

Education ♦ Advocacy ♦ Community

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*Social Work Congress 2005*

## Coming Together of the Profession

*Margot Aronson, LICSW*

Being in the right place at the right time — that is, living in DC — I was asked to participate in the recent “Social Work Congress 2005” as representative of the Clinical Social Work Federation (CSWF). This “Coming Together of the Profession” on March 17 and 18 was an ambitious working meeting: several hundred social work leaders from all over the country. Convened by the National Association of Social Workers (NASW) and a few other organizers, the Congress brought together representatives of some forty-five social work organizations to the Wardman-Park Marriott to consider how social work can best address the challenges of the next decade.

The two days of meetings were intense, with an elaborate mixture of plenary sessions, facilitated breakout sessions, and small group discussions, punctuated frequently by vote taking and regrouping. The result, at the close of the Congress on Friday afternoon, was the endorsement by participants of twelve specific “imperatives for action.”

A vision statement for the profession prepared by the conference conveners set the Congress in motion: “Social work expertise is highly valued for helping the global community protect and advance the well-being of all people, at every stage of life.” There was general agreement that, though our vision is to be so valued, the lack of public understanding of our profession is pervasive, and misunderstanding often leads to lack of respect for and even disrespect for the contribution of social workers to society.

### Earning our place on the planet

In her keynote address, journalist and author Anna Quindlen, speaking on social policy and activism, related her admiration for social workers: “you are earning your place on the planet.” She emphasized how very important it is to use the power of publicity, and urged us to think about doing “not just the right thing, but the smart thing.” She also stated that using the internet for information sharing is imperative.

There followed a brainstorming session to conceptualize the key challenges for the profession. The concerns ranged from broad issues of social justice to low salaries and stressful working conditions. With that base for discussion, we broke into four practice areas — Children & Families, Aging, Behavioral Health, and Health & Health Disparities — to frame the substantive issues and identify goals. What was developed in those sessions was then reconsidered in terms

*continued on page 6*

## GWSCSW End-of-Year Celebration

(aka Annual Meeting)

**Friday, June 10**

**6:30–9:00 PM**

At the Capitol Hill Home  
of Nancy Lithgow

- Wine • Music
- Dinner Buffet
- Toasts • Tributes
- Door Prizes

For more information see page 28  
[www.gwscsw.org](http://www.gwscsw.org)  
or call GWSCSW at 202-537-0007

## Greater Washington Society for Clinical Social Work, Inc.

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### GWSCSW NEWS & VIEWS

Diana Seasonwein, Editor

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 the first of the month prior to publication.

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

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

For advertising rates see page 31

The next issue will be published  
September 2005 and the deadline is July 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

What a privilege it has been to serve as your president! In this my final President's Message, there is so much I want to say.

When I began three years ago, the challenge of bringing the Society back to its feet had already been met, under Marilyn Austin's presidency. There was a base to build on and a stalwart crew of longtime loyalists prepared to do whatever it took, but GWSCSW was far from stable, and there was much to be done.

There still is. But, thanks to your board's creative energy and hard work (*plus Janet Dante's expert eye watching the treasury*), stability is no longer an issue. Instead, the goal is to establish the Society's leading role in the mental health community. And we are gaining momentum.

The Society now numbers close to five hundred members, and growing. And (*with thanks especially to Tricia Braun, Melinda Salzman, Maurya Brennenman, Kate Scharff, and Joel Kanter*), we're reaching out to students and new graduates. GWSCSW goes to our local social work schools for orientations, for job fairs, and, just this spring, for graduations, with the Gift Certificates for Graduates program (see page 3.) Through an Ambassador Program, now getting off the ground, new members will be welcomed and made comfortable, and the newly revitalized Mentor Program will be helping ease new clinicians into the profession.

## Leadership in Education, Advocacy, and Community

I'm so proud of this Board's work: it would take pages to fill you in on all that's been done, let alone all that's in the planning stages. Just a few examples:

Education continues to be a lynchpin of the Society: clinical social workers teaching clinical social workers. This April, our fine quarterly dinner meetings and workshops (*thank you, Joel Kanter!*) and annual roster of excellent continuing education courses (*thanks to Dolores Paulson's Education Committee*) were topped by a spectacular annual conference featuring social work ethics guru Frederic Reamer. (*A round of applause for organizers Connie Hendrickson, Dolores Paulson, Alice Kassabian, and Audrey Walker.*)

GWSCSW has assumed leadership in advocacy in the District, organizing a briefing (*thank you, Mary Lee Stein*) for others in the mental health community on the CareFirst's unmet obligations, and testifying before the DC Insurance Commissioner. We've played an active role in the Maryland Legislative Council for Social Work Organizations, and worked with the Maryland Society to keep it going after NASW-Maryland pulled out; we've continued to share support for a lobbyist in Richmond with the Virginia Society; and we have the beginnings of a GWSCSW legislative panel of members who review bills relating to their specialties for the Council and lobbyists.

