# Greater Washington Society For Clinical Social Work

# NEWS

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# GWSCSW Dinner Meeting Friday, October 24

Location - TBA

6:30 P.M. ... Reception 7:00 P.M. ... Dinner 8:00 P.M. ... Lecture

Speaker: Anne Evans, MSW Topic: Maida Herman Solomon: Mental Health Visionary

For more information call GWSCSW at 202-537-0007.

#### 2003 GWSCSW Annual Conference

# Understanding Trauma and Self-Injurious Behaviors

Jennifer Hackler

The Society's 2003 Annual Conference will present *Echoes of the Past: Addressing Trauma and Self-Injury Through Clinical Work* on Saturday, October 4, 2003 at The Catholic University of America, Hannon Hall's Herzfeld Auditorium, from 9:00 A.M. to 1:00 P.M. (registration and coffee at 8:30 A.M.). The guest speaker will be **Lisa Ferentz**, **MSW**. Ms. Ferentz is a clinical social worker in private practice in Baltimore and an adjunct faculty at the University of Maryland School of Social Work. During her 19 years of clinical experience with trauma survivors, she has developed an expertise working with survivors who self-injure. In the early 1990s she began to notice an alarming trend: an increasingly higher number of clients presenting with some form of self-injurious behavior. In her talk, Ms. Ferentz will explore self-injurious behaviors such as mutilation, eating disorders, sexual promiscuity and substance abuse.

Self-injurious behavior can be seen as an avenue to reclaiming a sense of control. It provides a means to cope with and manage intense feelings and anxiety arising from the experience of a traumatic event. The act can be understood as a form of meta-communication. The manner and specific behaviors of the self-injurious act convey meaning for which the individual has yet to find words. The self-injurious behavior is a way to communicate a client's story, and understanding the metaphor provides useful clinical information necessary for treatment.

Ms. Ferentz will present clinical cases to demonstrate different ways to view clients who self-injure. She will discuss interventions that have proven useful in assisting the self-injuring client to find alternative, healthier and creative ways to tell their story.

In addition to our guest speaker, **Ruth Neubauer**, **MSW**, and **Denise Unterman**, **MSW**, will present related clinical cases. Ms. Neubauer has a private practice in Chevy Chase, Maryland where she sees adults and couples. She is on the board of the Washington Psychoanalytic Foundation and is a graduate of their New Directions program. She teaches in the Central Concepts of Psychodynamic Psychotherapy Program at the Washington School of Psychiatry and is a recent past President of the Foundation of Washington

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# Greater Washington Society for Clinical Social Work, Inc.

#### **GWSCSW Board of Directors**

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#### **GWSCSW NEWS**

Editorial Board Cecilia McKay, Editor

Margot Aronson, Stephanie Aronson, Tricia Braun, Josephine Bulkley, Diana Seasonwein, Adina Shapiro

The News is published four times a year: March, June, September and December. The deadline to submit articles and advertising is the first of the month prior to publication; late copy cannot be accepted.

Op-ed articles expressing the personal views of members on issues affecting the social work profession are welcome and will be published at the discretion of the editorial board. Letters to the Editor may also be submitted. Maximum length for these articles is 300 words.

Submit articles to GWSCSW. Email is preferred (gwscsw@juno.com). All hard copy must be typed and double-spaced and may be mailed to 5028 Wisconsin Avenue NW, Suite 404, Washington DC 20016.

Signed articles reflect the views of the authors; publication does not in any way constitute endorsement or approval by the Greater Washington Society for Clinical Social Work.

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For advertising rates see page 30.

The next issue will be published December 2003 and the deadline is October 31.

# President's Message

Margot Aronson

September, and where did the summer go? Busy committees and Board members have been developing ideas and planning programs, and here's a look at what's to come in our GWSCSW 2004 (which begins October 1):

- Our "welcome back" wine and cheese party on September 19 is open to all members. Those who haven't yet had a chance to view the clinical training video, *Why Am I Here? Engaging the Reluctant Client,* will have that opportunity. I can vouch that it is excellent, and well worth seeing.
- The Annual Conference Committee has been working hard to organize our first major event, the October 4th conference *Echoes of the Past*, featuring Lisa Ferentz and focused on the treatment of self-injurious behaviors associated with trauma. Chair Kimberly Satin Kubler passed the leadership role to Kathleen Kenyon due to the unexpectedly early arrival her baby, Noah Satin Kubler, in late July; mother and newborn are doing fine as I write, and Kimberly hopes to introduce the conference. (By the way, be sure to take advantage of the heavily discounted "Early Bird PLUS" rate with conference plus membership paid by September 12.)
- Thanks to Joel Kanter, we have several dinner meetings on the calendar, leading off on October 24 with Anne Evans, a social worker coming from South Carolina to tell us about Maida Herman Solomon, co-founder of Simmons School of Social Work and one of the first clinical social workers ever, "a woman ahead of her time."
- Dolores Paulson and the Continuing Education Committee have once again developed a year's worth of excellent opportunities for CEU coursework. The Education Brochure went into the mail in August. Call the GWSCSW office at 202-537-0007 for additional copies to share with colleagues. You will find course information in this newsletter as well.
- An all-day conference based on the very important contribution of Clare and D.W. Winnicott to clinical social work is in the works for next spring.
- A committee is being formed to revive the Mentor Program; we hope to have more to report on this in the December issue.

Meanwhile, liaison efforts continue on a variety of issues, with Tybe Diamond representing us on emergency response issues; Danille Drake on the DC Coalition for Confidentiality; Mary Lee Stein on the CareFirst Watch Coalition; and Marilyn Austin on the Consortium for Psychoanalytic Research.

Is that all? Well, no—we also have the Referral Panel, a support/networking group, study groups, peer supervision groups, and ideas and energy for more!

Of course, none of this happens without volunteers stepping forward. We all owe a humongous thank you to our hardworking Board, and especially to our two retiring officers, Ann Aukamp and Anna Taft. For the past two years, Ann managed our checkbook and our bank account, and with them a whole lot of hassles and headaches. With real professionalism, she handled

a variety of financial crises, and regularly got what seemed hopeless sorted out and under control, quickly and without fanfare. For Anna, preparing minutes based on our consistently lively and not infrequently tumultuous Board meetings couldn't have been easy, yet she maintained her calm, easygoing demeanor and a clearheaded, forthright manner even while helping us get our discussions back on track.

Board meetings will not be the same without Ann and Anna, but happily our new Treasurer, Janet Dante, and Secretary, Judy Ratliff, have jumped enthusiastically into their new roles.

With the inevitable turnover of a volunteer organization, a sense of continuity is vital to the incoming president. I asked Nancy Nollen to serve for two years as Past President, and have asked Marilyn Austin to do the same; despite the overlap, the perspective on what came before is invaluable. Nancy's term ended this June, and I want to publicly express my appreciation for her muchneeded advice on how to keep things in balance.

All in all, the past year was a wonderful experience for me as President of the Society—with so much enthusiasm from members and volunteers—and so much going on that we have been called a role model for revitalization in the Clinical Social Work Federation. And it looks as if 2004 may be even better! �



The Imagery Training Institute announces its 2003-04 courses and weekend imagery workshops.

#### Workshop topics include:

- Using Imagery in Therapy October 17/18
- Cancer and Imagery November 7/8
- Ego State Psychotherapy December 5/6
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- EMDR and Ego State Therapy April 30/May 1
- The Mind/Body Connection June 4/5

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- Using Imagery in Therapy: A Comprehensive Experiential Course for Practicing Clinicians
- Ego State Psychotherapy Clinical Case Seminar
- Imagery Clinical Case Seminar.

For information and a brochure, please call 703/821-0761

or visit our website at www.imagery-training-institute.com

### Report from the Treasurer

**Ianet Dante** 

This is my first Treasurer's Report to the Greater Washington Society for Clinical Social Work. Ann Aukamp passed the torch to me on July 1, so I am still getting my feet wet. As I look back over Ann's reports from the two years of her tenure, I see a society that two years ago was almost bankrupt, and now, two years later, is on solid financial footing.

From Ann's last Treasurer's Report to the Board on June 6, 2003, we ended the year with \$43,000 on hand. During Ann's term, she often had to pay major bills quarterly because of cash flow difficulties. As she passed the job to me, she recommended that we no longer had to continue to do that, as our financial cushion was much more solid. When I paid the federation dues this July, I was able to pay the full year's amount owed.

Although we will have major expenses this fall—the publication of conference brochure, newsletter, the membership drive and the continuing education brochure, the 2003–04 membership dues will also be coming in. Over the 2002–2003 year, our income was solidly larger than our expenses. Our membership rolls continue to grow, further solidifying this financial stability.

I look forward to spending the next two years as your treasurer. The previous Board brought the GWSCSW back from the brink of extinction. My goal, for my tenure as treasurer, is to make sure we continue to stay financially sound. •



#### **Annual Conference**, cont. from page 1

Professionals for the Study of Psychoanalysis. She is cofounder of "Retirement" or What Next?, a series of discussion groups and workshops for women over fifty.

Ms. Unterman has a private practice in Garrett Park, Maryland and currently treats children, adolescents and adults utilizing individual, couples and family modalities. She works from a self-psychological, motivational systems perspective. She received her MSW from The Catholic University of America in 1983. She is a member and on the faculty of the Institute of Contemporary Psychotherapy and Psychoanalysis, and serves on the faculty of George Washington University's Department of Psychiatry, where she teaches family therapy in the residency training program. ❖

# New Carrier for Malpractice Insurance for CSWF

Margot Aronson

The Clinical Social Work Federation's insurance broker, Bertholon-Rowland, has been providing social work malpractice, disability, and life insurance for CSWF members for a number of years; the carrier has been Chicago Insurance Company. When Chicago decided to phase out of the professional liability insurance field last winter, Bertholon-Rowland began to negotiate with other carriers; professional liability is available for social workers through a limited number of carriers. In July, Bertholon-Rowland finalized an agreement with Philadelphia Indemnity Insurance Company, who will now provide this insurance for our profession. Philadelphia has long-standing experience in writing this type of insurance for many other professions and is rated A+Superior by A. M. Best & Company.

There will be improvements in the coverage offered, as compared to the previous coverage:

- Increased policy limits;
- \$25,000 expense coverage for state licensing board investigations;
- An increase in the amount available for loss of earnings;
- 10% rate discount upon completion of approved risk management course; and
- Part-time practitioner rates.

Further, rather than a claims-made policy (as available through the NASW Trust and previously through CSWF), Philadelphia will offer an occurrence policy. The advantage of an occurrence policy is that it provides coverage even after a clinician stops practicing and no longer purchases the insurance. According to Bertholon-Rowland, claims are generally made years after an occurrence (an allegation of *failure to diagnose*, for example). Bertholon-Rowland states, "trends indicate that for any given year of service, an average of 40% of total claims will be reported in the first year, an additional 30% in the second year, an additional 15% in the third year, an additional 10% in the fourth year, and the final 5% in the fifth year."

If you have had the Chicago's claims-made policy, you will want to consider a one-time purchase of "tail" coverage (Extended Reporting Period or ERP). The "tail" protects you from claims that may arise from previously rendered services that are reported after the claims-made policy ends.

With the occurrence policy now being offered by Philadelphia and endorsed by the Federation, you will not need the added protection of "tail" coverage when you retire or change policies. Chicago has been sending notices of non-renewal—starting in late June, for those individuals whose insurance would be renewed in September—and this will continue through August 2004 until all members who are eligible to renew their policies have received notice that the company will not be renewing their insurance. Bertholon-Rowland will follow up with an explanatory letter, along with an application for securing insurance from the new professional liability carrier, and a Frequently Asked Questions sheet.

Members with questions about professional liability insurance should check with Bertholon-Rowland (1-800-727-7770 x 8593); if the response doesn't clarify your status satisfactorily, give me a call (202-966-7749) or email me (malevin@erols.com) direct, and we'll try to get things sorted out. ❖

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# Malpractice Issues: What are the Statutes of Limitations?

Paul Newhouse, Esq.

All jurisdictions in the United States have statutes which set forth the time period in which a civil legal action must be brought. If the case is not filed within the limitations period, judgment will be granted in favor of the defendant. For the type of claim most likely to be brought against a social worker, such as a civil malpractice liability action, the statute of limitations in Maryland, Virginia and the District is three years.

Identifying the time period, however, is only the beginning of the analysis. The time period begins to run from the moment the plaintiff's (the person bringing the suit) cause of action accrues. Statutes of limitations are generally interpreted so that a cause of action accrues when the plaintiff knew or should have known of the alleged malpractice. This so-called "discovery rule" (which was created by case law interpreting the statute) can substantially extend the time period in which an action may be brought. It is generally up to a jury to decide when the plaintiff "should have known" he or she had a claim.

