their fantasies about who I am and the kind of life I lead. Or perhaps, I reveal so much non-verbally through implied recognition; for example, when they speak about the schools their children attend (where my daughters or son may have gone), the restaurant they just tried (which is down the street from where I live), or the church they want to visit (where I am a member, though I rarely go). I am sure my psychoanalytic friends would suggest that even such implicit familiarity can damage opportunities for working with transference. But don't our clients know more about us than we reveal, even within the confines of our discreet offices?

Nancy McWilliams devotes an entire section of a chapter on Boundaries to "Accidents and More or Less Innocent Events" (see Psychoanalytic Psychotherapy pp. 165-168). Clearly, my Little-Village-of-Capitol-Hill experiences are not unique. When I asked another client if they minded running into me in the neighborhood, they said, "No, I love it! You're like my village doctor!" No doubt such a comment could be more thoroughly analyzed.

Most of the time, I embrace this reality of my life and work, believing that the benefits of proximity far outweigh the disadvantages. I am reminded of my mother who also lived and worked in the same neighborhood and whose customers were her friends. Of course, she was an antiques dealer, not a therapist, but I have long aspired to the kind of organic life she created for herself. Recently, I stood in line to pay for my lunch at Sizzling Express on Pennsylvania Avenue, and a former client and I shared silent smiles. A woman in front of me commented that I looked familiar, and I agreed that I recognized her too, but wasn't sure from where. "Aren't you Barry Hayman's ex-wife?" she asked. "Yes," I said and turned back to my former client who smiled again when I said, "It's a small village, isn't it?" ❖

Gina Sangster, MFA, MSW is a 1986 graduate of the Catholic University School of Social Service; she also earned a Masters of Fine Arts degree in poetry in 1975 and completed the New Directions in Psychoanalytic Writing program with the Washington Center for Psychoanalysis in 2009. Gina currently works in a group practice on Capitol Hill.



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POETRY MUSINGS

Connection



Wendi R. Kaplan

*"Poetry [is] more necessary
than ever as a fire to light our
tongues"*
-Naomi Shihab Nye

So many of you have shared with me how touched you felt when reading Naomi Shihab Nye's poem, "Kindness." You said you found that poem inspiring and beautiful and moving and enriching. You shared how it spoke to you, what it reminded you of, or that it reminded you of something you needed to hear and weren't even aware of needing that! Some of you were especially heartened to hear that Nye is a Palestinian American. Therefore, I dedicate this column to you all. It is a way of sharing a bit more about the poet, Naomi Shihab Nye, and continuing our conversation about poetry.

Nye is one of those extraordinary human beings and writers who you can feel emanates love and authentic interest. She is also a bridge builder, an observer, an activist and a storyteller. Nye was born in Missouri. Her father comes from Palestine and her mother is American. Nye grew up both in Jerusalem and Texas. Her poems illuminate other worlds, other lives and other experiences as well as our own. She addresses inclusion and exclusion and allows us to remember our connections with her wide-lensed perspective. Her poems evoke the ordinary in ways that appear new to our eyes, and daily occurrences suddenly come alive in her fresh, clear portrayals.

Nye has spoken with such elegance about poetry in a way that resonates with me as a therapist. She has said that the civic responsibility for poets in America "is to continue to encourage a sense of civility among us and a sense of shared curiosity about one another's lives. There seems to be such a strident tune taking over in certain areas that I

love the deep attribute of poetry to pause, to look, to listen, to respect, to pay attention to variety and learn something new. I'd like to hold that close."

Isn't this what we as therapists do as we encourage curiosity about oneself and about others? We too create space to pause, to pay attention, to be mindful in the sanctuary of our therapy rooms. As social workers most of us have been given the great gift of considering context, of being aware of the how the political, environmental, societal striations of life affect us all. As therapists, as poets, we are called upon to see the larger landscape.

I met Naomi Shihab Nye shortly after 9/11. She greeted me like an old friend, although she did not know me. After we talked she said "I feel like we could be best friends!" Her naked openness and authenticity stunned me, and I felt my well honed artifices and protections slip away with her welcoming loving embrace. It is the way I feel when I read her poetry...disarmed and suddenly alive and wide open.

