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Cognitive Therapy: A dynamic and engaging approach for anxious kids

Elisa Nebolsine

At any given time, between 8% and 12% of children in the US meet the criteria for a diagnosable anxiety disorder (Essau, Conradt, & Petermann, 2000). Anxiety disorders in children present significant impairment in developmentally necessary activities including, but not limited to, attending school, academic success, and overall social activities. This anxiety feels overwhelming to the child and often to their family as well. The family may have little sense of how to help manage the anxiety, and may, inadvertently, end up reinforcing some anxious behaviors. The family, child, and therapist all share the same goal of wanting to reduce the severity of the anxiety in the most expedient way possible. Cognitive therapy is unique in its solid research foundation and proven efficacy in treating anxiety disorders in children (Flannery-Schroeder, Choudhury & Kendall, 2005; Liberman, Lipp, Spence & March 2005.) This article seeks to provide a brief and general history of cognitive therapy and description of its usefulness in treatment of children.

Child therapists, whatever their theoretical orientation, must be dynamic, quick on their feet, and engaging. Therapists new to cognitive therapy are often dismissive of what they perceive as its rigid and simplistic methods. A frequent complaint is that the model will not allow the therapist to use their art, play, or other creative skills in the work with the child. This is not the case. Cognitive therapy (CT) is, in fact, a highly intellectualized form of treatment that explores how, in this case a child, makes sense of his or her world and how one's own distortions are impacting the ability to function. In cognitive therapy, it is less about the actual situation than the client's perception of that situation. The therapist must be able to engage with the client, creating and nurturing a warm, empathic relationship, and simultaneously, use CT-specific strategies such as Socratic questioning, rating scales, thought trackers, and guided empiricism to help the child identify what their sense of the problem is.

CT was developed in the sixties by Aaron Beck, MD. Dr. Beck was a psychoanalyst who sought to prove the efficacy of analytic treatment through research; originally dream interpretation. When Dr. Beck was unable to support his theo-

continued on page 4

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(More information on page 11)

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Advanced Clinical Training At-a-Glance: page 13

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The next issue will be published
June 2008 and the deadline is April 20.

Email articles to koganblackwell@verizon.net

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President's Message

Susan Post

What an exciting time it is in the history of our nation. It seems that everything in the news these days makes us think, hope, cry or pray. We watch the first viable female and African American candidates compete for the Democratic nomination for President. Every week someone else wins a primary or caucus—and I think this is the first time I've understood how a caucus works. Oil reaches \$100 a barrel and there is serious concern about a recession. Scientists in the Antarctic find a lake just two miles below the ice. Four children are found long-dead in their home in DC, and agency social workers are fired by the mayor. Benazir Bhutto is assassinated. And on the weekend of Martin Luther King, Jr's birthday, we revisit Montgomery, Selma, the March on Washington (which many of us attended) and—most importantly—Dr. King's uncommonly powerful and personal message to us all.

It is strangely affecting to watch videotape of the leaders and the masses of the civil rights movement of the sixties. One senses a purity and conviction of purpose that seem harder to find in public life today. The different manner in which the concept of faith was used and perceived then, as compared to now, is striking in itself. The church and its ministers were at the forefront of the civil rights movement—out in public, arm in arm, agents for change. Forty years later, we see largely a conservative, evangelical church resisting change. In the sixties, we felt inspired and united by Dr. King's sermons and speeches exhorting faith; today, anything "faith-based" is construed as something divisive in the body politic. And in the sixties and seventies, I think we still largely trusted our news sources and commentators. We looked to Walter Cronkite and Bob Woodward for the truth, whereas today the press is regarded with a hefty dose of skepticism and even outrage at times. How are we to make sense of what we hear and see? Just about everyone I know changes their preference for President weekly. Many of us are torn between the idealistic hope for symbolic and real progress—a woman or an African American as President—and our terrible fears that at the practical level, either one may not measure up to our hopes. Of course, it will be hard for anyone who wins—Republican or Democrat—to manage the extraordinarily difficult circumstances we face at home and in the world today.

So what can we do? Lots. As social workers and members of the GWSCSW, we can register our concerns about the welfare of our youth as well as the mayor's hastiness in meting out blame. Members who work in Virginia recently had the opportunity to be heard regarding changes in that state's professional ethics regulations, and many responded. One of the documentaries on King emphasized his constant regret about spending so much time away from his children, the personal downside of his willingness to take on any cause he was asked to. We also face these choices—many concerns vie for our time and energy, and sometimes we choose to put the public before the private, our civic duties before our personal obligations. It is always a nascent conflict, an uneasy compromise. Yet what we put into our community we hope will make life better for all our children in

the long run. Whether it's participating in a campaign, or working toward an end to poverty or genocide, or fighting for better treatment of veterans, or doing our part to save the earth's environment—each and every stand we take is an expression of hope and commitment, a counter to the negative voices within us.

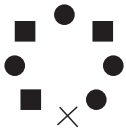
King's deputies uniformly advised him against giving the "I Have a Dream" speech at the March on Washington. They felt it was worn and would not inspire. How wrong they turned out to be, just as today's pollsters and campaign managers often are. We are tired of the negative, we yearn for inspiration and courage and honesty. We're willing to work hard and stand up as individuals and professionals to be heard. We see daily how fortunate we are now to live in a country where we can do that without fear of repression or reprisal. ❖

Treasurer's Report

Ted Billings

The financial status of the Society continues to be strong. We are again projecting another year with a modest surplus. Having just completed our membership renewal season, income from dues is down slightly this year but still quite strong. Our largest expenses, as in the past, are for newsletter production and office administration. Educational activities continue to break even.

My term as treasurer will expire at the end of June and we are looking for someone to step into the position starting in July. I encourage anyone with an interest in the position to contact me by phone at 202-232-2001 or via email at Ted.Billings@gmail.com. I will be happy to talk with you about what is required of the treasurer. ❖



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Two New GWSCSW Committees Launched

Two new committees are now in place and open to new members.

The Referral Panel Committee is charged with increasing the visibility of the Society's online referral panel. This is a great opportunity for people new to private practice and/or those interested in increasing referrals and expanding their practices.

Contact Beth Altman at 202-775-0041 if you are interested in volunteering for this committee.

The Program Committee will assist with planning educational and other programs for the GWSCSW. The committee will focus on planning Friday evening meetings, educational workshops and conferences, as well as other activities of interest to members.

Program Committee members include Kate Rossier, Tish Reilly, Adele Redisch and Joel Kanter. If you are interested in volunteering for this committee, please e-mail committee chair Joel Kanter at joel.kanter@gmail.com. ❖



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Cognitive Therapy, continued from page 1

ries, he began to develop the model of treatment now known as cognitive therapy (Beck, lecture, 2007). In the past decades, CT has emerged as an extremely effective form of treatment supported by literally hundreds of empirical studies. While originally developed to treat depression, CT has now been shown to be effective with a number of psychiatric disorders, including anxiety in children.

The actual practice of cognitive therapy with kids begins with the case conceptualization. This involves looking at the problems the child brings to therapy through the lens of their environmental context, physiology, emotional abilities and functioning, behavior, and thoughts/cognitions (Friedburg & McClure, 2002.) These different elements are constantly interacting and influencing each other. In one example, a child worries that they will fail a test at school. Because they are worried about this test, they begin to have negative automatic thoughts, "I'm so dumb, I'll never be able to get anything right, why bother trying?" These thoughts might lead to withdrawal, anger, and sadness. The combined physiological effect of this experience might involve an increase in the child's level of stress, an increase in irritability, etc. And, the child's interaction with their environment may be compromised as well. Because of the other components, they may be quicker to snap at a teacher, disengage from peers, and so on. Through case conceptualization, the therapist formulates a unique plan to work with the individual child. This plan is not fixed and is always changing based on the data provided by the child.

Common interventions in anxious children involve exposure and habituation. The therapist seeks to decrease the anxious response to a situation through graduated exposure. The idea is that the more a child is exposed to a feared object or stimuli, the less scary it will become. Cognitive therapy does this through both actual exposure (*in vivo*) or imagined, exposure. Through imagined exposure, the cognitive therapist has the child imagine the feared object and then works with him or her to identify the automatic thoughts, and other reactions that accompany the image. One example of this is a young girl with a diagnosis of OCD. She read a paragraph in a book that had sexual content, and became very focused on this material. The thoughts that went through her head when she thought of this book were, "I'm such a bad person, I'm thinking about things I'm not supposed to be. Some-

thing must be really wrong with me, I can't stop thinking about this." When she had these thoughts she felt out of control, helpless, and extremely anxious. She would isolate in her room so that others would not "guess" as to what she might be thinking. In therapy, she read the difficult paragraph over and over. As she read it, we explored what was going through her mind. We continued to read it, and by the end of the process the reading had gone from extremely anxiety provoking to "boring."

Children with anxiety feel that there is no end to their anxiety and that not only are they unable to control it, no one is. Cognitive therapy offers myriad tools to teach children to change their thinking about their own anxiety. Through rating systems, homework, and problem solving strategies, children learn their power over their own distorted thinking. Cognitive therapy does not discount the past and it does not minimize the relationship. What it does is provide structure and researched evidence in decreasing negative symptomatology in clients. ❖

Elisa Nebolsine, LCSW is a certified cognitive therapist. Her practice is in McLean, VA.



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Legal Matters

The Society has renewed our contract for our prepaid legal plan with the law firm of Feldesman Tucker Leifer Fidell. We have had an increase of subscribers from last year, and we have received very positive feedback from those who have used the plan. For those of you who have enrolled in the plan but aren't sure how to contact the lawyers, the number is 202-466-8960. Ask to speak with either Michael Jacksonis or Zoe Beckerman. They are very responsive, and are aware that some matters are time-sensitive.