In Maryland, there is an absolute bar for medical injury of five years (this is called a "statute of repose" rather than a statute of limitations), and a plaintiff must file within the three year limitation period or the five year repose period, whichever expires first. This rule could possibly result in a person's claim becoming time-barred without that person ever having become aware of the malpractice.

Another complicating factor is that the statute of limitations does not run against certain persons, particularly children (until they attain the age of majority) and mentally incompetent persons. A person must be quite disabled for a court to find that the statute of limitations was "tolled" (suspended) due to mental incompetency. Nevertheless, plaintiffs who are not incompetent have been known to bring suit after the statute of limitations has obviously expired, hoping that the court will find them sufficiently incompetent to toll the running of the statute.

Also, fraudulent concealment of malpractice will toll the statute of limitations. This can raise problems where the social worker continues to treat someone after an event of potential malpractice. ❖

Paul Newhouse, an attorney in Towson, Maryland, offers a prepaid legal plan for GWSCSW members. He is available for consultation on a range of professional issues and can be reached at 410-296-8565.

### Update

# CareFirst Watch Coalition

Mary Lee Stein

Following the passage of House Bill 1179/Senate Bill 772 by the Maryland legislature, the Carefirst Watch Coalition decided to encourage the DC City Council to hold hearings and to pass legislation designed to ensure that the protections that Maryland has given its citizens by reaffirming the CareFirst BlueCross BlueShield mission as a nonprofit should now be given those served by GHMSI. The Coalition and the DC Appleseed Center (a non-partisan civic advocacy organization) submitted draft legislation to the Council in June.

In addition, DC Appleseed will conduct an economic analysis to determine realistic expectations for CareFirst to fulfill its statutory mission as a charitable and benevolent company. DC Council representatives and Insurance Commissioner Larry Mirel have been supportive of DC Appleseed moving ahead with this, and the City Council may well act on the legislation when they start their next session in September. ❖

Mary Lee Stein is the GWSCSWS representative on the CareFirst Watch Coalition Board.



#### **DUPLICATES?**

Occasionally for some of our larger mailings (conferences, continuing education offerings, membership) we use mailing lists from sources other than the GWSCSW membership list in order to reach a wider audience. Your name may be on more than one list and you might receive more than one copy of the mailing. It is less expensive to send multiple copies to Society members than to search manually through many thousands of records to eliminate duplicates.

Please give your extra copy to a friend who might be interested in GWSCSW activities.

# **DC Confidentiality Work Continues**

Danille Drake

Discussions between representatives of our local mental health professional organizations and those of the insurance industry appear to have reached an impasse in the attempt to arrive at a mutually agreed-upon interpretation of patient confidentiality as stipulated in the DC Mental Health Act. A number of months have passed since the last scheduled meeting at the DC Insurance Commissioner's office. As you may recall from an earlier summary, there has been disagreement over the amount of information required on a model outpatient treatment form used for determination of mental health benefits. Most insurance forms that are currently in use require information that exceeds the limited amount allowed by the DC law.

There is some disagreement within our own group representing the professional organizations, as to what constitutes appropriate interpretation of the law. However, the most egregious disagreement is with the insurance company representatives. They wish to include two new categories of information related to "Progress" and "Discharge Criteria" under "Reason for Continuing Treatment". We believe that the generality of these two categories would pave the way for the proverbial "camel's nose under the tent" and would potentially allow managed care to require any and all types of highly personal information in order for reimbursement to be approved.

We have therefore, enlisted the counsel of James Pyles, attorney for the American Psychoanalytic Association, to obtain a legal analysis of the DC law. Mr. Pyles is well informed on privacy matters within mental health treatment and has been closely monitoring the process of our negotiations over these past three years. Information contained in his analysis is critical in our decision about whether to proceed through legal channels in order to protect patient privacy. Other states are interested in the final interpretation of the DC law as they create their own privacy protection. A summary of the analysis provided by Mr. Pyles follows:

Mental health professionals practicing in the District of Columbia may not disclose mental health information to third party payers for the purposes of determining payment of insurance claims unless authorized by the client. Disclosure must be limited to the types of information which they determine, under professional standards, to be the minimum type and amount of information necessary for determining payment. If a claim is then denied by the insurer, an independent review by a mental health professional may be requested.

Mental health professionals who violate the provisions of the DC statute can be subject to civil liability in an amount equal to the damages sustained by the client plus court costs and attorney's fees and to criminal penalties of up to \$1000 and/or imprisonment for up to 60 days.

In order for the patient's signed authorization to release information to be valid, it must contain certain elements including:

- The nature of the information to be dis-
- The type of persons authorized to disclose such information;
- The specific purposes for which the information may be used; and
- A statement that it can be revoked and be signed by the person authorizing the disclosure.
- An authorization is effective only with respect to information that exists at the date of the authorization.

The information that may be disclosed is limited to the following items:

- Administrative information;
- Diagnostic information;
- The status of the client (voluntary or involuntary);
- The reason for admission or continuing treatment: and
- A prognosis limited to the estimated time during which treatment might continue.

The statute defines four out of the above five types of information, leaving only "Reason for Admission or Continuing Treatment" undefined. Some in the insurance community have sought to provide a form, which would require the routine disclosure of certain additional information to third party insurers for the payment of claims.

If mental health professionals complete such a form, they will likely be in violation of the DC statute and be subject to its penalties. However, if such a form is officially adopted by the DC Insurance Commissioner's office as an interpretation of the DC statutory provision relating to reason for admission or continuing treatment and if it calls for disclosure of more information

than would be permitted under the minimum necessary standard of HIPAA, then the form (and that provision of DC law) would be preempted by the HIPAA Privacy Rule as of April 14, 2003.

The U.S. Department of Health and Human Services has stated that the "minimum necessary" standard "is intended to be consistent with, and not override, professional judgment and standards". If there is a conflict between two entities over the application of this standard, HHS has stated that "[t]he covered entity who holds the information always retains discretion to make its own minimum necessary determination."

Larry Mirel, the current DC Insurance Commissioner, has yet to present a statement on his interpretation of the DC law. If his decision supports the insurance industry's claim that additional information contained on their model form is necessary, we, as clinical social workers, may need to mobilize efforts to advocate for patient privacy. As a matter of interest, Magellan Behavioral Health has adopted a form for nationwide use in processing and paying insurance claims for mental health services that does not provide any specific information pertaining to reason for admission or continuing treatment. Our

group of clinician representatives will be meeting to discuss Mr. Pyles' legal analysis and determine our next step. Your comments are welcome and can be addressed to dsdrake@comcast.net.

Other professional organizations have published guidelines setting forth minimum necessary limits on the amount and type of identifiable health information that can be used or disclosed based on the "cumulative professional experience" of the organizations' members. For our own protection and that of our clients, we as clinical social workers also need to create our own set of professional guidelines that spell out the minimum necessary information ethically allowable for claims review. The Clinical Social Work Federation is in the process of creating such a document. In the meantime, the Coalition for Confidentialty clinican group, representing the local professional organizations, will confer to determine our next course of action. Enlisting further legal support will be costly, and therefore our decision will ultimately depend on the availability of funds. GWSCSW and other participating professional organizations have made contributions; individual members who wish to do so may call GWSCSW at 202-537-0007 for information. ❖

Dr. Danille Drake represents GWSCSW on the DC Coalition for Confidentialty.

### THERAPEUTIC TOOLS for SOCIAL WORKERS

Register Now\* for 1, 2, or all 3 FREE CONTINUING EDUCATION workshops sponsored by



#### Across the Ages: Understanding and Applying Intergenerational Practice Principles with Aging Clientele and Their Families

Presenter: Dr. Molly Davis, Associate Professor and Director of BSW Field Education, George Mason University (Come at 1:00 for a light lunch and enjoy our community.)

Friday, September 26; 2:00 – 4:00 P.M.
Sunrise Assisted Living of Alexandria
3520 Duke Street, Alexandria, VA 22304
(Park in Sunrise lot or apartment building lot next door)

#### Grief: Definitions, Stages, Manifestations; Facilitating your Client's Process While Coping Yourself

Presenter: Michelle Thrush, LCSW, End of Life Specialist Community Liaison, The Hospices of the National Capital Region (Refreshments will be served.)

Wednesday, October 8; 2:00 – 4:00 P.M.
Brighton Gardens of Arlington
3821 Wilson Blvd., Arlington, Virginia 22203
(Underground parking at back of building; street meter parking if full)

#### Financing Long Term Care: Challenges, Myths, Choices

Presenters: Charles Rahn, LCSW-C, PhD and Jay Bell, LUTCI, CLTC, Long Term Care Institute, Inc. (Refreshments will be served.)

Friday, November 7; 2:00 – 4:00 P.M.
Sunrise Assisted Living of McLean
8315 Turning Leaf Lane, McLean, VA 22102
(Park onsite or in church lot)

\*Approval from NASW-VA for 2 contact hours per session pending. Designed for Social Workers needing CEUs, these workshops are free. However, as space is limited, please reserve early by calling 703-460-7313.

## The Federation and the Future

Margot Aronson

The Greater Washington Society is one of thirty state societies that make up the Clinical Social Work Federation (CSWF). Altogether, CSWF—which also includes a handful of non-society-affiliated direct members—represents approximately 8200 clinical social workers. Twice a year, in May and in October, the CSWF Board of Directors (i.e., the presidents of the societies and the CSWF officers) come together for a four-day meeting of information sharing, problem solving, and decision-making. The May meeting, always held in the Washington, DC, area, also includes time for lobbying in the Senate and House.

As I wrote in the June newsletter, there were two important issues on the table at last May's meeting in Alexandria: restructuring of the Federation and re-affiliation with the Guild. As it happened, discussions were quite lively and remarkably good-natured. Ultimately, no decisions were made, and this was, to my way of thinking, an appropriate outcome for the time being.

#### Should the Federation be restructured?

Restructuring is being discussed because of difficulties the Federation experiences in operating as a hybrid. The individual members in states without a society infrastructure have needs that differ from those of members in a society. Some societies are very small, while New York has almost as many members as the rest of us put together; again, needs differ. While some societies are flourishing, others are having troubles, much as we did a few years ago. These troubled societies may require special CSWF attention. A different set of problems can arise when a goal voted on by the Federation clashes with a state society's plans: when the Federation offered HIPAA training in New York over the objections of New York, which had planned its own HIPAA training, feathers were ruffled and fur flew.

During the May discussion of restructuring, various possible models were described—including a national membership with local chapters (similar to NASW), a federation of societies with some sort of weight given to a society based at least in part on membership numbers, and a refinement of the current hybrid. Several Board members questioned the need for restructuring at all; New York felt strongly that some changes need to be made so that there are "checks and balances"; the Federation leadership was leaning toward national membership.

I expressed my reluctance to support any change that would threaten our Society's autonomy, as I believe that GWSCSW energy is here at the society level. I also noted my skepticism, based on years living in our nation's seat of government, about "solving" a stubborn problem by reorganizing the agency.

The restructuring issue will be revisited at the October meeting in New Orleans, but a vote will probably not take place until next spring or beyond.

#### The Guild question: re-affiliation or "divorce"

Regarding the issue of re-affiliation with the Guild, CSWF signed a formal Affiliation Agreement with OPEIU (Office and Professional Employees International Union, part of the AFL-CIO) in October 2000, creating Guild 49 to represent social workers. That agreement provides that the affiliation will become permanent unless either party gives notice by October 15, 2003, of intent to terminate.

Overwhelmingly, GWSCSW's members chose not to join the union, in two separate votes. Most other societies did join, either with voluntary or with mandatory membership. In some cases, their members found the union dues (\$103, with the Guild 49 local getting \$9 and OPEIU the rest), when added to already substantial society dues, to be prohibitive; these societies lost significant numbers of members.

Then came the health insurance fiasco. One of the major union selling points had been that Guild members would be able to purchase health insurance. As best I understand it, OPEIU helped the Guild set up a health plan with extraordinarily little oversight or collaborative communication. The OPEIU lawyer who described the situation for the Federation Board this May offhandedly remarked that, regretfully, OPEIU had not thought to pass on to the Federation information from its (OPEIU's) accountants that the plan was "not workable" and too "problematic" for OPEIU involvement. As it turned out, problems were not merely that premiums weren't high enough to support claims, or that claims were processed so slowly that expenses were overwhelming before they were identified. Re-insurance to cover the unexpected had not been purchased as the plan intended, nor had the trust been registered state by state, as required by law.

Soon, the plan collapsed, legal actions were brought by States, and insured members were faced with angry creditors. (Fifty-some members still have unpaid medical claims of more than \$10,000 each.) The Federation leadership has been quite disillusioned with OPEIU's foot-dragging approach to negotiating claims and relieving harmed Federation/Guild members. In fact,

the Federation is prepared to sue OPEIU for "non-feasance" if settlement is not reached soon.