What else is there to brag about? Our GWSCSW community is flourishing: Our quarterly newsletter, with its spiffy new name and look, wins kudos for quality (*thanks to Diana Seasonwein*) and keeps us up to date with the profession and with our colleagues. The Annual Directory (*Connie Hendrickson's baby*) helps us network with one another. Our Referral Panel provides a community service that now (*thanks to Eileen Ivey and Patricia Garcia-Golding*), is available not just to individuals who call the help line, but to medical groups, hospitals, and Social Services, and is about to debut on the web (*with help from—yes, again—Joel Kanter*) with individual web-pages for each panelist. Unquestionably our website, [www.gwscsw.org](http://www.gwscsw.org), could use a facelift, but we keep it updated on a monthly basis.

### Can “herding cats” be satisfying...?

Throughout these three years, even the process of getting things done has been enriching. It has been said that chairing a Board meeting is like “herding cats,” and our GWSCSW board meetings are not the exception. But I have relished our lively meetings, and revel in the accomplishments of our thoughtful, enthusiastic, and hardworking Board.

Some say that heading any volunteer organization is a thankless job; my experience, though, is otherwise. In turn, I want to thank you all—members, committee chairs and members, advisors, and officers—for all you have done to make these three years fly by.

I have learned immeasurably from you all—from your various approaches to social work, from your expertise in practice issues, your knowledge of the clinical community, your understanding of ethics, and your ideas for making the Society a collegial professional community. I treasure the time we have spent, and the friends I have made.

As I look to the future, serving as past president—as a consultant to the board—strikes me as ideal: a little clinical practice, a little Society work, some trips with husband Ed (*thanks for your patience, sweetie*), and lots of time with the grandchildren and the garden. I am confident that the next president will continue the progress and that the Society will enhance its place of prominence in the mental health community.

Thank you all! ❖

## Vice President’s Report

Joel Kanter, LCSW-C

### Welcome New MSWs!

GWSCSW is welcoming graduating MSWs to our professional community by offering them a \$50 gift certificate to any of our educational programs in the coming years.

Both Virginia Commonwealth University (VCU) and the Catholic University of America (CUA) have collaborated with us in delivering these certificates to their graduates and we hope to work with the other MSW programs in the coming year.

The \$50 gift certificate can be used toward a GWSCSW Continuing Education class, dinner meeting, workshop or conference. It also can be used as a discount for Society membership, but membership is not required for taking advantage of the certificate; the emphasis is on education.

If you know of any graduating MSWs from programs other than VCU or CUA, please send their names, addresses and email addresses to the Society at [gwscsw@yahoo.com](mailto:gwscsw@yahoo.com); we will mail them each a gift certificate in honor of their accomplishment.

### Referral Panel Website and Webpages

The Referral Panel website should be up and running before the end of June. Its address will be **www.metrotherapy.info** and it will link interested parties to the individual websites of over 60 participating members in this program. Interested parties will be able to search for clinical social workers based on location, populations served, insurance accepted and other considerations.

We plan to advertise this site on the Internet and use other promotional tools to inform potential referral sources of the website. Once in operation, we will open participation to other members who have not previously signed up. ❖

*Be on top of what’s happening  
in your Society and your profession.*

**SIGN UP FOR THE GWSCSW LISTSERV**

EMAIL YOUR REQUEST TO:

[gwscsw@yahoo.com](mailto:gwscsw@yahoo.com)

# GWSCSW to Elect New Board

Marilyn Austin, PhD

The one thing that is certain in this world of ours—according to a well-known pundit—is change!

So, change is upon us and it is time to elect another slate of officers. Margot has been a wonderful, inspiring and hard working President, but she deserves a rest, after three years in that position. She has served above and beyond our tradition of two years in an elected office.

Our two-year tradition may have come about as a way to pass the opportunities around. But in addition, it is good to have fresh faces, energies and ideas in order to keep the Society alive and vibrant as a professional organization.

It is clear that we have a solid base of clinical social workers who are interested in having a visible professional group with which to identify. Considering that we almost folded our tents and slipped away into the night only four years ago, we now have close to 500 members, educational and social events, conferences and a political voice in our three jurisdictions.

