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GWSCSW Annual Conference

Frederic Reamer... at Last!

You know how sometimes (but not very often) when you're leaving a conference, you think to yourself, if only the speaker had more time...?

Although we've planned an all-day event, we anticipate walking away wanting even more, when social work guru Frederic Reamer speaks to us on *Ethics in Clinical Social Work* at our Annual Conference at Catholic University on April 8. According to Dolores Paulson, who traveled to Baltimore to hear Dr. Reamer several years ago, "Even after six hours, everyone still wants more." Alice Kassabian adds, "He has an incredible breadth of knowledge and insight, and he just keeps engaging the audience so you're on the edge of your seat."

Hearing Dolores, Alice, and Connie Hendrickson (this year's Annual Conference chair) talk about Dr. Reamer is infectious. They came back from that Baltimore conference determined to bring Dr. Reamer to our Greater Washington Society, and with their enthusiasm convinced the GWSCSW Board to invest in his significant fee. They then booked his first available date (two and a half years hence), and arranged with Catholic University's School of Social Work to be co-sponsors and provide the venue for his visit.

At last, after what the committee describes as an excruciatingly long wait, the date is finally within sight. Dr. Reamer will be focusing on the ethical issues that confound clinical social workers in agencies, treatment centers, and private practice; he'll talk about tangled relationships and blurred boundaries, about what to when the law and ethics collide; and he'll respond to questions and concerns that trouble us in our work.

continued on page 4

GWSCSW Quarterly Meeting

Friday, May 13

Dinner Meeting

Location: TBA

6:30 PM ... Reception

7:00 PM ... Dinner

8:00 PM ... Lecture

Topic:

Healing Fractured Lives: Lessons from
the Children's Psychotherapy Project

Presenters: Jane Nielson, MSW
Richard Ruth, PhD

For more information see page 25
www.gwscsw.org
or call GWSCSW at 202-537-0007

What Happened to Those Maryland BSWE Funds?

Margot Aronson, LICSW

Recently there's been a buzz about some excess funds at the Maryland Board of Social Work Examiners (BSWE) being diverted from a planned refund to Maryland social workers. The money—something like \$450,000—had come from the pockets of Maryland social workers paying licensing fees. What we heard was that instead of the refund, the Governor would be taking the money to pay for a new special Department of Human Resources (DHR) project to develop an

continued on page 8

March 6 Consortium for Psychoanalytic Research

Capturing Clinical Knowledge: Transforming Therapist Experience into Scientific Evidence (see page 19)

Greater Washington Society for Clinical Social Work, Inc.

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Margot Aronson, Tricia Braun, Mary Lee Stein
Advertising Manager: Carol Santucci
News & Views is published four times a year:
March, June, September and December. The
deadline to submit articles and advertising is
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Op-ed articles expressing the personal views
of members on issues affecting the social work
profession are welcome and will be published
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length for these articles is 300 words.
Signed articles reflect the views of the authors;
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ety for Clinical Social Work.
For advertising rates see page 31
The next issue will be published
June 2005 and the deadline is April 29.
Please email all text for publication as an
MS Word attachment to gwscsw@yahoo.com

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President's Message

Margot Aronson, LICSW

My term is drawing to an end; this is my penultimate column as Society president. (Yes, you guessed it; I was an English major in a previous life.) I didn't know where the Society was going when I first started as president. I was quite dependent on the guidance of the group that had revitalized the Society in the preceding year, and, I was just hoping to keep things going.

Now, with hindsight, I'm pretty clear about the vision thing. I see our Society as full of possibilities and opportunities, but firmly grounded in our history. From the beginning, the Society has stood for Education, Advocacy, and Community; and I believe that's who we are.

Education for GWSCSW means education for clinical social workers by clinical social workers. Whether it's through our Continuing Education Program, our Dinner Meetings and Workshops, our Study Groups and Seminars, or our Annual Conference, we focus on education that respects our social work values, honors the expertise of experienced master clinicians, and celebrates our trust in learning from one another.

Advocacy was where the Society began, and advocacy remains a primary focus in our three jurisdictions. As the voice of clinical social work, we speak up through our lobbyists in Virginia and Maryland, through our Legislative Council in Maryland, and through our liaisons to the DC Coalition on Confidentiality, the CareFirst Watch Coalition, and the Disaster Preparedness community. Challenges to social work's scope of practice are an ongoing concern, but we're also activists on the broader issues affecting mental health. And a hands-on opportunity to become more effective advocates by learning the "how" and the "who" of lobbying is available to interested members; see page 14.

Community. One powerful source of strength is our community of social workers. I have found extraordinary goodwill and warmth among colleagues in our Society.

Our community of committees and interest groups includes newbies as well as old guard, psychoanalysts as well as behaviorists, clinicians who identify themselves as eclectic as well as specialists, agency folks as well as private practitioners. Everyone is welcome (and encouraged!) to join a committee, join the board, become active.

Members who are not active are also a welcome and much appreciated part of this community. Those of you who cannot participate actively, perhaps because of your workload or your family situation, are telling us with your very membership that you honor the work of the Society, that you welcome what it does for you, that you are part of this community.

And that's my vision of our Greater Washington Society for Clinical Social Work: Education, Advocacy, Community. There's no better to keep up with your profession. ♦

Treasurer's Report

Janet Dante, LCSW-C

GWSCSW continues to be solid financially, with income and expenses similar to last year. Membership dues are up slightly from last year at this time, a sign of a robust, growing organization. Newsletter advertising income is down, but Carol Santucci has joined the newsletter committee and is in charge of advertising, both display and classified. We can expect the current year's advertising income to match or surpass last year's.

As always, it is my pleasure to take care of the Treasurer's job for GWSCSW. ❖

VP Development Report

Tricia Braun, LCSW-C

Our work on developing healthy organizational structures and processes continues. At the same time, outreach to students and prospective members remains a high priority, in the hope of attracting a diverse set of talents and skills.

We believe that our Society offers a place to learn from each other and to develop to our full potential as social workers. It provides an opportunity for self-development and fulfillment where we can use our gifts while attaining organizational goals. Participation in the Society can enlarge our sense of competence through study and new experiences, while finding a "place." It is our desire to foster an environment and processes in which people can develop high quality relationships. Belonging requires us to be willing and ready to risk...to make a difference....

Through the stories of past presidents which have been chronicled in the *Presidential Profiles* column, we can rediscover the fundamental concepts and core values that are the spirit and enduring character of the Society. We provide both roots for a sense of continuity and wings as we strive for progress without compromising the ideals, which for years have been a source of guidance and inspiration.

So "Development" is much more than the mechanics of an organization. It is a set of beliefs and a condition of the heart. ❖

Appointments to the GWSCSW Board

Welcome to two new Society committee chairs: Kate Scharff is heading the Mentoring Committee, and Robert Fenton will be replacing Janet Dante as chair of the Ethics Committee.

We have also appointed a Retiree Liaison to the Board—Grace Lebow, and a Student Liaison to the Board—Lindsey Clarke. We introduce them, below.

Grace Lebow, Retiree Liaison

Grace Lebow will be the first Retiree Liaison to the Board. She will be developing initiatives to help keep our retired members involved and interested in the Society. Please contact Grace if you would have suggestions or would like to work with her on this endeavor.

Long active in the Society (and now an Emerita member), Grace is a co-founder of Aging Network Services, a Bethesda, Maryland based agency that provides clinical expertise and practical Care Management Services to older people and families throughout the United States.

Grace is a graduate of Tufts College-Boston School of Occupational Therapy and of Simmons College School of Social Work. She has worked as the clinical social worker on a cancer research project based in New England Medical Center, Boston, Massachusetts; as coordinator of the first NASW Register of Clinical Social Workers; as Director of Social Work at the Hebrew Home of Greater Washington; and as Co-Director of Aging Network Services, founded in 1982.

Grace and Barbara Kane became partners in 1982 and created a nationwide network of similar geriatric professionals to work with geographically separated families. They are the authors of *Coping with Your Difficult Older Parent: A Guide for Stressed Out Children*, published in paperback by Avon Books.

Lindsey Clarke, Student Liaison

Lindsey Clarke has been selected as Student Liaison to the Board. She will be advising the Board on ways we might most effectively support MSW students and get them involved in the Society.

continued on page 25

Reamer, continued from page 1

More about Dr. Reamer

Frederic Reamer is known throughout the world as a distinguished ethicist, researcher, scholar, expert witness, professor, and author. Since receiving his PhD at the University of Chicago in 1978, this extraordinary social worker has worked in a wide range of human service settings, particularly in the areas of mental health and corrections.

Dr. Reamer has served as director of the National Juvenile Justice Assessment Center of the US Department of Justice (1979–81); as senior policy advisor to the Governor of Rhode Island (1986–1990); as a commissioner of the Rhode Island Housing and Mortgage Finance Corporation (1987–1995), and, since 1992, as a member of the State of Rhode Island Parole Board.

Currently a professor in the graduate program of the School of Social Work at Rhode Island College, Dr. Reamer has also served on the social work faculty of the University of Chicago and of the University of Missouri-Columbia. He was instrumental in the development of the NASW Code of Ethics, and later chaired the revision committee. His many publications include books, book chapters, and journal articles reflecting his wide range of interests; see below for a brief sample. Dr. Reamer is series editor for the *Columbia University Press Social Work Knowledge Series* and editor of *AIDS and Ethics*.

Space is limited—sign up early

The conference will be held at the Catholic University of America from 8:30 AM to 4:00 PM on Friday April 8, 2005. Registrants will be notified the exact CUA location for the conference, along with directions and parking/metro information, by April 1.

This is an ideal time for non-members to join the Society and enjoy the member discount for the conference. For those who join while signing up for the conference, the April 1 half-year membership rates will be in effect. (The Society's membership year runs from October 1 to September 30.) We urge you to encourage colleagues to join!

Six continuing education credits

GWSCSW is an approved sponsor for category I Continuing Education activities for social workers

in Maryland, Virginia, and the District of Columbia. Six Category I CEUs will be given for Ethics in Clinical Social Work. This will more than fulfill the ethics requirements of Maryland and Virginia licensees. In fact, this is a perfect opportunity for Virginia LCSWs to meet their ethics requirements for the June 30 license renewal deadline.

For more information, call the GWSCSW office at 202-537-0007.

A Brief Sample of Reamer References

This partial bibliography of Frederic Reamer's works has been excerpted from the Author Spotlight feature of the California Child Welfare Resource Library at <http://www.csulb.edu/projects/ccwrl/spotlight.html#reamer>.