Undoubtedly, support of the union and the Guild fell off considerably because of the insurance fiasco. However, hopes for OPEIU affiliation beyond the availability of insurance included the benefits of connecting with the union's 450,000 members. According to the questionnaire each society answered, little of a concrete nature has resulted from affiliation. One society mentioned engagement with the labor council and attendance at state AFL-CIO conventions. Another noted that a Guild connection has given them access to a school of social work where they hope to recruit members. A third felt they had established good local union connections. However, others expressed disappointment that such hopes as becoming preferred mental health providers for labor had not panned out.

It is probably too soon to tell if the Guild could become a strong advocate in the union world, supporting our clinical social work needs and issues. Meanwhile, societies seem to be disillusioned both with the loss of members due to high cost and with a range of unmet expectations.

The May vote came out as follows: 18 opposed continuing the affiliation, seven wanted to continue or at least postpone the vote, and one abstained. (Greater Washington was one of those opposing continued affiliation.) Because Federation by-law Article 8, Section 1E, requires a 75% majority for a policy matter of this import, the Guild issue was tabled until the October meeting. The union had requested CSWF to postpone the vote until then, and there were several unanswered questions about what would happen to the Guild and to a Guild state if some states stay and some leave. Perhaps the insurance fiasco will be settled by fall, a result that arguably would be less likely if disaffiliation had occurred in May.

A final vote will take place at the Board meeting in New Orleans at the end of October. Given the level of disappointment and disillusionment a number of Guild states have expressed, it looks as if the Federation *will* sever ties with OPEIU in the fall—though that would not necessarily mean there would never be union involvement again.

The views of Greater Washington Society members on both the Guild and restructuring issues are—as always—welcome. Please let me or any of the other officers know what position you think GWSCSW should take. ❖

# Washington Psychoanalytic Society, Inc.

#### Scientific Meetings Fall 2003

Location (unless otherwise indicated): Marriott Bethesda Hotel, 5151 Pooks Hill Road, Bethesda, Maryland

Cocktails 6:30 pm • Dinner 7:15 pm • Meeting 8:15 pm

#### Registration (Prior registration is required)

Dinner & Meeting: Send check for \$55 per person (payable to Washington Psychoanalytic Society, Inc.) to the Society office, 4545 42nd St., NW, #309, Washington, DC 20016-1856, by the registration deadline as listed below.

Meeting only: Send check for \$5 per person.

#### September 12, 2003 (Register by Monday, September 8)

Speaker: Margarita Cereijido, Ph.D. Discussant: Thomas Goldman, M.D.

Topic: Psychoanalytic Perspectives on Terrorism

Objectives: 1) Analyze the spectrum of terrorism: from violence in the

home to international threats to safety and security;

2) Discuss the intrapsychic reactions of both analyst and

patient to acts of terror.

#### October 24, 2003 (Register by Monday, October 20)

PLACE: Georgetown University Conference Center 3800 Reservoir Rd., N.W., Washington DC

Speaker: Ana-Maria Rizzuto, M.D. Discussant: Ernest Wallwork, Ph.D.

Topic: Believing as a Psychic Function

Objectives: 1) Assess the process of belief with the context of the

dynamic structure of the mind;

2) Demonstrate the interconnections between personal belief and dynamic self-valuation and organization.

#### November 14, 2003 (Register by Monday, November 10)

Speaker: Jacob Jacobson, M.D. Discussant: JoAnn A. Reiss, Ph.D.

Topic: The Nonverbal Aspects of the Psychoanalytic Process

Objectives: 1) Demonstrate an awareness of the nonverbal aspects of

the psychoanalytic process;

2) Apply the procedural mode of mental functioning and its

implications for psychoanalytic work.

# Use of Telephone Sessions in Psychotherapy

Donna Arling

As part of completing my Ph.D. at The Clinical Social Work Institute this past spring, I conducted an exploratory study about the use of telephone sessions as an adjunct in ongoing psychotherapy cases. The data were used for my dissertation, *An Exploratory Study of the Therapist's Experience with Telephone Psychotherapy*.

Before sharing my findings from the study, I would like to thank members of GWSCSW for being so generous with your time and thorough in your responses when completing my survey about therapists' experiences and self-assessments regarding telephone psychotherapy. I was very touched by how many of you wished me good luck or wrote other supportive messages on the questionnaire. Your gracious responsiveness was deeply appreciated. An impressive 264 completed surveys were returned; this amounted to participation by 76% of the membership.

#### When are telephone sessions used?

Most (86.7%) of the survey respondents indicated that they have conducted telephone psychotherapy sessions as an adjunct, but that very little practice time is devoted to using this format—for most, between one to six times a year. Most conduct sessions in a professional office, using a corded regular phone. The patient calls the therapist slightly more than half of the time.

The single most important circumstance justifying use of the telephone was identified as a patient in crisis, with other important reasons including a patient with a sick child and difficult weather conditions. When deciding to schedule such a session, respondents consider the most significant treatment factor to be "the importance of having the session." The patient's reason for the request, the mental representation of the patient, and the patient's pattern of sessions were also highly important considerations.

#### Self-assessments of effectiveness

The study asked therapists to self-assess the effectiveness of their telephone psychotherapy. Overall, very few respondents thought they were as effective in telephone sessions as they were in face-to-face sessions. Self-assessments of effectiveness did not vary significantly with regard to therapist gender, therapist years of experience, therapist's theoretical orientation, or even patient gender.

What was statistically significant was therapist's identification of self as being visual or auditory; most feel that their orientation makes a difference in their effectiveness in telephone sessions. The majority of respondents

identified themselves as more visual than auditory in how they process material. This finding suggests that an auditory orientation may make it easier to compensate for the lack of visual cues. Many of the visually oriented respondents attempt to heighten their auditory sense by restricting the visual (closing eyes; shielding eyes; looking into space, at the wall, or at the rug.)

Interestingly, although the quantitative data indicated that respondents do not feel that telephone work is equal to face-to-face work, qualitative comments revealed that many of the respondents felt that telephone sessions could be a useful modality when certain guidelines are followed. The majority said they would use this modality when circumstances warrant.

#### Increasing the effectiveness of telephone sessions

The literature review suggests that there are ways to increase the effectiveness of telephone sessions. First, therapists must be comfortable with this format. If not, it is probably best not to use it.

Telephone psychotherapy requires a patient who is both motivated and has a good ability to verbalize thoughts

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and feelings. The therapist should know the patient well and they should have a positive working alliance. The patient's level of pathology and the patient's sense of object relatedness are important factors to consider. Patients with attachment disorders may find it helpful to stay in contact through telephone sessions during times of separation. Patients with anxiety disorders or those who are in crisis may benefit from the holding environment that the therapist's voice can provide.

Therapists need to keep in mind that just as they are missing the visual cues, so are their patients. Without visual holding, there is more responsibility for the therapist to maintain the psychological space between the therapist and the patient. Facial expressions, eye contact, and body movement all foster a sense of attunement. Without this, patients are listening more to the tone, affect, and inflections of the therapist's voice as a way to "read" the therapist. In order to maintain the sense of connection, therapists may want to consider substituting more verbal communication as a way to help maintain a sense of connection and compensate for the lack of visual cues.

#### Empathy and emotional support through verbalizations

Empathy and emotional support can be conveyed through verbalizations. A sense of presence can be

maintained through timing and frequency of therapist activity. For instance, silences may be interrupted sooner. Matching the patient's affect, tone, and volume is one way of signaling emotional resonance and can serve to build the sense of a holding environment. Therapists may want to encourage the expression of thoughts and feelings and explore their meanings more frequently in telephone sessions. Therapists may also ask more clarification questions as a way to compensate for the lack of visual cues. Additionally, therapists need to be cautious about slipping into a more social conversational mode or allowing their patient to do so.

The qualitative comments from the respondents suggest that when one sense is unavailable, others are sharpened. Tone, intonation, sighs, and pauses can provide information and it is surprising how easily affect can be transmitted over the telephone. In order to enhance their listening ability, therapists may benefit from turning off their visual side by closing their eyes or looking at a blank wall.

A final, very important note: the study made clear that some therapists are using cordless or cellular phones. Neither technology ensures the confidentiality mandated by our professional Code of Ethics, which can be found in the GWSCSW 2003 Directory or at www.cswf.org. \*

# The U.S. Chapter of the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses (ISPS-US)

ISPS-US is a not-for-profit group dedicated to the humane, comprehensive, and in-depth treatment of psychotic illnesses. We reach across boundaries of mental health professions to integrate a psycho-bio-social approach, promoting secure attachment. We oppose entities that place unfounded restrictions on insight-fostering therapies. ISPS-US supports treatments that include individual, family, group and network approaches and treatment methods that are derived from psychoanalysis, cognitive-behavioral, systemic, and psychoeducational approaches. We promote research into psychological treatments, preventative measures, and psychosocial programs for those with psychotic disorders. Our listserve, newsletters, and conferences advance the education and knowledge of mental health professionals working with psychotic disorders.

**MEMBERSHIP:** The \$40 annual fee (\$20 for non-licensed members) covers membership in both the International Society (ISPS) and the national chapter (ISPS-US). Below are some of the benefits of membership:

- Collegial support, mitigating loneliness inherent in treating psychoses, especially in this era emphasizing brain over soul
- Stimulating and educational listserve
- International and national newsletters
- Regular local meetings in New York City, Chicago, Philadelphia, Washington, D.C., San Francisco, and Detroit

To join our membership of social workers, psychologists, researchers, psychiatrists, psychiatric nurses, and others, please send your check to Barbara Cristy, LCSW-C, 1015 Spring Street #201, Silver Spring, MD 20910. Include your mailing address, home and work phone, and e-mail address. Visit the ISPS website at <a href="https://www.isps.org">www.isps.org</a> or e-mail Julie Wolter, Psy.D. at <a href="mailto:jwolter@safeplace.net">jwolter@safeplace.net</a> for more information.

**JOURNAL ISSUES:** The Spring 2003 issue, Vol. 31, No. 1, of *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* is titled "The Schizophrenic Person and the Benefits of the Psychotherapies—Seeking a PORT in the Storm." Guest edited by Ann-Louise S. Silver and Tor K. Larsen, essentially all its articles are by ISPS members. Copies are available at \$10 per copy, from Ann-Louise S. Silver, M.D.; 4966 Reedy Brook Lane; Columbia, MD 21044-1514.

**ANNUAL CONFERENCE:** "The Mind Behind the Brain" to be held **November 8 and 9, 2003** at the Solis-Cohen Auditorium of the Thomas Jefferson Medical University in Philadelphia. To register or for more information, contact Harold R. Stern, Ph.D.; 610-949-9339.

the

# Washington Society for Jungian Psychology

presents

lectures, workshops, Evenings With..., classes, etc.

#### Fall programs include:

Lastura: James alam, Anchatuta and Lining Sambal

1	Aryeh Maidenbaum, PhD	Workshop: Midlife and Beyond
October 24 October 25	Lionel Corbett, MD Lionel Corbett, MD	<u>Lecture</u> : The Religious Function of Psyche: A New Myth of God <u>Workshop</u> : A Depth-Psychological Approach to Suffering & Evil
November 14	Robin Robertson, PhD	Lecture: Chaos and Emergence
November 15	Robin Robertson, PhD	Workshop: Quest for the Ring: Seven Paths of the Hero in the

December 5 Melanie Starr Costello, PhD Lecture: Erotic Longing, Mysticisn, and Individuation

December 6 Melanie Starr Costello, PhD Workshop: Eros: The Wounded and Wounding God of Love



Agrah Maidanhaum DhD

Just as the great personality acts upon society to liberate, to redeem, to transform, and to heal, so the birth of personality in oneself has a therapeutic effect. It is as if a river that had run to waste in sluggish side streams and marshes suddenly found its way back to its proper bed, or as if a stone lying on a germinating seed were lifted away so that the shoot could begin its

~ C. G. Jung, The Development of Personality

The achievement of personality means nothing less than the optimum development of the whole individual human being... It is an act of high courage flung in the face of life, the absolute affirmation of all that constitutes the individual, the most successful adaptation to the universal conditions of existence coupled with the greatest possible freedom for self-determination. To educate a [person] to this seems to me no light matter. It is surely the hardest task the modern mind has set itself.

~ C. G. Jung, The Development of Personality

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## **WWW Wanderings**

Joel Kanter

I want to call attention to several interesting websites. One is run by the Health Research Group of the advocacy group, Public Citizen. They post unbiased reports on many of the latest psychiatric medications at <a href="https://www.citizen.org/eletter/eletter.htm">www.citizen.org/eletter/eletter.htm</a>—the authors are independent of any of the drug companies and they carefully examine the FDA records and professional literature to discuss therapeutic efficacy and side effects.