The slate of officers to be elected by the June 10, 2005 meeting include Diana Seasonwein as President; Joel Kanter as Vice President for Education; Tricia Braun as Vice President for Development; Janet Dante as Treasurer; and Cecilia McKay as Secretary. Nancy Lithgow, Pat Driscoll and Beth Altman will be Advisory Board members.

Ballots should be returned to the GWSCSW office at 5028 Wisconsin Avenue NW, #404, Washington 20016, by June 8, 2005.

*GWSCSW Past President Marilyn Austin chaired the Nominations Committee this year.*

## **VOLUNTEERS!** **GWSCSW needs you!**

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

Please call GWSCSW at  
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International Psychotherapy Institute

**IPI**

**Couple and Family Therapy Institute**

**July 11-16, Bethesda, MD**

### **EXPLORING DESIRE AND ENVY IN COUPLES AND FAMILIES**

***Implications for Couple  
and Family Therapy***

Develop more effective therapeutic interventions and a deeper understanding of the influence of the affects of desire and envy on mutuality and connection in couples and families.

#### **Faculty include:**

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Carl Bagnini, LCSW, Norma Caruso, Ph.D.  
Michael Kaufman, LPC and others.

- Lectures • Video • Clinical Presentations
- Film and Discussion • Small group process

**CE credit available (approximately 32 hours).**

**Registration fee \$920** (\$960 after May 31)

**Information:** contact Institute Chair Michael Kaufman, LPC, 202-973-0175. To register call IPI at 301-215-7377.

## **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

President, Greater Washington Chapter,  
Association for Infant Massage, International (AIMI)

Certified Infant Massage Instructor

301-728-6281

# D.C. Confidentiality

*Danille Drake, PhD*

With a good deal of work behind us, it does appear that a consensus has been reached that will uphold the DC law to safeguard patient confidentiality on routine claim review forms to be used by insurers in the District. Our most recent meeting at the office of DC Insurance Commissioner Larry Mirel included as before, representatives from the major insurance carriers along with a representative from clinical social work, psychology, psychiatry, and licensed professional counselors. To the great relief of all, we refined a working draft of a form to be used for routine outpatient mental health claims.

Holding to the strictest interpretation of the DC Mental Health Act, this form requests limited information as allowable under the law. We will have one final meeting with attorneys present, to ratify this draft of a routine claim review form. Given that all parties have worked closely in consultation with legal counsel throughout this process, it is expected that the form will be published to replace those currently in use by third party payors.

Because of the complexities of our three jurisdictions in which policies are written, patients and clients reside, and clinicians practice, Mr. Mirel will begin to work with Maryland's insurance commissioner in an attempt to define and resolve some contradictions in DC and Maryland's respective laws governing confidentiality.

One question that has arisen is whether the practitioner is in violation of DC law if he or she provides more information to a third party payor than is stipulated in the law. Since the information belongs to the patient/client, they are at liberty to request it from the therapist and submit it themselves, if they wish, to their insurer. A catch here, is the ethical dilemma concerning this patient/client's prerogative, that may conflict with what, in the therapist's best judgment, may be considered harmful to the patient, if additional information is made available. The law does, however, protect private notes that are not part of the official medical record.

Once the final version of the claim review form is formally approved by the Commissioner, a copy will be made available to members of the Society, either via the web or printed in the next issue of the newsletter. The Taskforce's next focus will be to clarify and define the concept of Independent Review. ❖

## GWSCSW Book Corner

Coming soon—the GWSCSW Book Corner! A number of our members have written books or book chapters, and we'd like to feature one or more of these publications in our *News & Views* and on our website, [www.gwscsw.org](http://www.gwscsw.org).

Please contact us with information about your publications (or those of your too-modest colleagues!) at Newsletter Book Corner, [gwscsw@yahoo.com](mailto:gwscsw@yahoo.com).

# Letter From the Editor

*Diana Seasonwein*

Change is difficult for me. But I have finally come to accept that change is inevitable. And here at the Society, we have some changes in store. Margot Aronson will be stepping down from her very successful and productive three year run as president. And what an amazing three years it's been!

When Margot began her presidency, I was living in Prague. But I continued to receive the newsletter, and I could see the excitement building in the Society. When I returned from Prague, Margot persuaded me—and she is extremely skillful at persuasion—to become newsletter editor. After many entreaties, I agreed.

I have blushing accepted the many kudos for putting out a fine newsletter, but I could not have done it without Margot's help, and patience. I know Margot does sleep, because sometimes when we were working on the newsletter, she would say that's it, I'm going to bed now. I don't know how she has accomplished all that she has and slept too. She has been a fine, energetic, cheerleading, creative and enthusiastic president. Just what the doctor ordered to meet the needs of the Society. She will be a tough act to follow, and I will sorely miss our frantic last minute (close to midnight) collaborations to put the newsletter to bed. Margot, congratulations on a job superbly done. ❖

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DID YOU KNOW... An Amazon.com purchase made via the GWSCSW website results in a contribution to your Society!