Reamer, F. G. (1993). Ethical dilemmas in social service: A guide for social workers (2nd ed.). New York: Columbia University Press. Ethical concerns involved in working with individuals and families, the design and implementation of social welfare programs and policies, community work, and relationships with colleagues and employers.

Reamer, F. G. (1998). Ethical standards in social work: A critical review of the NASW Code of Ethics. Washington, DC: NASW Press. Complex issues faced by social workers; practical implications and applications. Provides a foundation for making ethical decisions and minimizing malpractice and liability risk.

Reamer, F. G. (1994). Social work malpractice and liability: Strategies for prevention. New York: Columbia University Press. Comprehensive look at malpractice, liability, and risk management issues for the social work profession. Case study format

Reamer, F. G. (2001). Tangled relationships: Managing boundary issues in the human services. New York: Columbia University Press. Ethics involving intimate and sexual relationships with clients and formal clients, practitioners' self-disclosure, giving and receiving favors and gifts, bartering for services, and unavoidable and unanticipated circumstances such as social encounters and geographical proximity. Practical risk-management models.

Shireman, C. H., & Reamer, F. G. (1985). Rehabilitating juvenile justice. New York: Columbia University Press. Review of major proposals for juvenile court restructuring; directions for reform. ❖

At last—after a two year wait—the date has finally arrived...



and Catholic University present

Frederic Reamer, PhD
on
Ethics in Clinical Social Work

Tangled Relationships... Boundary Issues... When the Law and Ethics Collide...

"Dr. Reamer leaves everyone wanting more—even after six hours!"

"He brings in all the audience, keeps them engaged and participating throughout."

"He responds to questions with profound insight and an extraordinary breadth of knowledge."

"Who would have thought an ethics conference would have us at the edge of our seats?"

Friday, April 8, 2005

8:30 AM – 4:00 PM

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Please reserve a space for me at the Reamer conference

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Questions? Call 202-537-0007

* Offer good for new members only; new membership year begins October 1, 2005

CSWF

The Clinical Social Work Federation

National Standards for Clinical Licensure

With the passing of a clinical social work licensure law in Michigan last April, The Clinical Social Work Federation (CSWF) celebrated the achievement, finally, of the goal of clinical licensure in all fifty states.

Over the past few years, Laura Groshong, Chair of the CSWF Government Relations Committee, provided encouragement and support to those states still working toward licensure. Her efforts to compile and share information on the various types of regulations already in place resulted in a finding that no two states have the same regulations for clinical social work. This in turn has led Laura, and the Federation, to a concern about inconsistency in professional standards.

An opportunity for you to get involved at the national level

Over the next eighteen months, a CSWF work group will study various licensure requirements and develop recommendations for national standards. Upon completion of the standards and adoption by the CSWF Board, the Federation will promote the standards to other social work organizations, educational institutions, and licensing boards. It is anticipated that the entire project will take between three and five years.

GWSCSW members (who, by belonging to GWSCSW, are Federation members) are encouraged to become involved in this project. Twelve areas have been singled out for study, and a task leader has been selected for each. They are as follows:

- Overall Supervised Experience Requirements Prior to Licensure - **Kathy Rider** (Texas)
- Supervised Clinical Experience Requirements Prior to Licensure - **Terry Tippery** (Idaho)
- Supervised Years of Post-Graduate Experience Prior to Licensure - **Terry Zenner** (Louisiana)
- Required Continuing Education while Licensed - **Michael Kubat** (Virginia)
- Requirements for Being an Approved Supervisor - **Sharon Williams** (Illinois)
- Educational Graduate School Requirements for Licensure - **Anne Segall** (Michigan)

- Scope of Practice for Licensed Clinical Social Workers - **Connie Kledaras** (North Carolina)
- Separation of LCSW Statutes from BSW Statutes - **Polly Hart** (Georgia)
- Ethical Standards for Licensed Clinical Social Work - **Keith Myers** (Washington)
- Confidentiality/Privacy Requirements for LCSWs - **Laura Groshong** (Washington)
- Cultural Competency Requirements for LCSWs - **Elaine Smith** (South Carolina)
- Standards for Disclosure of Patient Information to Insurers - **Betsy Horton** (Minnesota)

Interested members should contact Laura Groshong at lwgroshong@aol.com to receive more information and to volunteer. ❖

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University of Maryland School of Social Work
www.ssw.umaryland.edu/cpe

Spring 2005

Workshops at USM Shady Grove Center

Treating Self-Injurious Behavior
Ethical Issues with Substance Abusers
Using Self-Disclosure
Reiki Energy Medicine & Reiki Level II
with Libby Barnett, MSW, from Wilton, NH
Labyrinth and Grief Work
Trauma Symptom Management
Play Therapy
Anger Management

.....

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M. Gary Neuman, MS

*Author of **Helping Your Kids Cope with Divorce the Sandcastles Way** and **Emotional Infidelity***

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NASW

National Association of Social Workers

Joyce Higashi, LICSW, DCSW

Join us for our third chapter conference, *New Dimensions in Social Work: Transformation of Practice and Policy*, to be held on April 21 & 22 at AED Conference Center on Dupont Circle.

This conference features a keynote by Dr. Betsy Clark, executive director of NASW and offers six intensive 3-hour sessions: *Creating Ethical Environments*, featuring focus on the micro, mezzo, and macro levels of practice; *Advanced Practices Skill Building for Working with Crime Victims*; *Adding the BIO to BioPsychoSocial Assessment*; *TREM-Group Empowerment Model for Women Survivors*; *Grandparenting Issues*, and *Leading Great Groups Through Trauma: Frontline Recovery & Resiliency*.

A special student program will be offered entitled *Race—The Power of an Illusion*, a video presentation with commentary and a quiz that might surprise you. In addition, 23 separate 1½ hour sessions will be provided on a variety of topics, i.e. drug courts, storytelling, thermostatic leadership, international and immigration career opportunities, cross-cultural counseling, human trafficking, consumer advocacy and new research and evidence based practices.

To celebrate NASW's 50th and St. E's 150th anniversaries, we'll gather for a reception and banquet with a special anniversary program and the music of the Mosaic Harmony Choir. Check us out at www.nasw-metro.org ❖

Joyce Higashi is the executive director of the DC Metro Chapter of the National Association of Social Workers.

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CSWI

The Clinical Social Work Institute

Patricia DeLorme, DSW

This year we will be holding our annual Spring Reception on May 20, from 5:00–7:00 PM at St. Columba's Church in the District of Columbia. Our theme will be Spanish to support our raffle of a resort villa on the Costa del Sol including airfare for two.

Our Spring Reception raises money for the Institute while providing a forum in which to honor two leaders who have made significant contributions to the mental health community. We are seeking nominations of a social worker who has demonstrated outstanding leadership and service, through contributions to the field of mental health, to be the recipient of the Elma Kahn Wolf Award.

Nominations for this award may be submitted in writing to the Clinical Social Work Institute, 5028 Wisconsin Avenue NW, Suite 404, Washington, DC 20016 or by email to cswi@mindspring.com. The deadline is March 30, 2005.

Please mark your calendar for this opportunity to join friends in supporting clinical doctoral level social work education, to celebrate the achievements of our award recipients, and for the possibility of winning a summer vacation on the Costa del Sol. ❖

Patricia DeLorme, DSW, is the interim president of the Clinical Social Work Institute

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DID YOU KNOW... A purchase from Amazon.com made through the GWSCSW website results in a contribution to your Society!

Academy for Social Services Training at the University of Maryland School of Social Work.

Needless to say, we thought we should check this out! Here's what we learned.

Why the fees went up

Several years ago, BSWE raised its bi-annual licensing fees significantly. (Different categories of social workers owe different amounts; an LCSW-C would have jumped from \$125 due in 2001 to \$200 in 2003.)

There were two reasons for this large increase, the first increase in ten years. First, the BSWE is self-funded, and the only way to cover expenses and staff salaries is to match costs with licensing fee revenue. There had been two years of shortfall; hence, some increase was needed.

The second reason was that the State had decided to develop and install a new electronic system to make on-line payments possible, with each agency to foot the cost of a *pro rata* portion of this installation. BSWE was asked to budget over a period of years for a one-time charge of up to an additional \$800,000.

What happened next?

A State personnel freeze resulted in some reduction in the staff expenses for BSWE. More dramatically, however, the State decided that the Department of Health and Mental Hygiene should absorb the entire cost of the new electronic payment system – thus freeing up several hundred thousand dollars at BSWE.

What happened to our refund?

There was *never* going to be a refund! Maryland State rules are clear that when there is excess money in an agency's account at the end of the fiscal year, 25% can be kept by the agency for future needs, and the rest is to go to the State General Fund. Any talk of giving social workers their money back came from a hopeful misunderstanding of the rules; such talk did not originate at BSWE.

Here's the good news: social work licensing fees at every level will be reduced by 30% starting with the next cycle (2005). Developing an effective fee structure is complex because of the unpredictable comings and goings of licensees (moving out of the state, retir-

ing, beginning practice, etc). BSWE is hoping that the new fee structure will produce the revenue needed without overburdening its social workers licensees.

And the Academy?

Governor Erlich announced, through his budget proposal, that the BSWE excess funds be designated for what appears to be a social work purpose. Perhaps we should be pleased, since as a rule, excess funds are simply absorbed into the State's General Fund at the end of the fiscal year, to be used without regard to their source. However, in large measure because the announcement came as such a surprise to us all (including BSWE), questions are being raised.

As of this writing, we know very little about the proposed Academy for Social Work Training beyond its name and the possibility that federal matching funds might be available. What has not happened is the kind of thorough fiscal and health policy review we ordinarily expect of our government as it makes budgetary decisions—an open process beginning with public discussion and hearings, a fiscal and health policy review, and a thoughtful determination of needs. Perhaps our concerns are ill founded. However, isn't it possible that the proposed training may be a short-cut for certifying others to do "social work" for less pay? In any case, is a DHR training academy what social workers would consider our most critical need in this time of budgetary distress?

These and other issues should have been discussed before an announcement was made. "Transparency" needs to be more just than a buzzword. When an executive decision seems to bypass the established protective checks and balances, we may be left feeling like victims of a political shell game.

And ultimately, what about the breach of trust?

Let us agree that the State does have the authority to take and spend these moneys at will. Still, does it not amount to a breach of trust when a single specific class of workers is asked to pay large fees ostensibly for covering costs for the monitoring of their profession, and then that money is taken from their Board and proposed to be used to fund a program for a statewide need? Social work licensees were signifi-

continued on page 28

CareFirst Watch Coalition

Mary Lee Stein, LICSW

After two years of legal and economic analysis, the DC Applesseed Center for Law and Justice has issued its report entitled *Carefirst: Meeting Its Charitable Obligation to Citizens of the National Capital Area*. GWSCSW is one of nine current members of the Carefirst Watch Steering committee which has endorsed this report.

