

NEWS

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GWSCSW Annual Meeting Dinner & Celebration

Friday, June 11

7:00 – 9:00 PM

St. Albans Parish Guild Hall

Potluck Supper

Wine

Music

Friends!

(see article on page 4)

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

Mental Health Parity

“Parity Now!” Rally on the Hill

Thursday, June 10

12:00 NOON to 1:00 PM

Our Greater Washington Society will be showing our support for Mental Health Parity on Thursday, June 10, 2004 at noon at the Parity Now! rally on Capitol Hill; all GWSCSW members are urged to join in.

Senator Pete Domenic, and Representatives Patrick Kennedy and Jim Ramstad, sponsors of the legislation will be addressing the rally. David Wellstone, son of the late Senator, will also speak.

Sponsored by the Mental Health Liaison Group, the Parity Now! rally will bring together supporters of the Paul Wellstone Mental Health Equitable Treatment Act. The rally coincides with the national conference of the National Mental Health Alliance; five hundred conference attendees will be lobbying on the Hill that day.

DC-based associations in the Mental Health Liaison Group are encouraging their members to attend the rally, and some of those outside the District are flying in members from key congressional districts. GWSCSW is represented in the Mental Health Liaison Group through the Clinical Social Work Federation.

The rally will take place from 12:00 NOON to 1:00 PM on Thursday June 10 at the Upper Senate Park, Constitution Ave. and Delaware Ave, NE, just west of the Russell Senate Office Building. (Organizers are seeking a room in the Senate Office Building as a backup rain location.) Attendees are encouraged to bring homemade posters and signs (*not* mounted on sticks), such as “Stop Insurance Discrimination,” “Parity for All,” and “Mental Health is Good Health.”

GWSCSW will have a designated meeting place at Union Station (Metro: Red Line; pay parking available at Union Station). We'll head from there to the rally; call the office at 202-537-0007 for specific information.

This is crucial legislation that clinical social workers have supported for years. Please make every effort to attend! ❖

FEDERATION VOTES ON NATIONAL AUTHORITY (see page 6)

Greater Washington Society for Clinical Social Work, Inc.

GWSCSW Board of Directors

President...Margot Aronson
Vice President...Joel Kanter
Secretary...Judy Ratliff
Treasurer...Janet Dante
Past President...Marilyn Austin, Ex Officio

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Website: Vacant
Advisors:
Irv Dubinsky, Alice Kassabian, Nancy Lithgow,
Audrey Thayer Walker, Karen Welscher-Enlow

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GWSCSW NEWS

Editorial Board

Adina Shapiro & Diana Seasonwein, Editors
Tricia Braun, Susan Post,
Melinda Salzman, Mary Lee Stein

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 19

**The next issue will be published
September 2004 and the
deadline is July 30.**

President's Message

Margot Aronson

As you looked at the ballot for GWSCSW officers you received a few weeks ago, you may have thought you were experiencing what Yogi Berra referred to as "déjà vu all over again"—and you'd have been right. The nominees for president, vice president, treasurer and secretary were all on last year's ballot: our team of officers has offered to continue for one more year.

We've come a long way from the summer of 2001 when an intrepid group of longtime dedicated Society members met to try to develop a plan to keep the faltering Society viable. GWSCSW was sinking in debt and exhausted by conflicts with a strong-minded executive director whose salary needs had pushed the dues up well over \$200 a year—resulting in a not-surprising but dramatic drop in Society membership. Further, the stresses of "managed care" and the realities of the plummeting economy left the Society short of members willing to volunteer to take on a leadership role.

It was Ann Aukamp, Marilyn Austin, Barbara Cristy, Connie Hendrickson, Joel Kanter, Kathleen Kenyon, Alice Kassabian, Dolores Paulson, Anna Taft, and Audrey Thayer Walker who got together on that Saturday afternoon. And I dropped in, too.

I went to that first meeting as an outsider, curious as to what these people would be like and whether their plans would interest me. Over the years, I had kept up my GWSCSW dues because this was my profession's society. However, I had never had time to go to a Society event, and I didn't know anyone who was involved. At the time I heard that the meeting was taking place, I had recently gone from a more-than-fulltime agency job (plus moonlighting) to a private practice that, at that point, was dramatically small; that is to say, I had some time to spare. And I thought to myself, I bet these people know about things I need to know for my practice; and maybe, if I like them too, I'll offer to get involved.

Needless to say, I was impressed and I liked them. This barebones ad hoc committee was warm and welcoming, and full of energy and ideas. Procedures that had been established by the executive director no longer fit the Society's needs. Instead, it seemed we'd be pulling the Society together by sheer determination. It was "we'll just have to do this" and "we'll just have to do that." People volunteered...and the next thing I knew, I was jumping in to manage the newsletter.

Why am I telling you all this? Because I want you to jump in, too. Even if it's only a little.

What I've learned from my Society colleagues in these three years has immeasurably enriched my professional life. And what we've done together for the Society has been—not to brag—simply fabulous!

The team of officers from this year has agreed to stay on for another year in large measure because we're having such a good time. But the decision also has to do with our vision: we want to turn over an organization that runs smoothly, one that doesn't require a deal-breaking time commitment of its leaders. We want a solid and growing membership base. We want our programs revitalized—a vibrant outreach committee reaching out to students and new professionals, a mentoring program, a speaker's bureau, a flourishing referral panel. We want an active legislative committee with liaisons to our lobbyists, and members willing to review legislation and occasionally to

prepare a paragraph or two of testimony in their areas of expertise. In addition, we want to be able to draw on a leadership base knowledgeable about the Society and its needs, and ready to step in. And we want lots more.

Most of all, though, we want to leave office with a strong cadre of volunteers ready to step in when needed, willing to give just a little time. We know we'll never again have that luxury of time that we had before managed care, but most of us can find at least a little time to share.

So please consider stepping forward and getting involved; volunteer for a committee. That's how you can get the most out of your Society—by putting yourself into it.

Federation controversy: states' rights versus national authority

As I write this, we are preparing for the May meeting of the Federation (May 12–16), and, once again, we expect it to be lively, to say the least. Feelings are running high, and the exchange of Federation Board emails has been hot and heavy. The controversy this time concerns the future of the Federation and of the societies: the issue is whether power and authority will shift so that the Federation becomes a national entity, its Board able to override the wishes of a state society even within the boundaries of that state. The majority of states seem to be in favor of this change. We have taken an active role in opposition. See page 6 for a look at the controversy, at our position going into the meetings, and, if the timing works out, the results of the vote!

And finally...

I cannot end without a huge thank you to Joel Kanter and his committee for that wonderful all-day conference exploring the impact of the work of DW and Clare Winnicott on contemporary social work practice. Congratulations, too, to Joel on the publication of *Face to Face with Children: The Life and Legacy of Clare Winnicott*. You'll want to add this excellent book to your library; plan to come to our annual potluck dinner celebration on June 11 and have Joel sign your copy! ❖

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Report from the Treasurer

Janet Dante

Mid-year time, there is not much to report—we're not rich, but we're paying our bills. Maybe I can take advantage of this time to remind you how very important it is to write on your check what your payment is for. The treasurer receives checks from two or three events at the same time, so it isn't always obvious. We're trying to keep really close track of money coming in and going out, and we want to credit all the income exactly where it belongs. Thanks! ❖

Up and Running Again

GWSCSW Mentor Program

The Mentor Program, long a mainstay of the Society, is up and running again. The purpose of this program is to help graduating students, recent graduates, or social workers who are re-entering the profession or who are new to the area, by providing a link to senior members of the profession. The program is open to all in the field of social work, no matter what the area of concentration or special interest. Please notify Tricia Braun at 301-258-9444 or by email at patriciabraun@comcast.net if you are interested in becoming either a mentor or a mentee.

From the Editors

We would like to establish an active Letters to the Editor column. We would like to hear your thoughts, reactions, complaints and suggestions about the newsletter and other issues of concern. The Newsletter committee works hard to put out the newsletter; we would like feedback.

We are going to start the ball rolling with some thoughts about managed care panels, and some questions. First of all, we were wondering if people still have issues about managed care, or whether they have learned to live with it. Are you thinking about leaving panels?

One of our editors writes: For several years, I was on many panels. My practice increased, but my income went down, my free time decreased and my frustration increased as I battled for authorizations and then for payments. For me, managed care crept into the consulting room. Eventually, I began to leave panels until I became managed care free in 2000. My income increased, my free time increased and my humor improved. Needless to say, my leaving the panels produced fallout in the consulting room, although not as much as I expected.

Please send letters to Diana Seasonwein at drseasonwein@verizon.net or Adina Shapiro at adinsh@aol.com. ❖

GWSCSW Election of Officers

Marilyn Austin

At this time, when gruesome and violent themes have become commonplace in books, news, movies and television, how can we get the attention of readers? We already seem to have gone over the top with shock, and the result has become a “numb-nation” as seen in an article in the *Washington Post* dated April 1, 2004, by the same name. The article speaks of the “sledgehammer effect” of the constant barrage of atrocity and gore.

Is it possible to gain the attention of our members who receive this newsletter, and to ask them to read and carefully consider the subject of this — or any other—article, even without any violence and sex?

If you are still reading, then there is hope!

The business at hand is the election of officers for the fiscal year July 2004 to the end of June 2005. We have proposed establishing two new vice-president positions, which actually will be similar to the makeup of the Board a few years past.

Three years ago we instituted an advisory board which has been made up of members who have been an active part of the Society for many years. There have been many members who have been willing to serve in that capacity and who have been very generous with their advice and help. We are considering beginning a rotation plan which will allow for a three-year term with staggered ending points. This year we will propose Alice Kassabian and Audrey Walker to continue for two more years, and we will have another person come on new this year to serve a three-year term.

Margot Aronson has agreed to serve one more year as president; Joel Kanter will continue as vice-president for education for another year; Janet Dante will serve another term as treasurer; and Judy Ratliff will continue as secretary. Tricia Braun will come on the Board as a new vice-president and the second vice-president is still to be decided.

All of the names to be considered for election were on the ballot you received in mid-May. As noted in that mailing, a write-in, to be considered as a candidate, must be endorsed by three members and must be willing to serve.

Ballots were due at the GWSCSW office on May 28, 2004. Election results will be announced at the Annual Meeting Dinner and Celebration on Friday, June 11, and officers will be introduced. ❖

GWSCSW Annual Meeting Dinner & Celebration

Friday, June 11, is the date for this year’s Annual Meeting and Dinner. We officially call this the Annual Meeting to satisfy that requirement in our bylaws; but really, it’s our time to celebrate our GWSCSW year—to thank volunteers, introduce officers, meet new members and mingle with colleagues.