In another legal area, we have been working on an application to form a 501(c) (3) foundation, with *pro bono* legal assistance from Hogan and Hartson's tax department. We are very pleased with the help we've received, and we will be ready to file by the end of February. Having a foundation alongside our present society will provide us with expanded tax exemptions, and will allow us to fundraise. Our focus through the foundation will be education, but we will also continue to expand our community outreach efforts. ❖

Diana Seasonwein, immediate past president of the society, and Janet Dante, immediate past treasurer are working to form the 501(c) (3).



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Of *Personalismo* and *Nervios*: Ideas for Working with Latino Immigrants

Jonah Green

Latinos make up the largest and fastest growing immigrant group in the Metropolitan DC area. Work with this varied and fast-changing population offers clinicians opportunities for constant learning. It is not necessary to be completely fluent in Spanish to work effectively with many Latinos, although it is helpful to have a familiarity with the language and culture. In addition, a number of approaches and techniques can be particularly effective in assisting this population.

As a North American male who learned Spanish late in life and who has worked with specific populations (mostly Caribbean and Central American immigrants), I do not offer the following as general advice for clinicians who are beginning work with Latino immigrants. Instead, I offer the following ideas generated from my own experience as a resource for those who choose to engage with this exciting and multifaceted population:

- Learn to accept the title of *El Doctor*. Many Latinos will persist in referring to their therapists as doctors, no matter how therapists refer to themselves.
- Foster a sense of personal connection (*personalismo*). Speak with clients about people that you both know or places that you both have visited. This connection can deepen the therapeutic alliance and foster forward movement in the treatment.
- Be willing to speak Spanish with first-generation adults. Most clients are relieved to have the opportunity to speak in their native tongue. They almost never seem bothered if a therapist makes grammatical errors or uses awkward phrasing.
- Never feign understanding of the language. Inquire as to the meaning of words or phrases you may not know so as not to miss important nuances. Clients usually appreciate the opportunity to offer these explanations.
- Use English if you do not know the precise words to say. Even the most recent immigrants usually have some exposure to English, and it usually helps rapport if one just keeps talking rather than struggling for precise wording. Assume that children and adolescents, unless they are very recent immigrants, prefer to speak more English than Spanish.
- Appreciate the significance of a client's choice of language. Clients often speak in English when they are speaking about business or the wider society, and speak in Spanish when they are referring to family, childhood, or emotions.
- Be generous with words. Present continual expressions of empathy and understanding, and offer direct advice and connections to concrete services.
- Accommodate to families' approaches towards scheduling. Many Latinos are used to attending doctors' offices in their home countries without appointments, and it helps if one makes allowances for this in order to "acculturate" them towards your approach.
- Address clients' traumas, which often result from wars, the migration process, or sexual or physical abuse. The acknowledgement of trauma can deepen the therapeutic alliance and facilitate the resolution of immediate concerns.
- Recognize the continuing relevance of clients' migration experiences. The dream of a better life that spawned the migration often resonates throughout clients' lives, as do the challenges that stem from the migration: less support from extended family, a diminished socioeconomic status, and the challenges of acculturation.
- Address the parent-child conflicts that stem from the acculturation process. The process of immigration can give children an unusual degree of power as they usually speak English better, and are better able to navigate within the dominant culture. Aspects of North American society can threaten the parents' values, which usually emphasize dignity and respect for authority. Children, for their part, are often uncomfortable with their parents' rules and expectations. It is important to assist families in their efforts to develop ways of relating that support the needs of all individual members.

- Address difficulties in male-female relationships that can result from the process of acculturation. Wives sometimes immigrate before husbands, and as a consequence will speak English better and be more employable. Many women speak of men as being ineffective as well as abusive. Take stories of abuse seriously, and assist families in creating effective roles for men.
- Respect that many Latinos view mental illness and therapy differently than people in the dominant culture. Avoid challenging the beliefs of many Caribbean immigrants that *nervios* are located in the physical body via headaches, chills, etc. Avoid “mental health speak,” as many Latinos view those who come to therapy as weak or *loco*.
- Ally with clients’ beliefs about alternative forms of mental health treatment. Many Caribbean clients visit *espiritistas* (spiritualists) or *curanderos* (healers), and it is best not to challenge their beliefs in the efficacy of these practitioners.
- Respect the role of clients’ church leaders. Many Latinos speak with *curas* (priests) *pastors* and *hermanas* (nuns) about their problems. Many members of the clergy frame emotional and behavioral diffi-

culties in terms of morality, and may voice opposition to therapy, which they believe can undermine traditional values. Refrain from challenging these ideas directly.

- Connect families with individuals in social service, educational, and other systems who speak their language and are familiar with their culture.
- Recognize the importance of non-blood relations for these clients. Clients will often refer to someone as an *hermano* or *primo* (cousin) even though that person may not be related to them. Usually these individuals are as close to them as their real family members. *Padrinos* (godparents) are often a source of material as well as emotional support.
- Be prepared to adapt again and again. Latino immigrants come from an array of backgrounds, have had a variety of experiences, and exhibit diverse characteristics. Be assured that the belief systems, habits, and mores of this variegated and dynamic population will continuously modify as it interfaces with North American society. ❖

Jonah Green is in private practice in Montgomery County, Maryland.

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Understanding and Helping Clients with Chronic Illness

Dalal Musa

According to the Robert Wood Johnson Foundation, in a study completed in 2004 for Johns Hopkins University, nearly half of adult Americans have a chronic illness. The study also projects that this rate will increase by more than one percent each year until 2030.

For several years now, I have worked with a number of individuals living with chronic disorders including lupus, fibromyalgia, Lyme disease, arthritis, chronic fatigue syndrome, and inflammatory bowel disease. As with all diseases, these conditions manifest on a continuum of severity; while some suffer occasional bouts of illness, others are rendered unable to work and participate in other activities. Individuals may experience welcome but perplexing and brief remissions. In medical terminology, these complex diseases are “poorly understood.” Some things are clear, however: These illnesses can strike anyone at any age, even individuals with healthy habits and no family history of these diseases. Women report and are treated for autoimmune conditions at higher rates than men. Some patients go undiagnosed or misdiagnosed for years, exacerbating their health problems. They have to manage complicated medication regimes. Whatever the diagnosis, the disease process is almost certainly triggered by a complex interplay of genetics and environment. (Some of these illnesses are practically unheard of in non-industrialized countries.)

Many sufferers of chronic illness encounter misunderstanding and judgment of their experiences. My clients describe encountering dismissive attitudes and insensitive comments, even by health professionals.

Chronic illness and pain are outside of most people’s frame of reference, often leaving those living with such afflictions feeling isolated and misunderstood, further accentuating their physical suffering.

We are accustomed to a simplistic paradigm of disease, in which illnesses are cured by pharmaceutical agents, run their course, or are terminal. You experience symptoms of an infectious agent (usually in the form of a cold or flu), from an identifiable source. You feel terrible for a few days but gradually recover in a reassuring trajectory – there is often one day when you feel

markedly better—and regain your original vigor within a week or two. You may experience some depressive symptoms following such a bout, but these also wane in a short time.

The second part of the familiar paradigm goes like this: You get cancer and die, or recover.

There’s no room in these models for the persistent yet often unpredictable tribulations of chronic illness and pain. Individuals with chronic illness receive a great deal of well-meaning advice, often along the lines of: Think positive and get some exercise and you’ll feel better. Such bromides reveal limited understanding of chronic illness, and can feel very dismissive and condescending to someone suffering from such a disorder. The clear implication is that the individual has not put forth enough effort to get well.

While it is certainly important to cultivate a positive attitude and to do everything within one’s power to get well and feel some sense of control, the fact is that some aspects of disease are extremely difficult to manage. Treatment results vary among individuals and can be elusive. Just as with psychotropic medications, drugs that were once helpful to a chronically physically ill person can lose effectiveness or have serious side effects. Mood changes can be brought on by some medications, or the illness itself. The patient has to be most determined when he or she is least equipped to be so. Simplistic advice and pat reassurance can often be counterproductive as these emphasize the lack of understanding of the experience of chronic illness and pain.

Clients also report mixed experiences with support groups. As the attendance at such groups is self-selected, the participants tend to be doing well and may actually be less able to listen and support an individual who is experiencing more severe, persistent symptoms.

Individuals with chronic illness struggle with when and how to disclose their condition to a new employer, friend, or love interest. Feelings of shame and helplessness are common. Some must grapple with changes in

their appearance (as examples, skin lesions or extreme weight loss), while some patients look well even when experiencing fairly severe symptoms. In the latter case, they may encounter disbelief that they are truly ill. Chronically ill individuals also face the frustration and inconvenience of having to miss appointments and anticipated social engagements.

So how can we best help our chronically ill clients?

Thoughtful, supportive suggestions—distinct from generic, pat advice—can be helpful, as clients are overwhelmed by options, numerous attempts to utilize different treatments, and physical and emotional fatigue. We can encourage clients to trust their instincts and prioritize self-care.

Perhaps most important is for us to be aware of our own fears which can be stirred by working with clients struggling with chronic disease. We can take care that these fears do not impede our ability to acknowledge and empathize. As with all our clients, those with chronic disorders have much to teach us if we are truly present with them.

Working with the chronically ill requires particular compassion when exploring and interpreting. We especially need to be clear of pitying, or seeming to blame clients, for their conditions. Rather, we can help our clients by sensitively increasing their awareness of how feelings and relationships can influence their health, and how this awareness can be empowering. ❖

Dalal Musa, LCSW is in private practice in Falls Church, Virginia

CEUs For Your Study Group

Study Groups promote ongoing social work education, collaboration, peer leadership, and the exploration of a wide range of clinical interests. The GWSCSW Continuing Education Committee has developed procedures to make it possible for GWSCSW members in Study Groups to be granted Continuing Education Units (CEUs).