Also, the magazine, *Psychotherapy Networker*, has an excellent website (*www.psychotherapynetworker.org*) with many of the publication's articles and presentations from the Annual Networker conference. For example, the website has interview transcripts with this year's keynote speakers, Carol Gilligan and Martin Seligman.

Finally, for a perspective from overseas, the Association for Psychoanalytic Psychotherapy in the National Health Service (www.app-nhs.org.uk) has an array of information from mental health clinicians in the public sector in England. The organization's journal is quite interesting and a sample issue is available online without charge (and articles can be easily downloaded). But the real treat here is their audio/video archive where you can listen to and/or view brief clips of talks by Freud, Melanie Klein, Winnicott and Jung. Members with a historical bent might also be interested in the online version of the Freud exhibit that was at the Library of Congress in 1999 (www.loc.gov/exhibits/freud); virtually the whole exhibit is available on this website.

Our Society listserv continues to be active with more than half our members participating. Recent postings have included many requests for referrals for clients with different ages, locations and special needs. Information regarding office space, continuing education, and medicating psychiatrists also frequently is exchanged. There also have been very useful exchanges of information about Medicare participation and malpractice insurance. In all of these discussions, the collective wealth of information and experience among our members is truly impressive.

For those interested in joining the listserv, just send a brief email to our Society at <code>gwscsw@juno.com</code> and we'll sign you up. Some members have been reluctant to join because they have been fearful of being deluged with email; the listserv averages about four messages daily and many can be deleted without reading when they concern topics of minimal interest. For example, if the subject heading is "office space wanted" and you have no interest in this, just delete the email without reading it. . \[ \Delta \)

# Out & About

Tricia Braun

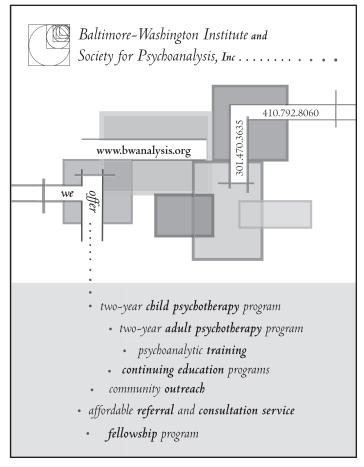
This column is meant to communicate publications, speaking engagements, seminars, workshops, graduations, volunteer projects, or member interests/hobbies that have occurred in the past. Here is what some of our members have been up to...

Doctors **Donna Arling, Danille Drake** and **Kerry Malawista** graduated in June from the Ph.D. program in Clinical Social Work at The Clinical Social Work Institute.

Mary Dluhy was conferred an honorary Doctor of Letters from The Clinical Social Work Institute for her work on the clinical social work doctoral program there.

Doctor Laura George graduated this past spring from the D.S.W. program at the University of Pennsylvania.

Congratulations to all!



## **CSWF**

#### **Clinical Social Work Federation**

Richard Yanes

#### ■ On the Lobbying Front

Prior to adjourning for its August recess, the Congress turned its attention to the Prescription Drug Bill, the Energy Bill, Judicial Nominations, and the President's statement on Iraq's movement toward nuclear weapons in his State of the Union address. Thus, progress on Mental Health Parity (HR 953 / S 486), Medicare Modernization (HR 1340 / S 646), the Patient's Bill of Rights (HR 597), and the Privacy Rule (HR 1709) awaits the return of Congress after Labor Day.

As a result of our "Day on The Hill" lobbying in conjunction with last May's meeting of the CSWF Board, two additional cosponsors will be added to HR 1709 (entitled Stop Taking Our Health Privacy (STOHP) Act of 2003), bringing the total to 17.

#### ■ HIPAA Materials and Training

The Federation has concluded its 12-state Training Program on the HIPAA regulations with uniformly positive responses. To date, the Federation has provided information to more than 700 individual practitioners and will realize a net profit of approximately \$20,000 from the project.

Additional trainings are being considered by a number of states and the materials will remain available through the summer. For information on how to purchase the manual or the CD visit the Federation website at www.cswf.org.

#### ■ The Freedom Commission On Mental Health

As its one-year term ended, the Commission forwarded its recommendations to the President. It is the Commission's stated objective not to improve the mental health delivery system but to transform it. The Commission concluded that the system needs to shift from ineffective treatments and fragmented funding to recovery-oriented treatments. In previous comments, the Commission was highly critical of the failure to make mental health a national priority. To view an outline of its recommendations and additional material go to www.mentalhealthcommission.gov.

#### ■ Around the Federation

Earlier this year the California Society gave notice of its intent to withdraw from the Federation. The notice is required by the Federation's Bylaws if a society does

continued on page 16

### **NASW**

#### **National Association of Social Workers**

Joyce Higashi

The DC Metro Chapter, NASW, Board will be meeting in retreat this fall. One of the items they will discuss is the past two chapter conferences, which have truly fulfilled our expectations for building a professional community in the metropolitan area. The quality of the continuing education presentations has been excellent and the opportunities for collegiality have resulted in many positive new interactions and communications across a variety of practice interests and levels of expertise. We are experiencing the feeling of fellowship, belonging to a professional community we can be proud of. For those of us who live amidst the fragmentation of this complex urban area, this is an accomplishment to be nurtured and valued. And we want to keep it growing.

For 2004, we may hold a one- or two-day conference, a series of one-day workshops, or perhaps a forum. Call Board members if you have a preference on this or email Ivy Hylton at *Dinspir@aol.com*. You can also submit an abstract on the theme of *New Dimensions in Social Work Practice* and/or *Legacies in Social Work Practice*, i.e., workshop intensives on pioneering social workers (such as Virginia Satir and Selma Fraiberg) who paved the way for new dimensions in social work practice.

Your abstract should be one page: identifying the topic and how your presentation will relate to *New Dimensions in Social Work Practice* or *Legacies in Social Work Practice*. Your resume/vitae should be attached and your proposal received by October 15, 2003, either by email to *Jhigashi@naswdc.org* or mail to: DC Metro Chapter, NASW, P.O. Box 75236, Washington, DC 20013-5236. �

# WASHINGTON PROFESSIONALS for the STUDY of PSYCHOANALYSIS

Come join us as we celebrate and honor 20 years of WPSP 20 former Presidents of WPSP 20 years of Psychoanalysis

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## COP

#### **Committee on Psychoanalysis**

#### Sarah Pillsbury

As of this summer, I will be serving as the new area chair of the National Membership Committee on Psychoanalysis and Clinical Social Work for the greater Washington, DC area. I am taking over from Audrey Thayer Walker, LCSW, who has stepped down after many years of excellent and superb leadership. Our thanks go out to her for her sincere devotion and singular hard work. She is a tough area chair to follow but she has promised she will continue to take an active, ongoing role in helping make this transition.

I share many of Audrey's goals and interests. These include continuing education to advance the understanding and significance of psychoanalytic theory and knowledge within the social work profession, and promoting liaisons with other mental health professions and organizations who have similar objectives for the development of a strong future for psychoanalytic theory and clinical practice.

#### As for other news:

- The GWSCSW/COP Study Group enters its fifth year exploring recent discoveries in neurochemistry, neuroanatomy, and neuropsychiatry of the brain and their interface with psychoanalytic clinical social work theory and practice.
- A second study group has been formed and is led by Dr. Danille Drake. The group is currently exploring sadomasochism.
- The Baltimore/Greater Washington Smith College School for Social Work interns will be meeting monthly from September through May to address the clinical and educational challenges within their field placement experiences.
- The Ninth NMCOP Conference, *Psychoanalysis: Changing in A Changing World,* is scheduled for March 11–14, 2004 in New York City at The Marriott Financial Center. The conference looks very exciting as well as timely. I hope interested participants will sign up now in hopes of a big turn out for the conference.
- A biography of Clare Winnicott by Joel Kanter, LCSW, will be published this fall. Joel Kanter is a member of the National NMCOP Study Group and the current Vice President of GWSCSW.

The National Membership Committee on Psychoanalysis in Clinical Social Work is affiliated with the Clinical Social Work Federation.

### **CSWI**

#### The Clinical Social Work Institute

#### Carolyn Gruber

On Friday, June 6, 2003, The Clinical Social Work Institute celebrated its first graduation. The ceremony was held at The Edward Dunn Intercultural Center Auditorium at Georgetown University and Dr. Anita Bryce, our first Dean, provided the keynote address. A Ph.D. in Clinical Social Work was conferred on Donna Dickson Arling, Danille Seitz Drake and Kerry Leddy Malawista. Mary Dluhy, President of the Institute's Board of Directors was conferred an honorary Doctor of Letters for her tireless work in helping bring to life the dream of a DC area clinical social work doctoral program.

Doctors Arling, Drake and Malawista spent more than three years in coursework, supervised clinical practice and research leading to the Ph.D. Dr. Arling's dissertation examined the scope, limitations and effectiveness of telephone psychotherapy. Dr. Drake's dissertation studied the transition of patients from psychotherapy to psychoanalysis. Dr. Malawista's dissertation examined the impact of father-daughter relationships on feminine identity and eating disorders.

We're pleased to announce the appointment of three new members to our Board of Trustees. They are Judith Wentworth Mullan, Nancy Nollen and Michael Smith. They bring years of community involvement, practice wisdom and experience in educational programs. We're excited to have them on board.

We're pleased, as well, to announce that Phillip Rosenblum has been appointed President of the Institute. Mr. Rosenblum has been serving as a consultant to the Board this past year and has many years experience in social work education and program management.

Lastly, we're excited to note that we've added a new parttime component to our program. Students not able to sign on for full-time study are being offered the opportunity to take two or more classes per semester. Their course of study will be individualized and this model, hopefully, opens the door for additional interested candidates. ❖

Please report change of address/phone/office to the GWSCSW office:

5028 Wisconsin Avenue, NW, Suite 404 Washington, DC 20016

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#### **CSWF**, continued from page 14

not wish to be obligated for the next year's dues. Experiencing declining membership, as many of our states are, California's decision was based solely on financial considerations. The Society has indicated a strong commitment to return to the Federation as soon as their financial picture shows improvement. We are in close communication with them and will assist in any way we can and look forward to their quick return.

The New York Society's reasons for leaving the Federation are altogether different. New York has raised questions about the current organizational structure and is concerned about the work of the Ad Hoc Restructuring Committee. Central to their concerns is the ability of the Federation to act nationally when directed to do so by the Board of Directors and New York's sovereignty as an independent state society, of which they are most protective. New York ceased to sit on the Federation Board as of July 1. Demonstrating its abiding interest in the work of the Restructure Committee however, New York will make quarterly contributions to the Federation based on what would have been its dues obligation, so long as it decides to continue working with the Federation.

While the loss of California and New York raises some difficult challenges for the Federation over the next year, we are confident that we can not only weather the current state of affairs but, given the work of the Restructure Committee and the leadership, we believe we can emerge from this period a stronger, more effective national organization prepared to better serve clinical social workers, their clients, and the profession.

Two years ago, when I joined the Federation, I complimented the Board on its willingness to engage in a process that foreshadowed considerable change within the organization. As that process continues, I am confident that we will be the better for it. ❖

Richard Yanes is Executive Director of the Clinical Social Work Federation. He can be reached at cswfed@hotmail.com.

# Reaching the Affect: The Healing Force in Psychodynamic Therapy

A conference offering a unique opportunity to watch videotapes of eleven master clinicians who will be available to discuss their work.

October 10-12

For details, call Washington School of Psychiatry 202-237-2700

# Wanted: Maryland Legislative Liaison

Margot Aronson

GWSCSW is in search of a member interested in being our Maryland Legislative Liaison, to represent the Society on the Maryland Legislative Council on Social Work (MD-LCSW). The primary responsibility is to confer with other Council representatives (primarily by email and phone) to develop legislative priorities for Council lobbyist Steve Buckingham, and to keep the Society up to date about legislative affairs.

Here's a brief background: in 1966 five social work organizations came together to form the Maryland Legislative Council for Social Work: NASW Maryland Chapter, NASW Metro DC Chapter, Maryland Society for Clinical Social Work (MSCSW), Society of Social Work Administrators in Health Care (SSWAHC), and our Greater Washington Society. This coalition combined resources to pay for a lobbyist who would educate lawmakers on the social work perspective on a broad range of issues and keep members up to date with relevant bills being considered in the Maryland assembly. Up until this year, representatives of the five groups met weekly with Steve Buckingham (who has held the lobbying contract since the group first came together) during the legislative session to share information and strategize. They also organized a Social Work Lobby Day in Annapolis each year to increase grassroots involvement in the legislative process.