The report addresses first whether or not GHMSI (Group Hospitalization and Medical Services, Inc.), which is the District of Columbia affiliate of Carefirst Blue Cross Blue Shield, has an obligation to pursue a charitable, public health mission. With the *pro bono* assistance of the law firm of Covington and Burling, the report concludes that indeed GHMSI is bound by its chartered purpose as a "charitable and benevolent institution." It asserts that GHMSI's pursuit of a charitable mission is consistent with its charter obligation to operate for the benefit of its "aforesaid certificate holders," and that District law requires GHMSI to benefit the public beyond its current policy holders.

The second part of the report had as its "central purpose...to measure GHMSI's financial capacity to meet its legal obligation." To summarize a clearly written and very exciting and thorough analysis, the report

concluded that GHMSI, in order to meet its charitable obligation, could and should be spending approximately \$50 million currently and by 2008 "on the order of \$100 million per year on community activities..." Currently, GHMSI is spending only one million dollars on such charitable activities. This section of the report goes on to begin to identify areas of public health concerns. (GWSCSW responded to the survey which helped inform that inventory).

Not surprisingly, the study showed that "mental health problems are reported to be a leading diagnosis in hospital admissions in the District of Columbia and a crucial issue throughout the region." Several factors were identified as contributors to these problems, but health leaders were unable to point to any current, comprehensive efforts to address the region's mental health needs.

As a member of the steering committee, GWSCSW is in a unique position to take a leadership role in what is bound to become an exciting and significant public conversation about what existing or newly developed services might be supported by GHMSI's likely increased charitable activity. ❖

MARK YOUR CALENDARS...

The METRO DC CHAPTER OF NASW and
the METRO WASHINGTON SATELLITE OF THE INTERNATIONAL PSYCHOTHERAPY INSTITUTE
announce

SEXUALITY IN CONTEMPORARY PSYCHOTHERAPY

A ONE-DAY CONFERENCE FOR MENTAL HEALTH PROFESSIONALS

JUNE 18, 2005

Although training in sex therapy is no longer in vogue, sex still is. Issues of sex and sexuality are ubiquitous, in life and in therapy. Still, many of us feel awkward or untrained in dealing with sex and sexual themes in our practices, creating a safe psychological space for sexual ideas to emerge, or in helping our clients with sexual problems. In recognition of the need to re-open and update our examination of sex and sex therapy, the DC Metro Chapter of NASW and the Metro Washington Satellite of the International Psychotherapy Institute (formerly IORT) will co-sponsor this important event.

Topics to be addressed include:

- The integration of cognitive/behavioral and psychodynamic approaches in sex therapy
- Sexuality in psychotherapy with lesbian, gay, and heterosexual couples
- African American sexuality
- The medical and biological aspects of sexual dysfunction (including medications)

For more information please contact Kate Scharff, Conference Chair
301-469-1477 • kesmsw@msn.com

Legislative News

■ FEDERAL

Richard P. Yanes, Esq.

Federation national legislative priorities for the 109th Congress will include the following:

Mental Health Parity

The Parity bill to be introduced in this Congress will be quite different from the Wellstone Parity bills of previous Congress' in that it will carry the language of the 1996 Act and little else. Depending on the specific language, the Federation will probably give "grudging" support and push for expansion of language to more closely reflect previous versions of the bill. More on this once a final draft is introduced.

By the way, cosponsors for last year's legislation included 70 Senators, 22 of whom were Republicans, and 249 Representatives, 46 of whom were Republicans. Parity also has the verbal support of the President. Hard to figure why it hasn't passed, isn't it.

Stop Taking Our Health Privacy (STOHP)

We anticipate this bill to be reintroduced by Rep. Markey (D-MA) and to have our full support. You'll recall this legislation was introduced to return the requirement of "informed consent" regarding the use of an individual's private health information to the HIPPA regulations after the current administration removed it in 2002.

Skilled Nursing Facility Legislation

We also anticipate this legislation will be reintroduced. As you'll recall, during the passage of the Balanced Budget Act of 1997, mental health workers had to be excluded from the prospective payment system in order to directly bill Medicare for services provided to patients of skilled nursing facilities. Inadvertently, Clinical Social Workers were not so excluded and lost the ability to bill Medicare directly, resulting in a loss of adequate services to those patients.

When attempts to correct the situation by regulation through the Centers for Medicare and Medicaid Services (CMS) proved fruitless, the Federation turned to the Congress. We shall do so again in this Congress.

Completion / Implementation of the Mental Health Commission's Plan

The Administration's Commission on Mental Health Services completed its work and issued a final report in mid-2003. Since then HHS has been charged with the task of developing and issuing an Implementation Plan for the Commission's many recommendations. More than a year and a half later, and failing to meet its own deadlines the Plan has yet to be completed.

The Commission's final report stated "... the mental health delivery system is fragmented and in disarray ..." and called for "... new service delivery patterns and incentives (that) must ensure that every American has easy and continuous access to the most current treatments and best support services." How HHS intends to accomplish this transformation and reach the specific recommendations of the Commission rests within the details of the Plan under development. The impact on mental health services could be profound. The Federation will push for the completion of the Plan and review it to determine future necessary action.

Funding Mental Health Services

Funding mental health services continues to remain a legislative priority, only this year the battle for dollars may prove to be more difficult than in previous years. Not only are the Administration and the Congress determined to cut spending on all programs except security and defense, but also through a little-known budget process called reconciliation, cuts that appear to be slight and acceptable in the early years become cripplingly deep in later years.

Legislation To Watch

In addition, the Federation will review the proposals to privatize Social Security, the 800-pound gorilla of federal spending, and any new attempts by the Congress to push for national identity cards, which could have privacy implications.

Michael Leavitt Nominated New HHS Secretary

Upon confirmation, Michael Leavitt will come to his new post after being named last year as Administrator of the Environmental Protection Agency. He also

served as Governor of Utah for 11 years and the president and chief executive officer of the Leavitt Group, the owner of 100 insurance agencies which sell Medigap insurance policies among other products.

Leavitt has already announced some of his priorities. They include medical liability reform and reduction of health care costs. On other matters such as abortion, embryonic stem cell research, family planning, and sexual abstinence, Leavitt's position, at this point, generally resembles the President's. It is also likely that we will see Leavitt carrying the standard for the President's desire to increase funding to faith-based groups, which in 2003 received \$568 million.

Assuming the Congress is successful in enacting the budget cuts they desire for 2006, Leavitt's department may see billions of dollars eliminated from CMS. Speculation by the pundits, based on Leavitt's record at the EPA, is that at HHS he will defer to industry at the expense of public health.

Leavitt's record on Medicaid in Utah is unclear. Advocates insist he expanded access to health care for

children and helped shape national Medicaid policy. Detractors argue he does not have the requisite health care background and his reforms reduced benefits and increased costs for beneficiaries. In the late 1990's, as Governor of Utah, Leavitt lobbied the Congress to convert the Medicaid program to a block grant, an approach opposed by the Federation and other mental health organizations as it provides significantly less coverage to those in need.

State Legislative Assistance

Finally, here's a plug for those states facing legislative or regulatory action. The Federation offers unparalleled legislative assistance on language, its implications, and strategies through its Government Affairs Committee and its Chair, Laura Groshong, MSW (WA). Laura has extensive knowledge and experience on legislative matters and has assisted many states in responding to, and initiating legislation. ❖

Richard Yanes is executive director of the Clinical Social Work Federation.

■ VIRGINIA

Christopher Spanos

The General Assembly of Virginia has reached the halfway point in their 2005 Session. Thus, all House bills have moved to the opposition Chamber for final action. Senate and Senate bills have moved to the House. When a bill crosses over to the other Chamber, it retains its original designation and number and has the same chief patron. Committees will act on bills that have crossed over within the next two weeks. The final weeks of the session also will focus on the state budget and funding for public mental health services. This interim Legislative Update is divided into sections for ease of reading.

Mental Health Issues

You will recall that HB-2037 to create a Civil Admissions Advisory Council to address concerns regarding temporary detention orders passed the House. As expected, it now is in the Senate General Laws Committee where we understand some consumer organizations may try to have amendments introduced to place more consumer and family member representation on the Council. This bill was introduced by Del. Phil Hamilton (R-Newport News).

The bill to establish a standard for determining whether a person is a danger to himself or others and, therefore, in need of involuntary hospitalization, passed the House Courts of Justice Committee by a vote of 18 to 2 and now is on the House floor. This bill is HB-2110 and it was introduced by Del. Michele McQuigg (R-Prince William County) at the request of judges in her area and apparently is designed to codify court decisions on this topic. Currently, there is no standard in the law for making this determination, although most judges have used the clear and convincing standard proposed in this measure. We have heard that some people have expressed some concerns that this will result in some people not being hospitalized when they need to be. But, involuntary hospitalization is a serious issue since it deprives a person of his constitutional right to liberty, and the courts have determined that a high standard should be in place before this action is taken.

Del. Charles Carrico (R-Independence) saw his HB-2436 pass the House and go to the Senate where it will be considered in the Senate Rehabilitation and Social Services Committee. This measure would allow a pris-

continued on page 12

oner who has been involuntarily hospitalized but no longer is a danger to himself or others to remain in the hospital voluntarily if the need for hospitalization is determined by a physician or clinical psychologist.

SB-714 introduced by Sen. John Edwards (D-Roanoke) passed the Senate Courts Committee and has been referred to the Senate Finance Committee since it may have a fiscal impact. This measure allows for hospitalization of a defendant in a criminal matter if the defendant is so seriously mentally ill as to be unable to care for himself. Under current law, the standard is "imminently dangerous to himself or others."

Sen. Edwards' SB-725 was passed by indefinitely, or killed, in the Senate Finance Committee by a vote of 10 – 5. This measure would have established mental health courts of up to five jurisdictions in Virginia for nonviolent offenders with serious mental illnesses. We do understand that at least one jurisdiction has started a mental health court; it is the belief of many that no legislation is necessary to create these special courts that focus on treatment rather than punishment.

The two identical bills to designate the Department of Mental Health, Mental Retardation and Substance Abuse Services as the lead agency for suicide prevention activities across the life span now look very different.