Once again, we’ll be at the Guild Hall of St. Alban’s Parish; the time will be from 7:00 PM to 9:00 PM. We’ll have door-prizes, and Kevin Mittleman, whose guitar playing we so enjoyed at last year’s celebration, will be providing the music.

There is no charge for this membership event, but we ask that you bring an appetizer, salad, or dessert. The Society will be providing the drinks (including wine) and the main course. St. Alban’s Parish is easy to reach on Wisconsin Avenue, on the National Cathedral grounds; there’s plenty of parking.

Be sure to RSVP to the office at 202-537-0007.

Hope to see you there!

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DC Confidentiality Committee

Danille Drake

Co-chairs of the DC Confidentiality Committee, Barry Landau, M.D. and Elizabeth Hersh, M.D. recently met with Larry Mirel, DC Insurance Commissioner, to present the Committee's recommendations for a routine claims review form. Jon Meyer, M.D., President of the American Psychoanalytic Association also participated in the meeting to assist in refining our rationale for limiting the information required from third party payors.

This meeting ended on a positive note toward reaching consensus about the interpretation of the DC law, which protects confidentiality. Details will follow, once the agreed-upon wording of the claims form is confirmed by Mr. Mirel's office and is approved by the mental health professional organizations' representatives. ❖

CareFirst Watch Coalition Update

Mary Lee Stein

Since the Maryland Insurance Commissioner rejected the proposed for-profit buyout of CareFirst Blue Cross Blue Shield, the CareFirst Watch Coalition has focused on establishing standards for reforming the non-profit insurer, aware of how very modest CareFirst's community mission is, relative both to apparent community need and to CareFirst's position as the largest health insurer in the DC area. GWSCSW has been represented on the Coalition steering committee, with the objective of ensuring that issues of the mental health needs of the community will be addressed.

This May, an independent public policy research firm (Mathematica Policy Research, Inc.), commissioned by the DC Appleseed Center for Law and Justice, began an investigation of ways that CareFirst might define and implement a community service mission in the Washington metropolitan area. This effort involves an assessment of community health needs, investigation of the community service models developed by nonprofit health plans in other areas of the country, and an appraisal of CareFirst's administrative and financial capacity to implement a community-service model appropriate to one or more local needs.

GWSCSW will participate by sharing our views about community service needs and ways to address those needs that might be appropriate to a large nonprofit insurer's community service mission. Mary Lee Stein, our representative on the CareFirst Watch Coalition, will be preparing our response, with help from Fran Thomas and Bonnie Gallagher. The survey will be summarized in a project report to be completed and distributed this summer. ❖

SAVE THE DATE - OCTOBER 16, 2004

The Institute of Contemporary Psychotherapy & Psychoanalysis

presents

INTEGRATING SPIRITUAL PERSPECTIVES IN PSYCHOTHERAPY AND PSYCHOANALYSIS: EXPLORING THE MYSTICAL TRADITIONS

Saturday, October 16, 2004

8:30 AM – 4:30 PM

Park Hyatt Washington (24th at M Street)

This event, honoring the contribution to ICP&P of Rosemary Segalla, PhD, will be a full-day conference in which participants will explore with the presenters, group leaders and one another, a number of perspectives relating to the role of the spiritual dimension in contemporary psychotherapy and psychoanalysis, featuring:

Michael Eigen, PhD

Ken Porter, MD

Doug Watts, PhD

For information, call 202-686-9300, ext. 4

National Authority Amendment Passes in Close Vote

Meeting of Clinical Social Work Federation Board Ends on a Positive, Hopeful Note

Margot Aronson

The Clinical Social Work Federation (CSWF) held its semi-annual Board of Directors meeting in Alexandria from May 12–16, just before this newsletter went to press. Twenty-five State Societies participated; Margot Aronson, president, represented our Greater Washington Society and also held the proxy of the Illinois Society president, who was unable to attend. The major item on the meeting's agenda was a vote on a proposed amendment to the CSWF bylaws, as follows: *"The Clinical Social Work Federation shall have the authority to implement nationally its mission and the policies, directions, and goals adopted by the Board of Directors."*

This amendment, in essence, shifts the balance of power from the State Societies to the CSWF national office. As presented to the Board in New Orleans last fall, when the amendment was defeated, if the CSWF Board were to adopt a policy, direction, or goal, CSWF leadership would be responsible for developing a plan for implementation, and states would not be able to opt out of participation.

A Call for Checks and Balances

Board members were passionate about their positions at that Fall Board meeting. While some felt strongly that the only way to achieve a strong national voice was for states to cede authority, others, Greater Washington among them, felt equally strongly that without checks and balances, a healthy Society could be undermined by a national initiative. We were particularly mindful of the unfortunate and very expensive CSWF affiliation with the Office and Professional Employees International Union (OPEIU) and its social worker section (Guild 49) a few years ago.

[By way of history, the original union affiliation proposal had each Society responsible for an increase of approximately \$100 per member in dues (which would go directly to the union), whether or not its members chose to belong or the Society wished to participate. Only because we and a few other states took a strong stand was Greater Washington (after participation was rejected twice by an overwhelming majority of our members) able to avoid the OPEIU fiasco. With a national authority we could have been forced to affiliate.]

Unanswered Questions and Issues of Timing

The CSWF Restructure Committee worked over the winter to develop an approach to conflict resolution

that would satisfy the states opposed to national authority. Even so, many questions remained unanswered.

Thus we went to the meeting with considerable misgivings. We were particularly uncomfortable about shifting authority at this time, when due in large measure to problems with OPEIU and the Guild—the Federation is in difficult straits financially. Membership is down, morale on the Board has been shaky, and the Federation has lost its two biggest societies, California and New York. We feared that the passage of this amendment would lead more states to withdraw from the Federation.

We were also concerned that the focus on passing this amendment had distracted the Federation from facing up to its problems, as the executive director and elected leadership spent much of the past year actively lobbying from state to state.

The Process: Overcoming Polarization on the Board

In the Federation Board's email discussions leading up to this May meeting, advocates of the change repeatedly framed the issue as doing something versus doing nothing while the Federation dies. We didn't agree, and we developed a proposal as a practical, easy to implement plan that we thought could help revitalize the CSWF regardless of whether the amendment passed or not. (Joel Kanter deserves credit as the primary force behind the proposal and the effective coalition-building strategy we adopted.)

We had hoped to change the dialogue from what words in the bylaws should be changed to "what can we do now," to develop a consensus with both supporters and opponents of the divisive amendment, for action on a specific revitalization plan. Though this approach was not adopted, we were thanked privately by a number of Board members on both sides of the issue and the proposal was effective in helping us all think in terms of concrete results and as a basis for further action.

A Healthy Process, Hope, and a Boost For Morale

The discussion process was difficult as feelings were running high, but we were able to remain civil, to listen to each other, and to resist trying to bulldoze one another.

The Board voted, by close margin, to pass the amendment. Eight states voted NO; one more vote would have blocked the amendment. But despite our loss, we had been able to air our concerns and, for the most part,

have them answered. We were reassured that changes would take place slowly and deliberately, and with great respect for the grassroots strength and energy at the state level. And as we expressed our willingness to support the majority decision, we reminded the Board that the "loyal opposition" states would be watchful as the restructuring unfolds.

The Board meeting ended on a note of enthusiasm, hopefulness and mutual appreciation; Society presidents felt invigorated, with ideas to take home and a readiness

to work together. GWSCSW was singled out for special thanks for having established a gracious tone in confronting potentially inflammatory issues throughout a discussion that could otherwise have degenerated into contentiousness.

What follows below is our Greater Washington proposal. Federation leadership agreed, at meeting's end, to consider our ideas and others generated at the meeting, and to present an action plan before the October meeting.

A Proposal for Revitalizing the Clinical Social Work Federation

Joel Kanter and Margot Aronson

In following the recent discussion about the National Authority Amendment as a means to revitalizing the Clinical Social Work Federation (CSWF), we have been dismayed that some have characterized this dialogue as a debate between those who wished to strengthen the CSWF and others who wished to maintain a fragmented status quo. While we have had concerns about the proposed amendment as written, we want to emphasize that the Greater Washington Society sees great value in a strong CSWF with a national office.

In our view, the Federation's highest priority must be to develop a practical and achievable plan for revitalizing the organization.

Our thoughts on revitalization address the following current problems:

- Declining membership
- Weak state societies (often related to demographics; minimal number of CSWs)
- Financial problems
- Aging membership
- Tensions between CSWF and some state societies
- Professional identity issues, such as clinical social work viewed as synonymous with private psychotherapy practice in some circles
- Increasing "anti-clinical" bias in much of social work academia

Realistic solutions must reflect our current limitations in both human and financial resources. For example, while a Washington (DC) lobbyist might be a desirable end result for a strengthened CSWF, the \$500,000 required to mount a credible presence in Washington is not on the radar screen for the foreseeable future. Neither are the funds to do a mass promotional mailing to the 100,000 NASW members who identify themselves as clinical social workers.

So, if the primary goal is to increase membership in and identification with the CSWF, we need to consider what

we can do to promote such outcomes with our limited means. How can the CSWF improve "customer service"? What concrete and affordable benefits can the CSWF offer, nationally, to increase membership and strengthen the organization on both the national and state levels?

Some of these benefits are readily identified. They include: membership, newsletter, and website development support for all interested societies. An expanded national website with comprehensive links, information about current activities, calendars with conference and continuing education opportunities of all State Societies and perhaps of other organizations as well. Reciprocity between State Societies for attendance at conferences and meetings (all listed on the CSWF website with links to more information and registration). Technical support for voluntary exchange of postal and email lists. Online access to the Clinical Social Work Journal for all members (this could be negotiated for a considerably lower cost than print copies). Weekly, bi-weekly, or monthly e-letter news digest of mental health and social work news (i.e. managed care, Medicare, HIPAA). Effective advocacy liaison with other professional organizations in mental health, social welfare and health care (APAs, NASW, AMA, ANA, NCMHPC, etc.); information to CSWF members on initiatives (legislative, litigation, etc.) by these organizations that we can assist with or support.

Most of these are not new ideas and many were part of the recent restructuring proposal. And this listing could certainly be expanded on with input from others. But collectively, they form a benefits package that could be a successful enticement to CSWF membership in areas where there are no State Societies, as well as a useful adjunct to State Society membership.