A study group can be a wonderful resource for Society members, since no fee is charged for participation and members themselves can establish the size, time, place, frequency, content and learning objectives of the group. Generally these groups are led by peers, though they may be leader-led. Group discussion may utilize resources such as books, articles, films, case examples, or even call upon relevant outside expertise.

For information, contact Ted Billings,
Continuing Education Chair, 202-232-2001

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Is Social Work Education Biased?

Laura Groshong & Kevin Host

The National Association of Scholars, a group affiliated with the American Enterprise Institute, a conservative policy organization, issued a report in September condemning the way that social work education is conducted. The primary criticisms of the report, "The Scandal of Social Work Education*" were that the missions of schools of social work, endorsed by the Council on Social Work Education, have become doctrinaire.

The report cited three situations where professors of social work had required a liberal political position and/or advocacy supporting these positions be taken to pass courses. The widely-held requirement that students at schools of social work adhere to the NASW Code of Ethics was condemned as being based on a liberal agenda, i.e., "engage in social and political action" and "advocate for changes in policy and legislation to improve social conditions to meet basic human needs and promote social justice." Similar criticisms were leveled at the CSWE mission statement, "to integrate social and economic justice content grounded in an understanding of distributive justice, human and civil rights, and the global interconnections of oppression."

George Will, in his October 22, 2007 column in the Washington Post titled "Code of Coercion,"* echoed the conservative sentiments of the NAS report.

While clinical social workers have found much to criticize themselves about the direction of social work education, this unprecedented and ideological attack on the broader social work profession cannot go unnoted. The criticisms in the NAS report are based more on the conservative views of its parent organization than on any concern about the lack of open discourse in social work education. The tone of the report is as closed-minded about open discourse as the criticisms of schools of social work.

There are many reasons to be concerned about social work education, but the liberal values which inform social work, and clinical social work, are as sound as any value system that exists. It is hard to imagine most conservatives would say openly that they think diversity is wrong and oppression should not be fought. Yet

that is the unspoken message of the NAS report and the Will column.

Social work accreditation standards and ethical codes clearly endorse the values that are essential in a democratic society and in academia, i.e., free and reasoned exercise of critical inquiry, questioning, and debate. Exceptions to these standards do occur, and those cases should, indeed, be condemned. However, Mr. Will selectively distorts some exceptions and generalizes them for the wholesale degradation of a worthy and necessary profession. His argument attempts to deny the reasoned discourse social work strives for in academia and in practice.

The differences in how to define and achieve social justice vary according to political leanings, and undoubtedly more social workers share liberal political interests than conservative ones. Ultimately, however, promoting social justice, a core value of social work, transcends the political agendas of those on the right and the left. ❖

Kevin Host, LICSW, is president of the Clinical Social Work Association (CSWA); Laura Groshong, LICSW, is the CSWA director of Government Relations. For more information about this organization, see www.clinicalsocialworkassociation.org.

The NAS report can be found online at http://www.nas.org/nas-initiatives/CSWE-initiative/soswe_scandal/scandal_soc-work-ed_11sep07.pdf. George Will's column "Code of Coercion" can be found online at <http://www.washingtonpost.com/wp-dyn/content/article/2007/10/12/AR2007101202151.html>

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Ruth Neubauer, MSW Karen Van Allen, MSW
Registration and Information:
www.retirementorwhatnext.com

The Greater Washington Society for Clinical Social Work presents a Theatre Party...

The Price by Arthur Miller

Sunday, April 13, 2008

3:00 PM

Followed by an informal dinner reception

Theatre J at the DC Jewish Community Center
1529 16th Street, NW, Washington DC

Theatre J, one of Washington's outstanding small theatres, is staging this three-time Tony Award nominee. In Arthur Miller's powerful drama, this production will feature beloved DC treasure, Robert Prosky (formerly of Hill Street Blues and Arena Stage), alongside his two sons for the very first time on a Washington stage. In the play, Gregory Solomon is hired to assess a family's possessions in the wake of a father's death. Two brothers' long-repressed dreams, desires and resentments bubble to the surface as The Price explores the legacy of choices that have made for a terrible injustice.

The New York Times on Theatre J:

"A rare mix of professional polish, thoughtful dramaturgy and nervy experimentation."

The GWSCSW is holding a block of 40 tickets to this special play.
Bring a guest and reserve your tickets early.

Tickets must be ordered by March 25.

Note: Street parking is limited in Dupont Circle. Discounted parking is available at Colonial Parking, 1616 P Street NW (\$4 when validated at Theatre J's front desk).

Three blocks from the Dupont Circle Station Metro Station.

.....

Registration – Theatre Party: "The Price"

Name _____

Street _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

Tickets

_____ @ \$40 each \$ _____

After-Theatre Reception

_____ @ \$15 each \$ _____

Total \$ _____

Check (payable to GWSCSW) enclosed \$ _____

Charge my Credit Card (*VISA or MasterCard only*) for \$ _____

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Questions? 202-537-0007

Mail this registration form with check made payable to GWSCSW to:
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If paying by credit card, you may fax to: 703-938-8389

Exciting JSSA Career Opportunity!

PT/FT Clinical Social Workers

JSSA, a large social service agency serving the metropolitan area, has full time and part time openings for clinical social workers in its expanding Northern Virginia office. Candidates should have experience providing individual, family and group therapy to children, adolescents, and adults and have experience with ADHD, social skills training, and cognitive behavior therapy. These positions also involve consultation with community organizations, schools, and religious institutions. Afternoon and evening hours required. Virginia licensure – LCSW required

JSSA provides a strong in-service training program & great benefits as well as varied and exciting career opportunities with the potential for growth and development.

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or mail to JSSA, Attn.: HR, 6123 Montrose Road, Rockville, MD 20852
Please visit our website at www.jssa.org for more information.

An EOE

JSSA is one of the fastest-growing social service agencies in the Greater Washington area. We serve a non-sectarian, highly diverse clientele (including children, adolescents, adults and seniors) coping with emotional, social or physical challenges. JSSA offers clinical supervision by master clinicians, free in-service continuing education training throughout the year, opportunities for professional growth and development, competitive salaries, excellent benefits (medical/dental, flexfund, life insurance, long-term disability insurance, tax-deferred annuity, pension plan), and holidays. An EOE

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inquire via email to hr@jssa.org

Advanced Clinical Training at a Glance

Rachael Fried, LCSW

Have you ever wanted advanced clinical training in a particular area, but didn't know where to begin researching your options? Look no further as we are excited to introduce a comprehensive list of area organizations and the opportunities that they offer. We hope that the condensed versions will help readers garner some helpful information. Because of concerns

about the length of this article, we limited the entries to programs that are ongoing and offer some type of expertise certification and/or certificate at the end of the program. ❖

Rachael Fried, LICSW, LCSW-C provides psychotherapy to children and adolescents at both the House of Ruth in Washington, DC and Metropolitan Counseling Associates in Bethesda, MD.

Baltimore Washington Institute for Psychoanalysis

14900 Sweitzer Lane, Suite 102
Laurel, MD 20707

Phone: 301-470-3635

Email: admin@bwanalysis.com

Web: www.bwanalysis.org

The programs focus on training the clinician to work psychodynamically with various populations. The student's own analysis, studying child development, learning psychoanalytic technique, and treating cases under supervision may be part of the requirements. Please see the website for more details.

Programs: Adult Psychoanalytic Training Program, Child and Adolescent Psychoanalytic Training Program, Two-year Adult Psychotherapy Training Program, Two-year Child Psychotherapy Training Program, Adult Fellowship Program, and Child Fellowship Program.

Registration deadline: Varies. Contact institute for specific dates.

Course starting and ending dates: September through May.

Form of completion/recognition: Certificate of graduation.

Examination: No

Part of a more extensive curriculum: No

Bowen Center for the Study of the Family/Georgetown Family Center

4400 MacArthur Blvd. NW # 103
Washington, DC 20007

Phone: 202-965-4400

Email: vaharrison@sbcgobal.net

Web: www.thebowencenter.org
www.thebowencenter.org/
pages/postgradprog.html

Postgraduate Program in Bowen Family Systems Theory and its Applications.

The Postgraduate Program is designed for individuals who want to establish a foundation in Bowen theory and learn to apply it in their personal lives and in their professions. The curriculum is designed to cover basic concepts in Bowen theory, knowledge from the sciences, and advances in research with examples from applications in families, organizations, and society. Each year is different. Learning occurs through application and practice as well as through knowledge of theory. The study of one's own family is a training ground for learning and using Bowen family systems theory in one's field of work.

Application deadline: August 1, 2008

Program starting and ending dates: The program meets four times a year for three day sessions. It begins in September and ends in June of each year.

Form of completion/recognition: No

Examination: No

Part of a more extensive curriculum: No, but the Bowen Center offers many other opportunities for learning.

Center for Healing and Imagery (formerly The Imagery Training Institute)

8612 Tebbs Lane
McLean, VA 22102

Phone: 703-821-0761

Email: info@centerforhealingand
imagery.com

Web: www.centerforhealingand
imagery.com

The Center for Healing and Imagery (CHI) provides experiential trainings in integrative modalities including Somatic Imagery, Ego-State Psychotherapy, and Mindfulness. When talk therapy is not enough, these dynamic approaches, grounded in affect and body sensations, help uncover and transform unconscious sources of even the most chronic psychological and physical problems.

Registration Deadline: Ongoing deadlines throughout the year.

Program Starting and Ending dates: Trainings offered from September through June.