Here is one of Nye's extraordinary poems that invites us to awaken again.

Gate A-4

*Wandering around the Albuquerque Airport
Terminal, after learning
my flight had been delayed for 4 hours, I heard an
announcement:
"If anyone in the vicinity of Gate A-4 understands
any Arabic, please
come to the gate immediately."*

*Well—one pauses these days. Gate A-4 was my
own gate. I went there.*

An older woman in full traditional Palestinian embroidered dress, just like my grandma wore, was crumpled to the floor, wailing loudly. "Help," said the flight service person. "Talk to her. What is her problem? We told her the flight was going to be late and she did this."

I stooped to put my arm around the woman and spoke to her haltingly. "Shu-dow-a, Shu-bid-uck Habibti? Stani schway, Min fadlick, Shu-bit-se-wee?" The minute she heard any words she knew, however poorly used, she stopped crying. She thought the flight had been cancelled entirely. She needed to be in El Paso for major medical treatment the next day. I said "No, we're fine, you'll get there, just later, who is picking you up? Let's call him."

We called her son and I spoke with him in English. I told him I would stay with his mother till we got on the plane and would ride next to her — Southwest. She talked to him. Then we called her other sons just for the fun of it. Then we called my dad and he and she spoke for a while in Arabic and found out of course they had ten shared friends. Then I thought just for the heck of it why not call some Palestinian poets I know and let them chat with her. This all took up about 2 hours.

She was laughing a lot by then. Telling about her life. Patting my knee, answering questions. She had pulled a sack of homemade mamool cookies—little powdered sugar crumbly mounds stuffed with dates and nuts—out of her bag—and was offering them to all the women at the gate. To my amazement, not a single woman declined one. It was like a sacrament. The traveler from Argentina, the mom from California, the lovely woman from Laredo—we were all covered with the same powdered sugar. And smiling. There is no better cookie.

And I looked around that gate of late and weary ones and thought, This is the world I want to live in. The shared world. Not a single person in that gate—once the crying of confusion stopped—seemed apprehensive about any other person. They took the cookies. I wanted to hug all those other women too.

This can still happen anywhere. Not everything is lost.

-Naomi Shihab Nye

When you read this poem, you may remember times of being a stranger, of being lost, of being alone. You may also remember times of being privileged to offer comfort, support and connection. If you are moved to, write about one of those times and paint a picture, as Nye does, of remembering. With your own awareness vibrant, you will see how each moment is rich with possibilities for connection. ❖

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.



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RECOMMENDED READS

Books recommended and briefly reviewed by GWSCSW members. Compiled by Molly Milgrom

.....

Below are some suggestions from fellow GWSCSW members on our listserv for working with clients who have symptoms of Obsessive-Compulsive Disorder...

Brain Lock: Free Yourself from Obsessive-Compulsive Behavior by Jeffrey M. Schwartz and Beverly Beyette

"I learned about Brain Lock from a patient who had been wrestling with OCD for years. It includes much useful information about brain functioning, and describes what happens neurophysiologically when someone is caught in an OCD loop. The program for interrupting this loop is straightforward and effective--practicing the four steps of relabeling, reattributing, refocusing and revaluing to break an entrenched habit of the brain/mind, and to strengthen new mental muscles. But this primarily CBT approach is not magic, nor is it sufficient unto itself, in my experience. I think of it as a crisis intervention with a goal of giving a person tormented by OCD a floor to stand on and space to think, setting the stage for deeper exploratory work." -- Marjorie B. Swett, MSW

"You Are Not Your Brain, by the same lead author, uses the same '4-R' approach but generalizes its application beyond OCD to any entrenched habit that someone wants to change. It uses some mindfulness principles along with the CBT ideas. I especially like the clinical examples; they sound like real people who show that overcoming these habits of thinking and being really takes a lot of persistent, repetitive work, patience and commitment." -- Marjorie B. Swett, MSW

Getting Control by Lee Baer

Lee Baer, co-founder of the OCD Clinic at Mass General and the OCD Institute at McClean Hospital, wrote this valuable self-help book for

adults with OCD. It's a helpful workbook to use as a supplement to therapy, and a good introduction for therapists as well. The latest edition includes background on developments in neuroscience and extensive information about resources." -- Nancy Ebb, LCSW-C

Getting Over OCD: a 10-Step Workbook for Taking Back Your Life by Jonathan Abramowitz, Ph.D.