We specifically note here the use of the Internet as a central means of communication, allowing major cost savings in print and postage costs. In contrast with even five years ago, the percentage of our members who use

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CSWF

Clinical Social Work Federation

Richard Yanes

Mental Health Parity, Patient's Bill of Rights, Medicare Reform and the Privacy Rule are stalled as Congress becomes unable to work out agreements that would allow it to proceed on budget matters.

The Federation's first of two annual Board meetings is set to convene next week in Alexandria, Virginia. On the agenda is a difficult budget session, more proposals for restructuring the organization, and two position papers, one addressing clinical education and the second addressing child custody evaluations.

The Federation also loses its president-elect and its executive director plans on leaving at the end of June.

On The Hill

I reported in the last newsletter that the Congress is faced with a short legislative year due to the elections, political party conventions, and appropriation bills for the next fiscal year, and Republican legislative priorities that include a determination on the permanency of previous tax cuts, the energy policy legislation, the cost of the war in Iraq, and more. Given the Congress' inability to reach agreement on the first steps for next year's funding of the government (see below), it appears increasingly doubtful that mental health legislation will be addressed before adjournment at the end of the year.

That is why the status of our legislative priorities remains unchanged. Mental Health Parity (S486/HR953), Patient's Bill of Rights (HR597), Medicare Reform (S646/HR1314), and the Privacy Rule (HR1709) remain stalled in their policy committees.

As you may be aware, the Federation's Board is meeting in May (see below) and its first order of business will be to spend a "Day on the Hill" lobbying our representatives on a variety of the Federation's legislative priorities. Let us hope that our efforts, coupled with the efforts of many of our collaborating organizations, will have an impact.

Funding The Government

For the past three months, House and Senate negotiators have been meeting in an attempt to find a compromise that will allow both bodies to adopt an appropriation resolution for the upcoming fiscal year that begins in October. The resolution's importance lies in the fact that it provides the Congress with guidelines for the 13 appropriation bills that must be adopted in order to fund

the government. The guidelines provide parameters for budget increases and cuts, funding for home-state projects and special allocations, and other add-ons, which show up in the budget bills.

Stalling this year's negotiations is a demand by four Republican Senators that tax cuts and mandated spending carry with them funding offsets, a "pay-as-you-go" approach, so as to not increase the deficit. House Republicans strongly oppose the concept as it will have a decidedly negative impact on their tax cut agenda. Since February, the fight has grown more heated with each body and both political parties negotiating with swing votes and engaging in parliamentary maneuvers in an effort to achieve an advantage.

As late as last week, the leadership of both parties in both houses was optimistic that an agreement could be reached. However, as of this writing there have been no new developments and on Wednesday, the Senate's work agenda between now and the May 24 Memorial Day recess did not include the resolution, an absence that speaks volumes. What is on that agenda is a corporate tax bill, the Disabilities Education Act, and a defense authorization bill. It is unclear whether the President's request for an addition \$27 billion will be addressed before or after the recess.

When they return, the Senate wants to address class action lawsuits (which may have an impact on the Patient's Bill of Rights legislation) and a minimum wage increase which the Democrats are forcing to the floor.

The \$2.4 trillion proposed budget for next year provides increases of 10 percent for homeland security and 7 for defense while all other programs are limited to less than 1 percent. Added to the fiscal difficulties will be an anticipated \$364 billion deficit that does not include supplemental funding for Iraq and Afghanistan, an amount that could exceed \$50 billion.

Around The Federation

The Federation Web Site

Over the years a lot of changes have been made to the Federation's web site, www.cswf.org. Visitors will find information on Federation position papers, legislation, HIPAA, links to other organizations and information. The latest additions are the past four issues of the Federation newsletter, *Access*. And more will be coming, including the Members Only Section, now scheduled to open in the next few weeks.

Federation Board Meets May 12-16

The first of the Federation's two Board meetings will commence next week in Alexandria, Virginia, just across the Potomac River from Washington D.C. Begin-

ning with an orientation and reception for New Society Presidents Wednesday evening, the Board kicks off its meeting on Thursday with visits to Congress to lobby our legislative priorities.

Friday, the Board rolls up its sleeves to address some difficult issues. The first critical item of the day will be next year's budget. The Federation's new fiscal year begins on July 1. The loss of members and member states will have the Board facing a budget that will require cuts in operating expenses—not an easy task. As part of its ongoing efforts to address declining revenues and membership, the Board will next consider a variety of proposals from the Ad Hoc Committee on Restructuring followed by the Bylaws Committee, which will be offering additional items for the Board's consideration. The day ends with nominations and the election of new officers for the upcoming year.

On Saturday, the Board will hear reports from its various committees including a position paper from the Education Committee addressing clinical content in postgraduate clinical social work education. A second position paper will be presented by the CSW and the Law Committee which will provide guidelines and an evaluation tool for clinicians providing child custody evaluations. Following an opportunity for the Board to meet with their various committees, the members will be free to explore Washington and the surrounding area throughout the afternoon and evening.

Sunday morning will conclude the meeting after "Thank Yous" are made to departing Board members and a session called "Open Forum" which allows any and all issues to be discussed by the Board.

President Elect Resigns

You'll recall a year ago I reported that the New York State Society had resigned from the Federation Board as a result of a policy difference surrounding the issue of an individual state's sovereignty—an issue the Board was beginning to struggle with and continues that struggle through today. New York continued to work with the Federation's Ad Hoc Restructure Committee in an effort to see if various divergent views could be accommodated. No final decisions on this or other restructuring issues have been reached and none are expected until the Board meets next week.

That's why it came as a surprise when Al Du Mont, the Federation's president-elect, resigned recently. Since Mr. Du Mont was from New York, questions were raised regarding the appropriateness of a president from a non-member state. While opinions from the Federation's general counsel and parliamentarian reached different conclusions both agreed that the final decision was up to

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CSWI

The Clinical Social Work Institute

Carolyn Gruber

By the time you read this newsletter, someone will have won a one-week trip to Tuscany. Congratulations, you lucky someone! This year's honorees at our spring reception were Charlotte McConnell and Diane Rehm. Charlotte is the executive director of Family and Child Services of Washington DC and is a board member of CSWI. She was awarded the Elma Kahn Wolf Award for her years of service to the DC social work community and its clients. Diane Rehm, the WAMU talk show host, was awarded our Leadership award for her community involvement in promoting public awareness of health and social welfare issues.

Our graduation will be held on June 4 at the Kay Center at American University. We will have two more graduates this year joining our three previous alumnae.

Our summer seminars will be held on June 19 and June 26. Cheryl Collins, MSW, MD will present "Psychopharmacology in Clinical Practice with Children and Adults: What do Clinical Social Workers Need to Know?" on June 19. Joan Weiss, LICSW will present "New Directions in Genetics: What Do They Mean for Clinical Social Work?" on June 26. Both of these are cutting edge programs. Call the office for more information.

Our community of scholars (board, students, faculty, and consultants) will engage in a two-day workshop on "Culturally Competent Mental Health Practice" with Dr. Marilyn Martin on July 9 and 10. We want to make CSWI an institution in the forefront of this important issue.

We will have an informational meeting for prospective students on Saturday, June 12 at 10:00 AM. Please join us to get the latest scoop on our school.

On July 8, please think about having dinner at Parkers in Bethesda. They will give us a percent of their profits that evening. ❖

Carolyn Gruber, DSW, is the dean of the Clinical Social Work Institute.

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CSWE, continued from page 9

the Board. Many of us believed that Mr. Du Mont would have been elected president at the Board meeting.

As president of the New York State Society, Mr. Du Mont served on the Board of Directors of the Federation, was subsequently elected by the Board to serve as chair of the Federation's Finance Committee, was a member of the Federation's Management Committee, and then chosen by the Board to be its president-elect.

Executive Director To Leave Federation

It was with great sadness that I informed the Federation's leadership last November that I would not be renewing my contract at the end of June. As you can imagine, having spent more than three years with the Federation this was not an easy decision. Over those three years, it became increasingly clear that there existed fundamental philosophical differences regarding the organization. I found it increasingly difficult to serve the Board's needs and assist it to attain its goals. As the Board was committed to its long-held method of conducting business, I felt the Board would be better served with an executive director more in keeping with its philosophy.

I have made a great many good friends in my time with the Federation and all will be missed. I have enjoyed my work with the Federation and the state societies I have had the opportunity to visit and assist. I wish all the very best for the future. ❖

"Oh, what a tangled web we weave, when first we practice..."

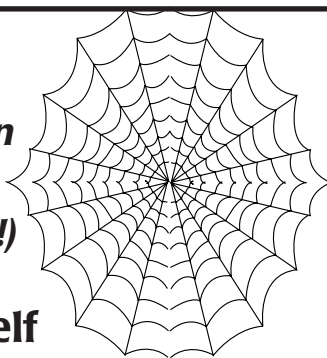
(and later on, too!)

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Letter to "Harmed Members"

Abbie Grant, president of the Clinical Social Work Federation, has asked that the following letter be circulated as widely as possible. Because of privacy regulations, the Federation does not have the names of all members harmed by the failed Guild-related health insurance program. If you are among the Harmed Members, be sure to let the Federation know.

It is my understanding that funds are in place to pay providers at the negotiated rate, and that payment will start in the next few weeks.

At this time, it is my understanding that if your name is not on the spreadsheet that is being used by MIS, Inc. to negotiate claims it will not be added to the list. Therefore, it would seem to be futile to pursue any communication with MIS staff. I am aware that the spreadsheet is missing some names, but I am not aware of whose names are missing. To my knowledge, this cannot be determined until payments are completed and individuals become aware they were not included.

The Federation has been given no specific information as to when payments will begin, the amount of money in the fund to pay claims and to repay members who have paid out of pocket, or whose names are listed on the spreadsheet, which MIS is using.

Please continue to be vigilant regarding this situation.

Please continue to keep your personal files current with any proof of payment or copies of bills.

Please continue to send me information you feel would be helpful in monitoring this situation.

Do not sign any release documents unless and/or until you have verified that your claims have been resolved.

It is my understanding that letters to credit agencies will be forthcoming from OPEIU once the situation is resolved.

Thank you for your continued work and efforts in resolving this matter. It appears that there will be resolution for some people in the near future; and it is my plan to continue to work in assisting anyone whose situation is not resolved. In order to do this there must be documentation as to unpaid bills, proof that claims were submitted appropriately, and/or proof that legitimate claims were paid out of pocket.

Abbie Grant, President, CSWF ❖

Abbie Grant can be reached at aagrant2@aol.com.