Form of Completion/Recognition: Certificate of Attendance, CEU

Certificate, Certificate of Completion in Somatic Imagery and Ego State Psychotherapy.

Curriculum: Designed as a series of courses that build on each other and lead to more specialized advanced trainings.

The Clinical Social Work Institute (CSWI)

5028 Wisconsin Avenue, NW
Suite 404
Washington, D.C. 20016

Phone: 202-237-1202

Email: CSWI@mindspring.com

Web: http://www.wdc-cswi.org

PhD in Clinical Social Work: The Institute's clinical PhD is a four year course of study with classes meeting on Fridays and Saturdays. The curriculum is informed by a contemporary biopsychosocial perspective and cutting-edge information in neuroscience, clinical theories, clinically relevant social science concepts, other courses and a comprehensive practicum.

Registration deadline: May 2008

Course starting and ending dates: September through June. There are also summer elective courses.

Form of completion/recognition: Completion of all the academic requirements culminating in the granting of the PhD Degree in Clinical Social Work.

Examination: No

Part of a more extensive curriculum: No

Institute of Contemporary Psychotherapy and Psychoanalysis (ICP&P)

4601 Connecticut Avenue NW
Suite 8
Washington, D.C. 20008

Phone: 202-686-9300

Email: icpeastadmin@worldnet.att.
net

Web: www.icpeast.org

ICP&P's three training programs, Couples, Psychoanalytic and Psychotherapy Training Programs, are for clinicians interested in advanced training that emphasizes self-psychological and contemporary trends. While historical theory and developments are studied, the emphasis is on cutting edge developments in such areas as attachment research, intersubjectivity, and relational approaches.

Registration Deadlines: Couple and Psychotherapy Programs: June 15; Psychoanalytic Program: June 1. Applications submitted after these dates will be considered on an individual basis.

Program Starting and Ending dates: All training programs start after Labor Day and end in mid May.

Form of Completion/Recognition: Certificate

Examination: No

Part of a More Extensive Curriculum: No, although additional requirements, such as supervision, may be required for some of the programs.

International Psychotherapy Institute and IPI Metro (The Metro Washington Center of IPI)

IPI:

6612 Kennedy Drive
Chevy Chase, MD 20815

Phone: 301-215-7377

theipi@mindspring.com

Website: www.theipi.org

IPI Metro:

6917 Arlington Rd., Suite 224
Bethesda, MD 20814

301-951-3776

info@ipimetro.org

Website: www.ipimetro.org

IPI: Two-Year Program and Weekend Conferences in Object Relations Theory and Practice; Master Speaker Videoconference Series; Infant Observation Seminar; International Institute for Psychoanalytic Training.

IPI Metro: Year-long courses include Introduction to Psychodynamic Psychotherapy, Child and Adolescent Psychotherapy, Object Relations Seminar, Sexuality Seminar and Clinical Supervision Seminar. Reduced-fee supervision is also offered.

National and local in-depth certificate training programs (beginner and intermediate offered locally, and advanced nationally) and shorter conferences/seminars with international speakers in object relations individual, couple and family therapy, sexuality, infant observation, and psychoanalytic training, all tailored to commuting students, in person and by video-link. Certificate clinical supervision program. CEUs.

Registration Deadline: Varies, contact IPI.

Course starting and ending dates: IPI courses vary (see individual courses). IPI Metro courses begin in September and end in May.

Form of completion/recognition: Certificate of completion

Examination: No

Part of more extensive curriculum: Programs can be taken alone or some can be combined for advanced certificate.

National Institute of Relationship Enhancement®

4400 East-West Highway, Suite 28
Bethesda, MD 20814

Phone: 301-986-1479

Email: niremd@nire.org

Web: www.nire.org

Certification Programs in Relationship Enhancement Therapy for Couples and Families, Child-Centered Play Therapy, and Filial Family Therapy

Each program combines a 2-day or 3-day professional training workshop with 26-hours of supervision built around the therapist's videotaped (or live) therapy sessions in order to enhance therapist skills in conducting the chosen therapeutic modality. Each modality is supported by an extensive body of empirical research validating its therapeutic effectiveness.

Registration Deadline: Open-ended, but participation commences with attending an initial 2-day or 3-day professional training workshop. Workshop dates are listed on our website above.

Program Starting and Ending dates: Follow-up supervision is individually tailored.

Form of Completion/Recognition: Successful completion of the workshop and supervision hours, leading to formal certification and receipt of a frameable certificate.

Examination: No

Part of a More Extensive Curriculum: Additional levels of certification are available to become a Certified Supervisor and/or a Certified Instructor/Trainer in each of the three therapeutic modalities.

The New York Freudian Society, Washington DC Program

The NYFS Psychoanalytic Institute

Phone: 301-332-2372

Email: laurahickok@verizon.net

Web: www.nyfreudian.org

The New York Freudian Society, Washington DC Institute: The Adult Psychoanalysis Program combines four years of coursework in psychological development, classical and contemporary psychoanalytic theory, and psychoanalytic listening with supervised practice in psychoanalysis, and candidates' personal analysis. The Fellowship Program is an 8-10 session psychodynamic seminar.

Registration Deadline: Open-ended, Please contact the Institute Director or the website for further information.

Program Starting and Ending dates: September-May.

Form of Completion/Recognition: Certificate of Completion.

Examination: No

Part of a More Extensive Curriculum: No.

University of Maryland School of Social Work

525 W. Redwood Street
Baltimore, MD 21201

Phone: 410-706-5004

Web: www.ssw.umaryland.edu/cpe

Certificate Program in Trauma Treatment: The Certificate Program in Trauma Treatment incorporates a strengths perspective for working with adult survivors of abuse and traumatic stress. Certificate Program in psychotherapy offers training to those who seek a strong and competent identification as psychotherapists.

Registration Deadline: March 2008

Course Starting and Ending dates: Spring 2008 through Winter 2009

Form of Completion/Recognition: Certificate of Completion.

Examination: No

Part of a More Extensive Curriculum: Yes

GWSCSW Continuing Education presents...

New Directions for Therapists: Couple & Family Work in the 21st Century

Thursdays, March 27 & April 3
12:30 – 2:30 PM

Presenters: Jen Kogan & Nancy Markoe

This two-session course will explore the specific needs of the 21st century family and how therapists can help couples with children navigate life's challenges. Using *Couples on the Fault Line* (edited by Peggy Papp) as our primary resource, we will outline new directions for therapists. Participants will be encouraged to share examples from their practice as we explore partnerships in the new millennium.

Member: \$60 / Non-Member: \$100

4 CEUs

For registration information, see page 21
or call the office (202) 537-0007

GWSCSW Continuing Education presents...

Guided Imagery and Psychotherapy

Wednesday, April 23
10:00 AM – 12:00 NOON
Presenter: Connie Ridgway

Social workers can use guided imagery to expand our ability to bring our bio-psycho-social orientation into the therapy room. The body/mind interface can connect us to the client and deepen our understanding of the client's needs and inform the treatment. We will explore using our own body signals as a way to help clients learn from an inner journey. This way of doing guided imagery is much more client-centered because it uses the client's own images instead of using a script to be read.

Member: \$45 / Non-Member: \$75

3 CEUs

For registration information, see page 21
or call the office (202) 537-0007

Washington Center for Psychoanalysis

4545 42nd St., NW, #309
Washington, DC 20016

Phone: 202-237-1854

Email: center@washpsa.org

Web: www.washpsa.org

WCP offers a psychoanalytic training program, and two three-year programs: Modern Perspectives on Psychotherapy focuses on the theoretical and clinical application of the Modern Relational, Modern Freudian and Modern Kleinian perspectives, and New Directions in Psychoanalytic Thinking consists of three weekend writing conferences and an optional summer retreat per year.

Registration Deadline: Variable

Course Starting and Ending Dates: September through June.

Form of Completion/Recognition: Certificate

Examination: No

Part of a More Extensive Curriculum: No, self-contained.

Washington School of Psychiatry

5028 Wisconsin Ave., NW
Suite 400
Washington DC 20016

Phone: 202-237-2700

Email: Info@wspdc.org

Web: www.wspdc.org

The WSP offers courses from one to three years in length in a variety of psychotherapy disciplines. These include Advanced Psychotherapy Training, Central Concepts in Psychodynamic Therapy, Child and Adolescent Psychotherapy, Clinical Program on Psychotherapy Practice, Intensive Short Term Dynamic Psychotherapy, and Observational Studies with Parents and Babies/Young Children.

Registration deadline: Summer

Course starting and ending dates: September through May.

Form of completion/recognition: Certificate of Completion

Examination: No

Part of a more extensive curriculum: Yes, various Study Groups, the National Group Psychotherapy Institute and the Attachment and Human Development Center are part of WSP's activities.

GWSCSW Continuing Education presents...

Emergency Coverage of Your Practice: Practical and Ethical Considerations

**Fridays, May 2 & 9
10:00 AM – 12:00 NOON
Presenter: Melinda Salzman**

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

Member: \$60 / Non-Member: \$100

4 Ethics CEUs

**For registration information, see page 21
or call the office (202) 537-0007**

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PO Box 3235
Oakton VA 22124**

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ADVOCACY & LEGISLATION

■ MARYLAND

Alice Neily Mutch

The 2008 session of the Maryland General Assembly is just beginning as press time is here, and weary legislators, who finished a divisive special session just a month ago, are off to a slow start.

During the 2007 session, a bill creating a Legislative Task Force to study physician reimbursement issues was amended (thanks to our lobbying efforts) to include all health care providers.