"Written by a prominent cognitive-behavioral therapist, this is a very practical, easy to use client workbook for using CBT skills and strategies to help overcome obsessive-compulsive disorder. A therapist can easily work together with a client using this work both in session, and in between-session therapy homework." -- Larry Cohen, LICSW

Obsessive-Compulsive Disorder by Jonathan Abramowitz

"This short gem of a book includes extensive background about OCD and evidence-based treatment. It makes the process of exposure and response prevention treatment come alive with case vignettes, therapist-client dialogues, and "clinical pearls." The book has sample forms and worksheets." -- Nancy Ebb, LCSW-C

"Stop Obsessing: How to Overcome Your Obsessions and Compulsions by Edna Foa and Reid Wilson, is written in the form of a step by step program for OCD. It describes Dr. Foa and Dr. Wilson's approach to treating OCD. It can be helpful to clients as an adjunct to Cognitive-Behavioral Therapy and a useful resource for clinicians." -- Brian Douville, LCSW, SEP

The Man Who Couldn't Stop: OCD and The True Story of a Life Lost in Thought by David Adam

"This engrossing and well-researched book is a journalistic history of the disorder interspersed

with the author's memoir of both struggling with and ultimately living successfully with OCD. Recommended for clinicians and clients who want to deepen their understanding of OCD from a scientific perspective, made accessible by Mr. Adam's frank discussion of his experience." -- Hetty Irmer, LCSW-C ❖

Molly Milgrom, LICSW, LCSW is in private practice in NW DC.

TECH TIPS

Social Media Committee

Did you know GWSCSW's newsletter, News & Views, is now available online? That's right- if you're reading this on paper, at this very moment, you could also be reading it online! Here are just a few of the perks newly available via our digital newsletter:

Instant access: Instead of having to wait for your copy to arrive through snail mail, members will now instantly receive an email with a direct link to access the latest edition of News & Views the very moment it's published. What's more, you can now also access News & Views anytime you want, by easily clicking the link on our website's homepage.

Live links: Have you ever wanted to know more about a News & Views article author, or a program advertised in News & Views, only to forget to go look them up later? Through our digital format, you can now simply click on any link, and immediately find all that information. This benefit means that if you advertise in News & Views, traffic to your own website stands to increase!

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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.

Katrina Boverman was one of four altos with the 28 member gospel choir who sung for the Papal Mass here in DC on September 23. She also led a Guided Meditation workshop at Bowie Senior Center as part of their GREY MATTER: Get Clear on the Aging Brain series of workshops. 80 people attended and participated in the meditations.

Sydney Frymire gave a pilot 3-hour workshop for staff at a well known NGO in Kathmandu, Nepal in late October. It was successful, and she was asked to present a two day workshop next time.

Mike Giordano and **Tamara Pincus** presented to the behavioral health staff at Whitman Walker Health on uncovering biases when working with clients in polyamorous and open relationships. They also presented on sexual/relational expression and ethics for professionals at CatalystCon West, Burbank, CA in September.

Mike Giordano participated on a panel on BDSM and Kink in the LGBTQ community organized for the DC Public Library's OutWrite LGBT Literary Festival in June.

Hetty Irmer and Four Corners Counseling were awarded the Grand Prize of the StartRight! Women's Business Plan Competition (sponsored by the Maryland Women's Business Center), and expanded into a second office in Takoma Park. She also welcomed two new associates. On October 16th, Hetty presented "Internal Family Systems: A Modern Tool for Transformation" at the Licensed Clinical Professional Counselors of Maryland (LCPCM) Annual Conference in Columbia, MD. In November, she guest lectured on IFS and trauma treatment at George Mason University School of Social Work.