Stepping Out Into the Community

Alice Kassabian and Cecilia McKay

In April members of the Greater Washington Society for Clinical Social Work (GWSCSW) visited two local social work schools. The purpose of the visits was two-fold—to talk with the social work students about clinical social work and to introduce the students to our organization. Joel Kanter coordinated the effort and made arrangements for the pizza luncheon meeting. Each student was given an informational packet containing GWSCSW membership materials, newsletter, and a Winnicott conference brochure. The setting was informal; the students came and went according to their class schedules.

On Monday, April 5, 2004, Tricia Braun, Joel Kanter, and Cecilia McKay visited The Catholic University of America, National Catholic School of Social Service. Dr. Cathy Gray, professor at CUA, helped facilitate and publicize the event. It was held in the student lounge and attended by over 30 social work students. The timing was perfect since students were coming to the lounge for their comprehensive exam results (many smiles and much relief!). Mr. Kanter began with an introduction to and history of the Society. Ms. Braun discussed her experience applying clinical social work principles to a business setting. Ms. McKay answered students' questions regarding licensing, working in the field, and private practice.

On Tuesday, April 20, 2004, Nancy Harrington, Alice Kassabian, and Alice Straker visited the Virginia Commonwealth University (VCU), School of Social Work, Fairfax Campus, where approximately 20 students attended. Dr. Janice Berry Edwards, Society member and professor at VCU School of Social Work, helped organize the meeting and introduced Ms. Harrington, Dr. Kassabian and Ms. Straker to the students. As at CUA, there was a decided advantage to have three Society members attending. Each of the three represented different levels of professional development. Dr. Kassabian had the institutional history and memory of the Society. She presented the early history of our 29-year-old Society, including the Society's vital role in securing licensing/certification for clinical social workers, thus gaining social workers professional status. Ms. Harrington shared information regarding the Referral Panel, mentoring, and education programs. Ms. Straker spoke to the feelings of the recent graduate, i.e. the support system, the holding environment the Society provides to the recent graduate, and indeed to all of us.

There was considerable curiosity and interest expressed by the students about our Society. Questions, reflecting the concerns of students and soon-to-be graduates, were as follows: What is the difference between NASW and

GWSCSW? What are the benefits to joining GWSCSW? What is the Mentor Program and how does it differ from supervision? How does the Referral Panel work? What is the cost of supervision after graduation in order to qualify for licensing? What is the membership fee for students and recent graduates? Is there reciprocity of membership between one state society and another state society?

Members of the Society welcomed the opportunity to visit with the students and enjoyed meeting with them. Plans are to make these visits an annual event and to also visit Howard University and the University of Maryland. ❖

Winnicott Conference

Diana Seasonwein

On Saturday, May 1, we were treated to a wonderful day. We heard an opening paper about Clare Winnicott by Joel Kanter, who stepped in at the last minute when the keynote speaker was unable to attend. We heard a presentation by Olive Stevenson on the history of Child Welfare in Britain and the contribution of the Winnicotts. There were two very moving case presentations, one in the morning by Gerard Fromm, PhD and at the end of the day another case presentation by William Meyer, MSW entitled *True Self/False Self? Intensive Psychotherapy of a Woman with Gender Confusion*. The theme of the conference related to the interplay between the intrapsychic and the environmental and Clare Winnicott's influence on Donald's thinking in that regard. Social work principles—i.e, appreciating and relating to the environment—were thus upheld. By the end of the day, there was a sense of being honored and held which permeated the room. It felt great to come together as social workers, celebrating our profession.

We received a note from Tybe Diamond, who states it splendidly:

Congratulations to Joel and a thank you to all involved in the Winnicott conference. I found the day very well balanced, with excellent speakers and thoroughly enjoyed it. It sent a wonderfully empowering message to social workers re: their training and unique talents, not to mention all that needs to be done in the social policy and clinical arenas.

Thank you all for all your contributions to the conference.

Appreciatively, Tybe ❖

D.W. Winnicott's Advice to Social Workers

In an address to social workers many years ago, D.W. Winnicott offered his listing of the essential tasks for social workers treating clients with severe mental illnesses:

- You apply yourself to the case.
- You get to know what it feels like to be your client.
- You become reliable for the limited field of your professional responsibility.
- You behave yourself professionally.
- You concern yourself with your client's problems.
- You accept being in the position of a subjective object in the client's life, while at the same time you keep both feet on the ground.
- You accept love, and even the in-love state, without flinching and without acting-out your response.
- You accept hate and meet it with strength rather than with revenge.
- You tolerate your client's illogicality, unreliability, suspicion, muddle, fecklessness, meanness, etc. etc., and recognize all these unpleasantness as symptoms of distress. (In private life these same things would make you keep at a distance.)
- You are not frightened, nor do you become overcome with guilt-feelings, when your client goes mad, disintegrates, runs out in the street in a nightdress, attempts suicide and perhaps succeeds. If murder threatens, you call in the police to help not only yourself but also your client.
- In all these emergencies you recognize the client's call for help, or a cry of despair because of loss of hope of help. In all these respects you are, in your...professional area, a person deeply involved in feeling, yet at the same time detached in that you know that you have no responsibility for the fact of your client's illness, and you know the limits of your powers to alter a crisis situation. If you can hold the situation together, the possibility is that the crisis will resolve itself, and then it will be because of you that a result is achieved. ❖

Winnicott, D.W. The mentally ill in your caseload. Maturational Processes and the Facilitating Environment. New York: International Universities Press, 1965.

Child Welfare Networking Lunch

Joel Kanter

In conjunction with the Winnicott Conference and with the assistance and generosity of Audrey Walker, the GWSCSW sponsored a child welfare networking lunch where social workers could exchange ideas with Olive Stevenson, one of the leaders in British child welfare over the past half century. Participants in this lunch included two GWSCSW members active in child welfare: Fran Thomas, our past-president, who is currently working with foster children at Child and Family Services in DC, and Sandra Kaufman, who directs a model program for older children leaving the child welfare system in Montgomery County. Other members attending included Carolyn Gruber of the Clinical Social Work Institute, Janice Berry Edwards of the VCU School for Social Work, Nancy Lithgow, Audrey Walker and Joel Kanter. We were joined by three distinguished colleagues from the Child Welfare League of America, Wendy Blome, Caren Kaplan and Pam Day, who are active in child welfare policy and research, and Trish Berry, a social worker from England who had also attended the conference.

After introductions, a lively discussion ensued regarding child welfare issues on both sides of the Atlantic. Common problems involved the long delays in the courts in deciding whether to terminate parental rights, the lack of continuing supportive relationships in the child welfare system, the transition to independent living for older children, and staff turnover and burn-out. Dr. Stevenson reported on a program where support groups for child welfare workers were established in the several communities in England.

The GWSCSW is interested in promoting ongoing professional development among social workers in child welfare and related children's services (i.e. residential care). If anyone is interested in serving on a committee to pursue these interests, please contact Joel Kanter at joelssmd@aol.com. ❖

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GWSCSW Membership Drive

Charles Rahn

In response to our Society's ongoing needs, our GWSCSW Board decided this winter to launch an initiative to increase membership and to expand our visibility in the clinical social work community. A contest proposed by the Clinical Social Work Federation Membership Committee (\$500 to the Society with most new members since Dec 1, 2003) provided added incentive and an outline to guide planning.

The Board decided on a four part plan: a lapsed member drive; use of educational events for visibility and membership; outreach to the universities, and review of membership materials.

Lapsed Member Drive

The purpose of a lapsed member drive is not so much to convince old members to come back as to gather information about why they left and what we might be doing to be more relevant to their needs. The Federation has a complete (and beautifully designed) set of materials laying out the steps to follow, even including a suggested script for the survey.

From our database, we developed a list of lapsed members from the years 2002 and 2003, and decided to target a manageable number—the first 36 on the list. These 36 were sent a personal letter from the president, alerting them to an upcoming phone call. Melinda Salzman, Maurya Brennehan, and Shirley Scribner are sharing the job of making the calls. Some board members are calling other lapsed members besides the ones on the list of 36. They are finding that some former members cannot be reached and may have moved out of the area, but others are willing to talk about their experience with the Society. Happily, a number have opted to re-join. We'll write up survey findings for the next newsletter.

Outreach to the Universities

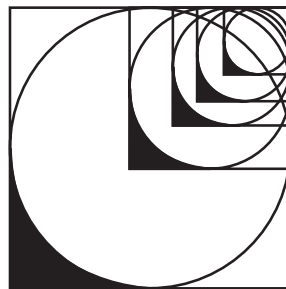
Although students are not a primary source of membership income, expanding our influence at our local schools of social work is of major importance: we need to be connecting with the new generation of clinical social workers, learning about their needs, and helping them with the transition to professional life. On page 11 of this newsletter, Cecilia McKay describes our initial

outreach efforts—pizza parties at Catholic University and Virginia Commonwealth University.

Educational Presentations

In order to take advantage of our educational presentations as a possible source of new members, we have begun tracking by noting on registrants' forms their membership status (whether they are members or not). Thus, non-members can be welcomed with an information package consisting of the GWSCSW brochure, a newsletter, and an application. A few minutes at the beginning of the event is reserved for talking about the Society and the values of membership, including the membership discount for educational events and other incentives. (Two new members signed up at the Winnicott conference!) After the event comes a follow up note or phone call, to answer any questions that might have arisen.

As of December 1, 2003, we had 440 members. As of this writing, we have 27 new members (16 full members, 9 students, and 2 new graduates) for a total of 467 members. The drive will continue until the end of June. And by the way, we won the contest. (See page 25) ❖



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Out & About

Tricia Braun

This column shares news about members' professional accomplishments—publications, speaking engagements, seminars, workshops, graduations, volunteer projects and special interests or hobbies. Here is what some of our members have been up to...

Susan Drobis presented an all-day experiential workshop at the Psychotherapy Networker Symposium on March 7 entitled *Building a More Mindful Practice*. Participants were asked to explore a personal vision of what nourishes, inspires and sustains them in order to integrate that awareness in concrete and tangible ways into their daily lives as therapists.

Tybe Diamond was a guest speaker at the Women's Center in Vienna this April. She gave a paper on conjoint and combined individual and group psychotherapy entitled *Do you Want More Reality in the Room?*

On April 9, **Jewell Elizabeth Golden** taught a Code of Ethics Workshop for the Maryland Society for Clinical Social Work, and on April 23 conducted a workshop, *Overview of Social Work Licensing Exams* for NASW, Maryland.