SB-889 introduced by Sen. Bill Mims (R-Loudoun) passed the Senate as it was introduced. HB-2796 introduced by Del. Viola Baskerville (D-Richmond) was amended so that the Department of Health remains the lead agency for suicide prevention activities among young people and there is no designated agency for suicide prevention activities across the life span. The House Health, Welfare and Institutions Committee was not persuaded about the efficacy of generic, community-wide suicide prevention activities. The Senate bill now will go to the House Health, Welfare and Institutions Committee. The House bill remains on the House floor where it will be voted before the crossover deadline on Tuesday.

Children's Mental Health Issues

SJR-287 was not acted on in the Senate Rules Committee and, since the Committee has not scheduled any other meetings before the crossover deadline, we can presume this measure has failed this year. This resolution was introduced by Sen. Yvonne Miller (D-Norfolk)

to create a legislative subcommittee to study the need for in-state residential treatment for troubled and at-risk youth now served in out-of-state placements.

HB-2245 introduced by Del. Rob Bell (R-Albemarle) has passed the House and is on its way to the Senate. This measure would require the Board of Juvenile Justice to develop regulations for the planning and provision of mental health and substance abuse treatment of youth who are returning to the community following confinement in a juvenile correctional center.

Substance Abuse Measures

The two bills to place a moratorium on new methadone clinics until the licensure standards can be revised to include a determination of the need for the clinic have passed the houses in which they were introduced and have crossed over. HB-1778 with Del. Terry Kilgore (R-Gate City) as the chief patron now is in the Senate Education and Health Committee; SB-753 introduced by Sen. William Wampler (R-Bristol) now is in the House where we expect it will be referred to the House Health, Welfare and Institutions Committee.

HB-2810 introduced by Del. John Cosgrove (R-Chesapeake) to create a drug treatment court in Chesapeake has passed the Senate Courts of Justice Committee and is on the Senate floor.

Sen. Yvonne Miller's (D-Norfolk) proposed Constitutional Amendment to authorize by law the restoration of voting and other civil rights to nonviolent offenders has passed the Senate Privileges and Elections Committee by a vote of 9 – 5 and is on the Senate floor. Currently, the only way rights can be restored to those convicted of felonies is by the Governor. This measure is important to the substance abuse advocacy community because addiction sometimes results in criminal behavior and convictions that, absent the addiction, would never have happened. Following recovery and completion of all debt to society, advocates believe that there should be a predictable process to have rights restored.

Legislation For Mental Health Professionals

HB-1512 introduced by Del. John Cosgrove (R-Chesapeake) has passed the House and is in the Senate Finance Committee. This measure would allow health professionals to claim a tax credit of up to \$500 for 25% of the usual fee for services provided to indigent people, regardless of where the services were pro-

vided. Currently, this tax credit is available only for services provided at free clinics.

The bills recommended by the Joint Commission on Health Care designed to bring Virginia's patient record laws into compliance with the federal HIPAA provisions all have passed the houses in which they were introduced and crossed over. The House bills now will be considered in the Senate Education and Health Committee and the Senate bills will be considered in the House Health, Welfare and Institutions Committee. These bills are HB-2514, HB2515 and HB-2516 introduced by Del. John O'Bannon (R-Henrico); SB-1109 and SB-1110 introduced by Sen. Harry Blevins (R-Chesapeake); and SB-1106 introduced by Sen. Steve Martin (R-Chesterfield). Professionals will want to note that SB-1106 and HB-2514 specifically address mental health and substance abuse records.

Sen. Dick Saslaw (D-Springfield) has his changes to the Fair Business Practices Act past the Senate and in the House Commerce and Labor Committee. This measure is SB-1106. The Fair Business Practices Act governs the relationship between health care providers and insurers/HMOs. The specific changes proposed by Sen. Saslaw relate to claims payment dispute mechanisms; notification of contract changes; and bundling and downcoding procedures.

Two very different bills related to Medicaid overpayments are moving through the process. HB-1753 introduced by Del. Bill Janis (R-Goochland) removes the ability of a provider alleged to have submitted a fraudulent claim from using the processes outlined in the Administrative Process Act to resolve the dispute. This bill has passed the House and now is in the Senate Courts of Justice Committee. SB-1247 introduced by Sen. Bill Bolling (D-Hanover) requires the Director of Medical Assistance Services to issue an informal fact-finding conference decision in appeals after testimony, and services falling outside of the definition of employment for purposes of unemployment compensation.

Del. Bob Purkey (R-Virginia Beach) introduced HB-1556 to create immunity for physicians who render care without charge to indigent patients has passed the House Courts Committee and is on the House floor. This measure adds marriage and family therapists to the following Code sections that list other mental health professionals: privileged communications in civil actions, evaluation of the House floor. ❖

Christopher J. Spanos, Government and Public Affairs Counselor, is lobbyist for the Greater Washington Society for Clinical Social Work and the Virginia Society for Clinical Social Work. He can be reached at (804) 282-0278 or ChrisSpanos@SpanosConsulting.com.

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■ MARYLAND

Annapolis has been quite lively this winter, as Governor Ehrlich called for a special session of the General Assembly to resolve the crisis of escalating medical malpractice rates, only to veto the reform compromise, and then to have that veto overturned.

The legislature's bill (which Ehrlich said represented an "inadequate and incomplete solution" to the problem) freezes the existing cap on damages for pain and suffering, mandates pre-trial mediation and reduces the cap on wrongful death case awards. In addition, it establishes a 2 percent tax on HMO premiums, thus creating a fund to subsidize insurance premiums for doctors (limiting increases in premiums paid by most Maryland doctors to 5 percent this year instead of the scheduled 33 percent) and increase reimbursements they receive under Medicaid.

Don't social workers want and deserve a Medicaid reimbursement increase as well? Does the increase for doctors open a tiny door for arguing for a social worker increase? With questions like these, lobbyist Alice Neily heightens the political savvy and framework for advocacy of the GWSCSW, Maryland SCSW, and NASW-Metro DC representatives at the meetings of the Maryland Legislative Council of Social Work Organizations.

Reviewing bills and taking action

Now that the 2005 Assembly is in session (January 12 to April 11), the Council is meeting every two weeks to review every Senate and House bill that might affect social work scope of practice, the economic well being of social workers, and public access to mental health and substance abuse treatment. Such bills are considered "Tier I" in importance to the Council, and for them, plans are made for immediate calls and meetings with legislators, drafting of letters, and alerting membership via the listserve or phone calls when grassroots action is needed. An example of Tier I would be the Governor's proposed reallocation of the social work licensing fee surplus, discussed in this newsletter (see page 1).

"Tier II" concerns are the broader issues such as expanding insurance to provide health care coverage for all. Such issues matter, but given limited resources, the Council lends its name and the weight of all our

social worker constituents to ongoing efforts by others. Often we become active in a coalition: a perfect example would be the successful efforts to have the legislature override the Governor's veto of Senate Bill 819, a bill protecting Maryland's most vulnerable mental health population from being forced into a managed care system for their mental health treatment.

"Tier III" bills are those that the Council monitors without taking action. If a change takes place that warrants action, such a bill would then be bounced up to Tier II or Tier I.

A step-by-step description of the legislative process can be found on Alice's website at www.capitalconsultantsofmd.com. Any member who would like to learn more, to attend a meeting of the Council, or to become an alternate representative should contact Carol Santucci, Maryland Legislative Liaison, at casantucci@aol.com.

Task Force on access to mental health services

The Task Force to Study Access to Mental Health Services was established by the legislature in 2003 to make recommendations regarding the mental health parity law, barriers and access to care for commercially insured individuals, differences in coverage between the public mental health system and commercial coverage, the structure and effectiveness of the State's mental health delivery system, and the cost of any recommended changes.

The chair of the task force, Dr. David Helsel, has identified the following as top priorities:

- Increased education for providers, consumers, and payers
- Provider panels to meet needs of subcultures
- Increased awareness of appeals process
- Increased use of psychological testing
- An insurance product for "gray zone" consumers. ❖

Alice J. Neily of Capital Consultants is the lobbyist for the Maryland Legislative Council of Social Work Organizations. Carol Santucci, LCSW-C is our GWSCSW representative to the Council.

Our Online Society

This new column will report on recent questions that have been raised on the GWSCSW listserv, along with some of the responses to the questions.

This month's on-line discussion was about a situation where the client consistently canceled at the last minute, or did not attend sessions for several weeks in a row "due to finances". The writer asked advice on either how to engage this client in treatment or how to terminate ethically and with respect to any legal requirements.

Here are excerpts from some of the responses. We will also be exploring with counsel what the potential risks are for terminating with a client and how to protect ourselves in this situation.

- Even with a clause requiring payment for sessions cancelled within 24 hours notice, clients do cancel at the last minute, and it may be a clinical issue. I finally told one that I wouldn't set another appointment with her until she was sure she could make it, and I didn't hear from her. It took almost a year to recover the fees but she finally paid; it was her way of staying in touch.
- Some people may not need to come every week, and you may find a way to accommodate them. But consistently canceling at the last minute is not about finances, it is a power struggle for control, a clinical issue.
- One approach is to indicate that this is a sub-optimal intensity of treatment, and offer to refer the client to lower cost resources. However, it is possible that both therapist and client would respond better to a regimen that leaves the client in control. I have told clients that, because of their unpredictable needs, I would schedule appointments on a space-available basis the day they call. The client would leave me a message early in the morning and I would call back with any times I had available that day. In this situation, I would not carry a balance, but would also tell the client to call only when he/she had the funds available to pay for the session.
- I would not make another appointment until this client paid the balance due, or at least paid a portion of it with agreement to a payment plan for the rest. You are not terminating--you are just not setting an appointment until you've been paid.
- It doesn't seem to me that one is legally obliged to see a client if one thinks the treatment isn't effective because the client isn't there. In fact, it seems to me wrong to keep working in such an unhappy way. When the client calls to reschedule, I would simply say that you feel he/she is not being well served by the current arrangement. It's not working for either of you. A Progress Note should reflect the termination in the client's chart.
- I agree with your concern that proper treatment is not being given. I actually think there may be a liability issue in continuing this way, for example if the client injured or killed him/herself while "in treatment" with you.)

I have occasionally had clients such as this who are both scared to be in treatment, and scared to be out of treatment. Once this has gone on for over a month or two, I think you're within your rights to let the client know you can no longer hold a regular time; that your door will be open when he/she is ready and able to participate in regular treatment (whatever you determine the appropriate frequency to be). If the client does call you back at some point, you could then have a new contract ready. We have an obligation to protect ourselves and our livelihoods, as well as to protect our clients. In the contract my clients sign, I have a sentence saying that treatment will be terminated for lack of payment, and a clause that lays out the client's responsibility for payment for appointments cancelled with less than 24 hour notice, as well as any other service provided which insurance does not cover (collateral contacts like school visits—for kids— etc.).