The Task Force will make policy recommendations to the Legislature on the following specific areas of focus:

- the reimbursement rates and total payments to Maryland physicians and other providers
- the impact of changes in reimbursements on access to health care and health care disparities, volume of services, and quality of care

- the effect of competition on payments to physicians and other health care professionals
- the impact of methods used by large purchasers of health care to evaluate adequacy and cost of provider networks
- the adequacy of reimbursement
- the role of poor efficiency and misaligned incentives

The Physician Study and the Social Work Survey

Considerable media attention has been focused on the physician reimbursement study jointly funded by the Maryland Hospital Association and Med Chi, the Maryland physician organization. The findings—predicting a severe shortage of physicians in Maryland in the near future, particularly on the Eastern Shore—have so far been driving the interest in the Task Force’s agenda. (Go to http://www.mdhospitals.org/mha/Physician_Workforce_Study/index.pws.shtml for the results of the study.)

Our coalition of Maryland and Greater Washington societies is represented at the Task Force meetings, and we have developed a survey, easy to fill out online, to explore practice and reimbursement issues as they affect our profession – and especially whether (and if so, how) declining rates of insurance reimbursement may be affecting the willingness of LCSW-Cs in agencies, as well as group and private practices, to treat the insured. We are seeking the input of all Maryland-licensed clinical social workers; go to https://www.surveymonkey.com/s.aspx?sm=4HJPUYUYQkOcukG0BeAtgw_3d_3d.

What You Can Do

Your involvement could help to change the professional climate for providers and access to services for patients throughout Maryland.

Please complete the online survey, and show your enthusiasm by encouraging all Maryland clinical social workers to do so.

Your personal letters of concern on your reimbursement problems would be well received by legislators who represent the mental health consumers in your areas—specifically, Senator Rob Garagiola, Montgomery County; Delegate Joseline Pena-Melnyk, Prince

University of Maryland School of Social Work Continuing Professional Education Spring 2008 Opportunities

- 63 Workshops at the University of Maryland Shady Grove, D.C., Hagerstown, and Baltimore
- 18 Ethics workshops including evening and Saturday dates
- Spring Seminar – Children of Incarcerated Parents: Resources and Interventions
- 4 Workshops that meet BSWE supervision training requirement
- 2 Social Work License Examination Courses
- New Certificate Program in Psychotherapy

Spring Catalog online:
www.ssw.umaryland.edu/cpe

To register, call 410.706.5040 or
download registration form from Web site.

BLOOM



UNIVERSITY OF MARYLAND
SCHOOL OF SOCIAL WORK

George's County; and Delegate Robert Costa, Anne Arundel County. (Some common concerns have been the wait time to access mental health service, inaccurate and misleading network provider lists, loss of providers due to inadequate reimbursement, unwieldy credentialing procedures, and administrative obstacles from company mergers.)

Please consider, too, joining your society's legislative team. Your legislators from Montgomery and Prince George's counties are poised for leadership in upcoming sessions. They are interested in what you, as constituents and clinical social work stakeholders, value, and relationships developed now will bear fruit in the long run. ❖

Named by the Daily Record as one of the "100 Top Women for 2006", Alice Neily Mutch of Capital Consultants of Maryland is a lobbyist for the coalition of Maryland and Greater Washington Clinical Social Work Societies.

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Jessica Benjamin, PhD & Malcolm Slavin, PhD

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5151 Pooks Hill Road, Bethesda MD 20814

Five CE credit hours will be awarded for full attendance of the program. ICP&P is approved for continuing education credits for psychologists, social workers, and nurses.

For information about our fees, accreditation and registration, please check our website

www.icpeast.org

Or call 202-686-9300 ext 4

■ VIRGINIA

Although there has not (as of this writing) been any proposed legislation that would directly affect the practice of clinical social work, the tragedy at Virginia Tech last year has fueled a major focus on mental health issues in Virginia's 2008 legislative session. The several dozen pieces of proposed legislation are being talked about as, potentially, the biggest overhaul of mental health laws in 30 years.

The House of Delegates has taken the lead in proposing bills redefining involuntary mental health commitment. Legislators are trying to balance public safety needs against the right to privacy with a new involuntary commitment standard. The "potential danger" standard, if passed into law, would require that a magistrate find that an individual shows a substantial likelihood of causing serious bodily harm "in the near future" as evidenced by "recent behavior causing, attempting or threatening such harm, or any other relevant information." An individual not judged a danger to himself or others could be committed involuntarily if the person will, in the near future, "suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs."

Other proposed bills focus on emergency custody orders, possession of firearms if mentally incompetent, disclosure of medical records, criminal records, parental notification for mental health treatment for minors, outpatient treatment, sexually violent predators, emergency mental health treatment for inmates, special training for justices, addiction treatment, background checks, and so on.

Meanwhile, the Commission on Mental Health Law Reform has issued its preliminary report, providing a blueprint for changes in the criminal justice system, juvenile justice system, ways of promoting empowerment and self-determination among consumers, changes in the commitment law, and improvements in services. Task force reports on these topics will be issued over the course of the year.

Finally, Governor Kaine has proposed an expansion of mental health services with an additional \$42 million and construction of treatment facilities paid for with \$55 million in bonds. This is, clearly, a very important year!

The GWSCSW and Virginia Society legislative committees work together, with the guidance of legislative

continued on page 20

Virginia Legislation , continued from page 19

consultant Chris Spanos, to discuss and track relevant bills, meet with and make recommendations to legislators and staffers, provide testimony at hearings, alert Society members when grassroots support is needed, and more. If you are a Virginia member or licensee, please consider participating in whatever way you can. ❖

Chris Spanos, lobbyist for the legislative coalition of the Greater Washington and Virginia clinical social work societies, provided information for this report.

■ DISTRICT OF COLUMBIA

Margot Aronson

Six social work staffers at DC's Child and Family Services were precipitously fired in mid-January after the discovery of the decomposing bodies of four Jacks family children made national news. In the days that followed, the GWSCSW listserv was a focal point for discussion of concerns about ethical behavior, legal culpability and due process, as well as questions of how responsibility for a tragedy should be divvied up in an overburdened system with major failures in inter-agency communication.

The rush to put all the blame on the city's line workers and their immediate supervisors was disappointing at best. Our hope is that the follow-up will include a focus on training, reasonable case loads, and real systemic support for the highly-stressed social workers responsible for protecting the city's children. An effective communication system that links the schools (including the Charter Schools), the police department, juvenile court, and the Department of Social Services is imperative.

BSW Scholarship Plan Considered in the Council

In Council news, legislation (Bill 17-42) has been put forth by Councilmembers David Catania, Tommy Wells, and Marion Barry to establish a scholarship recruitment program at the University of the District of Columbia, to train social workers (at the BSW level), as well as nurses, respiratory therapists and medical radiographers. Students would be supported by the payment of tuition, fees, and "reasonable education costs." Upon graduation, the students would be required to work in under-

served communities in the District of Columbia for a period of at least five years.

The Society will be monitoring the progress of the bill. Unquestionably, there is a need for social workers at all levels in the city's public and non-profit agencies. At the same time, Councilmember Wells has discussed with us the feasibility of downgrading social work licensing requirements in the public sector in order to fill vacant positions, and we would not want this bill—with its excellent potential—to be part of such an effort. Perhaps the Jacks case can serve as sufficient evidence that child welfare and other public service positions requiring high level assessment and decision-making should be staffed by the most educated and skilled licensed social workers. ❖

Margot Aronson, LICSW, GWSCSW vice president for legislation and advocacy, is currently in private practice in the District. Her social work background includes a number of years of public sector social work, including child protection investigation in Prince George's and Montgomery counties.



While you are dedicating your life to taking care of others, who is taking care of YOU?

Let's talk—make sure that your retirement is on track, that you are maximizing your tax savings, and most importantly, that YOUR *financial case is being managed.*

Tina McKendree
Financial Advisor
Wealth Advisory Specialist

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Maryland Board of Social Work Examiners

Yvonne Perret

The Board of Social Work Examiners has been working very hard over the past several months in a number of critical areas. These are summarized below.

Beginning with the 2007 license renewals, the Board implemented an online renewal process. This was very well received, and licensees using this process found it to work very well. Over 80% of the renewing licensees did so online—a wonderful start. We are working to improve this method for use in the next renewal cycle. Many thanks to Jack Frost, Director, Administrative Unit for the Board and Riya Rahman, Database Specialist, for their work to enable the Board to offer this service.

The Board revised the supervision regulations. Licensees will receive a new copy of these regulations soon.

The Board is currently working on revising the continuing education regulations. Public comment will be possible when the draft is finalized.

On November 13, 2007, the Board held an all-day retreat to work on intra-organizational efforts and to consider what additional issues needed focus in both our statute and regulations. This work will be ongoing. The Board decided to have three officer positions: The Chair, the Vice-Chair (a new position), and the Secretary-Treasurer. The plan is for the Vice-Chair to serve for two years in this capacity and then to likely serve as chair. This will enable an experienced Board member to “learn the ropes” of being Chair and enable a smoother transition. The Board’s standing committees are: The Disciplinary Case Review Committee (DCRC), which meets monthly to do initial reviews of complaints, the Continuing Education Committee, the Legislative/Regulations Committee, and the Credentialing Committee. Ad hoc committees are formed when specific regulations or statutory changes need more comprehensive review and re-drafting.

Finally, the Board held elections at the January meeting. I am delighted to announce that in April, the following individuals will take control as officers: Cherie Cannon, Chair; Dan Buccino, Vice-Chair, and Trinita Robinson, Secretary-Treasurer.

Serving as the Chair of the Board of Social Work Examiners over the past two years has taught me a lot; it has been a challenge unlike others in my professional life.