Patricia Morgan received her PhD in Human Development from Virginia Tech, May 2003. Her dissertation title was *The Meaning of the Motherhood Experience To Work of the Internal Organizational Development Consultant/Manager*. She taught a course at Phoenix University, Reston campus, on *Contemporary Issues in American Business*. In November 2003, she completed a six-month training program in coaching.

Ruth Neubauer taught a six-week course called *Psychoanalytic Ideas for Everyday Living* at Politics and Prose Bookstore, Washington, DC in May. She also will have new photographs featured in a one-person show called *Somewhere in Paradise* at Savory Café in Takoma Park beginning June 2. It will be there for one month, and features photographs from a trip to the Carribean.

Connie Ridgeway has been spending a lot of time as a (mostly) full-time mom and as a singer. She has been singing with the *Revels*, a group which honors community and culture through traditional dance, song and ritual. *Revels* performed at the National Cathedral Flower Mart on May 8. Also a licensed massage therapist, she is working at the legislative and agency levels to maintain practice rights for licensed massage therapists in DC. ❖

Please send information about your accomplishments to Tricia Braun at gwscsw@juno.com. Notices of upcoming events should be directed to the classified page, in care of the newsletter editor, at the office address.

Presidential Profiles: Marcie Solomon (1985-1987)

Tricia Braun

Marcie moved to the Washington area in 1980. She had previously worked in psychiatric hospitals where social workers were treated on an inferior level compared to psychiatrists and psychologists. She remembers applying for a study group at the hospital, but was told it was only for the other professionals. She “pushed the envelope” however, arguing that she had attended Smith College where she had had excellent training, and was finally accepted into the group. When she first moved to Washington she had few contacts but she felt that it was an environment where social workers were regarded as full professionals, regardless of where they had been trained. After attending a GWSCSW-Virginia meeting which she had seen advertised in the Washington Post’s calendar section, she knew she had found the professional community she was seeking. She immediately got involved in committee work with the purpose of learning and furthering the professionalism of clinical social work.

Marcie helped develop the Referral Panel, served as Legislative VP and VP of Professional Affairs, which included public relations responsibilities. She said at one point the Society had T-shirts made up with a jigsaw puzzle-type head that read “Get Your Head Together—See a Clinical Social Worker.” As VP of Legislative Affairs, she often drove to Baltimore and Richmond for advocacy initiatives. At the time, a key indignity was the requirement of a psychiatrist signature on insurance forms. While licensing legislation in Virginia had been enacted in the mid-70s, vendorship had not yet been gained. She says the membership of the Society at that time consisted of many “rebels and rabble rousers.” “They decided they simply were no longer going to be marginalized members of the mental health community.”

In addition to private practice, Marcie became an oral examiner for the Virginia Licensing Board and in 1981 began teaching in the new Northern Virginia extension of Virginia Commonwealth University’s MSW program.

In the meantime, the members of GWSCSW took on DC licensure and DC and Virginia vendorship. Other states already had such legislation. These were huge undertakings, but there never was a question that they wouldn’t be taken on. No one had ever crafted legislation or lobbied. They literally had on-the-job training in politics, how organizations operated, and social policy. Not knowing what they couldn’t do simply put everything in the realm of possibility. There was an electrically charged atmosphere, an intense focus, and members were buoyed by the challenge of the problem. Marcie says if it weren’t for Fran Thomas (also a past president of the Society), we would not have our current profes-

sional status that we enjoy and have come to take for granted.

The process of making this happen was expensive. Hundreds of thousands of dollars were spent in legal fees. The Society held every kind of fund-raiser imaginable – pool parties, auctions, and theatre outings. Coffees were held on Fridays for prospective new members. “We worked our tails off, but had a lot of fun doing it. We never had trouble finding chairs for committees.” Marcie remembers the camaraderie and the excitement for the cause. “It was not so much about the pocketbook, but about a sense of yourself, affirming the value of what you had to offer.”

Near the end of her tenure as president, another dream emerged. Through her membership on the Board of the National Clinical Social Work Federation, which she went on to serve as newsletter editor for the next eight years, she had heard about the Clinical Social Work Institutes in Chicago, California and Denver. Marcie says members of the Society at that time were used to thinking big and used to the exhilaration of creating something out of nothing. She, Mary Dluhy, Fran Thomas and a few

continued on next page

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Presidential Profile, *continued from page 13*

others established a task force to explore the development of an Institute in the Washington area. Soon more and more people were sharing this new vision.

Teams of Society members were sent out to develop alliances, visiting universities and social service agencies. They wrote articles of incorporation, by-laws, the curriculum, and interviewed potential professors for the yet to be born Institute. Twice they were rejected by the Educational Licensure Commission. Some thought "let the dying patient die" but there was also a group who could not let it go. They were undeterred by setbacks and obstacles. Motivated once again by issues of value and identity, the fight seemed worth the effort. It was time that clinical social workers were taught by other clinical social workers, not by psychologists or psychiatrists. And it was time again, that a doctoral program be established that was not focused on administration or policy, but on clinical proficiency. In 1998 the composition of the Commission changed, and in April, after 11 years of work, the Educational Licensure Commission said "Yes." For all these years, before and since the Institute opened its doors, Marcie served in one leadership role or another, including Board Chairperson. She has just now resigned from the Board in order to make way for the new leadership and to make time to pursue other interests.

There were certainly tangible, remarkable achievements in those years, but it was the coming together as a group, going off on a great adventure that was so memorable. It was an example of extraordinary collaboration. How members came together allowed them to achieve great things, and to experience the joy and personal transformation that such accomplishment brings.

Marcie believes it is important that the Society continue its role as a legislative watchdog. The current "comfort" that social workers feel, having attained professional stature, is dangerous. "We can't risk sitting back." As early as 1984, in the days of fee-for-service, there were warnings of the managed care system which could have the potential to revolutionize the landscape. "We need knowledgeable eyes and ears on all aspects of society that are related to our field," she believes. Coalition building is crucial for the Society because it is through these connections and relationships that you get things done.

There is concern that the spirit of voluntarism has diminished. Marcie thinks leadership roles or jobs should not be taken as a "favor" but because it is interesting work. It must be important to the inner person who then receives personal rewards for participating. Marcie believes we need to think more about the returns from volunteering, rather than on what we're giving up. The Society is a great place to explore your talents and

develop leadership abilities. During her years of active participation, she says people were pleased and proud to be in leadership positions. They were able to do something meaningful for themselves and the profession as well as enjoy camaraderie with colleagues.

One thing that distresses her is that some people in the social work field believe that psychoanalytic theory and therapy is the "be all and end all" of treatment. While she feels it has a lot to offer, there are many other frameworks that are no less valuable. In the past, if you did anything outside of the psychoanalytical milieu, you kept it to yourself. She thinks that the elitist view that this framework is better than everything else, with the rest being weak and secondary, has done the profession a disservice, both within our own ranks and in the greater mental health community.

There are two theories that have had the most profound influence on how Marcie practices and on her life personally. Prior to attending Smith she had the good fortune to work with the family therapist, Jim Framo, in a community mental health center in her native Philadelphia. It was there that she was introduced to Murray Bowen and to his Family Systems Theory. The concepts of the multi-generational transmission process, triangles, and differentiation that are the core of what has come to be called Bowen Theory provide a way of thinking that is not embedded in the pathologizing of the individual or in a particular way of doing therapy.

The second influence has been the Affect and Script theory of Silvan S. Tomkins as developed by Dr. Don Nathanson of the Tomkins Institute in Philadelphia. Tomkins identified nine innate affects that provide the biological underpinnings of the evolving biography of a person. Marcie believes that so many of the problems that bring our clients in for therapy are shame-humiliation based such that there is massive disruption of interest and enjoyment of life. As clients develop the language of affect and script theory they can more clearly express themselves and move toward freeing themselves up to maximize positive affect and minimize negative affect.

The Society has had a history of being a place of action, not just somewhere where ideas float in the air. It is a place where member's talents can come alive. It is this spirit that is our heritage and legacy. ❖

FYI for Clinicians

Anyone who is struggling unduly with an insurer over an unpaid claim should remember that we have an independent advocate in our state insurance commissions. A complaint to the commission, requesting investigation, with notification of the insurance company may result in prompt attention to a long-overdue claim.

Legislative News

■ VIRGINIA

Chris Spanos

The 2004 regular session of the Virginia General Assembly adjourned on Saturday, March 13, 2004. The General Assembly held a so-called VETO session on April 14, 2004.

Several items of legislation of interest to the Society were passed by the Assembly and signed into law by the Governor.

A summary of each bill signed into law by the Governor appears in an Appendix of this article.

Insurance Legislation

Mental Health Parity Reauthorization

SB-44 introduced by Sen. Steve Martin (R-Chesterfield) passed the House and Senate. SB 44 has been signed by the Governor. This measure removes the sunset clause from the mental health parity law that would have caused it to expire this June 30.

For the purpose of this law, "biologically-based mental illnesses" are defined as "disorders of the brain that result in a clinically significant syndrome that substantially limits the person's functioning." The specific illnesses defined as biologically-based in the law are: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention deficit hyperactivity disorder, autism and drug and alcoholism addiction.

This law requires that the limitations on coverage, deductibles, co-payments, and all other provisions of coverage need to be the same for these illnesses as they are for cancer, heart disease or any other illness or condition.

Insurance Legislation Affecting Mental Health and Substance Abuse Coverage

Anorexia and bulimia included in parity

Del. Lee Ware (R-Powhatan) introduced HB-294 designed to have anorexia and bulimia included in parity insurance coverage because it, also, has a scientifically-proven biological basis. The House Commerce and Labor Committee carried over this measure to the 2005 session so it could be examined and studied by the Special Advisory Commission on Mandated Health Insurance Benefits.

The Special Advisory Commission on Mandated Health Insurance Benefits was created to review any proposed

new insurance mandated benefits and make a recommendation to the General Assembly on whether they should be adopted. Membership of the Special Commission includes some legislators, and representatives from the insurance industry, businesses, and health care professionals.

The Commission will consider HB-294 during the spring or summer of 2004 and make a recommendation to the 2005 General Assembly about it. We will keep you informed of when any meetings or hearings on the bill are scheduled.

Pertains to fair business practices in retroactive denials

HB-322 introduced by Del. Morgan Griffith (R-Roanoke) passed the House and Senate and has been signed by the Governor. This measure would prohibit a health insurer from imposing any retroactive denial of payment or seeking recovery or refund of a previously paid claim unless the carrier specifies in writing the specific claim for which the retroactive denial is to be imposed or the recovery or refund is sought. The insurer would also be required to explain why the claim is being retroactively adjusted.