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of Education, Research, Practice, and Policy needs, before the final imperatives were determined.

The Congress provided an extraordinary opportunity for participants to share ideas and compare experience with social workers across the professional spectrum. There was little sense of the old generic vs. clinical conflict. However, some participants came with an agenda, e.g., pushing for more professional emphasis on issues of aging, or substance abuse, or research, or opportunities for BSWs. Those concerned with ongoing racism in the profession were particularly outspoken and well organized.

### **Strategy teams will complete the work**

The goal of the Congress was to develop the underpinnings for a common agenda and action plan for the social work profession over the next decade. Obviously, two days is insufficient for such a task, and the imperatives themselves are still in very rough form. Over the next months, strategy teams composed of Congress participants will develop possible action plans to advance each of the imperatives.

NASW plans to hold a major press conference when the work of the Congress is complete. The action plan is intended for use by all participating organizations to guide efforts in practice, education, and research and to lobby with local, state, and national level policymakers who are responsible for decisions about program structures, service delivery systems, and funding.

### **Conference conveners: NASW, Partners and Co-sponsors**

NASW's partners in convening the Congress were the Council on Social Work Education, the National Association of Deans and Directors of Schools of Social Work, and the Baccalaureate Program Directors. Other groups who signed on as co-sponsors were: the Group for the Advancement of Doctoral Education, The Institute for the Advancement of Social Work Research, the Association of Oncology Social Work, and the Simmons College School of Social Work. Given current fiscal concerns, CSWF declined the opportunity to participate as a partner or co-sponsor, but actively participated in the meetings and the decision-making process. ❖

## **The Imperatives**

(As adopted at Social Work Congress 2005, March 18, 2005)

- Assure excellence in aging knowledge, skills, and competencies at all levels of social work education, practice, and research.
- Participate in politics and policy where major decisions are being made about behavioral health.
- Assure a qualified social work labor force to serve children.
- Take the lead in advocating for quality universal healthcare.
- Elevate the public's awareness of the efficacy and cost-effectiveness of social work practice in healthcare.
- Address the impact of racism, other forms of oppression, social injustice, and other human rights violations through social work education and practice.
- Increase the value of social work by raising standards and increasing academic rigor of social work education programs.
- Mobilize the social work profession to actively engage in politics, policy, and social action, emphasizing the strategic use of power.
- Continuously acknowledge, recognize, confront, and address pervasive racism within social work practice at the individual, agency, and institutional levels.
- Strengthen social work's ability to influence the corporate and political landscape at the Federal, state, and local levels.
- Promote culturally competent social work interventions and research methodologies in the areas of social justice, well-being, and cost-benefit outcomes.
- Connect research and practice through partnerships among researchers, the field, and communities.

# New Jersey Society— 'Not On Our Watch!'

When the New Jersey Society for Clinical Social Work (NJ-SCSW) learned that Horizon, the local NJ BlueCross BlueShield, was providing subscribers with coverage for psychotherapy with a social worker only if that LCSW was supervised by an MD, they saw red. After all, NJ-SCSW (like our own Society) was established back in the '70s to seek licensure as a response, in large measure, to the requirement for supervision by medical professionals.

The NJ-SCSW first step was to contact Guild 49, the clinical social work arm of the Office & Professional Employee International Union (OPEIU), for assistance in setting up a meeting with Horizon. On March 24, Luba Shagawat, NJ-SCSW Board member and Guild Chair, and Mike Goodwin, President of the OPEIU, met with representatives of Horizon and their managed care affiliate Magellan to present the case for dropping this offensive policy.

Ms Shugawat argued that LCSWs do not require supervision because they are specialists in the field of mental health and indeed provide 60% of all mental health treatment in the country; that the New Jersey Social Work Licensing Act of 1991 does not require LCSWs to be supervised; that since social workers tend to collaborate when there is a need, the requirement for supervision by an MD may actually increase costs to Horizon; and that unless a supervising MD is a psychiatrist or has other training in psychotherapy, Horizon may actually be jeopardizing treatment.

NJ-SCSW is optimistic about a resolution and will keep us posted. ❖

*Did You Know...?*

## Mental Health Spending

In a report issued in March, the U.S. Department of Health and Human Services (HHS) estimated in 2001 that 63% of all mental health spending came from public sources compared to 45% of spending for other health disorders. Among the public source payers, Medicaid was the largest source of funding, accounting for 27% of the mental health spending. And more than half of the public dollars spent on mental health are managed by the states and local jurisdictions.