This Board requires, often, the wisdom of Solomon, the learning of a legal scholar, and an understanding of our practice, its complexity, and the need to protect the public whom we serve. These are skills I hope to continue to develop. ❖

Yvonne Perret, LCSW-C, is nearing the end of her two-year term as Chair of the Maryland Board of Social Work Examiners.

DC Board of Social Work

Bonnie Gallagher

As the social work profession has expanded over the years, and the use of para-professional practitioners has also expanded, certain aspects of the language of the DC social work licensing act has become the cause of misunderstanding and misinterpretation, in turn, leading to unnecessary complications and conflicts for agencies and for individuals. A common question is, where is licensure needed, and where is it unnecessary?

To address this problem, the Board has created a special committee, charged with bringing clarity to the existing language, specifically with regard to social work functions such as “referral, advocacy, mediation, consultation, research, administration, education, and community organization.”*

The committee, which has the assistance of Carla Williams, counsel to the Board, includes social workers from a broad range of organizations, agencies, and private practice in addition to Board member participants. A series of small group meetings and an open forum for the larger community are planned. Questions and comments should be directed to committee chair Bonnie Gallagher at bonniegallagher@verizon.net or 202/244-1821. ❖

**Health Occupations Revision Act (18)(A)*

Bonnie Gallagher, LICSW, serves on the DC Board of Social Work and will be chairing the committee. In addition to her private practice in the District, she sees clients at the Green Door and president of the Association for Psychoanalytic Thought, an affiliate of the Baltimore Washington Center for Psychoanalysis.

VISIT OUR WEB SITE: www.gwscsw.org

Virginia Board of Social Work

Changes in the regulation of professional standards of practice will be going into effect in April 2008, and social workers at all levels are urged to check the website of the Virginia Board of Social Work (www.dhp.virginia.gov/social/) at that time.

GWSCSW provided written testimony to the Board during the period of public commentary. Some of these proposed changes raised our concerns. There was a procedural issue with regard to supervision of LCSW candidates and, more significantly, an ethics issue with regard to regulations governing sexual relationships with former clients.

By way of background, several years ago, a licensing regulation was put in place in Virginia—with so little publicity that there were no comments from social workers—stating that social workers are prohibited from sexual relationships with former clients before a minimum of two years have passed after termination of treatment. The Virginia Board has now proposed that the two years be extended to five, with required documentation to demonstrate that any such relationship that ensues is not exploitative.

Concerned that, like the current regulation, the proposed change might be contrary to the ethical standards of which clinical social workers are justly proud, Alice Kassabian, chair of the Virginia legislative committee, contacted nationally recognized social work ethics specialists Frederic Reamer, Sister Vincentia Joseph, and David Phillips for their thoughts; she also conferred with the Virginia Society for Clinical Social Work. A special mailing was sent to GWSCSW Virginia members and licensees outlining the issues,

with relevant regulatory passages and other background information.

The testimony submitted by the Society reflects the strongly-felt preferences of our polled membership, recommending the regulation language regarding sexual relationships with former clients eliminate the arbitrary time limits and instead be consistent with the NASW and CSWA social work Codes of Ethics which prohibit such behavior. The full testimony, relating to this issue and the supervisory issue as well, can be found on the Society's website www.gwscsw.org at Alert: Virginia.

GWSCSW RECOMMENDATIONS:

With regard to sexual relationships, the Greater Washington Society recommends that:

The language in the Virginia social work regulations regarding sexual relationships with former clients should have no arbitrary time period, but rather, the language should be consistent with NASW and CSWA social work Codes of Ethics that prohibit this behavior.

With regard to supervision, the Greater Washington Society recommends that:

The Board should establish a certification registry of supervisors who have completed the Board's requirements;

The Board should clarify the meaning of "within five years immediately preceding registration of supervision," and consider adopting a periodic follow-up of no more than 3 to 6 supervision CEUs for maintaining supervision certification; and

The Board should amend the initial requirement from 14 CEUs to 12 CEUs.

Thank you for the opportunity to be heard on these very important regulatory issues. We will be happy to answer any questions and look forward to working with you in the future.

Susan Post, GWSCSW President

Margot Aronson, GWSCSW Vice President for Legislation & Advocacy

Alice Kassabian, Chair, GWSCSW Virginia Legislation & Advocacy Committee

Georgetown: Large Office to Sublet

Off-street parking, nearby garages, 15-minute walk from Foggy Bottom Metro. Spacious, large windowed, well furnished, office for rent. Rental includes use of waiting room, bathroom and kitchenette with refrigerator and microwave. This office is part of a large two office suite. The other office is occupied by a full time practicing psychiatrist. Location is on Thomas Jefferson Street NW between M Street and the Canal. Available March 1.

Please call for further information
202-965-8938

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. Here is what some of us have been up to...

Margot Aronson spent a November weekend in Ocean City, MD at the annual conference of the Greater Washington, DC Chapter of Social Work Leadership in Health Care; she spoke on private practice issues in a panel discussion of "Working with the System."

Last month, Margot and **Dolores Paulson** were presenters at Catholic University's annual licensing workshop for MSW candidates.

Joel Kanter recently published an article, "Compassion Fatigue and Secondary Traumatization: A Second Look" in the December 2007 issue of the *Clinical Social Work Journal*. A copy is available at www.clarewinnicott.net under the link "clinical applications."

Joel also had a letter published in the *Washington Post* (December 2, 2007) on "Commitment Hearings in Need of Balance;" the letter addressed issues involved in psychiatric commitment, in light of the Virginia Tech tragedy.

Jen Kogan was interviewed for an article on parenting that was published in the February 2008 issue of *Parents Magazine*.

Grace Lebow and **Barbara Kane's** book, "Coping with Your Difficult Older Parent: A Guide For Stressed Out Children" was recently translated and published in Japan.

Ruth Neubauer's "Photographs From Around The World" were shown at the Grill Art Café in Baltimore, MD in late January.

Britt Rathbone is now teaching a class at Catholic University's School of Social Service entitled, "Clinical Social Work with Adolescents and Young Adults." ❖

Send your information for Out & About to newsletter co-editors, Jen Kogan (koganblackwell@verizon.net) or Maya Godofsky (maya_beth@yahoo.com).



BALTIMORE WASHINGTON Center for Psychoanalysis

March 8

5:00 – 6:30 p.m.

At the Center

Psychoanalytic Forum

Manic Defenses Against Loneliness in Adolescents

Presenter: Thomas Barrett, PhD

Discussant: James Kleiger, PsyD

March 29

A Psychoanalytic Post-Show Discussion

Macbeth: Genesis of Tyranny

Presenter: Samuel Goldberg, MD

Following a 2:00 p.m. matinee.

At the Folger Theatre,

201 East Capitol Street SE

Washington, DC

April 26

Fourth Annual Paul Gray

Visiting Scholar Program

5:00 – 6:30 p.m.

at the Center

Close Process Attention in Psychotherapy

Presenter: Cecilio Paniagua, MD

The Baltimore Washington Center
for Psychoanalysis
(ten minutes from the Capital Beltway)
14900 Sweitzer Lane, Suite 102
Laurel, MD 20707

For more information

www.bwanalysis.org

301-470-3635.

CLINICIANS & MONEY

Financial Empowerment Starts with Insight

Peter H. Cole



Peter Cole

I define financial empowerment as having achieved insight into one's emotional issues with money, along with having developed a sound and well-implemented financial plan. In this month's column, I will address the importance of insight into our emotional issues with money on the journey toward financial empowerment. Our emotional issues with money are frequently not well understood or addressed, yet our emotions have a profound impact on our successes and challenges in the financial arena. Tuning into the emotional dimension of money is of twofold importance to us in the field of clinical social work. First, working with this material helps us deal effectively with the financial issues in our own lives. Second, tuning into this material will help us address the emotional dimension of the financial issues our clients face.

The Economic Self

In our families of origin, we learn a great deal about who we are in the world as economic actors. Usually what we learn is not communicated directly or consciously; instead it is introjected from our early experiences. Some of what we learn tends toward being functional, while other aspects tend toward dysfunction. I have come to call this collection of feelings that derive from our family of origin's approach to money "The Economic Self." The Economic Self is also deeply influenced by how we have internalized our sense of social class, ethnicity and gender.

For example, "Nancy" (her name and some details have been changed to protect her confidentiality) grew up in a white, upper middle class family in which her father was quite a successful entrepreneur. Her mother never questioned her father's financial power and control in the family. Her brother followed in the father's footsteps and eventually took over the father's business. Nancy became a clinical social worker. The brother was appointed executor of the father's trust, and when

the father died, control of the family money ran from father to son. Throughout her childhood and into her adult life she had a powerful male family member in control of her financial resources. This was complicated by the fact that her brother was actively alcoholic, and bordered on being emotionally abusive in dealing with family financial issues.

Nancy's Economic Self had been shaped in a sexist atmosphere wherein the men in the family held the economic power. She had internalized these power dynamics within the family and experienced herself as powerless and incompetent with money. However, her brother's abusive behavior coupled with his financial control over her provided powerful evidence that the existing financial dynamics within the family needed to change. To make that change happen, she had to confront her negative self-image as an economic actor in the world, and set out to heal her Economic Self.

Through education about how money works, and work around the psychological wounds to her Economic Self, Nancy did the groundwork necessary to begin to take control of her financial life. She educated herself about the sorts of investments her father and brother had pursued, and learned about the investment strategies that were best for her. She discreetly sought out legal advice to better understand her rights with regard to her brother's control of her inheritance. She finally mobilized herself to open up a dialogue with her brother about taking control of her own money. The process of working out the issues with her brother lasted about six months, but in the end, he agreed to let her take control of her own money. Moreover, the dialogue that opened up between them around the money issues actually helped them talk about their relationship in ways they never had before. She even shared with her brother her concern about his drinking, a discussion she had avoided for many years.