Changes are in the works, as Maryland NASW has decided this year to develop and pursue a separate lob-bying contract. The Legislative Council will continue working with Steve Buckingham. However, rather than having frequent meetings in Baltimore, representatives will communicate primarily by phone or email as they define legislative priorities and informational needs.

GWSCSW's need for a legislative liaison to the Legislative Council is particularly crucial this year with the reconfiguration of the coalition. Please call Margot Aronson at 202-966-7749 (*malevin@erols.com*) if you are interested in volunteering for the post. ❖

Be on top of what's happening in your society and your profession.

#### SIGN UP FOR THE GWSCSW LISTSERV

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# Presidential Profiles: Anne Stephansky

Tricia Braun

Anne Stephansky was the fourth President of the Greater Washington Society for Clinical Social Work, serving from 1979 to 1981. Louisa Schwartz, Eloise Agger, Elma Wolf, and Anne Stephansky held the first "official" meeting of the Society, and soon began building the infrastructure of the organization. During Ms. Stephansky's tenure membership increased from 40 to 100.

Most of the founding members began in clinic settings. Ms. Stephansky worked in a community mental health center that was also a teaching facility for psychologists, psychiatrists and social workers. There were many consultants such as Murray Bowen and a lot of excellent supervision. In the late 1970s, the Nixon administration cut funding for community mental health agencies. As fine teaching clinics were forced to close down, more and more clinical social workers went into private practice.

Clinicians who set up private practices began feeling hostility from the social work establishment. They were viewed as leaving the roots of social work and abdicating social responsibility for the ills of our culture. Ms. Stephansky remembers feeling much suspicion and disapproval when she left the clinic and moved into private practice. At that time the National Association of Social Workers reflected the needs of the vast majority of social workers who were working in institutional settings, but did not address the two big struggles experienced by private practitioners, which were the need for licensing and vendorship. These were the driving forces that motivated clinical social workers to band together.

Our members, few as they were, lobbied the District of Columbia, Maryland and Virginia. At that time, social workers needed a psychiatrist or psychologist to sign insurance forms. Sometimes they had to have the client see the psychiatrist once a year, for which the client was charged. This is when the Society took up the cause of vendorship. Winning both licensing and vendorship required a great deal of time and money, but the Society had a membership that was willing to work very hard and give generously. Ms. Stephansky was in charge of fund raising for one year, and raised \$10,000. Even to this day, there are some remaining states in the US that have not granted licensure, and there are still insurance companies that do not accept social workers as independent providers. Also, parity with physical health coverage remains to be accomplished.

Ms. Stephansky entered the field of social work at midlife with an interest in emotionally disturbed children after teaching early childhood. She earned her MSW at Howard University. One of her field placements was the Christ Child Institute where analysts conducted "heavy duty" supervision. After graduating she worked for the P Street Clinic, a child guidance clinic and training institute in the old tradition, for 11 years. In the meantime, she did Advanced Psychotherapy training at the Washington School of Psychiatry. After federal budget cuts she became concerned with maintaining treatment quality in the community mental health setting, as social workers were being asked to take on complex cases with little supervision. As a result, she developed the first course on supervision for the Washington School of Psychiatry and for the GWSCSW.

Ms. Stephansky remains insatiably curious as to how she can be a better therapist. Presently she tapes sessions and sends them to Dr. Patricia Coughlin Della Selva. It has provided her with the best supervision she has ever had. Dr. Della Selva was trained by Dr. Habib Davanloo and wrote an excellent book, Intensive Short Term Dynamic Psychotherapy. Thirty years ago Ms. Stephansky attended a three-day symposium given by Dr. Davanloo. This and subsequent workshops by Dr. Davanloo have been major influences on her work. Some years ago she met Dr. Steve Slatkin who had been trained by Dr. Davanloo and who agreed to come to Washington from Norfolk to teach a class and provide supervision. Out of that beginning, Dr. Barbara Suter, Dr. Slatkin and Ms. Stephansky developed a course that eventually was accepted by the Washington School of Psychiatry. Ms. Stephansky has also taken several training sessions on EMDR, which she has found useful, particularly in cases of recent trauma, but also to lower disabling anxiety.

Ms. Stephansky strongly believes social workers should not be practicing without supervision. It is the only way "to keep our feet on the ground", to not fall victim to therapy "fads", and to safeguard the field. If we are truly doing therapy in an involved way, she believes we also need personal therapy. Patients continually challenge us and help us grow. She feels it is critical to keep exposing ourselves to ways we might better reach clients and think about human development.

"Social workers should be proud of themselves," Ms. Stephansky says. They have a rich heritage, and many of the beliefs that are now mainstream for psychotherapists were originally social work concepts. Social workers have been responsible for integrating the impact of culture into individual and family therapy. Most social workers feel a responsibility to their communities, a most admirable life organizing principle. \*

# **Legislative News**

#### ■ VIRGINIA

#### Chris Spanos

Although it is summer in Richmond, it feels like October. Not only is the weather cool, but also the political climate has cooled the bi-partisan relationship between the Governor and General Assembly.

#### State elections

All 140 seats in the Virginia General Assembly are up this year. The general election is Tuesday, November 4, 2003. Virginia has a Senate with 40 members elected for four-year terms and a House of Delegates with 100 members elected for two years. In 2005 Virginia will elect a Governor, Lt. Governor and Attorney General. Each state-wide elected official is elected for a term of four years.

#### General Assembly session

The General Assembly will convene on Wednesday, January 14, 2004, for its traditional "long session." A procedural resolution will be adopted in December to determine the schedule for the General Assembly while they are in session. Adjournment should take place on March 12, 2004. A number of current legislature members are not seeking re-election. And the election process always brings us new members. So we will see new faces on the key legislative committees.

In the State Senate, those standing committees are:

- Committee on Education and Health: for professional matters and statutes related to mental health services, health & mental health care policy, and Medicaid policy;
- Committee on Rehabilitation and Social Services: for matters related to public social work and certain mental health rehabilitation issues;
- Committee on Commerce & Labor: for matters related to insurance companies;
- Committee on Finance: for matters related to funding Medicaid and public mental health services.

In the House of Delegates, those standing committees are:

 Committee on Health, Welfare and Institutions: for professional matters and statutes related to mental health services, health & mental health care policy, Medicaid policy, public social work, and certain mental health rehabilitation issues;

- Committee on Commerce & Labor: for matters related to insurance companies;
- Committee on Appropriations: for matters related to funding Medicaid and public mental health services.

#### State budget

This summer Governor Warner is beginning to develop his first "true" executive budget—a two-year funding of state supported services. The Governor will present his Executive Budget to the General Assembly on December 17, 2003. Secretary of Finance John Bennett has indicated that there will be a need for significant services and program reductions due to the "weak economy."

#### Possible legislation in the 2004 session

Parity Statute. The Virginia statute on parity of mental health services with physical health services is due to sunset next year. The Virginia Society for Clinical Social Work (VSCSW), as a member of Virginians for Mental Health Equity, will be part of a coalition which will seek to lift the sunset provision and seek reauthorization, i.e., continuation of Virginia parity provisions. There are discussions about seeking to expand the provision to include Axis II disorders and eating disorders.

Any Willing Provider. Virginia currently has an Any Willing Provider Provision which is a weak statute. Following the U.S. Supreme Court's decision on the provision and payment of insurance services through an Any Willing Provider provision, the VSCSW Board sought to strengthen the Virginia provisions. Contact was made with all the major professional organizations in Virginia whose members are licensed to provide mental health services. Unfortunately, these overtures brought no support to seek legislative changes. The Virginia Society Board will be developing a position paper to present to key legislative leaders and to licensed mental health providers.

Title of Social Work. VSCSW and the Virginia Chapter of the National Association of Social Workers will be working for legislation to assure that if a professional uses the term "social worker" he or she is a graduate of a School of Social Work. This will be a multi-year effort.

**Medicaid Reimbursement Rates.** The current atmosphere within the Warner Administration is that they will not be raising Medicaid rates over the next biennium. We are working very hard to make sure the rates are not lowered. ��

#### ■ MARYLAND

Stephen C. Buckingham

#### The New State Budget - A Postscript

When the Maryland General Assembly closed its 2003 session at midnight on April 7, it had fulfilled its duty under the state constitution to pass a balanced budget. But that is not the end of the story. Governor Ehrlich vetoed the Assembly's bill to raise new revenue by closing corporate tax loopholes and raising corporate taxes, causing an immediate \$135 million shortfall. He then impounded some of the funds earmarked for state agencies and directed them to find spending cuts wherever possible. Recently, the Governor requested and received approval for cuts totaling \$208 million in the current state budget (July 1, 2003 through June 30, 2004).

What does this mean for social workers and the people they serve? The short answer is that many people dependent on state funding for needed services will not get served. To answer more fully, we must quantify how funding has been reduced for specific programs. The Governor can cut spending up to 25% of any agency's budget with approval from the Board of Public Works (BPW), a three-person panel consisting of Governor Ehrlich, Comptroller Schaefer and Treasurer Nancy Kopp (the latter is selected by the General Assembly). The reductions approved by the BPW on July 30, 2003 include the following:

# Department of Health & Mental Hygiene – \$88.3 million (including Cigarette Restitution Funds)

Medicaid – \$34 million state funds (resulting also in a \$34 million loss in federal funds)

- Medicaid Older Adult Waiver defer planned expansion by 500 – \$1,500,000
- DC Hospital payments reduce uncompensated care payments to actual levels \$1,000,000
- Pharmacy rebates 1% reduction in prescription drug costs via additional rebates from manufacturers – \$2,000,000
- Reduce case management in Rare & Expensive Case Management (REM) Program – \$1,000,000
- Impose hospital day limits on the medically needy population \$20,000,000
- Medical Day Care reduce reimbursement rates
   eliminate increase for inflation \$1,250,000
- Reduce the reimbursement rates for Pharmacies to Average Wholesale Price less 12% – \$1,100,000
- Nursing Homes reduce reimbursement rates 1% (still allows a 4.2% increase over the FY03 base)
   \$2,000,000
- Managed Care Organizations reduce reimbursement rates \$3,500,000

Mental Hygiene Administration – \$10.1 million

- Eliminate proxy bed payments \$1,200,000
- Limit psychiatric rehabilitation services to uninsured (gray zone) to no more than 50 visits per year \$1,100,000
- Improve treatment planning for Medicaid consumers to reduce utilization of non-Medicaid services (e.g. psychiatric rehabilitation)
   \$3,000,000
- Increase utilization review of inpatient hospital fee-for-service expenditures \$2,000,000

Alcohol and Drug Abuse Administration – \$4 million

- Postpone funding the Montgomery County Adolescent Halfway House (not yet opened due to community issues) \$320,471
- Postpone funding the Baltimore County Adolescent ICF (not yet opened due to community issues) \$450,000
- Postpone the Baltimore City Treatment Expansion \$600,000
- Second Genesis contract reduction (with no decrease in services) \$266,450
- Postpone evaluation of program for addiction specialists in Child Welfare offices until program is fully implemented – \$125,000

continued on page 24

#### TRANSITIONS:

**Helping Adults Cope with Life Changes** 

**Targeting... ADULTS AT MID-LIFE** 

Anxious? Depressed? Stressed? Worn-Out?

Wonder How to Balance...
Relationships
Career
Family
With the concerns of aging parents
and the challenges of mid-life?

GROUPS STARTING IN THE FALL!

For more information, call Judith Mullan, MSW 202-244-9242 Nancy Nollen, MSW 703-536-6090

Psychotherapists with many years of experience working with adults of all ages, seniors, and their families

# GWSCSW Membership Categories, Requirements and Rates

Over the past year, various questions have been raised about the different GWSCSW membership categories. In sorting out what requirements and rates should apply to each category, we have tried to be responsive to issues you have raised, and to be as clear and consistent as possible.

GWSCSW offers five classes of membership: Full; Graduate; Student; Affiliate; Retired/Emeritus. In addition, the Society may confer Honorary membership under special circumstances, such as a contribution to the social work profession by a non-social worker.

All members are eligible to participate in all meetings, scientific and general, of the Society and its committees, and may serve on and vote in committees (unless otherwise specified in the bylaws). However, only full members may vote for, or serve as, directors or officers of the Society.

#### Full Membership

To be a full member, an applicant must hold a Master's degree or Doctorate in social work from a graduate school of social work accredited by the Council on Social Work Education, must have two years of full-time or three years of part-time supervised post-graduate clinical social work experience, and must be licensed as an independent clinical social worker (LICSW, LCSW, or LCSW-C) or equivalent level by the appropriate licensing authority, as required for practice in the District of Columbia, Virginia, or Maryland.

Full membership is \$150 at renewal time, October 1, and \$75 to join after April 1 of the following year. *The half-year rate is not available as a renewal to members who have let that year's membership lapse.* Anyone joining as a full member after August 1 will pay full fee (\$150) and become a member starting in October; however, he/she will receive mailings and Society discounts beginning the month joined.