*Federation to the Rescue*

## Threat to Delaware Society CEUs

Early this spring a public hearing was held at the Delaware Board of Social Work Examiners. One of the issues under discussion, Delaware Society for Clinical Social Work (DE-SCSW) president Gail Levinson discovered, was a new rule limiting the right to pre-approve social work continuing education courses held in Delaware to NASW, ASWB and APA.

Ms. Levinson quickly contacted the Clinical Social Work Federation (CSWF). Within a week, CSWF Executive Director Richard Yanes, CSWF president Abbie Grant, and CSWF Education Chair Ann Segall presented Delaware's Board of Social Work Examiners with an outline of the long-established formal process for CSWF review of continuing education courses for the granting of CEU credit and a request for reconsideration.

At the next Board of Social Work Examiners meeting, CSWF was added as a fourth approved CEU authorizer; a public hearing is in the works.

### **CSWF also helpful with DE Freedom of Information Act**

Efforts to market, do research, and solicit members for the Delaware Society have been stymied by the Delaware Division of Professional Regulation, which puts the addresses of professionals off limits. After researching the Delaware Freedom of Information Act, Mr. Yanes has developed language to serve as a starting point for DE-SCSW and several similarly frustrated Delaware organizations to push for a legislative change. ❖

For a copy of the report, National Expenditures for Mental Health Services and Substance Abuse Treatment 1991-2001, contact the Substance Abuse and Mental Health Services Administration (SAMHSA). Their web site is [www.samhsa.hhs.gov](http://www.samhsa.hhs.gov). ❖

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*Thanks to Richard Yanes, Executive Director of the Clinical Social Work Federation, for compiling this information.*

*Richard Yanes*

A Federation priority this year has been building our membership base; the board has set a goal of 10% increase in each society's membership for 2005. Louisiana is reporting close to 20% increase already; others have reached or are close to 10%. CSWF membership chair Margie Howe has provided societies with consultation, training, and a membership development plan format that can be individually tailored for a society's needs.

Current states without a state society who fall under the status of Unaffiliated Member States are Michigan, Florida, Massachusetts, and New Hampshire. Nevada has formed a steering committee for creating a Nevada Society, with initial efforts to be concentrated in the Las Vegas area.

### **Making changes in state legislation and regulations**

The CSWF National Licensure Standards project is progressing under the leadership of Laura Groshong, the Federation's Government Affairs Committee chair, and the work group hopes to have a preliminary draft ready for consideration at the October 2005 Board meeting.

Meanwhile, the Unaffiliated Members in Michigan are working on the regulations to support their recently adopted licensing legislation. Laura and Anne Segall, chair of the Federation's Education Committee and manager of the Federation's CEU program, are working on continuing education and governmental affairs issues with an ever-expanding coalition of Unaffiliated Members, professionals, and professional organizations.

Among the State societies, Pennsylvania is looking at language that would more clearly define the practice of clinical social work by specifically defining the ability to practice psychotherapy and to diagnose emotional disorders. Laura has been providing technical assistance.

The New Jersey Society has moved its loss-ratio insurance bill out of the Assembly and has recently seen it introduced in their state Senate. (The loss-ratio refers

to the percentage of the total premiums to be spent on direct service rather than administrative costs, executive salaries, dividends, etc.)

The Delaware Society, with Federation consultation, is collaborating with other mental health professional organizations to introduce legislation forcing their state licensing boards to make lists of licensed professionals available for education purposes, with a one-year phase-in to allow professionals to secure a public mailing address if they do not already have one.

Delaware also requested Federation intervention when their right to offer continuing education credit was threatened. Anne and Abbie Grant, CSWF president, quickly put together documentation that convinced the licensing board to include the Federation as a CEU provider. (*Ed note: see page 7 for more on these Delaware Society projects.*)

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

### **Supervision and Study Group**

**Exploring the concepts of Winnicott and Jung and their application to the therapeutic process for individuals and couples.**

#### **Lecture, clinical presentations and group process**

The study group will be used to demonstrate Winnicott's ideas about the creation of potential space where new ideas and new experiences lead to growth. The seminar will also cover affect theory and neurobiology.