Money issues may be realistic or clinically based, but they are best dealt with within the treatment.
- Might it help to have a written policy, to be triggered only by specific problems such as a pattern of bounced checks or late cancellations, that would require payment in advance or by cashier's check? I would want to leave the door open; I wouldn't want to let the client's behavior (symptoms?) trigger a loss/cutoff/ending. ❖

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Presidential Profiles: Janis Colton, LCSW-C (1989-1991)

Tricia Braun, LCSW-C

"The 1980s and early '90's were a heady time to be a clinical social worker, as we worked together to bring to life and integrate our vision of what clinical social work could be. During this period, we came into our own as private practitioners. The Society for Clinical Social Work was the vehicle through which we worked. My presidency was one segment of a proactive continuum of action. We all felt empowered, productive and confident that we could reach our goals," states Janis Colton, president of the Clinical Society, 1989-1991.

While Janis entered social work in her thirties as her "fourth career" (following teaching, motherhood, and fiber arts), she says going to social work school was "the best thing I ever did for myself." Forces shaping this move began early in her life. Through adolescence and college, she worked in various children's programs and in an unusual, for that era, camping program for older adults.

In 1969-70, Janis and her family lived in England, which gave her an unexpected opportunity to indulge in her love of fiber arts, studying at a college of Embroidery and Design, a fledgling. Her family's move to Washington in 1973 returned her focus to working with people. Invited to lead a discussion for elderly adults at the Jewish Community Center, Janis was invigorated by the intellectual fervor and zest for life of this group aged 60-94. She expanded her volunteer work at the invitation of Ruth Breslow, MSW, in her newly founded Jewish Council for the Aging, which developed groundbreaking programs for senior adults.

Inspired by the JCA social workers, Janis went to Catholic University for her MSW, with the goal of eventually setting up and administering multi-service programs for the elderly. Along the way, she was co-opted into the clinical track. Starting her clinical career in the Services to the Elderly department at Jewish Social Services Agency, she was reassigned within a few months to identify needs for an agency branch in Northern Virginia and to provide comprehensive therapy services as they emerged, while also setting up a communal structure and local office.

In early 1980, she met Marcie Solomon, who brought her into the Society for Clinical Social Work. The Society, while few in number, was "an amazing group of energetic, creative, proactive, visionary clinicians." A subgroup in Northern Virginia met monthly to discuss cases, ideas, theories or any emergent ideas. Janis soon became chair, which gave her a Society board position. She served on the board for the next 13 years.

During this period, Janis' focus on clinical work deepened and she entered the three-year Advanced Psychotherapy Training Program of the Washington School of Psychiatry. At the same time, the growing administrative needs of her job cut into her clinical load and in 1985, she left for full-time private practice. She says that her Clinical Society colleagues were instrumental in helping her establish her practice, giving her confidence, support and referrals in a most openhearted and generous manner.

continued on page 18

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At this time, the Clinical Society was “the” place for clinical social workers to identify themselves. The National Federation, of which our Society was a part, had been formed in the '70s to fill a void in NASW where there was little focus on either psychotherapy or private practice. “The Society gave credence to the work we were doing and encouraged all aspects, clinical, theoretical and practice issues. It also taught its members to believe they were worth being paid” for their work. Janis says it’s hard to fathom today, but the belief that it was okay to make decent money was novel and strengthening to many.

The early years of the Clinical Society was a time of high energy. People were welcomed into the Society with open arms and given as much responsibility as they were willing to handle. Board meetings were exciting; parties to raise needed funds were great fun. There was a strong sense of purpose and collegiality.

The success in obtaining licensure and vendorship moved clinical social workers to look more closely at other aspects of their profession. The tangible recognition of their capacity and worth empowered them to move from the quasi-professional reliance upon psychiatry for training and supervision. Along with

licensure also came the need for CEUs. “The challenge to meet these new requirements was a natural for our Society.” The DC Society had been known early on for having one outstanding day-long conference yearly and fledgling courses had been explored. As part of her presidency, Janis supported Marion Usher to be chair of the Education Committee. Marion created offerings and structure, utilizing our member’s talent and knowledge, to meet the new needs. The Supervision Course, which had been developed by Anne Stephansky and Connie Hendrickson, became a potent force in providing trained supervisors. It was especially empowering for new clinicians on their way to licensure to be supervised by successful, confident members of their own profession. This course was the prototype not only for Clinical Societies nationally, but was adopted by the Washington School of Psychiatry.

During Janis’ tenure, the Clinical Society gained over 200 new members, going over the 600 mark and becoming one of the larger Societies nationally. This increased size created a challenge to establish new processes and procedures to keep members involved and to fulfill the needs of a now mature profession. Janis also believed it important for all branches of Social Work to relate to each other, so she tried to

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reconnect with NASW on mutual issues. Although, sadly, this has not “evolved in the way we wished,” there was some alleviation of tensions. A priority for her was an emphasis on grooming the next group of leaders. “We thought a lot about giving people opportunities and spent time encouraging them.” As she looks back, she says she could not begin to list all the remarkable people who were there for her and the Society. A very few of these include Ruth Cohen, Leonora Burger, Alice Kassabian, Golnar Simpson, Nancy Lithgow, Peg Isenstein, Dorothy Allen, and all her Board and committee chairs

Following her presidency, Janis remained involved with the Society. She taught a course on aging, which evolved into an ongoing adult development study group, and she participated in the mentoring program. She continued as a member of the Curriculum Committee for the emerging Clinical Social Work Institute. The national Clinical Social Work Federation asked her to co-chair, with Jane Strauss Novick, past president of the Connecticut Society, a committee on restructure, which developed a plan that integrated the many theoretical sub-groups of clinicians into our rapidly expanding national organization. Janis was active in ICAPP (the International Committee for the Advancement of Private Practice in Clinical Social Work), whose yearly conferences brought scholarly and creative thinkers together. She was a supervisor

of students in the *Dynamics of Psychotherapy* training program of the Washington School of Psychiatry. With Ruth Cohen, she taught a course *Women at Midlife* for the Smithsonian Associates Program.

At this point in her career, Janis maintains a part-time practice in her Chevy Chase home office and is having great fun in her expanded free time indulging her interests in the fiber arts, literature and Jewish History and thought, traveling with Bob and enjoying her six grandchildren.

Janis says that she has worked with the cream of social work—talented, generous, caring human beings. “The more they accomplished, the more they were inspired to keep moving forward.” Her participation in the Society has been a satisfying, empowering part of her professional and personal life. Janis notes that the Society is in a different stage today. The health care environment faces new realities with managed care and the diversity of intervention theories. Yet, social workers, with their training in working with the whole person are positioned to spot new opportunities and to write new scripts for the profession. They have a history of being pioneers. “For us, the values and beliefs in collaboration, emphasis on risk-taking and innovation, and shared responsibility on which the Society was founded have continued to draw out the best in people, supporting our mutual bond and assuring our continuity.” ❖

Consortium for Psychoanalytic Research
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For more information and to register, call GWSCSW at 202-537-0007

Governors Roll Out Long Term Care Campaign: Own Your Future

Charles W. Rahn, LCSW-C, Ph.D.

Social Workers are increasingly faced with the challenges of helping their clients deal not only with their psychological and emotional problems, but also with the physical, i.e., how are their clients going to receive care when they are old, sick, or disabled and unable to care for themselves. As the 77 million baby boomers approach retirement or are part of the newly retired, long term care issues are becoming daily issues. Statistics show there is a 50% chance that we and our clients will need some form of care at some point in our lives. Interestingly, long term care is not just for the elderly. In fact, 40% of those receiving long term care are between the ages of 18 and 62.

Recognizing the need for the public to understand how long term care can affect their lives, the Federal government in March of 2002 began offering long term care insurance to federal employees and retirees. On January 10, 2005, Governor Mark Warner of Virginia in cooperation with the Federal government, launched a long-term care awareness campaign called "Own Your Future" (website: www.ltcaware.info), along with four other states (Arkansas, Idaho, Nevada, and New Jersey). The Governors are sending out letters to all residents between the ages of 50 and 70 alerting them to the impact of long term care on their lives and how they can plan and own their future. These letters encourage residents to order Tool Kits that give specific information about long term care. Those who recognize the importance of long term care planning see taking control of their futures as a critical part of any financial plan.

There continues to be a great deal of confusion for us and our clients about the role federal programs like Medicare and Medicaid play relative to long term care. It is important to understand that Medicare does NOT cover long term care, only skilled care. After having spent three days in a hospital a patient can be referred to a facility for continued skilled care with full Medicare coverage for up to 20 days. From the 21st to the 100th day there is a co-pay of approximately \$105 per day, but again, only for skilled care, i.e., the patient must be improving. Medicare does not cover custodial care which constitutes the majority of long term care.

Medicaid on the other hand covers long term care but ONLY after you have spent down most of your assets to a state specific predetermined level.

Increasingly, we are seeing articles and e-mails about how states are dealing with issues of social security, medical coverage (HMOs PPOs, private pay, etc.) and how long term care fits into one's overall financial planning. It is important that as clinicians we avail ourselves of information that will help us, as well as our clients and our loved ones, take control and plan for the future so that we are not a burden to our children and loved ones. ❖

Charles W. Rahn, PhD, LCSW-C, CLTC (formerly GWSCSW Membership Chair) is Senior Associate, Long Term Care Institute. He can be reached at 301-493-6841.

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Out & About

Tricia Braun, LCSW-C

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...

In December, the Student Government Association of Howard University invited **Jewell Elizabeth Golden** to present *An Overview of Licensing*, and a similar workshop was presented to students at the University of Maryland, Baltimore Campus.

Joel Kanter has been busy lecturing on Clare Winnicott. In October, he spoke at the Planned Environment Therapy Trust in the Cotswold area of England; in November at the Indiana Society for Psychoanalytic Thought, and in February at the Illinois Society for Clinical Social Work. His related article *Let's Never Ask Him What to Do: Clare Britton's Transformative Impact on Donald Winnicott* was published in a special January 2005 volume of *American Imago* on D.W. Winnicott. (Email him for a report at joelkanter@yahoo.com). Also in February, Joel gave the Rebecca Cohen Lecture, co-sponsored by the Institute for Clinical Social Work and the Chicago Council for the Jewish Elderly on *The Half Full Nest: Aging Parents and Dependent Adult Children*.

One of **Marilyn Austin's** poems received an Editor's Choice award and was published in a new book called *Invoking the Muse*.