Denise Jones offered an intensive, small group presentation of her workshop, "The First 3,000 Hours and Beyond." The workshop was held at The Capitol Hill Center for Individual and Family Therapy on October 11 and provided practical information about the typical clinical social work career from the time of graduation until the time immediately following the attainment of advanced clinical licensure. Attendees were able to get answers to questions about how to navigate their formative clinical social work career experiences. The workshop will be offered again in May.

Beth Levine donated a painting to the National Animal Rights Conference (held July 30 – August 2, 2015), and it sold at auction for \$650. You can see the auctioned piece, *Cuts*, other animal rights related work, and a substantial body of abstracts on her website: www.artbybethlevine.com.

Alice Merrill was pleased to have her photograph of Icelandic puffins selected for display by the Cosmos Club Cosmotography committee. The photo will be hanging in the Crentz Room of the Cosmos Club for 3 months. Alice enjoyed a 10-day photo expedition to Iceland in June and followed this trip with a family vacation with National Geographic to the Galapagos Islands in August. Now it's back to the satisfaction of private practice with memories of travel captured in photo images.

Patricia Morgan was just appointed as a trustee of the Elks Lodge 2188 helping community.

Adele Natter has been appointed a George Washington University Assistant Professor of Clinical Psychology.

Orit Paytan and **Fran Lewandoski** are pleased to announce that they have joined the multi-disciplinary community of providers at The Stone House in Falls Church, VA. Orit works with adults in individual and group therapy. Her specialties are trauma and dissociative disorders, mood disorders, anxiety, and borderline personality disorder. Orit uses Dialectical Behavioral Therapy (DBT), Sensorimotor Therapy, mindfulness and relational strengths-based therapies. She co-leads a weekly DBT skills group. Please visit Orit's webpage at www.stonehousetherapy.com. Fran works with adults in individual therapy and children and families in individual and family therapy. Fran specializes in working with traumatic stress, mood disorders, anxiety and chronic illness in adults and children. Fran uses strengths-based, mind-body approaches including Somatic Experiencing and Mindfulness-based practices. Please visit Fran's website at www.franlewandowski.com or at www.stonehousetherapy.com. Orit and Fran would be grateful for your referrals.

Jennifer Rollins recently became a Huffington Post Blogger and had two articles published (one of which was featured):

http://www.huffingtonpost.com/jennifer-rollin/4-things-you-should-never-say-to-someone-with-an-anxiety-disorder_b_8027032.html

http://www.huffingtonpost.com/jennifer-rollin/5-ways-to-make-peace-with_b_8022486.html

Jody Tabner Thayer is pleased to announce that Affiliated Community Counselors is now Willow Oak Therapy Center, a not-for-profit mental health center located in Rockville, MD. They provide psychotherapy for adults, adolescents, children, couples and families in a caring and supportive environment. They are in network with Medicaid, Medicare and many private plans, and offer a generous sliding scale fee. Please visit them at www.willowoaktherapy.com. ❖

REGISTER NOW!

- **“Is this safe?”: Kink-Competent Psychotherapy** | Friday, January 8, 2016
- **Emergency Instructions for Covering Your Practice**
Friday, March 18 and Friday, April 8, 2016
- **Working with Transgender Clients**
Friday, April 15, 2016
- **Development of Clinical Intuition**
Friday, April 22, 2016
- **Relationship Enhancement - Therapy with Couples and Families**
Friday, May 20, 2016



To “Like” the GWSCSW Facebook Page

1. Log into your own personal or professional Facebook page (you must have a Facebook account in order to view our page)
2. Type “Greater Washington Society for Clinical Social Work” in the Facebook search window
3. Click on “Greater Washington Society for Clinical Social Work” in the drop down box
4. Click on the “Like” button (top right, under the GWSCSW logo)