**Group Leader Michael Kaufman, LCP** has 35 years of clinical and teaching experience.

**Monthly Seminars September - May  
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Washington, DC**

**Cost \$150 per month**  
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*Golnar A. Simpson, DSW*

Here at CSWI, we are in the final weeks of a successful spring semester and the completion of our sixth full academic year. Those of you who have been part of the movement of establishing and supporting CSWI know how wonderful each step forward feels. To celebrate our accomplishments and continue our progress, we are looking forward to our Annual Spring Reception and Award Presentation on May 20. This is also our major annual fundraising event and this year our raffle covers a week in Costa Del Sol, Spain with airfare for two. Each year at this event we honor two individuals, a social worker and a community leader who have made a significant contribution to the field of mental health. In the last issue of this newsletter, we had invited members of the GWSCSW to participate in this selection process.

We are pleased to announce that this year the Elma Kahn Wolf Award for outstanding contributions of a social worker goes to Marilyn Stickle, MSW with over 25 years of dedicated service to our profession and our community. Marilyn was president of the Greater Washington Society for Clinical Social Work from 1983–1985; was instrumental in gaining licensure and vendorship in the District of Columbia; has been a founding member of the CSWI and has served on the Board of Trustees from the beginning including being its chair for the past two years. Marilyn is also well known for her contributions to the integration of spirituality into clinical practice and her work for the Society of Spirituality and Social Work.

We are also pleased to announce that this year's recipient of our Clinical Social Work Leadership Award is Emmy Award winner, Barbara Harrison, co-anchor for News4 Today and News4 at 10:00 AM. The Institute is honoring Ms. Harrison for her outstanding contributions to the promotion of health and welfare of children in our community. Through projects such as "Beautiful Babies Right from the Start" and "Wednesday's Child" which features children available for adoption, she has consistently kept children's issues an important focus of people's attention.

Please join us in honoring these two exceptional leaders in our community. For further information about participating in our educational activities, please call us at 202-237-1202. ❖

*Golnar A. Simpson, DSW, is interim president of the Clinical Social Work Institute.*

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# Legislative News

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## ■ FEDERAL

On the last legislative day in March, the Republicans of both houses were able to pass a budget resolution calling for \$70 billion in tax cuts, \$35 billion in cuts in mandatory spending (entitlement program), and \$212 billion cuts in domestic discretionary spending over the next five years.

The Resolution calls for a total of \$100 billion in tax cuts over the next five years, including the \$70 billion mentioned above which has been “fast-tracked”, meaning that it can be passed by a simple majority without the possibility of a filibuster. Among the cuts, it is assumed that the cut in the capital gains tax, recently reduced to 15%, will be extended to 2010. It is estimated that more than half of this tax cut will go to households with income in excess of \$1 million and 80% will go to the 3% of households with income in excess of \$200,000.

### ***Cuts in the Medicaid program, perhaps Food Stamp program as well***

The Resolution calls for \$10 billion in cuts to the Medicaid program. There is also language that establishes a Medicaid Commission but there are no details as to its composition, time frame, or mission.

#### **Legislative Report Acronyms**

BSWE: Board of Social Work Education  
CHR: Community Health Resource  
CMS: Centers for Medicare and Medicaid Services  
DHMH: Department of Health and Mental Hygiene  
DHR: Department of Human Resources  
DMHMRSAS: Department of Mental Health, Mental Retardation and Substance Abuse Services  
HMO: Health Maintenance Organization  
MHCC: Maryland Health Care Commission  
MHSCRC: Maryland Health Services Cost Rate Commission  
SSI: Supplemental Security Income  
TANF: Temporary Assistance for Needy Families  
WIC: Women, Infants & Children

The Resolution also calls for \$3 billion in cuts to programs under the jurisdiction of the Agriculture Committees. While it was originally thought that the bulk of the cuts would come from farm subsidies, the Chair of the House Committee, Bob Goodlatte (R-VA), reportedly wants the food stamp program to carry the major portion of the cuts.

The cuts will also likely affect K-12 education, SSI, environmental protection, law enforcement, WIC, community health centers, housing and community development, TANF, and more.

### ***Cuts in mental health programs still under consideration***

Cuts to mental health programs still under consideration include \$54 million from the Center for Mental Health Services (CMHS) affecting our most severely mentally ill citizens and their families, \$14 million from substance abuse programs, and \$3 million from jail diversion programs.

It is estimated that the Resolution’s budget outline will result in an increase of \$168 billion to the deficit over the next five years as the cost of the tax cuts and defense spending far outstrip the savings contemplated.

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*Thanks to Richard Yanes, Clinical Social Work Federation Executive Director, for this update; his full report can be found at on the Society’s website, [www.gwscsw.org](http://www.gwscsw.org).*

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## ■ VIRGINIA

*Christopher Spanos*

Virginia is in the middle of election year events: the Commonwealth will be electing a new Governor, Lieutenant Governor, and Attorney General along with 100 members of the House of Delegates in November. As we approach the next Virginia General Assembly, a major shift will occur with new public policy leaders, a new set of state-wide officials and at least ten new members of the House of Delegates.