Benefit Lite Legislation

Two bills were introduced to allow insurers and HMOs to sell health care policies and plans without all the benefits currently required by law. They were characterized as creating the Consumer Choice Benefits Act to reduce the cost of health insurance. Neither bill passed, although one was carried over to the 2005 session and will be considered in the Senate Commerce and Labor Committee late next fall.

These bills were HB-935 introduced by Del. Danny Marshall (R-Danville) and SB-679 introduced by Sen. Steve Martin (R-Chesterfield). Sen. Martin's bill was stricken at his request in the Senate Commerce and Labor Committee. Del. Marshall's bill passed the House 97 - 2, with Del. Bob Brink (D-Arlington) and Del. Chris Amundsen (D-Fairfax County) voting against it because they believe mandated benefits are valuable. By the time the bill got to the Senate, more legislators agreed with Dels. Brink and Amundsen, and decided that this bill needed more study.

As introduced, both bills would have included coverage for both the basic mental health and substance abuse benefits, as well as parity coverage. Since there are a number of advocacy groups attempting to have addi-

continued on next page

Virginia Legislation, *continued from previous page*

tional currently mandated benefits included in these Consumer Choice proposals, it will be worth our while to watch this bill to ensure that both mental health and substance abuse mandated benefits are preserved if the bill is to progress.

Moratorium on new mandated benefits [Decision Item]

If HB-1362 were to pass, it would effectively preclude any amendments to expand parity coverage to other illnesses that are determined to be biologically-based until expiration of the moratorium. Thus, the Clinical Society needs to decide their level of involvement as the Commission considers this measure, also.

Approved or preferred providers lists

Currently, any health care plan that includes a list of approved or preferred providers is required to provide a list of those providers to each insured. SB-618 introduced by Sen. Frank Wagner (R-Virginia Beach) will allow those lists to be transmitted electronically.

Mental Health Legislation

Consent for Mental health and Substance Abuse Treatment

HB-381 was introduced by Del. Scott Lingamfelter (R-Prince William). This measure failed in the House Health, Welfare and Institutions Committee by a vote of 16-6. Currently, a minor can consent to mental health and substance abuse treatment, as well as some other health care services, as an adult. This means that parental consent is not required for these services. Del. Lingamfelter's bill would have required public employees (i.e. school, community services boards, health department) to notify parents when they provided these services to a minor. Mental health and substance abuse advocates, as well as advocacy organizations for children, opposed this measure because parental notification could create a barrier to a minor asking for help.

Services In Assisted Living Facilities

Del. Vivian Watts (D-Annandale) introduced HB-424 to require the State Board of Social Services to develop special regulations for assisted living facilities that serve people with mental illness or mental retardation. This measure was carried over to the 2005 session in the House Health, Welfare and Institutions Committee.

Emergency Custody and Temporary Detention Orders and transportation of persons

Several bills were introduced to clarify how transportation is provided to a person with a mental illness who is in emergency custody and has been temporarily detained for hospitalization to ensure his safety or the safety of others. These bills were HB-570 (Del. Phil Hamilton, R-Newport News); HB-588 and HB-589 (Del. Bill Janis, R-Goochland) and SB-604 (Sen. Bill Bolling, R-Hanover). Since all the bills were designed to achieve the same result, HB-589 is the only one that the General Assembly passed. As passed, this measure provides parameters for specifying which law-enforcement agency must execute emergency custody orders or temporary detention orders and provide transportation of the subjects of such orders. It is the General Assembly's hope that this bill will resolve disputes and ensure timely transportation.

Methadone Clinics, location

A total of four bills were introduced to place additional criteria on methadone clinics that apply for state licensure. Two of the bills merely would have required the state to notify a locality when a new license application was received for that area. These measures were HB-745 introduced by Del. Onzlee Ware (D-Roanoke) and SB-134 introduced by Sen. John Edwards (D-Roanoke). The other two measures proposed restrictions on situating such a clinic near a school or licensed day care center. These bills were SB-607 introduced by Sen. William Wampler (R-Bristol) and SB-312 introduced by Sen. Brandon Bell (R-Roanoke).

Strong advocacy by Sen. Wampler persuaded the General Assembly to adopt both approaches, combine them in his SB-607, and pass the bill. It is interesting to note that Northern Virginia is exempted from the provisions of the bill because the population density and resulting multitude of schools would virtually prevent any methadone clinic from locating in Northern Virginia, and the localities in this area want to maintain this as a treatment option for opiate addiction. While other urban areas shared the concerns of Northern Virginia, the General Assembly declined to exempt any other areas of the Commonwealth from the restrictive provisions of this bill.

Adult substance abuse treatment programs staffing

There were a number of measures introduced that would have amended the state Constitution to make it more predictable for people who committed crimes to have their civil rights restored. All these measures failed in the House of Delegates. These bills were HB-1104 and HJR-204 introduced by Del. Brian Moran (D-Alexandria)

and SB-17 and SJR-4 introduced by Sen. Yvonne Miller (D-Norfolk).

SB-93 introduced by Sen. Jeannemarie Devolites (R-McLean) also failed in the House by a vote of 41–55 on the floor. This measure would have allowed employers in adult substance abuse treatment programs to hire people convicted of a crime if they were licensed or certified by one of the health regulatory boards.

Study the mental health needs and treatment of minority young adults

Sen. Henry Marsh (D-Richmond) offered legislation (SJR 25) requesting the General Assembly Joint Commission on Health Care to study the mental health needs and treatment of minority young adults. One focus of this study is the assessment of whether mental health treatment is culturally competent in Virginia. If you are interested in following the progress of this study, you can do so through the Joint Commission on Health Care website at <http://legis.state.va.us/jchc/jchchome.htm>.

Public Mental Health and Substance Abuse Issues

The General Assembly has not reported a budget bill as of Saturday, April 24, 2004. At this time we do not know what initiative the General Assembly and the Governor will approve and fund for community and facility mental health services.

Medicaid Policy and Reimbursement

We have been successful in seeing no reduction in Virginia's Medicaid rate structure for reimbursement to licensed clinical social workers and other mental health providers. We have had to put off our efforts to seek an increase in Medicaid rates of reimbursement for mental health services due to the Commonwealth's until the January 2006 legislative session.

Note: The sources of material for this document are: the General Assembly Legislative Information Internet site; Division of Legislative Services publications; House of Delegates, Committee on Appropriations; state Senate Committee on Finance; publications of the Virginian's for Mental Health Equity.

Appendix

Summary of Legislation As Signed by the Governor

HB 294 Health insurance; coverage for anorexia nervosa and bulimia nervosa. (Delegate Ware)

Summary as introduced:

Health insurance; state health care plan; mental health coverage. Provides that anorexia nervosa and bulimia nervosa are biologically-based mental illnesses for purposes of the mandates that the state health care plans, health insurance policies and health services plans include coverage for such illnesses. House of Delegates continued HB 294 to 2005 in House Commerce and Labor Committee.

HB 322 Health insurance carriers; fair business practices for retroactive denials. (Delegate Griffith)

Summary as signed by the Governor:

Health insurance carriers; fair business practices; retroactive denials. Prohibits a health insurance carrier from imposing any retroactive denial of payment or seeking recovery or refund of a previously paid claim unless the carrier specifies in writing the specific claim for which the retroactive denial is to be imposed or the recovery or refund is sought. The carrier must also explain why the claim is being retroactively adjusted.

HB 424 Asst. living facilities; regs. for serving resid. w/ ment. illness, ment. retard. or sub. abuse prob. (Delegate Watts)

Summary as introduced:

Assisted living facilities; special regulations for serving residents with serious mental illness, mental retardation or substance abuse problems. Requires assisted living facilities that choose to serve residents with serious mental illness, mental retardation or substance abuse problems to comply with the State Board of Social Service's regulations governing such placement. The Board's regulations shall require any assisted living facility serving residents with serious mental illness, mental retardation or substance abuse problems to arrange, prior to admission, for the provision of necessary clinical treatment or habilitation by either the assisted living facility or qualified providers such as community services boards or private providers licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services. The regulations shall also require assisted living facilities serving more than a stipulated proportion of individuals with serious mental illness, mental retardation or substance abuse problems to be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services, using a special module in its licensing regulations, to provide appropriate clinical treatment or habilitation directly or through contracts with other qualified

continued on next page

Virginia Legislation, *continued from previous page*

providers, to those individuals. The Board's regulations shall establish the threshold for assisted living facilities serving a stipulated proportion of individuals with serious mental illness, mental retardation or substance abuse problems to be subject to the special module licensing regulation of the Department of Mental Health, Mental Retardation and Substance Abuse Services. The House of Delegates continued HB 424 to 2005 in the House Committee on Health, Welfare and Institutions.

HB 589 Mentally ill; transportation under emergency custody and temporary detention orders. (Delegate Janis)

Summary as signed by the Governor:

Emergency custody and temporary detention orders; transportation. Provides parameters for specifying the law-enforcement agency and jurisdiction to execute emergency custody orders or temporary detention orders and provide transportation of the subjects of such orders. In the case of emergency custody orders, the magistrate must specify the primary law-enforcement agency from the jurisdiction served by the community services board that designated the person to perform the evaluation to execute the order and provide transportation; however, if the community services board serves more than one jurisdiction, the primary law-enforcement agency from the particular jurisdiction within the community services board's service area where the person who is the subject of the emergency custody order was taken into custody or, if the person is not yet in custody, the primary law-enforcement agency from the jurisdiction where the person is presently located. In the case of temporary detention orders, the magistrate must specify in the order the law-enforcement agency of the jurisdiction in which the person resides to execute the order and provide transportation; however, if the nearest boundary of the jurisdiction in which the person resides is more than 50 miles from the nearest boundary of the jurisdiction in which the person is located, the law-enforcement agency of the jurisdiction in which the person is located shall execute the order and provide transportation. The bill authorizes law-enforcement agencies to enter into agreements to facilitate the execution of temporary detention orders and provide transportation. For both the emergency custody orders and the temporary detention orders, the evaluation or treatment must be conducted immediately in accordance with state and federal law.

Senate Bill 44 (Senator Martin)
Health insurance; mandated coverage for biologically based mental illness.

Summary as signed by the Governor:

Health insurance; mandated coverage for biologically based mental illness. Repeals the scheduled July 1, 2004, sunset of the mandated health insurance benefit that requires the same coverage for biologically based mental illness as is provided for other illnesses, conditions or disorders. This bill is identical to SB 67.