MARK YOUR CALENDARS FOR UPCOMING PROFESSIONAL DEVELOPMENT WORKSHOPS

Selma Fraiberg, James Robertson and Clare Winnicott: Lessons from Three Social Work “Heroes”

February 20, 2016 3:00 pm - 5:00 pm

Presenter: Joel Kanter | Category 1

Costs: no cost | \$25 nonmembers

Dialogue with State Licensing Social Work Boards

April 16, 2016 | Category 2

Costs: \$15 members | \$25 nonmembers



**VISIT OUR WEBSITE
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WWW.GWSCSW.ORG**

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COMMITTEE REPORTS

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Continuing Education

*Linda Hill & Barbara Kane
cecommittee@gwscsw.org*

We have had positive feedback from the CEU courses that began in September. There are still openings for upcoming courses so please sign up early.

We are currently calling for proposals for the next cycle, 2016-2017. Please go to the website for directions on how to submit. Even if you have the seed of an idea for a presentation, contact us to brainstorm. We would love to hear from you.

Early Career & Graduate

*Juleen Hoyer & Amanda Slatus
earlycareer@gwscsw.org*

The Early Career Committee is excited to be planning several programs for the upcoming year, and is currently seeking members interested in taking on a leadership role. This fall, members Erica Greenspan and Erica Friedman hosted a Wine & Cheese social gathering, where GWSCSW members enjoyed refreshments and socialization. We welcome current MSW students, recent grads, LGSWs, and others early in their careers to attend a committee meeting or a committee-hosted event. Our meetings always include an opportunity to network and gain support, as well as an easy way to get more involved in your professional organization (watch the listserv or check the calendar on www.gwscsw.org for event schedules). Please email us at earlycareer@gwscsw.org for more information.

Legislation & Advocacy

*Judy Gallant, Acting Director
dirlegislation@gwscsw.org*

As I write this, your Legislative and Advocacy Program committees are hard at work preparing for our learning luncheon on November 7: Everything You Always Wanted to Know About Advocacy But Were Afraid to Ask! By the time you read this, those of you who attended will have had the benefit of learning from our Virginia and Maryland Lobbyists, Sue Rowland and Pam Metz, and your legislative committee chairs, about the always interesting world of the legislative and regulatory workings in each of our three jurisdictions.

Whether or not you were able to attend, consider choosing just one issue you're passionate about: it might be end of life issues; reproductive issues; mental health parity; LGBT issues; reimbursement issues, child protection and family health; OR your issue here; and offer to help your jurisdiction's committee as a consultant if that issue is raised in the legislature. In DC, contact Margot Aronson at malevin@erols.com; in Maryland, contact Judy Gallant at jg708@columbia.edu; and in Virginia, contact Judy Ratliff at jratliff48@hotmail.com.

Your interest and support will help us prepare for the upcoming Legislative Sessions, which in Maryland and Virginia, begin in January and end in April. In DC, Council meetings occur on a monthly basis, and committee meetings are on-going, so the intensity is spread out over the

course of the year. See individual reports elsewhere in the newsletter for what is occurring in each jurisdiction.

Membership

*Cindy Crane
membership@gwscsw.org*

The Fall New Member Brunch on November 1st was a hit, if we do say so ourselves! We had over 20 attendees from DC, Northern Virginia, metro Maryland and Baltimore. Attendees got to know each other and share information about our practices and areas of focus and enjoy lots of yummy food.

Special thanks to GWSCSW president, Nancy Harrington and Vice President, Steve Szopa for joining us.

Newsletter

*Jen Kogan
newsletter@gwscsw.org*

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

Professional Development

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

The Professional Development Committee has begun its calendar of programs. A workshop on implementing ICD-10 was presented by Karen Goldberg,

LCSW-C in September 2015. The workshop was designed to support our membership in adjusting to the changes and to review the information available to help members begin the transition. As of 10/1/15, all claims for services must use ICD-10 diagnostic codes, and the CMS 1500 form should show the number 10 in Box 21. Prior claims should use ICD-9 and should show the number 9. The desk reference version of the DSM 5 has all the ICD-10 codes printed in gray after each diagnosis, provides instruction about coding, and is relatively inexpensive, especially if purchased used. CMS has announced there will be a year grace period for errors in specific coding and an Ombudsman (Dr. William Rogers) can be contacted with questions by emailing ICD10Ombudsman@cms.hhs.gov. This newsletter will monitor for the latest ICD-10 information; links to online resources are being posted on the GWSCSW website. Upcoming workshop topics include Licensing on 12/4/15 and Social Work Heroes presented by

Joel Kanter on 2/20/16. See the GWSCSW website for details.