Grassroots engagement in local elections is the most effective pathway to gaining access to key decision

makers during the development of public policy, budget, and appropriations activities affecting the profession and practice of clinical social work. Society members should be beginning getting involved now.

The following bills, passed by the General Assembly during the 2005 Session and signed by the Governor, will become effective on July 1, 2005. Copies of the enacted legislation listed may be obtained at the Virginia General Assembly internet website <http://leg1.state.va.us/051/lis.htm>.

### **Mental Health Legislation**

**HB578.** Provides for use of electronic communication in petitions, orders for emergency custody, testimony, and certain other judicial proceedings. (Patron: Hamilton)

**HB1778 / SB 753.** Requires DMHMRSAS to establish evaluation standards for the issuance of new licenses to providers of treatment of opiate addiction; and establishes a moratorium on new licenses until such standards become effective. (Patrons: Kilgore, Wambler)

**HB1938.** Authorizes DMHMRSAS to transfer appropriated funds directly to operating community services boards and behavioral health authorities. (Patron: O'Bannon)

**HB1997.** Makes numerous changes authorizing the release of information concerning sexually violent predators to DMHMRSAS, the Attorney General, and mental health examiners. The bill redefines "sexually violent offense" to include the commission of aggravated sexual battery against a person younger than 13 and assures that a committed person who commits a jail-able offense will be returned to DMHMRSAS custody. (Patron: Griffith)

**HB2110.** Sets forth a standard of proof ("clear and convincing evidence") for a judge to apply during an involuntary commitment hearing for persons with mental illness. (Patron: McQuigg)

**HB2514 / SB1110.** On recommendation by the Joint Commission on Health Care, repeals provisions established prior to HIPAA regulations governing disclosure of patient information to third party payors. (Patron: O'Bannon, Blevins)

*continued on page 12*

The METRO DC CHAPTER OF NASW and  
the METRO WASHINGTON CENTER OF THE INTERNATIONAL PSYCHOTHERAPY INSTITUTE (IPI METRO)  
announce

## **SEXUALITY IN CONTEMPORARY PSYCHOTHERAPY**

**A ONE-DAY CONFERENCE FOR MENTAL HEALTH PROFESSIONALS**

**JUNE 18, 2005**

9:00 AM – 6:00 PM

NASW Metro Headquarters, 750 1st Street NE, 7th Floor, Washington DC

\$120 NASW Members / \$150 Non-Members • Includes Lunch • \$10 for CE Certificate (7 Hours)

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: Myth and Reality
- The medical and biological aspects of sexual dysfunction (including medications)

#### **TO REGISTER**

Joyce Higashi, NASW Metro  
202-336-8395 or visit [www.naswmetro.org](http://www.naswmetro.org)

#### **FOR MORE INFORMATION**

Kate Scharff, Conference Chair, Co-Chair IPI Metro  
301-469-1477 or visit [www.ipimetro.org](http://www.ipimetro.org)

Co-sponsored by the NASW DC Metro Chapter and the International Psychotherapy Institute. The International Psychotherapy Institute (IPI) is approved by the American Psychological Association to offer continuing education for psychologists. IPI maintains responsibility for the program. IPI is recognized by the National Board of Certified Counselors to offer continuing education for counselors (provider #6017). IPI adheres to NBCC Continuing Education Guidelines. Continuing education credit for social workers will be provided by NASW Metro. Application will be made for continuing education credit for social workers.

**HB2796 / SB889.** Provides that DMHMRSAS will be the lead agency for suicide prevention across the lifespan, coordinating activities of various agencies of the Commonwealth in order to develop a comprehensive plan addressing public awareness; the promotion of health development; early identification, intervention and treatment; and support to survivors. The Department of Health will continue to be responsible for youth suicide prevention. (Patron: Baskerville, Mims)

**HB2870.** Requires that at least one appointment to the state human rights committee and each local human rights committee must be a health care provider. These committees address alleged violations of human rights of consumers of public and private mental health, mental retardation and substance abuse services. (Patron: Lewis)

**HB2881 / SB1333.** Authorizes the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services to issue an order of summary suspension of a license to operate a group home or residential facility for children in cases of immediate and substantial threat to the health, safety, and welfare of residents. (Patron: Nixon; Martin)

**SB719.** Establishes various regulations for appointment of a guardian or conservator for a person adjudicated incapacitated. (Patron – Edwards)