Now that she had control of her inheritance, she was empowered to make investing decisions that were consistent with her values and her tolerance for risk. She chose socially responsible investments and with the help of her financial planner, she designed a more

conservative portfolio than the aggressive portfolio her brother had put together. Thus, her process of achieving greater financial empowerment was at once psychological (dealing with her feelings about herself), interpersonal (dealing with her brother), educational (learning about her legal rights and about investing) and behavioral (implementing her new investing plan). Although it was not an easy road, she ultimately felt very good about getting control of these important issues in her life.

In addressing the emotional dimensions of money, we broaden our understanding of what financial empowerment really is. Financial empowerment involves both insight into our own issues with money and a thoughtful, well implemented financial plan. When we bring psychological insight together with sound financial

planning, we are going a long way toward achieving true financial empowerment. ❖

Peter Cole is an LCSW, Chartered Financial Consultant and director of Insight Financial Group. He specializes in financial planning¹ for psychotherapists throughout California. His new book *True Self True Wealth* is published by Simon & Schuster and available through Amazon.com. Peter can be reached at (800) 426-1399. www.TrueSelfTrueWealth.com

Peter H. Cole, LCSW, ChFC, Director and Financial Services Specialist Insight Financial Group. 2011 "P" Street. Sacramento, CA 95814 Phone 916-444-1122 Fax 916-553-4373 Securities through Securities America Inc, a registered broker/dealer, member FINRA/SIPC, Peter Cole, Registered Representative. ¹Advisory Services through Securities America Advisors, an SEC Registered Investment Advisory Firm, Peter Cole, Investment Advisor Representative. CA insurance lic. 0D04931

OUR ONLINE SOCIETY

.....

What is the GWSCSW listserv and why should I join it? Have you ever asked these questions? Let me tell you a little bit about it...

The listserv is a great vehicle for communicating with your fellow Society members about resources for your clients, licensing issues, and relevant and interesting articles from the *New York Times*, *Washington Post*, and other publications. The listserv can also be used in conjunction with the Referral Panel to find therapists with specific specialties or psychopharmacologists who, for instance, take a certain type of insurance or work in particular geographic area.

Looking for resources for an older adult with depression? Someone on the listserv is sure to know. How about a support group for an adolescent with social issues? Again, one of your colleagues is likely to prove a good resource for you. If you have office space available, the listserv is an ideal place to let people know.

So, if you don't belong to the listserv now, please join us! It's easy: just contact the office at gwscsw@gmail.com. You can receive messages one at a time or in digest form (once daily). The forum is hosted by Yahoo.

Contact the office today and get hooked up with colleagues from around the metropolitan area. This excellent networking tool is just a few clicks away!

Ann Wroth, LCSW-C, works at NAMI, the National Alliance for the Mentally Ill.

SIGN UP FOR THE GWSCSW LISTSERV

EMAIL YOUR REQUEST TO:

gwscsw@gmail.com

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For therapists, the ability to connect meaningfully with others is vital. Relationships form the core of our work and are central to the therapeutic process.

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Dr. Jonathan Stillerman at 202-429-4939
Dr. Sarah Hedlund at 202-429-4938

A RARE OPPORTUNITY

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Sunday, March 30

2:00 pm – 5:30 pm

National 4-H Youth Conference Center
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INFORMATION

Ruth Neubauer, MSW at 301-652-7884/ RuthNeubr@aol.com

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1815 McGuire Court
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- Questions? 703-593-5194
- Registration Deadline:
March 10

Name _____ Degree _____

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CEUs (check one): Social Worker Psychologist Not Needed

WPSP: Member Non-Member Interested in membership

GWSCSW Continuing Education 2008

■ New Directions for Therapists: Couple & Family Work in the 21st Century

This two-session course will explore the specific needs of the 21st century family and how therapists can help couples with children navigate life's challenges. Using *Couples on the Fault Line* (edited by Peggy Papp) as our primary resource, we will outline new directions for therapists. Participants will be encouraged to share examples from their practice as we explore partnerships in the new millennium.

Jen Kogan (202-215-2790) 2 Thursdays, March 27, April 3, 2008
 Nancy Markoe (202-494-6840) 12:30 – 2:30 PM
 Tenleytown, Washington, DC Member: \$60 / Non-Member: \$100
 4 Hrs.

■ Guided Imagery and Psychotherapy

Social workers can use guided imagery to expand our ability to bring our bio-psycho-social orientation into the therapy room. The body/mind interface can connect us to the client and deepen our understanding of the client's needs and inform the treatment. We will explore using our own body signals as a way to help clients learn from an inner journey. This way of doing guided imagery is much more client-centered because it uses the client's own images instead of using a script to be read.

Connie Ridgway Wednesday, April 23
 4115 Wisconsin Ave NW #203 10:00 AM – 1:00 PM
 Washington, DC 20016 Member: \$45 / Non-Member: \$75
 202-966-8230 3 Hrs.

■ Emergency Coverage of Your Practice: Practical and Ethical Considerations

If you suddenly were to become incapacitated, due to injury, illness or death, who would contact your clients? Just as it is important for an individual to write a Will to protect personal assets and provide for his or her dependents, it is also prudent for a clinician to prepare for an untimely or unanticipated inability to carry out their functions at work. The purpose of this course is to help clinicians anticipate the needs of their clients and their business or the organization where they work, should such an emergency arise. The goal of the course is to enable participants to identify individuals who could step in if needed, write instructions for their backup personnel, and distribute these instructions. Qualifies for 4 Ethics credits.

Melinda Salzman 2 Fridays, May 2 & 9, 2008
 8830 Cameron Street, Suite 503 10:00 AM – 12:00 NOON
 Silver Spring, MD 20910 Member: \$60 / Non-Member: \$100
 301-588-3225 4 Hrs.

■ Ethical Dilemmas

This course raises and reviews ethical questions the clinician faces in the course of practice. Questions are analyzed and understood based on the Clinical Social Work Association's Code of Ethics. Students are encouraged to bring into class ethical questions they encounter. **THIS COURSE MEETS THE VIRGINIA, MARYLAND, AND half of the DC LICENSING REQUIREMENTS.**

Carolyn Gruber, PhD, LICSW Tuesday, May 13 *or* June 3
 6129 31st Street NW 12:00 NOON – 3:00 PM
 Washington DC 20015 Member: \$45 / Non-Member: \$75
 (202) 686 2139 3 Hrs.

GWSCSW COURSES REGISTRATION FORM

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COMMITTEE REPORTS

Continuing Education

Ted Billings

Ted_billings@comcast.net

Greetings from the Continuing Education Committee. By the time you read this, we will have already met to begin planning for the 2008–2009 program year. We look forward to providing you with opportunities to explore some new and interesting clinical topics. Many of you have taught courses for the Society in the past and we hope you will be considering doing so again next year. For those of you who might be interested in teaching for the first time, we would be happy to help you develop your ideas into a class.

We are excited to be welcoming Flora Ingerhousz as a new member of our committee. As an experienced clinician but new to GWSCSW, we believe Flora will bring great ideas for continuing education programming that are of interest to Society members.

I would like to encourage all who are considering signing up for classes to do so early. We require classes to have enough registrants to pay the instructors' fees; when the majority of the registrations come in at the last minute it makes it difficult to assess whether or not to go forward or cancel the class. So, please do send your registrations in advance so we can plan accordingly.

Ethics

Judy Gallant

Jg708@columbia.edu

In coming newsletter issues, the Ethics Committee will address thorny ethical issues in an *Ask the Ethics Committee* feature. If you have a question you would like addressed in this manner, please contact Judy Gallant at jg708@columbia.edu or at 301-587-2552. We will research as many questions as we can on a regular basis and respond in future newsletters. We are not experts offering legal or regulatory advice. Any views expressed in our columns are based on our committee's research and experience and do not represent an official position of GWSCSW. We hope members who are part of the Society's listserv will also continue to use it as a way to get an immediate response to time-sensitive issues from a wide variety of our members. The Ethics Committee is choosing to use the newsletter as our forum in order to give researched, thoughtful responses to questions, and in order to reach all GWSCSW membership. Questions posed through this forum can also be posted on the listserv, and vice versa.

We also plan to be a resource to members of our Society for locating appropriate ethics codes which can be applied in different circumstances (look for a column on this in a future report).

Four clinicians, all long time members of GWSCSW, currently make up the newly constituted Ethics Committee:

Ellen D. Eule graduated from Catholic University's School of Social Service in 1976. She has worked with children, adolescents, couples, families, and groups in many settings, including schools, family agencies, adoption agencies, and HMOs. She has been in private practice for many years and has a special interest in issues related to adoption and post-partum depression. About five years ago, Ellen began consultation with a fertility practice, where her focus has been on helping individuals and couples cope with treatment, pregnancy loss and making decisions about family building. Issues addressed include using donor gametes, gestational carriers, proceeding with adoption, or deciding to remain child free.

Bonnie Gallagher is a graduate of the Virginia Commonwealth University School of Social Work and completed post-graduate work with the Baltimore-Washington Institute for Psychoanalysis. She is a staff member with the DC Department of Mental Health, and currently sits on the DC Board of SW Examiners. Bonnie is the President of the Association for Psychoanalytic Thought and maintains a private practice in Washington, DC.

Judy Gallant graduated from Columbia University's School of Social Work in 1980. She has spent her career working with children and families in various settings, including a community mental health center, a runaway house for adolescents, a foster care agency and a family service agency. In the 1990's, she sat on a Montgomery County Public School Super-

intendent's Advisory Committee, focusing on issues related to GT/LD learning. From 1997-99 she was the coordinator of the Psychological and Educational Resources and Testing Center at Jewish Family Services in Baltimore and has been in private practice since that time.