#### Graduate Membership

To be a graduate member, an applicant must hold a Master's degree or Doctorate in social work from a graduate school of social work accredited by the Council on Social Work Education and must be working toward the post-graduate supervised experience required for professional licensure. The graduate membership is available only until licensure is earned; graduate members are expected to become full members on the October 1 that follows licensure.

Graduate membership is \$75 at renewal time, October 1, and \$40 to join after April 1 the following year. The half-year rate is not available as a renewal to members who have let that year's membership lapse. Anyone joining as a

graduate member after August 1 will pay full fee (\$75) and become a member starting in October; however, he/she will receive mailings and Society discounts beginning the month joined.

#### Student Membership

To be a student member, an applicant must be currently enrolled in a Master's or Doctoral program in a graduate school of social work accredited by the Council on Social Work Education, or in the Doctoral program of The Clinical Social Work Institute. An applicant who already holds a Master's degree, is licensed, and is enrolled in a Doctoral program may be a student member for up to three years; he/she may instead elect to maintain full membership.

For a Master's degree candidate, student membership is \$25 at renewal time, October 1, and throughout the year. Anyone joining after August 1 will pay full fee (\$25) and become a member starting in October; however, he/she will receive mailings and Society discounts beginning the month joined.

For a Doctoral degree candidate, student membership is \$75 at renewal time, October 1, and \$40 for anyone joining after April 1 the following year. The half-year rate is not available as a renewal to members who have let that year's membership lapse. Anyone joining after August 1 will pay full fee (\$75) and become a member starting in October; however, he/she will receive mailings and Society discounts beginning the month joined. There is a three-year limit on student membership for doctoral students who are already licensed clinical social workers.

#### Affiliate Membership

To be an affiliate member, an applicant must meet the requirements for full membership and be living abroad or in a jurisdiction that does not have an active clinical

# "Retirement" what NEXT™

# Transitions *Women over 50*

Weekend Workshop September 13 & 14 9:30 AM – 4:00 PM

...see web-site for full schedule



Ruth Neubauer, MSW 301-951-8630

Karen Van Allen, MSW 240-893-2410

E-mail: retiremtwhatnext@aol.com www.retirementorwhatnext.com

social work society affiliated with the Clinical Social Work Federation, or be a full member of such a clinical society in another jurisdiction.

Affiliate membership is \$75 at renewal time, October 1, and \$40 to join after April 1 the following year. The half-year rate is not available as a renewal to members who have let that year's membership lapse. Anyone joining after August 1 will pay full fee (\$75) and become a member starting in October; however, he/she will receive mailings and Society discounts beginning the month joined.

#### Retired or Emeritus Membership

To be a retired or emeritus member, an applicant must meet the requirements for full membership and be fully retired from active clinical social work practice. To be listed as an emeritus member, a person must be at least 70 years of age, fully retired from active clinical social work practice, and have been a full member of the Society for not less than 10 consecutive years. A fully retired clinician would not be expected to have practice information for the Directory.

Retired or Emeritus membership is \$25 at renewal time, October 1, and throughout the year. Anyone joining as a retired or emeritus member after August 1 will pay full fee (\$25) and become a member starting in October; however, he/she will receive mailings and Society discounts beginning the month joined.

#### Honorary Membership

Honorary membership is available for persons who have made significant contributions to the profession of clinical social work, persons whom the Society wishes to recognize for their service. There are no professional or educational requirements or limitations for honorary members. ❖

#### How Will You Renew?

The GWSCSW membership year begins on October 1 and all membership dues are due on October 1.

- ☐ If you are currently a member, you will receive a renewal statement in September. Please return promptly with your dues.
- □ Some members may want to take advantage of the Conference "Early Bird PLUS" registration. Special discounts are available to members who send in their conference registration AND membership renewal *by September 12*. Determine your membership level from the article to the left and include your dues with your conference registration. (Conference registration forms are available in the conference brochure or on page 30 of this newsletter.)

Either way, be sure to renew no later than October 1. Work on the Directory will begin promptly the first week of October so that we will have time to verify addresses, compile the directory, and get it to you in a timely manner! •

#### Eileen C. Selz, MSW, BCD

announces resumption of her Clinical Practice

October 2003

5319 Lee Highway Arlington, Virginia 22207

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Adolescents / Adults / Seniors Individual / Couples / Supervision



# 2003 Annual Meeting: Potluck, Music, and Friends

St. Alban's Parish Guild Hall was the site of this year's GWSCSW Annual Meeting on the evening of June 6. Society members enjoyed a delicious potluck dinner and music by classical guitarist Kevin Mittleman. By tradition, the Annual Meeting is an evening of celebration of our profession and of our Society.

Pictured left to right: 1st row, Tricia Braun, Marilyn Austin, Janet Dante, Ann Aukamp, Margot Aronson, Anna Taft and Kimberly Satin Kubler; 2nd row, Charles Rahn, Dolores Paulson, Alice Kassabian, and Joel Kanter

# **COMMITTEE REPORTS**

#### **Annual Conference**

Kimberly Satin Kubler

Over the past couple of months, the conference committee has been busy making plans for this fall's event. The conference, entitled Echoes of the Past: Addressing Trauma and Self-Injury Through Clinical Work, will be held on Saturday, October 4, 2003 from 9:00 A.M. to 1:00 P.M. at The Catholic University of America (registration and coffee at 8:30 A.M.). The keynote speaker, Lisa Ferentz, MSW, will explore various manifestations of trauma and corresponding interventions. GWSCSW members Ruth Neubauer, MSW, and Denise Unterman, MSW, will then present relevant cases for discussion. You will soon be receiving a conference brochure and registration form in the mail.

#### **Continuing Education**

Dolores Paulson

All three jurisdictions now require CEUs for license renewal. Maryland and Virginia require some of the units to be in ethics. GWSCSW's educational offerings meet the requirements for Category 1 CEUs in all the jurisdictions. Considerable attention has been given to insure that the courses also meet the needs and interests of our clinical social work community. The 2003–2004 Course Offerings and Registration form can be found elsewhere in this newsletter. We invite your early registration.

SUPPORT YOUR SOCIETY...
JOIN A COMMITTEE!

#### Directory

Constance Hendrickson

Our committee starts working as soon as memberships are in (October 1). Once members have reviewed their practice information and either approved or corrected it, we will prepare the 2004 Directory, which should be in your hands by the time January rolls around.

Anyone joining after the Directory publication deadline will be included in the "New Members" feature in the newsletter.

#### **Ethics**

**Ianet Dante** 

The Ethics Conference in May, Ethical Dilemmas in the Therapy Room, with David Phillips, DSW, was both highly successful and very well attended. We had almost 100 attendees, most of whom gave the conference high ratings on the evaluation forms. Much of the credit for that success must go to my committee members: Joyce Smith, Marilyn Austin, Charles Rahn and Jackie Urow, all of whom worked very hard to insure the good results.

But the Ethics Committee is here for more than producing conferences. We are also here to help you with ethical concerns that you may have. At the May conference, when the discussion was opened to the floor, several people described ethical conflicts that they were struggling with in their practices. If you are concerned about the ethical implications of something in your practice, talking it over with someone else is often the best way to get some clarity. Feel free to contact me, anonymously if that feels easier. You can email me at janetdante2000 @yahoo.com, or leave a telephone message at 301-428-0808.

### Membership

Charles Rahn

We have added a number of new members to our membership roster and welcome them into our organization. In the past six months we have added 14 new members in the following categories: ten full, two graduate, one affiliate and one student. See page 25 for a list of the new members

Elsewhere in this newsletter (page 20), there is a detailed description of membership categories with eligibility requirements for each as well as the 2004 dues for each category. We now have just five categories, consolidating Retired and Emeritus. There are also some changes in rates.

For those of you who have expressed an interest in working on the Membership Committee I will be giving you a call soon if I have not already. Do not hesitate to call me directly at any time at 301-493-6841 to discuss how you can work more closely with the Membership Committee and help us in upcoming membership drives.

#### Newsletter

Cecilia McKay

I would like to thank the members of the GWSCSW Newsletter Committee for their help in writing, re-writing, polishing, editing, proofing, getting and billing for advertisements, etc. for the newsletter. They are: Margot Aronson, Stephanie Aronson, Tricia Braun, Jo Bulkley, Diana Seasonwein and Adina Shapiro. I would also like to welcome Diana Seasonwein back to the U.S. She is returning to the Washington, DC area after being in Prague for the last 18 months. Email has allowed her to help with editing

and writing. Upon her return to the Washington area at the end of August, she can be reached at 202-549-4932.

As always, volunteers for writing articles are welcomed. If you have recently written a paper or given a presentation and would like to share it with Society members, please email me at *ccmckaymsw@erols.com* or call at 301-802-4126.

#### **Public Relations**

Tricia Braun

The Public Relations Committee has partnered with several other GSWCSW committees in the past several months. In addition to coordinating the June General Meeting & Potluck Dinner, we joined the Membership Committee in calling all new members of the Society to encourage their attendance. This was a good opportunity to formally

welcome them into the organization.

The Public Relations Committee wishes to thank Helen McDowell for arranging a gift certificate from Politics & Prose and Joel Kanter for obtaining tickets from The Dance Place as door prizes for the evening. Marilyn Austin and Margot Aronson kindly assisted in set-up and clean-up. We thank you!

The Committee also continues to work with the Referral Panel in researching advertising opportunities.

#### Referral Panel

Eileen Ivey

In its last meeting, the Board took up the issue of how to repair the referral panel's current dysfunction. Our calls have been markedly down due to lack of advertising and to direct referrals through managed care.

After much discussion, it was decided to try a moderately priced one-year Internet phone book advertising presence. The ads, which will be listed under Social Workers, Psychotherapy, Marriage Family and Individual Counseling, Counseling, and Psychotherapy Groups, will be online within a week. They will appear in the DC, Montgomery County, Arlington County, Fairfax County and Alexandria online phone book. At the end of a year, we can assess their success. They will be paid for by the surcharge paid in at the beginning of the year for referral panel members, plus a small additional amount from the general coffers.

New energy continues to be needed to keep this long-standing service of the Clinical Society alive. ❖

### AS A MEMBER OF GWSCSW, YOU ARE ALSO A MEMBER OF CSWF

Call for...

Information on

Membership

Latest information on our competitive

**Malpractice Insurance** 

Everything NON-clinical that clinicians need to know!

The Federation Hotline is your link to our...

#### **Managed Care Specialist**

for advocacy, information and assistance with managed care and insurance

#### **Forensic Specialist**

for consultation regarding clinical social work and the law

#### **Public Relations Specialist**

for assistance with press, radio, TV and media issues and the professional image of clinical social work

#### **New Clinicians Specialist**

for mentorship, advisement and other issues for new clinicians

Call the Clinical Social Work Federation Hotline

(800) 270-9739

**ALL CALLS ARE CONFIDENTIAL** 

#### **Maryland Legislative,** continued from page 19

- Savings from hiring freeze \$72,930
- Reduce funding allocations to some jurisdictions: Rockville Housing Authority, Prince George's County @ 2%, Allegany County @ 1%, Anne Arundel County @ 1%, Carroll County @ 1% (only decrease in current services is halt to caseworker services in Rockville public housing) \$406,298

#### AIDS Administration - \$264,442

 Reduce treatment slots in Baltimore City needle exchange program – \$60,000

#### Office of Health Care Quality - \$588,833

- Utilize Civil Money Penalties (Special Funds) to fund second State survey of nursing homes
   \$358,254
- Delete funding for two vacant contractual positions, one Nurse Surveyor & one clerical - \$42,676

#### Cigarette Restitution Funds – \$4 million

- Reduce Baltimore City cancer prevention, screening and treatment grants (level funding of Baltimore City grants, although all other jurisdictions had 50% reduction) \$1,200,000
- Eliminate statewide cancer prevention, screening and treatment funding – \$570,000

#### Department of Human Resources - \$11.65 million

- Reduce after-school programs by 21%
   -\$1,053,000
- Family Support Centers reduce technical assistance, training, and monitoring \$290,400
- Eliminate contracts with Kinship Care Conferences (\$250,000) and Tuerk House substance abuse program (\$78,000) \$328,000
- Eliminate contractual services related to food stamp error reduction \$806,000
- Child Support Services reduce general funds budgeted for collection and case closing services and a payment processing contract (supporting collections for cases with no payments for 180 days and accounting for child support collections) – \$157,000
- Reduce general administrative costs across administrative units, including the abolition of 225 vacant positions (does not abolish vacant child welfare positions) – \$6,000,000

• Foster care – implement more cost-effective institutional placements – \$3,023,517