The Mentor/Mentee survey has been posted at https://digitalmatters.formstack.com/forms/mentorship_survey.

Responses are confidential and insure that the program addresses members' needs. Mentors guide newer social workers with licensure, establishing a private practice, employment, securing supervision, and consolidating professional identity. Information and applications can be found at www.gwscsw.org.

Please keep suggesting workshop topics and let us know if you are interested in joining our Committee.

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 will be holding a workshop on Social Media Ethics on march 25, 2016 presented by our own Lisa Kays, LICSW. Please check the GWSCSW website for more information including registration information.

We are continuing to "like" society members' FB pages in order to increase web presence. If you would like the society FB page to "like" your private practice business page on FB, just send an email to socialmedia@gwscsw.org. We will continue to post helpful technology hints on the listserv, as various topics become relevant. Feel free to email us at socialmedia@gwscsw.org if there is something you would like us to post about on the listserv. We are also available to field any personal questions you may have about your own social media pages and accounts. We'd love more help, so contact us at socialmedia@gwscsw.org if you're interested in joining the Social Media Committee! ❖



*Chunk the therapy dog "co-host"
of fall new member brunch.*



Wonderful gathering at the Membership Committee fall brunch.

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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.

SOCIAL WORK LICENSING – Prep courses and home study materials. For sample questions, schedule, and information call Jewell Elizabeth Golden, LCSW-C, LICSW, BCD, 301-762-9090

Looking for therapist to join established group. Join established, respected group in Old Town Alexandria. We are a collaborative, supportive group of independent practitioners. Need to have Va. license and ability to build a private practice. Please send resume and cover note to dahertz1@gmail.com.

Adolescent/Young

Adult — Treatments that work provided by experienced therapists. Rathbone & Associates, www.rathbone.info, 301-229-9490, Bethesda and Rockville.

Attractive offices with waiting room in engaging all therapist townhouse on Connecticut Ave @ Woodley Pk Metro. Offices can be connected or independent. Beautiful wood floors. Great natural light. Security door with dedicated-line intercom. 202-486-4641 or email mrqwin@aol.com. \$995/mo.

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room, kitchenette, 2 bathrooms (professional bath has shower), well equipped administrative office (fax machine, copier), Metro accessible. Garage parking subsidized parking available w/I building. For more information call 202-331-1547.

McLeav Va Adolescent Girls

group: Monday Evenings 6:05-7pm. This is a process oriented group for teenage girls in 9-12th grade. This group provides an opportunity for teens to come together and process their feelings with one another. Topics explored include peer and family relationships, body image issues, school issues, dating, depression and anxiety. Call Lisa Maestri, LCSW at 571-230-2349 for more information. www.ATherapistForYou.com or lamaestri@icloud.com

McLean Va CoEd Separation/ Divorce Group Support for

Adults. This group will be lead by Lisa Maestri, LCSW therapist who has been providing individual and couples counseling for the past 15 years. This group will meet on Wednesday evenings from 6-7pm in McLean Va and will being the first week of December. For additional information please call Lisa Maestri, LCSW at 571-230-2349 or email at Lamaestri@icloud.com

NEWS & VIEWS SUBMISSION GUIDELINES

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

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

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

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

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



DON'T FORGET

Incorporating Mind/Body Techniques into Clinical Practice

Friday, January 22, 2016 ~ 12:00 PM

Becoming Yourself: Breaking Out of Denial of Codependence

Friday, April 29, 2016 ~ 12:00 PM

Visit www.gwscsw.org
for more information and to register today!