Nancy Pines was awarded her MSW from Catholic University in 1980 and completed coursework for a PhD in Clinical Social Work at Smith College in 1996. She currently is a supervisor at CSWI and manages a psychiatric rehab program for CBH Health in Gaithersburg, a program started at Chestnut Lodge in 1997. She had previously worked for 10 years at Montgomery General Hospital as a therapist with individuals with borderline personality and dissociative disorders, and also did group therapy.

Legislative & Advocacy

Margot Aronson
malevin@erols.com

With legislative and licensing issues in all three of our jurisdictions, it is hard to keep up, much less to stay ahead. Should we continue to try to be active, or is it time for the Society to pull back and focus more on education and on the development of our clinical community?

My vote—surely not a surprise—would be to continue to see advocacy as a mainstay of our mission. It seems to me that we bring an important perspective to the legislative and regulatory arenas. And, as a quick look at the legislative pages of this *News & Views* issue will demonstrate, there are a number of issues relevant to our profession and to us as practitioners.

And we *have* made an impact, not just in the distant mythic past

when we fought for licensing, but in the last few years. We've successfully defended our scope of practice and the integrity of our licensing in the District, in Virginia, and in Maryland, and made our voice heard on a variety of societal issues as well. We've had dramatic impact with our grassroots email and phone campaigns, and on several issues have taken the lead role in coordinating with our sister societies and NASW. Increasingly GWSCSW is being asked to give our thoughts and/or our support on various mental health hot-potato issues in the public arena.

If we are to continue, however, we need to have more members involved. Please call me at 202-966-7749 or email malevin@erols.com if you are interested in learning more. There's a wide range of ways to participate.

Kudos to Alice Kassabian for her efforts with regard to the changes in Virginia licensing regulations proposed by the Virginia Board of Social Work!

Membership

Melinda Salzman
salzmanmsw@starpower.net

The Membership committee welcomes our newest members, Janet Connors and Meredith McEver. Membership numbers in the Society continue to be strong. In our outreach to area social work students, we plan to offer informational pizza parties at Catholic and VCU. We are also working to revitalize our relationship with Howard University social work students. We hope you didn't miss our festive Membership Tea, which is being held at about the time this newsletter is going into the mail!

If you have thoughts or questions about membership issues, or want to join our committee, please call Melinda Salzman, Chair, at (301) 585-7352, or contact any one of us: Janet Connors, Joan Fishbein, Susan Marks, Meredith McEver, Jane Morse, Gwen Pla and Sue Stevens.

Mentor

Sheila Rowny
srowny@aol.com

The Mentor Committee welcomes Betsy Carmichael to our committee. Betsy has taken responsibility for surveying the need for support groups, and the committee will be organizing some groups in the spring. Please contact Betsy if you have an interest in a support group. Potential issues include transitioning from graduate school to professional life, career planning, transitioning from LGSW to LCSW, and beginning a private practice. These groups can be organized with Mentor leaders, or as peer support groups. We are also planning a repeat performance of last year's successful panel discussion/workshop: "Getting Started in Private Practice" to be held April 6 in Bethesda, MD.

The Mentor committee continues to match up individual Mentors with Mentees. To become a Mentor or Mentee download an application from the Mentor page of the society website (www.gwscsw.org). We welcome those interested in joining the Mentor Committee. Please contact Sheila Rowny, LCSW-C if you would like to join the committee or if you have questions about Mentoring. Send E-mails to srowny@aol.com or call 301-365-5823.

continued on page 30

Committee Reports, from page 29

Newsletter

Jen Kogan

koganblackwell@verizon.net

Maya Godofsky

maya_beth@yahoo.com

We express continued gratitude for the many submissions we receive from members, keeping News & Views varied and interesting. As always, articles and submissions are welcome from all members. The next issue will be published in June.

Thanks to Rachael Fried, Special Projects Editor, for her research for this issue on continuing education and postgraduate training programs in the Washington Metropolitan area. We also thank Elisa

Nebolsine, Jonah Green, Laura Groshong and Kevin Host, and Dalal Musa for their contributions to the March issue.

We are still looking for a photographer/photo editor, so please contact Jen or Maya if this interests you.

Referral Panel

Beth Altman

202-775-0041

I am looking for members who would be interested in joining a new committee to increase the visibility of the referral panel. This might be of particular interest to those people who are new to private practice with an interest in increasing referrals or those who wish to expand their practices. ❖

Welcome New Members!

Full Members:

Laura Brand-Ballard
Maria Ines Butler
Karen A. Carraro
Tina R. Levin
Catherine Maltby
Susan Mann
Willa Day Morris
Deanna Toman

Graduate Members:

Elizabeth Blankespoor
Anne Garcia
Susan Howells
Leslie C. Hunter
Rebecca H. Whitmore
Lynne Houck-Hefetz

Student Member:

Aldrin Ceballos
Colleen Mason

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OFFICE SPACE AVAILABLE

BETHESDA: Furnished, cozy office in suite to sublet Monday and Thursday mornings, all day/evenings Tuesday, Wednesday, Friday and Saturday. Minimum of four-hour blocks. Great location, walking distance to Bethesda Metro. Contact Marjorie Swett at 301-718-8075.

BETHESDA: Office space for rent on Mondays. Parking space is available and office is handicap accessible. Please contact Sara Lieberman, LCSW at 301-718-8531.

BETHESDA DOWNTOWN: Lovely office in suite of psychotherapists. Near Metro and shops. Half or full days. Call Crystal 301-951-0408.

CHEVY CHASE: On Wisconsin Avenue, 5 blocks Bethesda Metro. Flexible, no minimum hours, day/evening; \$12/hr, negotiable. Waiting room, refrigerator, Montgomery County parking. 301-907-9664 or YLrosenbaum@verizon.net.

FALLS CHURCH: Comfortable, well-located office to sublet, corner of Washington St. (Lee Highway) and Broad St. (Rt. 7). Available Wednesday all day, Thursday and Friday 2:00 on, and on weekends. Please call Carolyn Dozier at 703-532-2424.

McLEAN: Beautiful, furnished office space available in small counseling suite. Downtown McLean near Tysons Corner and the Beltway. Available Mondays until 4:00 p.m., Wednesdays all day/evening, and Fridays after 12:00 p.m. \$15/per hour, includes waiting room, bathroom, fridge and microwave, ample parking and all utilities. Please contact Heather Wilcox at 703-944-2289 or hwilcoxtherapy@cox.net.

ROCKVILLE: Beautiful spacious office in counseling suite available Fall 2008. Waiting room, break room, shared office equipment. Collegial group of therapist. Great location near Rockville Metro and Towne Center. Parking behind building. Please call Diane Scheininger 301-299-1153.

TYSONS: Windowed ground floor office in suite of independent psychotherapy practices. Great Tysons location. Contact Bill McLaughlin at 703-448-8450.

COLLEGE PARK/GREENBELT: Well located, attractive office in suite with social workers, psychologist and psychiatrist. Referrals possible. Available full- or part-time. Shared kitchen, waiting room. Call M. Hafetz at 301-345-9384.

TRAINING

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.

GROUPS

ADOLESCENT THERAPY GROUPS: Ongoing psychotherapy groups for adolescents 11-22. Offices in Bethesda and Rockville. Rathbone & Associates. 301-230-9490. www.rahtbone.info.

FREE PEER SUPPORT GROUPS: For children or adolescents who have experienced significant loss (death, divorce, other separation) in Silver Spring. Call RAINBOWS MD/DC Chapter at 301-495-0051.

One of the most popular benefits of GWSCSW membership...

The GWSCSW Listserv!

The listserv has become our primary up-to-date method of communication about dates to remember, meetings, gatherings, continuing education seminars, deadlines for renewals of membership, legal plan, and other participatory activities.

The listserv is also a valuable resource for sharing information on issues related to ethical dilemmas, insurance, referrals, private practice issues, educational resources, and just about anything else you may want to know.

You can choose to receive the listserv emails one-by-one or as a digest which comes as one email per day and includes all postings.

To join the LISTSERV, email: GWSCSW@gmail.com

UPCOMING GWSCSW EVENTS & IMPORTANT DATES

March 2 New Member Tea

Time: 2:00 – 4:00 PM
Location: Washington DC
Info: 703-533-9337

**March 27 New Directions for Therapists:
& April 3 Couple & Family Work in the 21st Century***

Time: 12:30 – 2:30 PM
Location: Tenleytown, Washington DC
Presenters: Jen Kogan & Nancy Markoe

April 6 Getting Started in Private Practice Workshop

Time: TBD
Location: Bethesda, MD
Info: 301-365-5823

April 13 Theatre Party: "The Price"

Time: 3:00 PM
Location: Theatre J at the DC Jewish Community Center
See page 11 for more info

April 23 Guided Imagery & Psychotherapy*

Time: 10:00 AM – 1:00 PM
Location: Washington, DC
Presenters: Connie Ridgway

**May 2 & 9 Emergency Coverage of Your Practice:
Practical and Ethical Considerations***

Time: 10:00 AM – 12:00 NOON
Location: Silver Spring, MD
Presenters: Melinda Salzman

May 13 Ethical Dilemas*

Time: 12:00 – 3:00 PM
Location: Washington, DC
Presenters: Carolyn Gruber

June 3 Ethical Dilemas*

Time: 12:00 – 3:00 PM
Location: Washington, DC
Presenters: Carolyn Gruber

** See the GWSCSW Continuing Education information on page 27 for more information about these courses.
For information about any of these events, call the GWSCSW office at 202-537-0007 or go to www.gwscsw.org*



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