# Department of Labor, Licensing and Regulation – \$1.2 million

Reduce the Skilled-Based Training for Employment Promotion (STEP) program funds by 50%.
 The program provides grants to assist employers with training cost to improve job skills of lowwage entry level workers – \$500,000

#### Department of Juvenile Services - \$4.25 million

- Community Justice Supervision reduce contractual service expenditures for terminated or poorly performing programs \$1,140,000
- Postpone obtaining vendor to replace services provided at Victor Cullen – \$1,875,000
- Admissions reduce expenditure levels for several services including: consultant services, salaries and health services (no reduction in services)
   \$931,053

#### Department of Aging - \$1.4 million

- Medicaid Waiver Case Management defer planned program expansion – \$412,755
- Senior Care \$309,489
- State Ombudsman Program \$188,764
- Innovations in Aging defer awards for new programs \$172,500
- Senior Assisted Group Housing reduce subsidies
   \$90,818

#### Higher Education - \$59.2 million

- University System of Maryland \$40 million
- Community Colleges \$9.7 million
- Baltimore City Community College \$1,782,984
- Aid to Non-Public Institutions \$1,273,632
- College Financial Aid \$3.6 million
- Morgan State University \$ 2,060,169
- St. Mary's College \$381,955

# Maryland State Department of Education – \$6.7 million

- Reduce non-mandated grant programs in Aid to Education \$3,036,655
- Reduce Community Partnership Funding
   \$2,233,971
- Reduce funding for Choice Program for youth who are at high risk of entering the juvenile services systems by 22% − \$160,394 ❖

## Re: Continuing Education

Joel Kanter

In the last newsletter, I called attention to a change in the Maryland continuing education regulations—which take effect for members whose licenses renew in 2004—indicating that Category I activities had to be 3.0 hours long. ("Programs given by Board-authorized sponsors, which are comprised of a minimum of 3 hours on a single subject or with individual sessions of at least 1.5 hours on a subject grouped together in a series.") I also noted that attendance at professional conferences now constitutes Category II activities and are not eligible for Category I credit.

While such activities were indeed mentioned in the Category II section of the regulations, attentive members called my attention to another section of the Category I regulations which included "courses, seminars, workshops, symposiums, conferences, staff development, case conferences, grand rounds and attendance or presentation of programs offered at professional or scientific meetings." There was no mention of the 3.0 hours requirement in this section. We have written the Board of Social Work Examiners for clarification of this matter. At this time, we do not yet have a response to our inquiry. As soon as we obtain clarification of this matter, we will inform members immediately through our listsery and the newsletter. •

# LOVE IS STRANGE: PSYCHOANALYTIC TAKES ON THE CINEMA

Join us for a film "salon"...
the viewing and enlightened discussion of seven films
that focus on love through various lenses.
Once per month on Friday evenings
in a private home in Bethesda.

For further information, call the Washington Psychoanalytic Foundation (202-362-2300), or go to www.washpsa.org.

CEUs available.

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Offices have walls of glass overlooking beautiful garden courtyard full of trees.

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#### **Welcome New Members!**

#### **Full Members**

Maurya Brenneman, Megan Flood, Mary L. Holley-Cerillo, Linda Shepard Kolodner, Duncan Krieger, Susan Levin, Hani Miletski, Danielle M. Saks, Shirley Scribner, Sally S. Whitlock

#### **Graduate Members**

Mary Beth Robinson, Penelope Wilson

#### **Affiliate Member**

Marilyn Dove Bier

#### **Student Member**

**Kye Briesath** 

# **GWSCSW CALENDAR OF EVENTS**

#### September 19, Friday

Wine & Cheese Reception: An Informal "Welcome Back" for Members New and Old

Video: Why Am I Here? Engaging the Reluctant

Client (optional)

Time: 4:30 - 6:30 P.M.

Location: Home of Margot Aronson;

3201 Porter Street, NW; Washington, DC (two blocks from the Cleveland Park Metro Station; parking available)

RSVP: GWSCSW Office, 202-537-0007,

by September 17

We invite all members to gather for a wine and cheese reception at the home of Margot Aronson to kickoff the 2003–04 year. Around 5:15 P.M., we will be previewing the new training video *Why Am I Here? Engaging the Reluctant Client*. Produced by Carol Tosone and Caroline Rosenthal Gelman at the New York University School of Social Work in conjunction with the renowned NYU film school, this video, distributed through the Council of Social Work Education, offers a realistic glimpse of the challenges facing MSW students in their initial clinical training. Two vignettes—one with students working with a highly disturbed inpatient; the other, with a court-referred adolescent—are followed by supervisory dialogues where the clinical issues are highlighted.

#### October 4, Saturday

Annual Conference – Echoes of the Past: Addressing Trauma and Self Injury Through Clinical Work.

Time: 9:00 A.M. – 1:00 P.M.

(8:30 A.M. registration and coffee)

Location: Hannan Hall, Herzfeld Auditorium,

The Catholic University

Registration: See page 31 or call 202-537-0007 for

a conference brochure

Read about the GWSCSW Annual Conference on page 1.

#### October 24, Friday

**Quarterly Dinner Meeting** 

Speaker: Anne Evans, MSW

Topic: Maida Herman Solomon: Mental Health

Visionary

Time: 6:30 P.M. – Reception; 7:00 P.M. – Dinner;

8:00 P.M. – Lecture

Location: To be announced

For our first general membership meeting of the year, we are honored to have Anne Evans, MSW, coming from South Carolina to speak on her new biography: *A Woman* 

Ahead of her Time: Maida Herman Solomon, Mental Health Visionary. Beginning her psychiatric social work career at Boston Psychopathic Hospital (now Massachusetts Mental Health Center) in 1916, Ms. Solomon was the first President of the American Association of Psychiatric Social Workers at its founding in 1926 and went on to play a central role in developing the psychiatric social work program at Simmons College. Until her death in 1988, she played an important role in our profession.

Anne Evans is a graduate of the Simmons College School of Social Work. In her first job, she collaborated with Ms. Solomon on a NIMH-funded study on drugs and social therapy in schizophrenia. Ms. Evans was a Charter Member of the Massachusetts Academy of Psychiatric Social Work and was later the President of its successor organization, the Massachusetts Society for Clinical Social Work. After many years in private practice in Boston, she retired to South Carolina in 1996.

We look forward to a very dynamic presentation by Ms. Evans about one of the pioneers of clinical social work.

#### IN THE WORKS:

#### **Spring**, 2004

Conference on Donald and Clare Winnicott and their involvement with Social Work

Speakers at this very special all-day event will include F. Robert Rodman, author of a new comprehensive biography of Donald Winnicott (Winnicott: Life and Work) and GWSCSW Vice President Joel Kanter, editor of the papers of Clare Winnicott, to be published around the first of the year.

#### **Spring**, 2005

Full day seminar with "Ethics Guru" Frederick Reamer

A professor at the graduate program of the School of Social Work at Rhode Island College, Dr Reamer has lectured extensively, nationally and internationally, on professional ethics. He was chair of the national task force that wrote the NASW Code of Ethics. This stimulating seminar will fulfill both Maryland and Virginia ethics requirements. �

# October 1, Wednesday Beginning of GWSCSW 2004 Membership Year. Annual Dues due

## **DBT Study Group Under Way**

Study groups provide a practical way for us to increase professional knowledge and strengthen skills while developing strong professional bonds. Several GWSCSW members have started a study group focused on an approach to treating Borderline Personality Disorder: Marcia Linehan's Dialectical Behavior Therapy (DBT). Linehan's studies indicate that rigorous DBT treatment, which includes weekly therapy plus weekly skills training, has been successful in teaching borderline clients to regulate their emotions more effectively and to overcome self undermining urges. Although a full DBT program is not available in this area, clinicians in the study group are beginning to incorporate DBT concepts and skills, where relevant, in their practices.

The group is still open to new members; contact Bette Ann Weinstein at 301-365-4942 or *betteannweinstein @comcast.net* for more information. ��

# Visit the GWSCSW Website: www.cswsgw.org

## **Collegial Support Group**

Adina Shapiro

Our third meeting of the support group was held on a rainy Saturday in June. Fortunately, the warmth of the sharing in the room contrasted sharply with the bleakness outside. Subjects ranged from the tried-and-true coping with managed care changes to the continuing situation in Iraq to the impact of this economy on members' clients. We are taking a break for the summer but plan to reconvene in mid-September. Everyone is cordially invited to attend, and to bring a friend, regardless of membership status. For further information, and to RSVP, contact Adina Shapiro at 703-761-3939. ❖

#### **VOLUNTEERS!**

#### GWSCSW needs you!

No matter how small the amount of time you have, we can use you!

Please call GWSCSW at 202-537-0007

# I GWSCSW Directory Update / Change of Address, Office Info, Email, etc.

In addition to your name, please enter only information that has CHANGED since the last directory.

Name	Remove Office: located at
Home Address	Add Office: Address
City/State/Zip	City/State/Zip
Home ()	Office ()
Home Office ()	Other:
Fax ()	
E-Mail	

Fax to: 202-364-0435 Mail to: GWSCSW

5028 Wisconsin Avenue NW, #404

Washington, DC 20016

# GWSCSW Course Offerings: 2003–2004

Dolores S. Paulson

The following listings describe the 2003–2004 selections being offered by the Continuing Education Committee of the GWSCSW. Considerable attention has been given to insure that the topics meet the needs and interests of the clinical social work community. The program's focus is clinical. Non-clinicians will be admitted to classes at the discretion of the instructor.

Some courses have small additional fees for educational materials. This year we are offering courses which have been especially designed for recent MSW graduates as well as members beginning a new interest. These courses are starred  $(\stackrel{\triangleright}{\bowtie})$ . Please note, fees are reduced by 50% for members who received their MSW within the last five years. Some scholarship funds are available.

As in the past, the Advanced Supervision course will be taught throughout the academic year. Licensed social workers employed in agencies or in private practice have found this course to be a valuable source of the skills and knowledge needed for supervision. Expanding private practice to include supervision can be a seasoning and enriching experience. Scholarship funds are available.

Participants will be issued a Certificate of Attendance at the conclusion of each course, which will document the hours attended. CEUs are available.

Many of the courses fill up quickly. Priority in registering is given to GWSCSW members. In the event that a course is being offered for the second time, preference will be given to first time registrants. If you have any questions regarding a particular course please contact the instructor. Please call the Chair at 703-790-0786 for scholarship information. ❖

#### **FALL & SPRING SEMESTERS**

#### **■** The Art of Supervision

This is a two-semester course providing intensive training in the supervision of social workers. The course provides indepth understanding of the supervisor-supervisee working relationship. It is designed to improve the knowledge and skills of licensed supervisors who train MSW-level social workers employed in social service agencies, hospitals, community mental health centers, schools, psychotherapy practice, etc. The course consists of fifteen 1¾-hour didactic seminar sessions and fifteen 1½-hour individualized experiential consultation sessions. Application deadline is September 15, 2003. Scholarship funds are available.

Constance Hendrickson, DSW, LICSW 3000 Connecticut Ave. NW #201 Washington D.C. 20008 (202) 332-0134

Every other Friday, 9:30-11:00 AM Begins October 10, 2003 \$1,200 (total) for both semesters

#### **■** 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 Federation's Code of Ethics and texts of Frederic G. Reamer. Students are encouraged to bring into class ethical dilemmas they encounter. THIS COURSE MEETS THE VIRGINIA AND MARYLAND LICENSING REQUIREMENTS.

3000 Connecticut Ave NW, #201 Washington, DC 20008 (202) 332-0134

Constance Hendrickson, DSW, LICSW Friday, 10:00 AM-1:00 PM Members: \$45 Non-members \$75 4 separate offerings: October 3, 2003 November 7, 2003 February 6, 2004 March 5, 2004

#### **☆ Structuring Therapeutic Interventions**

#### The Therapeutic Frame: Between Safety and Entanglement

This course will look at the therapeutic frame as it applies to establishing the therapeutic relationship and how it endures throughout termination. Readings and discussion will include how to establish the frame, maintain the frame and evaluate the effects on both the patient and the therapist. A variety of psychological and philosophical ways of thinking about the frame will also be examined.

Ruth Neubauer, MSW, LCSW-C 3301 Woodbine Street Chevy Chase, MD 20815 (301) 951-8630

Saturdays, 10:00 AM - 12 NOON 3 sessions: October 11, 18, 25 Members: \$90 Non-members \$150

#### Why Do I Have to Say Goodbye Again? Issues in Termination

Termination is both a phase of therapy and a definition of the process. The end of therapy involves all the major psychodynamic issues. This course will focus on the implications of termination from the point of view of countertransference and the therapeutic frame. The work will include clinical material, readings and film.