In October, **Christine Erskine** and Marshall Alcorn presented their co-authored paper *Capacity for Participation in a Liberal Arts Education: Insights from Attachment and Theory of Mind* at the 10th Annual Conference of the Association for Psychoanalysis of Culture and Society. Christine is presently a fourth-year Candidate at the Washington Psychoanalytic Institute.

"FOCUS", a black and white photograph by **Ruth Neubauer**, won an Honorable Mention at the opening of the 2005 Ellipse Photographic Show, which was held at the Ellipse Gallery in Virginia. Ruth's photographic website is www.liminalspace.com.

Kate Scharff's book *Therapy Demystified: An Insider's Guide to Getting the Right Help (Without Going Broke)* is now available in bookstores and on Amazon.com. Kate says it is "simple without being simplistic, and comprehensive without being overwhelming, this no-nonsense guide pulls back the curtain on the therapy profession."

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

A Night at Night Court in the South Bronx: Another Subtle Letting Go

by Ruth Neubauer, LCSW-C

I thought I knew what a public defender does, having “hired” one myself many years ago for a stalking incident. The truth is, I had no idea. A visit to night court in the south Bronx was my education one icy-cold January night just weeks ago, on silent slippery streets where nobody really walks around after dinner-time. I was in New York City for a psychoanalytic conference which began the next day. Why not go to night court and see what my son, David, really has been doing these last dozen years.

At 10 pm, the cab left me off on the wrong corner near the Criminal Court House. Feeling lost there was unusually uncomfortable for me. Three people pointed me to the wrong building. So much for knowing anything about where this bleak and hidden life is going on. So much for knowing your neighborhood.

What looked like a hollowed-out old bank was my introduction to the space. Fluorescent lighting flickered high up on 20 ft. ceilings as I passed through security and the several other police in lively conversation with each other, decided to hold my camera until “later”. Later was to be 1:15 in the morning.

Up the escalator and nearing the courtroom, several people were milling around. People with various skin colors and informal dress with serious, worried expressions.

No Caucasians, I noticed. And nobody was talking. It looked like a slow motion film of a very few unrelated, folded-over people pacing. I peered into the courtroom where the door was open and saw David who warmly ushered me inside. His quick body movements made it clear he was exceedingly busy. If the idea of “the bar” is represented by the wooden divider which separates the rows of silent, sullen, sitting witnesses clearly awaiting their loved ones’ fate for the night, then it was behind the bar or through the bar that I was invited to sit with the 3 other public defenders from The Bronx Defenders.

Fluorescent light is harsh and something didn’t smell good. I took off my coat, hat, and gloves and happily accepted David’s invitation to follow him inside. What I did not know was what “inside” meant. There are layers of inside. Inside first was through an anonymous door from the side of the courtroom to the first set of locked, loud, metal doors. A kind of gigantic heavy chicken-wire look. It smelled bad. The lighting was raw. The floors were dirty.

Completely unprepared, I was stunned by what I saw next. Sets of hands grasping vertical bars. I asked David to wait a minute (so I could breathe) but he didn’t hear me. I couldn’t move for a moment. I needed moments to absorb this visual affront. Behind the bars,

behind the hands—were many, many men. They call this the Pen. It is a space that is about 14 feet square with one bench around three sides on which some men are lying down. Some with jackets on. The others are standing. Most are standing. Waiting. Waiting. They are Hispanic, Asian, and African-American faces. No white faces. There are three such pens lined up in a row. Two for men. One for women. Lined up in a row. Locked pens. An apt name. Several police hold the all too familiar huge key rings which make the sound you remember from the movies. It’s very very loud. There are many large keys. They clang together and they resound and reverberate in this relatively small unsightly, hidden-away, locked-down place. It was hard not to stare and it was hard to look away. I wanted to find a way to be respectful. White lawyers. A white judge. A white Mom visiting. A lot of hands grasping. A lot of eyes looking out. Men and women waiting, waiting, wanting to get out.

David began his nightly call. Holding a set of folders, randomly collected from the ninety some-odd cases on the docket for this evening, he began to shout out names. One at a time, the police unlocked the clanging door and one at a time one person followed us back - and then further back - in through the labyrinth of dimly lit spaces to a small Formica table with two green plastic chairs on

either side. I stood by. David introduced himself and asked each person whether he understood why he had been arrested. He managed, in a professionally-succinct few moments to review the individual's chart, come up with possibilities, talk them through their options, assure them as much as he could—just short of a promise 'cause we don't know what the judge will say—that he'd be able to get them out this very night, and then asked them to return to the holding pen. And wait to be called. But not without touching them. On the back. On the shoulder. On the arm. Somewhere, he touched them. Literally. All night he did this. For over eight hours. For over thirty cases. He physically let each person know he was there. For them. Really there for them.

From 5:00 PM until after 1:00 in the morning, David and his colleagues processed 90 men and women through night court. One at a time, they appeared, ushered out of the locked pen and into the courtroom by police. Standing next to their defense attorney, surrounded by police, hands clasped behind their back, they appeared before the judge hearing first the people's case against them, then their defense lawyer's remarks. Each set of remarks was thoughtfully, albeit efficiently and quickly, pleaded to the judge. Although every case that night happened to be a misdemeanor, every case was treated as unique. Every statement, of few deliberate words, was essential.

The 56 year old man who had never been arrested before had been stopped at a check point and arrested for alcohol levels. He had been celebrating the birth of a child with some relatives.

Although he would not have to spend the night in jail, he would have to report this incident to his job the next day to see if he could get a lawyer through his job. He drives a bus. His license is likely to be revoked. He'll be unable to earn a living and continue to support his family.

The middle-aged woman, right in the middle of detoxing from heroin, promised to see the social worker the next day. She could hardly keep her eyes open. Her husband, she said, was next door. The young man with the baggy jeans was arrested for possession of weed. He hoped to get out in time to get to his night job. And so it went. Ninety cases. Ninety releases. A lenient, caring judge that particular night. And then there were the Others. The race against time for the night meant that the Others would spend the night in jail. It was random. Eyes kept peering out hoping to hear a familiar name called. Until at 1:00 AM, no more names were being called and the lawyers, quite bleary-eyed themselves, went home.

The court stenographer hardly moves. The table with the records is busy all night. This is a ritual. A ritual of justice. A ritual never seen. Way back behind doors and bars and building facades. The ritual is important in its own way as it is a process and gives structure to what would, otherwise, be impossible to wade through. The ritual also homogenizes and works against the uniqueness of each human being's story.

Successes in night court are small and significant. Nothing anyone who isn't actually there can see or know. Success becomes something

inside which gets constructed over long, arduous hours and hours of working on the front line and finding satisfaction in the deeper and growing awareness of the human condition. It is a privilege to watch these lawyers work.

That night it was clear to me that, once identified or arrested, we are all guilty until proven innocent although I am grateful that the law reads the other way around.

Even with a devoted, smart, warm, caring defense lawyer. Even with a lenient, caring judge. It's about getting out. You wait until someone decides. You're in until you're out. It's about each decision being predicated on a mood, a moment, a judgment of faith in the person, and values—and fears and prejudices—we hold about each other.

I was also aware of my own feelings watching my son. There was a new and different experience of distance—of separateness—of his belonging, or rather not belonging—to me. It was as though I understood something more about a subtle level of loss. David belongs to the people and to his work. To the life he has so cautiously, conscientiously, rigorously constructed. To using his talent and his heart in the service of others. Others who have no voice of their own. ❖

As parents and as social workers, our task is to help our children/ clients become attached to us, and then to help them leave us. Throughout life, we deal with attachment, separation and loss. We will continue to explore this theme in future REFLECTION columns. D.S., editor

VISIT OUR WEBSITE:
www.gwscsw.org

Kudos for Our Newsletter

Margie Howe, CSWF Membership Chair sent a letter to the presidents of each of the societies in Clinical Social Work Federation. She congratulated the GWSCSW president Margot Aronson and the newsletter editor Diana Seasonwein and her staff for producing a "great" newsletter. The newsletter, she said, reflected the diversity of talent, interests, and the variety of issues concerning GWSCSW. Margie then pointed out the many positive features of the newsletter, with its focus on educational, marketing, and membership development, and reviewed the December issue page by page. She found 26 specific elements to highlight as excellent examples that the other societies might want to implement in their publications.

Jan Sklennik of Print Matters, our publisher, has been a constant during changes in editorial staff. She keeps us on deadline; and is responsible for the handsome layout of each issue. Nor could the newsletter excel without those of you who submit news articles, profiles, and columns. In the end, though, the bulk of the work falls on the editor—thank you, Diana! ❖

And from the Editor...

Diana Seasonwein, LCSW-C

I am overwhelmed by the praise for the newsletter and all of the congratulatory notes on the listserv. But honestly, this newsletter is the product of many—Margot, Jan and I are a good working team. And all our members who are providing so much to our Society and to our community at large are also providing us with the material that we publish in the newsletter. We have changed our name to NEWS & VIEWS, to reflect the interactive nature of our publication. Thank you all, and let's keep up the good work! ❖

Did You Know That...

There is a program called RAINBOWS, headed by Society member Martha Horne, LCSW-C?

The mission of RAINBOWS is "To foster emotional healing among children grieving a loss from a life-altering crisis." The loss can be divorce, death, separation or community crisis. RAINBOWS addresses these losses by providing curriculum and training for 20 sessions of peer support groups. The groups are held in schools, faith communities, hospitals or social service organizations, i.e. where the children are. There is no cost to the participants or their families. The cost of the program is shared between the site (school, etc.), the local chapter and RAINBOWS Headquarters. Often the program is run at lunchtime or right before/after school, meaning that parents do not need to make special trips outside of school to take children to the groups. To find out more, contact Martha Horne at 301-495-0051 or rainbowsmaryland@aol.com.

Society member Pamela Brewer, LCSW-C, PhD has a radio show called MyNDTALK?

Pamela writes, "For those of you who are not familiar with MyND-TALK (relationship and mental health program on 89.3 FM), here's a lovely email I just received from the General Manager of a station in St. Louis that is carrying the show. While the email is addressed to other radio stations, I wanted to share it with Society members."

I can't suggest strongly enough for people to try this program live on your stations. We've received many positive comments. In my previous occupation as a licensed psychotherapist (LCSW) in another state and as an experienced pastor, I had a bad opinion of most so-called "radio therapists." As a General Manager / Program Director, I would normally avoid such programs if I had a choice; however, MyNDTALK is a truly refreshing change. I think this is because of Dr. Brewer's personality and because, rather than being a talk show host with a degree, she is still a practicing psychologist who has hosted this show once a week as a resource in Washington, D.C.