Senate Bill 607 (Senator Wampler)
Licensure conditions for certain methadone clinics

Summary as signed by the Governor:

Licensure conditions for certain methadone clinics. Prohibits the granting of an initial license to a provider of treatment for persons with opiate addiction through the use of the controlled substance, methadone, or other opioid replacements, if such provider is to be located within a one-half mile of a public or private day care center or public or private K-12 school, except when such service is provided by a hospital licensed by the Board of Health or the Commissioner of the Department of Mental Health, Mental retardation or Substance Abuse Services or

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INFORMATIONAL PROGRAM

Saturday, June 12

10:00 AM – 11:30 AM

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Washington DC 20016
(202) 237-1202

Email: cswi@mindspring.com

Website: www.wdc-cswi.org

owned or operated by an agency of the Commonwealth. Upon receiving a notice of a proposal for or an application to obtain initial licensure from a provider of treatment for persons with opiate addiction through the use of the controlled substance, methadone, or other opioid replacements, the Commissioner must, within 15 days of such receipt, notify the local governing body of and the community services board serving the jurisdiction in which the facility is to be located of such proposal or application and its proposed location. The local governing body and the community services board must submit comments to the Commissioner on the proposal or application within 30 days of the date of the notice. The local governing body must notify the Commissioner of compliance with the location restrictions and any relevant local ordinances. No applicant for a license to provide treatment for persons with opiate addiction through the use of methadone or other opioid replacements that has obtained a certificate of occupancy in accordance with the law and regulations in effect on January 1, 2004, will be required to comply with this law. No existing licensed provider will be required to comply with these provisions in any city or county in which it is currently providing treatment. Further, the location restriction will not apply to the jurisdictions located in Planning District 8, i.e., Northern Virginia. A second enactment clause provides that: the Commissioner must not grant or issue any initial license for a methadone clinic after the date of the enactment of this provision, unless the provider is in compliance with this act.

SB 618 Health insurance; provider may electronically send a provider directory to its insureds. (Senator Wagner)

Summary as signed by the Governor:

Insurance; provider panels. Allows a health insurance provider to send a provider directory electronically to its insureds. If the directory is provided electronically, it shall be updated monthly.

To obtain a complete copy of a bill or other information go to:

Virginia's Legislative Information Service (LIS). To see the legislative history of any bill (including amendments and votes) or to print a copy of a bill, the direct link to the LIS bill tracking site is: <http://leg1.state.va.us/041/bil.htm>. ❖

Government and public affairs counselor Chris Spanos represents GWSCSW and the Virginia SCSW on legislative matters in Richmond. He is with the lobbying firm Spanos Consulting Group.

■ MARYLAND

Alice J. Neily

Alice Neily has taken on the role of lobbyist for the Maryland Legislative Council of Social Workers, the coalition representing GWSCSW, the Maryland Society for Clinical Social Work, NASW-DC Metro, and the Maryland Chapter of Social Work Hospital Administrators. Ms. Neily replaces our longtime lobbyist Steve Buckingham, who is now executive director of the Hospice Network of Maryland.

Ms. Neily, a principal of the firm Capital Consultants, is well qualified to represent us. A mental health professional with a background in nursing, she has practiced in many areas of the mental health system: community mental health centers, university settings, local, state and federal hospitals and federal Medicare and Medicaid systems. Ms. Neily spearheaded the legislation that guarantees social workers' rights to be reimbursed for services; she also directed the lobbying effort that resulted in Maryland's mental health parity law. This law has become a model for other states.

Over many years, Ms. Neily has formed working relationships with all of the health care interests in Annapolis. Her website, Capitalconsultantsofmd.com provides a single point of entry for social work internet access needs.

Activities During this Legislative Session

During this session, we established and cultivated good relationships and were relied upon as a necessary partner and resource with all of the other groups that work toward an improved health care system. They include, but are not limited to the Mental Health Association, the Community Behavioral Health Association, Health Care for All, Maryland Mental Health Coalition, AMI, Hospice Network of Maryland, Voices, Nurse Psychotherapy Association, Life Span, Alzheimer's Association, NASW MD, Health Facilities of Maryland, Med Chi, Maryland DC Society of Clinical Oncology, Black Caucus, Maryland Youth Service Bureaus, and On Our Own.

We advocated for all issues related to mental health and the well-being of recipients of social work services in all spheres of the health care arena.

Resources were spent on many bills that resulted in positive outcomes for the Legislative Council of Social Workers. Steve Buckingham and I are happy to report that there was no legislation passed which has a deleterious effect on social workers in any aspect of the profession. The legislature introduced 2,482 bills during its 90-day session. We monitored 122 of those bills and found that there remained unresolved as many as 28 bills on the final day of the session.

continued on next page

Maryland Legislation, *continued from previous page*

We focused on issues that affect health care for all, mental health services, chemical dependency services, school social workers, hospital social workers, private practice social workers, community health social work services, minority health care, hospice care, juvenile justice social work services, and all aspects of long-term care.

We protected the rights of social workers to provide social work services in all aspects of the health care arena and to maintain the integrity of social workers' license authority.

Threats to social work practice emerged in a number of bills and we were successful in obtaining amendments to correct the misdirected drafting of legislation.

Specific bills on which we spent time and energy related to the following issues:

- Access to health care for minorities
- Funding for health care in appropriate community settings
- Quality care in managed care systems
- Protection of the public through appropriate representation on licensure board
- Rights to practice without restrictions and in all settings as authorized
- Limiting malpractice insurance costs
- Child abuse and neglect
- Health Insurance coverage
- Long-term care
- Low-income health insurance
- Access to health care for all consumers
- Substance abuse treatment discrimination

In addition to achieving our own agenda, we worked collaboratively with various other similarly focused groups to ensure that their agendas were achieved. Most notable was the agenda of the Mental Health Association.

We cultivated social workers' relationships with the leadership of the legislature as well as new and rising stars in the arena of the Maryland General Assembly. I believe that the groundwork has been laid to proceed with any proactive legislation during the upcoming two remaining years of the four-year term.

It has been my pleasure to represent the interests of the Legislative Council during this recent legislative session of the Maryland General Assembly. Working with you has rekindled my longstanding passion for representing health care professionals who advocate on behalf of their clients. ❖

Members Asked to Weigh In on Three Bills**Lobbying at the National Level**

Three bills are of particular interest at the national level, and, though none of the three is likely to pass this year, the longer we keep at it, the more sponsors sign on, until passage becomes more possible. Thus, it is important to let our representatives know of our support.

Mental Health Parity

Thirty-five states now have parity laws, and, according to a March 1998 report from SAMHSA (Substance Abuse and Mental Health Services Administration), the cost of adding equitable mental health treatment has turned out to be minimal. And the National Institutes of Mental Health reported in 1998 that, contrary to conventional wisdom, the money saved due to lower medical costs and lowered absenteeism rates actually results in lower total health care costs.

Let your representatives know that you support the Paul Wellstone Mental Health Equitable Treatment Act of 2003 (S 486, HR 953), which mandates equal co-pays for mental health and medical coverage, coverage of all mental health diagnostic categories, and repeal of the 1% cap on increases in health care costs when including coverage of all mental health categories. Please join us at the rally for Mental Health Parity (*see page 1*).

The "STOHP" Bill: Stop Taking Our Health Privacy

GWSCSW members are urged to support the STOHP Bill (HR 1709) by reminding Representatives that privacy of medical records is a right that needs to be protected.

Just before the HIPAA rules were promulgated, Health and Human Services Secretary Tommy Thompson eliminated the right of consent; he substituted in its place a blanket release to disclose treatment, payment, and health care operations (TPO) information. Approximately 220 million Americans, individually or through their representative organizations, submitted comments on the proposed Amended Rule during the public comment period, contending that the right of consent must be retained in order to preserve access to quality health care.

Medicare Mental Health Modernization Act (MMMHA)

Finally, members are encouraged to make calls in support of The Medicare Mental Health Modernization Act (S 646 and HR 1340). MMMHA gives attention to the emotional well-being of seniors and provides access to mental health treatment. Some of the goals of the MMMHA are the elimination of the discriminatory 190-day lifetime cap on inpatient services in psychiatric hospitals, reduction of the co-payment for outpatient mental health services to be equal to traditional Medicare co-payment; expan-

sion of Medicare benefits to include community based residential and intensive outpatient treatment options; and restoration of eligibility for clinical social workers to provide mental health treatment at skilled nursing facilities through Medicare.

Possible Effects of the Amended Privacy Rule

- ▶ Individuals will no longer have a reasonable expectation of medical privacy in routine situations.
- ▶ Identifiable health information that can be used and disclosed without an individual's knowledge or permission includes even the most highly sensitive information regarding genetic testing, mental health treatment, abortion, treatment for sexually transmitted diseases, and treatment for cancer and other serious illnesses.
- ▶ Medical privacy is eliminated retroactively because the Amended Rule permits and authorizes the use and disclosure of health information that was created or placed in the medical record prior to the compliance date of the Amended Privacy Rule and even prior to the enactment of the underlying HIPAA statute.
- ▶ Medical privacy cannot be protected by the individual paying out of pocket since the Rule authorizes the use and disclosure of an individual's medical record regardless of whether it is needed to determine insurance coverage or payment for a health service.
- ▶ Medical privacy of health information already in the medical record cannot be protected even if the individual avoids obtaining health care in the future.
- ▶ Many individuals are avoiding seeking needed health care services in order to prevent the use and disclosure of additional health care information.
- ▶ The Amended Privacy Rule is having a "chilling effect" on essential communications between patients and their health care providers because patients are not communicating with their providers in order to preserve their medical privacy. ❖

Citizens for Health has taken its lawsuit to restore patients' right to privacy, *Citizens for Health et al v. Thompson*, to the Federal appeal level. Citizens for Health is the umbrella group for the plaintiffs—ten national and state consumer and provider associations and nine individuals representing the interests of approximately 750,000 consumers and practitioners residing in every state and DC.

The National Coalition of Mental Health Professionals and Consumers has initiated an appeal for funds to support the lawsuit; more information can be found at www.TheNationalCoalition.org.

CSWF Revitalization, continued from page 7

email and the WWW has at least doubled and is now undoubtedly over 80%. And with clinical social workers under the age of 35, such Internet familiarity approaches 100%.

All of these ideas can be implemented with or without changes to our bylaws. Should the CSWF choose not to make any bylaw changes at this time, our energies could be directed to providing better member services instead of to addressing the more contentious issues involving power and authority.