Ruth Neubauer, MSW, LCSW-C 3301 Woodbine Street Chevy Chase, MD 20815 (301) 951-8630

Saturdays, 10:00 AM - 12 NOON 3 sessions: April 3, 10, 17 Members: \$90 Non-members \$150

**GWSCSW** courses meet requirements for VA, MD and DC licence renewal and board certification renewal.

#### **FALL SEMESTER**

#### A Master Group Therapist at Work: The Yalom Tapes

In 1990, Dr. Irvin Yalom produced an extraordinary series of video tapes in order to demonstrate his theories of interpersonal group psychotherapy. Using actors to simulate vignettes from different sessions of a typical ongoing outpatient group, he was able to illustrate in a clear and creative way how he deals with common therapeutic issues. In these tapes, Dr. Yalom not only portrays an array of interventions, but afterwards analyzes for us why he said what he did and what he hoped to accomplish.

This course will offer a viewing of the four tapes in four sessions. At each meeting there will be a didactic review of the theories to be presented, followed by the video, and then a final opportunity for group discussion of the material. This material is relevant for therapists already leading groups as well as those planning to so in the near future.

Susan Lieberman, MSW, LICSW 3931 Morrison Street, NW Washington, DC 20015 (202) 362-8188 Fridays, 1:00 – 2:30 PM 4 sessions: October 3, 10, 17, 24, 2003 Members: \$90 Non-members \$150

# ☆ Using Transference and Countertransference in Therapy: A Modern, Practical Guide

This course is aimed at helping the social work clinician negotiate the therapeutic relationship, especially when impasses occur. It will give students a practical, thorough understanding of transference and countertransference as an attempt at adaptation from a contemporary perspective; integrating different approaches. Topics to be covered include establishing the relationship with an eye toward the future, understanding and resolving "resistance" and its various behaviors, and managing strong reactions in the clinician. This course is especially useful for work with "difficult" clients.

Adina Shapiro, MSW, LCSW 1495 Chain Bridge Road, Suite 202 McLean, VA 22101 (703) 761-3939 Fridays, 10:00 – 11:30 AM 2 sessions: November 7 & 14, 2003 Members: \$45 Non-members \$75

#### Joy, Sorrow and Other Feelings: Our Ambiguous Emotional Complexities

Affective processes are at the core of our clinical theory and practice. In recent years, Antonio Damasio's neuroscience research and publications have contributed much to our further understanding of these processes. In his current book, *Looking for Spinoza: Joy, Sorrow and the Feeling Brain*, Damasio, the neuroscientist with the soul of a poet, once again using accessible language, illuminates our path by bring us the gifts of scientific precision and experiential immediacy regarding the complex issues of emotions, feelings, with particular attention to the role of the body. This seminar examines the usefulness of Damasio's latest formulations for our clinical work.

Golnar A. Simpson, DSW, LCSW 1320 Old Chain Bridge Road, Suite 310 McLean, VA 22101 (703) 356-3033 Friday, 10:00 AM – 1:00 PM 1 session: November 21, 2003 Members: \$45 Non-members \$75

#### **SPRING SEMESTER**

# The Role of Attachment and Attachment Injuries in Couples

This workshop will focus on couples from an attachment perspective. It will discuss the four primary attachment styles, how to determine an individual's attachment style as well as a couple's, and how a particular style (both within the individual and the couple) drives relational interactions. It will also identify the newly defined concept of attachment injury as it is manifested within the couple. Through the depiction of attachment injury incidents and suggestions for resolution, therapists will be able to identify and treat such injuries and the impasses that accompany them.

Eileen Stanzione, MSW, LCSW-C 3000 Connecticut Ave, NW, Suite 201 Washington, DC 20008 (301) 293-6999 Mondays, 12:00 – 2:00 PM 2 sessions: March 22, 29, 2004 Members: \$60 Non-members \$100

#### Understanding Goddess Mythology's Implications for Clinical Social Work

This course will increase the student's knowledge of the metaphorical and symbolic value of ancient goddess mythology. Students will experience the power of Inanna, the Sumerian goddess of heaven and earth, by reading aloud from the text. This new knowledge will be applied to clinical material students bring to the class. Students will become aware of how some patients develop a conscious attitude in which the feminine archetype is embodied creatively in their everyday lives

Bonnie L. Damron, MSW, PhD, LCSW 600 Roosevelt Blvd., G-2 Falls Church, VA 22044 (703) 538-4289

Friday, 10:00 AM – 2:30 PM 1 session: March 5, 2004 Members: \$60 Non-members \$100

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#### **ADVERTISEMENTS**

Advertisements, accompanied by full payment, must be received by the GWSCSW by the first of the month preceding publication. Material should be sent to GWSCSW Newsletter, 5028 Wisconsin Ave. NW, Suite 404, Washington DC 20016 or gwscsw@juno.com. For questions about advertising, call 202-537-0007.

Size of display ads indicated above is width by height. These are the only sizes that will be accepted. Electronic submission (EPS, PDF) preferred.

Publication does not in any way constitute endorsement or approval by GWSCSW which reserves the right to reject advertisements for any reason at any time.

#### **OFFICE SPACE AVAILABLE**

ALEXANDRIA: Medical Building in Landmark/Duke St. area off I-395. Easy access from all directions, free parking. Day, evening and weekend hours available. Share waiting area with 2 psychiatrists, PhD, LCSW. Call 703-370-6112.

ANNANDALE: Space in our modern and comfortable suite is available on an hourly or block-of-time basis in centrally located Annandale. Please contact Roger Rothman at 703-642-1112 for more information.

BETHESDA METRO: Furnished, cozy office in suite to sublet, any day except Mondays. Minimum of three-hour blocks. Great location. Call 301-718-8075.

BETHESDA: Brand-new office. Excellent location, the corner of Bradley and Arlington. Wheelchair accessible. Good parking. Wednesdays and Thursdays, daily or preferably both days. 301-654-3219.

CLEVELAND PARK METRO: Attractive, bright, newly decorated office; part-time (some full days), flexible scheduling; reasonable rates. Call 202-363-4459.

CONN/VAN NESS METRO: Attractive, windowed office in psychotherapy suite, part-time (with some full days). Call Judith Mullan 202-244-9242.

FAIRFAX: Group psychotherapy practice on Main Street in Fairfax has opening for licensed professional to rent elegant office space and collaborate with colleagues. Call Linda Parkes, LPC, or Dava Giuli, LPC, at 703-591-9699.

MCLEAN AREA: Furnished 4 office suite in Professional complex. Share large waiting area, kitchen, telephone, fax, DSL and copier with other mental health professionals. Flexible hours, reasonable rent, ample parking. Contact Adina Shapiro, LCSW 703-761-3939

NOVA/TYSONS AREA: Windowed walkout office; bright, beautiful. Convenient NOVA/ Tyson's area on Route 7, inside the Beltway. Prime location. Plenty of free parking. Part-time space also available. Call 703-790-0786.

ROCKVILLE/EXECUTIVE BLVD: Part-time office for rent with waiting room and kitchen. Handicap accessible and near public transportation. Call Helene 301-340-1598.

ROCKVILLE: Excellent location on Executive Blvd near Montrose Road. Easy access to 270 (Montrose exit). Available now, full- or part-time. Free parking. Call 301-330-0444 (exts. 1 or 2) or 301-881-4884 (exts. 1 or 2).

TENLEY: Bright, sunny, nice size office (180 square feet) for rent. Two blocks from Tenley Metro Stop. Excellent parking. Call 202-966-7498.

WOODLEY PARK: Lovely, sunny offices/ F/T small, charming office with high ceilings, large window overlooking Conn. Ave. In suite with other therapists. Other offices available P/T. Secure building, friendly neighborhood, shared waiting room, possible therapist parking. Reasonable rates, across from Metro. 202-483-2660 ext 6.

WOODLEY PARK: Attractive, furnished office large enough for group work in Woodley Park townhouse, steps from Metro. Includes separate waiting room, and parking. Flexible scheduling, some full day availability. Contact 202-364-6254.

WOODLEY PARK: Large, sunny office overlooking the Zoo on Connecticut Avenue, with an adjacent playroom optional. Suite with one other therapist. Shared waiting room and bathroom. Well-managed building convenient to Metro and bus. Handicap accessible. Fulltime. Contact Mary Lee Stein at *mlsmsw@aol.com* or 202-332-0285.

#### **POSITIONS**

The Child and Family Counseling Center in Woodbridge, VA is looking for an LCSW or Ph.D. to join their multidisciplinary practice. Virginia license and experience with children required. Great work environment. We work with only three insurance companies with good reimbursement and achieved a 97.5% collection rate in 2002! Please fax resume to 703-670-8213 or e-mail to *DrJCrist@aol.com*.

THERAPIST: Chronic pain/illness medical practice looking for a therapist to join our team of physicians and physical therapists. Experience working with patients with chronic medical problems and PTSD preferred. Experience with EMDR or biofeedback ideal. Fax resume to Julie at 703-237-3105 or email resume to *kaplanclinic@his.com*.

#### **GROUPS**

ADOLESCENT THERAPY GROUPS: 12 ongoing psychotherapy groups for adolescents. Call Britt Rathbone, LCSW-C at 301-230-9490. www.rathboneandassociates.com. Effective Quality Treatment.

ADULT PSYCHOTHERAPY GROUP: Spaces available in ongoing 30-something adult psychotherapy group in McLean, VA. Focus on relationships and personal growth. Clients are also in individual treatment, but this is not required. Contact Adina Shapiro, LCSW 703-761-3939.

# ECHOES OF THE PAST

Addressing Trauma and Self-Injury through Clinical Work

#### Location

Herzfeld Auditorium, Hannan Hall The Catholic University of America 620 Michigan Avenue, NE, Washington, DC

#### **Transportation**

The campus is a short walk from the Brookland/CU Red Line Metro stop. Detailed driving directions and a campus map may be found on the Web at www.cua.edu or call GWSCSW at 202-537-0007.

#### **Conference Fees**

Conference Registration\$8	30
"Early Bird" Conference Registration\$7 (Must be received by September 12)	70
"Early Bird PLUS" Conference Registration\$6 (Must be received by September 12 accompanied by 2004 GWSCSW membership dues)	50
Student (MSW) Registration\$2	25

#### **Continuing Education Units**

This program qualifies for four hours of Category I CEUs to be distributed at no additional charge to social workers at the conclusion of the program.

#### **Conference Committee**

Co-chairs: Kathleen Kenyon & Kimberly Satin Kubler Members: Josephine Bulkley, Laura George, Jen Hackler

#### For more information

Call 202-537-0007

Conference Registra	ation
(Early Bird Registration must be received	by September 12)
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City/State/Zip	
Home Phone ()	
Office	
Address	
City/State/Zip	
enty/state/2ip	
Office Phone ()	
Face (	
Fax ()	
Email	
Conference Registration Fee	\$
2004 GWSCSW Membership	\$
(see p. 20 of this newsletter for 2004 dues	)
Total	\$
Please make check <sub>l</sub>	payable to: GWSCSW
Mail to: GWSCSW 5028 Wisconsin Avenue	- NUA/ #404

ADULTS IN MID-LIFE GROUPS: The Balance between the Concerns of Aging Parents and the Challenges of Mid-Life. Groups forming. Meetings in DC. Call Judith Mullan 202-244-9242 or Nancy Nollen 703-536-6090.

CHRONIC PAIN SUPPORT GROUP: A free, monthly support group for adults coping with chronic physical pain regardless of cause. Meets the second Friday of the month in Falls Church, VA. Call Adina Shapiro, LCSW at 703-761-3939.

MEDITATION GROUPS FOR CLINICIANS: Groups meet the second and fourth Mondays or the first and third Fridays of each month, from 10:00–12:00 p.m. Please contact Marilyn Stickle at 703-790-0232 or by email at *mbstickle@aol.com* for further information.

#### **PROGRAMS & EVENTS**

Washington, DC 20016

Upcoming programs sponsored by the Baltimore-Washington Society for Psychoanalysis, Inc. (www.bwanalysis.org). Call for details and directions 410-792-8060 or 301-470-3635.

December 6, 2003 – Speaker: Beth Seelig, MD, *Inhaling Mom—the Atmosphere of Maternal Altruism;* Discussant: Judith Chertoff, MD, 5:00 – 6:30 p.m.

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.

#### **GWSCSW Annual Conference**

**Saturday**, October 4 9:00 A.M. – 1:00 P.M.

Registration and coffee 8:30 A.M.

Lisa Ferentz, Keynote Speaker

ECHOES OF THE PAST

Addressing Trauma and Self-Injury Through Clinical Work See page 1 of this newsletter for more details

Registration Form on page 31

Call 202-537-0007 for a conference brochure.

Special Combo Discount "Early Bird PLUS": Register and Renew Membership by September 12!

Greater Washington Society for Clinical Social Work 5028 Wisconsin Avenue, NW

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