There is a study group for those working with clients with Dissociative Identity Disorder?

The Dissociative Disorders Study Group is a clinical consultation and study group that focuses on the application of various clinical approaches to working with trauma victims. It meets at the Psychiatric Institute of Washington, 4228 Wisconsin Avenue on the first Friday of the month from 7:30–9:30 PM. We use Putnam's basic text on dissociative disorders as a reference, but have broadened our focus to the understanding and treatment of trauma and the importance of shame as a core issue for many of our clients. We welcome new members. For more information, call Sheila Cohen at 301-652-0995. ❖

Board Appointments, continued from page 3

Lindsey graduated from Wittenberg University with a major in East Asian studies and a minor in women's studies. Moving to DC, she spent her workday in the world of business, but after hours volunteered at Sasha Bruce House, mentored high school students for the College Bound program, and worked with mentally retarded adults.

After several years, Lindsey realized that her primary interest lay in what she was doing after work hours. Now a second year MSW student at Catholic University, she is interning as a therapist at Potomac Ridge Behavioral Health Center in Rockville. ❖

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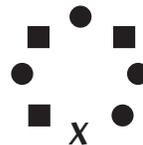
Lessons learned from the Children's Psychotherapy Project will be the focus of the spring GWSCSW dinner meeting on Friday, May 13. Jane Nielson, MSW, and Richard Ruth, PhD, will discuss how long-term psychodynamic work with foster children differs from work with other kinds of disadvantaged children, and the impact of this work on therapists' sense of personal effectiveness and identity.

The Children's Psychotherapy Project was featured in the December 2004 newsletter; the article can be found on website at www.gwscsw.org.

Psychologist and psychoanalyst Richard Ruth is a member of the steering committee of the Child and Adolescent Psychotherapy Program at the Washington School of Psychiatry; a clinical faculty member at the George Washington University Center for Professional Psychology; and clinical director of the Washington DC Area chapter of the Children's Psychotherapy Project.

Jane Nielson is co-chair of the Child and Adolescent Psychotherapy Program at the Washington School of Psychiatry; director of the Lebowitz Center for Youth and Families (the child and family clinic of the Washington School of Psychiatry); and a member of the steering committee of the Washington DC Area chapter of the Children's Psychotherapy Project.

For more information about the dinner meeting, call the GWSCSW office at 202-537-0007, check the website, or watch for the flyer. ❖



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COMMITTEE REPORTS

Annual Conference

Connie Hendrickson, DSW

The conference committee is busy taking care of the final details for the April 8 Annual Conference with Frederic Reamer. Anyone interested in helping out should contact me at 202-322-0134.

It's not too early to think about next year's conference—we'll need a new chairperson, some volunteers, and ideas! Email Margot Aronson at malevin@erols.com to get involved.

Continuing Education

Dolores Paulson, DSW

Developing the procedures for making CEUs available for GWSCSW study groups and seminars (see page 28) has been a major focus of committee meetings lately, but we've also begun working on plans for the 2006 Continuing Education schedule. Our thanks to those of you who have submitted ideas and course offerings.

Directory

Connie Hendrickson, DSW

By now you should have received your 2005 Member Directory. If not, please call the office (202-537-0007).

Please take a moment to check your listing to make sure there are no errors. If you find there are, or you need to update your information, please call the office with any change or fill out and return the form on page 31 of this newsletter.

Ethics

Robert Fenton, LICSW

In the past I have served as chair of the Ethics committee and of the membership committee; currently I am on the education committee. I am looking forward to working with our membership as the incoming chair of the ethics committee.

Please contact me at fenton@aol.com if you're interested in joining the Ethics committee.

Membership

Maurya Brenneman, LCSW-C & Melinda Salzman, LCSW-C

In December, the Membership committee initiated phone calls to members who did not send in annual dues. Many members chose to renew, having forgotten to do so by the deadline. As a result we were able to include several people in the 2005 Directory at the last minute. However, a small number of members chose not to renew, citing reasons such as cutting back on private practice to spend more time with family, living too far from the metro area to attend GWSCSW events, or being on a budget and cutting back practice expenses such as dues. We believe that when members feel connected to the Society, they are more likely to continue attending events and remain active. Therefore, the membership committee continues to seek current members who are willing to function as Ambassadors to our newer members. We are asking for a one-year commitment to this

role. If you are interested, please contact Melinda Salzman at (301) 588-3225 or Maurya Brenneman at (301) 681-2282.

Mentor

Kate Scharff, LCSW-C

I have agreed to take over from Tricia Braun as chair of the Mentoring Committee, and to pick up on her efforts at its revitalization. Our aim is to develop the committee into an active resource for new clinicians (or those new to the DC area) who are seeking the guidance and support of more seasoned practitioners (as well as from their own peers), around such issues as professional development, job-hunting, post-graduate training, continuing education, licensing, and networking. We're hatching plans to hook up with Nancy Simon and Lindsey Clarke of the Student Interest Committee to bring mentoring groups into local schools of social work, and are hoping to run other groups in the community—in addition to one-on-one mentoring. I'd appreciate hearing from you if would like to:

- Offer your services as a mentor—individual or group (or visit www.gwscsw.org to download a mentor application)
- Be matched with a mentor (again, visit www.gwscsw.org for an application)
- Be advised of ongoing developments in the mentoring program

- Serve on the mentor committee

Many thanks! I can be reached at kesmsw@msn.com or 301-469-1477.

Newsletter

Diana Seasonwein, LCSW-C

As always, we are looking for more help with writing, editing, and proofreading. The bulk of the work takes place for about two weeks in February, May, August, and October, and we'd welcome your help. Articles or ideas for articles are also welcome; send them to *diana.seasonweinclsw@verizon.net*.

Outreach

Tybe Diamond, LCSW-C & Susan Post, LICSW

The Outreach Committee continues its efforts to establish a more direct and formal connection with our community. Most professional associations have ongoing outreach and *pro bono* projects in which their members participate. In our area, for example, the Washington School of Psychiatry has outstanding, active projects in Anacostia.

We are in the process of having conversations with a number of community organizations regarding their needs and whether there would be a good match with what our society members have to offer. Walter Reed military hospital is interested in our membership working clinically with injured and traumatized soldiers returning from the Middle East, as well as with their families. This could involve both individual and group work, but there is a sense on their part that volunteers would likely need to commit about a half day

weekly to make such a program successful.

We have had meetings as well with mental health leaders in Montgomery County, including directors of the Mental Health Association and the Department of Health and Human Services. Both are excited about the prospect of forming a close and active relationship with our society, and are interested in our participation in the areas of advocacy as well as direct service to clients. Most of this work would be *pro bono*, though there may be some opportunities for paid service. Interestingly, they note that they have historical collaborative ties with the psychology and psychiatry communities, particularly in the area of advocacy, and feel that strengthening the ties between social work and their organizations should be a major priority.

We are at a point in our discussions at which we need information from YOU. To that end, you will find inserted in this newslet-

ter a "survey" which we strongly hope you will fill out and return to us. It is broad, as we really want to pursue projects that reflect the interests, availability and expertise of our membership. Please take a few minutes to think about this and respond.

Our committee, which includes Linda Kuzmack, Alina Schwiep, and Martha Horne, thanks you in advance for your help!

Referral Panel

Eileen Ivey, LCSW-C

The work on the 2006 Referral Panel Directory is in progress, and we are hoping to have panel member web pages online soon. Please let the GWSCSW office know at 202-537-0007 if you have a connection to a psychiatric hospital, medical office or other facility that could make effective use of the Panel Directory in making referrals. ❖

Welcome New Members!

Full Members:

Maria Cunha, Kathryn Cunningham, Carol Kutzer, Mancy Markoe, Wanda Sabin, Melvin Shandler, Doris Snow

Graduate Members:

Kathryn Phillips, Jim Present

Doctoral Student Members:

Robin Williams

MSW Student Members:

Candice Gentry, Susan Harding, Catherine (Kit) Mason

Retired Members:

Alice Morgan

CEUs for Study Groups

Dolores Paulson, DSW & Audrey Thayer Walker, LICSW

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

A study group can be a wonderful resource for Society members, since no fee is charge for participation and members themselves can establish the size, time, place, frequency, content and learning objectives of the group. Generally these groups are led by peers, though they may be leader-led. Group discussion may utilize resources such as books, articles, films, case examples, or even call upon relevant outside expertise. The chair of the Continuing Education Committee and the vice president for Educational Affairs are available for consultation if needed. Each study group should select a coordinator to record attendance and document educational content for each session.

The role of the Continuing Education Committee will be to administer the CEUs, annually, after certain documentation has been reviewed. (Individual members will be responsible for transposing Contact Hours into operational CEU credits, in accordance with requirements for Maryland, Virginia, and/or the District of Columbia.) Any study group seeking CEUs must annually submit the following:

- The learning objectives of the study group
- Educational content of the study group including a bibliography
- A list of participants and a list of their attendance at each meeting
- Each member must complete an evaluation form.
- A check for \$10 per participant payable to GWSCSW is required at the end of the academic year to help defray the costs of administering the program.

If you already have a study group and would like to formalize it under GWSCSW auspices or if you are interested in forming a new study group please contact Dolores Paulson, 703-790- 0786 to make the necessary arrangements. ❖

BSWE Funds, continued from page 8

cantly overcharged. What a dangerous precedent to permit an overcharge to be arbitrarily made and then, in effect, confiscated and treated as a windfall by the executive branch!

By the time you read this, it is likely that decisions will have been made in Annapolis. Perhaps in support of the Governor's proposal, or perhaps in favor of more open consideration of the proposed Academy and, hopefully, how best to handle the BSWE fund. Meanwhile, your Legislative Council of Social Work Organizations (with representatives from GWSCSW, NASW-DC Metro, and Maryland SCSW) and lobbyist Alice Neily will be addressing our questions and concerns to DHR and to legislators.

We look forward to public discussion, and will keep members informed on our listserve and our website (gwscsw.org). If it appears that our members can influence the ultimate results, we will put that on the listserve, too. ❖

INFANT MASSAGE CLASSES

Infant Massage, a "language" for parent-child bonding, may now be learned in four one-hour sessions with a Certified Infant Massage Instructor. (The instructor demonstrates with a doll; only the parents actually touch their child.)

Infant Massage classes gives parents a tangible sense of their own power to soothe, comfort and nurture their babies. It teaches how to read the cues their babies are using to express their emotions, and how to engage in loving, tension-easing patterns of touch. Parents report that after a massage, their babies sleep better, have an easier time with feeding, and experience fewer stomach upsets.