To implement such a plan, we would recommend the immediate establishment of a Revitalization Plan Committee that would develop:

- a one-year plan with specific achievable goals.
- a budget for implementation of said plan, to be presented by e-mail to the Board well before the October, 2004 meeting and to be voted on at that meeting.
- a job description for a new executive director based on a well-developed plan and budget. Performance bonuses should be considered in any contract, along with measurable objectives for performance evaluation.

With the impending scheduled departure of our executive director, this plan offers the opportunity to consider a plan for staffing our national office that reflects the actual job skills needed in the coming years. Clearly, this plan would call for research, editorial and internet/web skills on the part of any staff. An executive director need not know, for example, how to design or edit a website, but he or she should have enough web-savvy to monitor such services and to obtain them economically. One might even consider the executive director as a sort of project manager who can pull together the array of skills needed to implement such ideas. Such detail work is not glamorous and may not be appealing to many with aspirations to organization leadership. (We note here the recent unhappy experience of the GWSCSW with an executive director who was more interested in the "big picture" than in the myriad of organizational details.)

Depending on the skill set of the executive director, one might consider whether the position would be part-time with more work contracted out, or fulltime with the ED doing more research, writing, web content him or herself. Serious consideration should also be given to hiring a clinical social worker as the executive director.

Hiring of a new executive director could be postponed until October, 2004; this would save money and would enable this hiring to reflect a well-developed plan and budget. ❖

COMMITTEE REPORTS

Continuing Education

Dolores Paulson

Many of you will be renewing your Maryland license at the end of October 2004. One of the requirements is three CEU's in an Ethics course.

The Clinical Society will be offering *Ethical Dilemmas* at two different times: Friday, September 10 and Friday, October 1, 2004. If you need to fulfill this requirement, here is your opportunity to do so. Registration information is on page 26 of this newsletter.

A complete *Course Offerings* brochure for September 2004 to June 2005 will be available in June. All of the GWSCSW Continuing Education Courses meet the CEU requirements for VA, MD, and DC.

The Continuing Education Courses Committee thanks you for another outstanding year of well attended classes and positive evaluations!

Membership

Charles Rahn

The Membership Committee has been hard at work on the membership drive described on page 13. Special thanks to Maurya Breneman, Shirley Scribner, and Melinda Salzman for making the phone calls and to Joel Kanter, Cecilia McKay, Tricia Braun, Alice Kassabian, Nancy Harrington, and Alice Straker for their outreach to the universities. Results of the drive will be announced in the next newsletter.

NMCOP News

Sarah Pillsbury

NMCOP (the National Membership Committee on Psychoanalysis) had a terrific, enriching, Ninth National NMCOP Conference, *Psychoanalysis: Changing in a Changing World* in New York City this past March, with a wonderful turnout of Washington attendees and presenters. Our chapter was very well represented.

The next NMCOP national conference is not scheduled until 2007, an unfortunate three years away, a break from our typical every two year schedule. So mark your calendars now for the future and be sure to come.

Danille Drake, PhD has several openings in her Friday study group that meets once a month. The study group is entitled, "Sadomasochism in the Clinical Hour." The study group has developed into a solid working core group but would like to expand with new members. If interested, please contact Danille at her office, 301-320-5659.

Have a happy, healthy, peaceful summer.

Public Relations

Tricia Braun

The Public Relations Committee has been quite busy lately. We organized pizza parties for Catholic University and Virginia Commonwealth University students to encourage them

to join the Society and begin building professional relationships and connections. See page 11 for the description of this event.

We've also got the Mentor Program up and running again; see page 3 to learn more, and contact Tricia Braun at 301-258-9444 or by email at patriciabraun@comcast.net if you'd like to have a mentor or to become a mentor.

Finally, a reminder to SAVE THE DATE for our yearly wrap-up and celebration on Friday, the June 11, the Annual Meeting and Dinner. New members are especially welcome; see page 1 for more information.

Referral Panel

Eileen Ivey

The Referral Panel Committee is always looking into ways to increase our visibility and calls. This year, for the first time, the Referral Panel Directory—which has considerably more information about the practice of each participant than does the annual GWSCSW Directory—was requested by, and provided to, a local college counseling center and the social work department of a psychiatric hospital.

If you have interest in working to improve this valuable service, please call Eileen Ivey (301-652-1030) or Patricia Garcia Golding (301-907-7888). ❖

SUPPORT YOUR SOCIETY... JOIN A COMMITTEE!

Michigan is the last**All States Now Have Social Work Licensing Laws!**

Almost thirty years ago, the Greater Washington Society was started by a small group of social workers who realized that without licensing and certification, clinical social workers would have no professional status. They lobbied hard to win our licensing protection in Maryland, Virginia, and the District. Since then, through our participation in the Clinical Social Work Federation, our Society has continued to support social workers' efforts to obtain licensure in other states.

Now, at last, social workers are protected by licensing laws in *all fifty states*. On March 24 of this year, despite vigorous opposition from marriage and family therapists, Michigan passed a social work licensure bill; it was signed into law by the governor on April 12. This law, which covers both BSWs and MSWs, will make it possible for Michigan clinical social workers to be licensed as CSWs.

The Federation will be advising the Michigan licensing board on setting standards and procedures. ❖

Research Presented to Consortium

Marilyn Austin

The Consortium for Psychoanalytic Research, of which we are a participating member, recently sponsored a very successful conference with Otto F. Kernberg, MD, and Pamela A Foelsch, PhD, as the presenters. This was the 11th Annual Conference sponsored by the consortium of 13 different organizations of the Washington-Baltimore area.

The topic of the conference was *Does it Work? The Evidence for Transference-focused Psychotherapy for Severe Personality Disorders*. Dr. Kernberg and Dr. Foelsch have been doing carefully controlled and documented research on the efficacy of transference-focused psychotherapy for treating severe personality disordered patients.

The main purpose for the consortium is to make relevant to clinicians the research which is being done on clinical methods and results. This type of research is very important to our work as psychotherapists, as it lifts our work out of the world of anecdote and onto a research-documented base of effectiveness. ❖

The Most New Members Since December 1**Society Wins \$500 in Federation Membership Contest**

As the Clinical Social Work Federation Board meeting was drawing to a close, Membership Chair Margie Howe announced the results of the contest proposed this winter, offering a \$500 prize to the Society gaining the most new full members (with a minimum of ten) between December 1, 2003 and May 8, 2004.

Our Greater Washington Society was awarded first prize, having gained eighteen new members during the contest period. The Maryland Society was the runner-up. ❖

Welcome New Members!**Full Members**

Kelly Cregan Stephen Grasberger Janna Perry Katherine Warren Debra Zatz

Graduate Member

Karenne Armington

MSW Student Members

Jill Barents Reiko Berman-Shingu Christiana DeGirolamo
Brooke Morrigan Alexandra Buffon Vance

Ethical Dilemmas Courses Offered by GWSCSW

The Continuing Education committee of GWSCSW is offering two sections of our Ethical Dilemmas course which meets the Virginia and Maryland licensing requirements.

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.

Friday, September 10 **or** Friday, October 1,
10:00 AM – 1:00 PM

3000 Connecticut Avenue NW
Washington DC

Instructor:
Dr. Constance Hendrickson, 202-332-0134

Cost
\$45 for GWSCSW members
\$75 for non-members

GWSCSW ETHICAL DILEMMAS COURSE REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Office Phone (_____) _____

Social Security No. _____ - _____ - _____

Years in Practice _____ GWSCSW Member

September 10 October 1 \$ _____

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VIENNA: Office to rent in brand new four-office suite. Private bathroom and kitchen. Located in Vienna, Virginia. Call Alexandra Kaghan, 703-319-1436.

CHEVY CHASE: Available immediately (\$480 fulltime, \$240 half) Cozy office space in Highland House, 5480 Wisconsin Ave., Chevy Chase, Friendship Heights Metro, Contact Charles Rahn, 301-493-6841.

SILVER SPRING: Comfortable sublet available, downtown Silver Spring, two blocks from subway. Private waiting room, office arranged for adult and play therapy. Availability for all day and evening Tuesdays, evenings on Wednesdays, afternoons and evenings on Fridays, and weekends. Please contact Judy Gallant, LCSW-C, at 301-587-2552.

PROGRAMS & EVENTS

THE IMAGERY TRAINING INSTITUTE announces its final workshop for spring 2004: The Mind/Body Connection, June 4-5, a 9.5 hour intensive experience Friday evening through Saturday afternoon. For information and a brochure, please call 703/821-0761, or visit our website at www.imagery-training-institute.com.

ADOLESCENT THERAPY GROUPS: Ongoing Psychotherapy groups for adolescents, meeting throughout the summer in Rockville. Call Britt Rathbone, LCSW-C, at 301-230-9490. www.rathboneandassociates.com.

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.

SERVICES

COMPUTER GUY: My father is a Clinical Social Worker and I understand your practice needs. My services include home visits for virus control and elimination, tutoring, computer networking, adding memory, etc. References upon request including a reference from a GWSCSW colleague. Reasonable rates. Call Hodari McClean at 202-270-1101.

UPCOMING EVENTS & IMPORTANT DATES

June 10 Mental Health Parity Rally

Time: 12:00 NOON – 1:00 PM

Location: Upper Senate Park at Constitution Avenue
Washington DC

(see page 1 for details)

October 1 Ethical Dilemmas

Time: 10:00 AM – 1:00 PM

Location: 3000 Connecticut Ave NW,
Washington, DC

(see page 25 for details)

June 11 GWSCSW 2004 Celebration and Annual Membership Meeting

Time: 7:00 – 9:00 PM

Program: Potluck Dinner, Introduction of Officers,
Collegiality and more

Location: St. Alban's Parish Guild Hall
Wisconsin Avenue at National Cathedral
Washington DC

(see page 1 for details)

Looking forward to 2005...

April 8 Ethics Seminar

Speaker: Frederick Reamer, PhD
Chair of the national task force that
wrote the *NASW Code of Ethics*
Will fulfill both Maryland and Virginia ethics
requirements for license renewal

September 10 Ethical Dilemmas

Time: 10:00 AM – 1:00 PM

Location: 3000 Connecticut Ave NW,
Washington, DC

(see page 25 for details)

**For more information on these events,
call GWSCSW at 202-537-0007
or see web site at www.gwscsw.org**

Greater Washington Society for Clinical Social Work

5028 Wisconsin Avenue, NW
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Washington, DC 20016

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