Studies show that a regular program of infant massage can

- ~ Relieve baby's tension
- ~ Improve baby's digestion
- ~ Increase muscle tone and coordination
- ~ Stimulate circulation
- ~ Stimulate nervous system and brain functioning
- ~ Stimulate the immune system
- ~ Promote longer and deeper sleep patterns

The touch in Infant Massage communicates love and acceptance, helping the child's emotional and physical growth.

Eunice Dubuque-Aronson
Certified Infant Massage Instructor
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Outreach Committee Survey

Tybe Diamond, LCSW-C and Susan Post, LICSW

We are conducting a survey to learn more about GWSCSW members, their interests and their opinions about the Outreach Committee establishing and coordinating a *pro bono* arm for social work services for our Society. Such services would make our Society more relevant to our community as well as demonstrate the services that Clinical Social Workers are trained to provide. While our goal is not to fulfill the public relations mission of the Society, clearly demonstrating what we do and developing relationships in the community that represent the Society is perhaps the best method of heightening awareness of the GWSCSW.

Your participation is important to ensure that the survey accurately reflects the views of our membership as well as members' interests and availability to work on a *pro bono* project. All the major mental health organizations in our community have *pro bono* projects now operating. Most corporations, accounting and law firms encourage their partners and executive staff to volunteer in the community to augment the image of these firms, to establish visibility and to give something back to the community.

Please take a few minutes to complete this questionnaire and return it to the address listed at the end of the survey. We would appreciate your response as soon as possible. Thank you for your participation!

PRO BONO SURVEY

If you are interested in volunteering to be part of a *pro bono* project, where do your major interests lie? (Check all items that interest you and rank order your preferences from 1, indicating high interest, to 10, indicating low interest, by placing a number before the square.)

- ___ Providing clinical services to returning military and their families
- ___ Providing clinical "counseling" to students and their families. Please specify the age range that interests you: _____
- ___ Providing clinical services to psychiatric facilities and medical hospitals
- ___ Providing clinical services to the court system (staff a/o clients)
- ___ Providing clinical services to community-based programs such as group homes, shelters for battered women, return-to-work programs, etc. Please specify: _____
- ___ Providing clinical services to independent living programs, nursing homes, assisted living programs or community based programs for the elderly, etc. Please specify: _____
- ___ Providing clinical social work services as part of disaster relief programs
- ___ Providing clinical supervision to agency social workers
- ___ Providing low-cost psychotherapy or psychoanalysis to clients who are in need of such services and are unable to afford them
- ___ Providing low-cost organizational consulting

Some of the above activities could include working with groups, individuals and staff and might require a commitment of close to 5–10 hours/weekly. At this point we simply do not know, though we are exploring this issue with relevant community contacts. What is paramount at the present time is to learn how many hours a member might be willing to commit to any *pro bono* activity that may interest them. Please comment on your availability: _____

Name _____

Address _____

Email _____

Phone _____

Thank you for taking the time to complete this survey. Please send your response to: Outreach Committee, c/o Tybe Diamond, 4707 Connecticut Avenue NW Ste. 205, Washington DC 20008 or fax to 202-338-3368.

GWSCSW Course Offerings 2005

This year we are offering courses which have been especially designed for recent MSW graduates as well as members beginning a new interest. These courses are starred (☆). Please note, fees are reduced by 50% for members who received their MSW within the last five years. Some scholarship funds are available. Participants will be issued a Certificate of Attendance at the conclusion of each course which will document the hours attended. CEUs are available.

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

☆ Classics Revisited

This year we invite you to return to the classics. We are pleased to offer you an opportunity to study with several of our analytically trained practitioners as they explore clinical papers which have become a part of the cannon of psychotherapy literature. How seminal theoreticians think about topics such as depression, defenses, the Oedipus complex and envy is discussed. Experienced and novice practitioners are sure to find the discussion of these papers relevant to their current clinical practices.

The Interpretation of Dreams

The Interpretations of Dreams was Freud's seminal work on primary and secondary mental process, that formed his framework for the workings of the mind, conscious and unconscious. Freud's proposed single theory of dreams contained in *The Interpretations of Dreams* has been fraught with ambiguity, contradiction and inconsistencies. This work is discussed through the lens of Michael Robins' article, *Another Look at Dreaming*.

Diane L. Rainey, PhD, LCSW
7700 Leesburg Pike, #425
Falls Church, VA 22043
703-734-1103

Friday, 2:00 – 4:00 PM
March 18, 2005
Members: \$30
Non-members \$50

☆ When You Get Old, You Don't Get Too Many Hugs: Psychotherapy with Seniors

Working with the older adult in treatment offers special challenges and gratifications to the therapist. The effect of aging-related physical and mental changes and losses on self-esteem, self concept and coping ability as the adult grows old will be explained. The unique transference and counter-transference experiences and techniques for identifying and dealing with them will be examined. In some ways, therapy with seniors offers another, or perhaps first, opportunity to sort out past from present, to come to terms with their lives and prepare for death, providing some of the most intimate and poignant moments in a therapist's practice.

Judy Ratliff, MSW, LCSW
7643 Leesburg Pike
Falls Church, VA 22043
703-758-1660

Fridays, 11:00 AM – 1:00 PM
2 sessions: April 14 & 21, 2005
Members: \$60
Non-members \$100

■ Introduction to Intensive Short-Term Dynamic Psychotherapy

This course familiarizes therapists with the theory and technique of ISTDP. Davanloo's theory is based on the understanding that what gets people into trouble in life are the defenses they erect to avoid experiencing their feared unconscious feelings. This approach is about getting to those feelings as quickly and deeply as possible. Video tapes will be used to illustrate various concepts.

Barbara Cristy, MSW, LICSW
Kathleen Kenyon, MSW, LCSW-C
2801 New Mexico Avenue NW #617
Washington, DC 20007
301-565-0021

Saturday, 10:00 AM – 1:00 PM
May 7, 2005
Members: \$45
Non-members \$75

GWSCSW COURSE REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Office Phone (_____) _____

Social Security No. _____ - _____ - _____

Years in Practice _____ GWSCSW Member

Courses:

_____ \$ _____

_____ \$ _____

Payment Enclosed: (make check payable to GWSCSW) \$ _____

Please return to:
Dolores S. Paulson DSW
7643 Leesburg Pike, Falls Church, Virginia 22043

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

ADVERTISEMENTS

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

Classified Ads: 75¢ per word	Display Ads: Full page 7 x 9¼	\$300	Half page	\$175
Minimum price \$15 (20 words)	Quarter page 3¾ x 4½	\$100	Horizontal: 7 wide x 4½ high	
	Eighth page 3¾ x 2¼	\$ 50	Vertical: 3¾ wide x 9¼ high	

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

OFFICE SPACE AVAILABLE

TENLEY: Bright, sunny nice-sized (180 SF) office; two blocks from Tenley Metro stop; excellent parking. Call 202-966-7498.

DUPONT CIRCLE: Beautiful, large, light, well-furnished office with a view of the Dupont Circle fountain available to sublet. I am only using this office part-time and am interested in sharing the office. If interested, please call Susan Segal, 202-463-7188.

GROUPS

ADOLESCENT THERAPY GROUPS: 15 ongoing psychotherapy groups for middle school, high school and college. Call Britt Rathbone, LCSW-C, at 301-230-9490. www.rathboneandassociates.com.

PROGRAMS & EVENTS

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.

BALTIMORE FILM SERIES: The Baltimore Museum of Art, Fridays, 7:30 PM.

April 1 *In America*, Discussant Allan Gold, MD

April 8 *Together*, Discussant Leon Levin, MD

April 15 *Finding Nemo*, Discussant Noreen Honeycutt, PhD

April 22 *Lost in Translation*, Discussant Paul Roberts, MD

Sponsored by the Baltimore Washington Institute for Psychoanalysis, Inc. www.bwanalysis.org or call 410-792-8060 or 301-470-3635

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

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

Name _____

Remove Office: located at _____

Home Address _____

Add Office:
Address _____

City/State/Zip _____

City/State/Zip _____

Home (_____) _____

Office (_____) _____

Home Office (_____) _____

Other: _____

Fax (_____) _____

E-Mail _____

Fax to: 202-364-0435

**Mail to: GWSCSW
5028 Wisconsin Avenue NW, #404
Washington, DC 20016**

UPCOMING EVENTS & IMPORTANT DATES

March 3 Social Work Advocacy Day

Time: 8:15 AM – 3:00 PM

Location: East Room, Miller Senate Bldg
Annapolis, Maryland

Sponsors: NASW & UMD SSW

**March 6 Consortium for
Psychoanalytic Research
Annual Conference**

Time: 9:30 AM – 4:00 PM

Location: Ernst Auditorium, Sibley
Hospital

Speaker: Sheila Hafter Gray MD
& Lee David Brauer MD

*Capturing Clinical Knowledge:
Transforming Therapist Experience
Into Scientific Evidence*

**March 18 The Interpretation
of Dreams***

Time: 2:00 PM – 4:00 PM

Location: Leesburg Pike, Falls Church VA

Presenter: Diane L. Rainey, PhD, LCSW

**April 8 GWSCSW Annual Conference
Frederic Reamer on Ethics**

Time: 8:30 AM Registration & Coffee
9:00 AM – 4:00 PM Conference

Location: Catholic University

Speaker: Frederick Reamer, PhD

**April 14 & 21 When You Get Old, You
Don't Get tToo Many Hugs:
Psychotherapy with Seniors***

Time: 11:00 AM – 1:00 PM

Location: Leesburg Pike, Falls Church VA

Presenter: Judy Ratliff, MSW, LCSW

**May 7 Introduction to Intensive
Short-Term Dynamic
Psychotherapy***

Time: 10:00 AM – 1:00 PM

Location: New Mexico Ave NW,
Washington DC

Presenter: Barbara Cristy, MSW, LICSW
Kathleen Kenyon, MSW, LCSW-C

May 13 Quarterly Dinner Meeting

Time: 6:30 PM

Location: TBD

Speaker: Jane Nielson, MSW &
Richard Ruth, PhD

*Healing Fractured Lives:
Lessons from the Children's
Psychotherapy Project*

**June 10 Deadline for Prepaid
Legal Plan signup**

(for coverage
July 1, 2005–June 30, 2006)

**June 10 GWSCSW Annual Meeting
and Celebration Dinner
Save the Date!**

* GWSCSW continuing education courses. See page 30 for more information

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



5028 Wisconsin Avenue, NW
Suite 404
Washington, DC 20016

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