**SB741 / SB1025.** Adds six new (specified) members to the Substance Abuse Services Council. (Patron: Reynolds)

**SB1017.** Clarifies the provisions relating to judicial authorization of treatment and detention a person who is the subject of an emergency petition; simplifies the process for notice to next of kin; includes technical amendments. (Patron: Mims)

**SB1023.** Recodifies Title 37 as Title 37.2, as revised by the Virginia Code Commission. Title 37.1 is the legal authority for the Department of Mental Health, Mental Retardation and Substance Abuse Services under the Secretariat of Health and Human Resources, as well as the Office of the Inspector General for Mental Health, Mental Retardation and Substance Abuse Services. It is also the legal authority for community services boards and behavioral health authorities. During the past 37 years since the 1968 revision, much has happened to affect laws governing mental health, mental retardation, and substance abuse services. The Vir-

ginia Code Commission has rewritten and combined sections or parts of sections to clarify provisions and to eliminate archaic, obsolete, or redundant language. Additionally, certain substantive changes are made, many of which reflect current practices, delete eliminated programs, or conform provisions to other statutes and regulations.

The Virginia Code Commission has divided Title 37.2 into four subtitles. Subtitle I contains general provisions applicable to the entire title, with title-wide definitions included as general provisions. Subtitle II deals with mental health, mental retardation, and substance abuse services. A newly created chapter within Subtitle II consolidates sections related to state facilities that were previously scattered throughout Title 37.1. Subtitle III contains chapters related to admissions and dispositions. Subtitle IV contains guardianship, conservatorship, and judicial authorization of treatment provisions. Current §§ 37.1-207 and 37.1-207.1, relating to the Substance Abuse Services Council are relocated to Title 2.2 (Administration of Government) as part of the title revision.

This executive branch advisory council coordinates the Commonwealth's public and private efforts to control substance abuse and it is more appropriately placed in this general government title. Two current chapters are not carried forward as part of Title 37.2 and will be repealed: Chapter 3 (Persons Not Confined to State Hospitals) and Chapter 7 (Extradition of Persons of Unsound Minds). Both chapters are obsolete. (Patron: Mims)

### **Insurance Legislation**

**HB 1492 / SB1097.** Requires the Department of Taxation and the State Corporation Commission to take various steps to amend the Virginia Medical Savings Account Plan to address the provisions of federal law that permit eligible individuals to establish health savings accounts. (Patron: Hamilton)

**HB 1242.** Requires insurers to provide no less than 90 days' notice of a cancellation or non-renewal of, or a premium increase of more than 25 percent for, a medical malpractice insurance policy. (Patron: Rust)

**SB 1106.** Applies to health insurance provider contracts entered into, amended, extended, or renewed on or after January 1, 2006. Requires carriers to disclose their bundling or down-coding policies to providers, and to establish their claims payment dispute

mechanism in writing and make the information available to providers. The measure also regulates contract amendments. (Patron: Saslaw)

### **Health Insurance Portability and Accountability Act (HIPAA)**

**HB2363 / SB1064.** Emphasizes the right of an individual to have access to his health records with certain exceptions; defines the term “psychotherapy notes”; clarifies the list of persons to whom disclosure of protected health information may be made; underscores the confidentiality of psychotherapy notes and prohibits the disclosure of such psychotherapy notes, with exceptions for training programs, legal processes, protection of third parties, and various law-enforcement and regulatory investigations; and states

specifically that state law controls the procedures for requesting health records. (Patron: Melvin)

**HB 2515 / SB1203.** Distinguishes between the charges that may be levied by a health care provider for copies of health records when the patient requests his own health records (“a reasonable cost-based fee” that will only include costs of supplies and labor, postage, and preparation of any summary of the information) as opposed to records subpoenaed or otherwise requested by a third party. (Patron: O’Bannon)

**HB2516 / SB1109.** Revises certain provisions relating to minors’ health records to provide a measure of consistency with the federal HIPAA (Patron: O’Bannon) ❖

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*Chris Spanos of the Spanos Consulting Group is the Virginia legislative lobbyist for the GWSCSW and the Virginia Society for Clinical Social Work.*

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## ■ MARYLAND

*Alice Neily*

Maryland’s annual legislative session started on January 12th and escalated into a flurry of 18-hour workdays, ending on April 11th at midnight. It has been a most partisan legislative session.

Political jockeying between Republican Gov. Robert L. Ehrlich Jr. and a Democrat-controlled legislature intensified in this third year of the governor’s term and looks to continue through the next election.

### **The Climate**

Much of the partisan tone of this year’s session was created by a Special Session convened by Governor Ehrlich to address the medical malpractice insurance crisis. The resulting reform bill included the elimination of a 2 percent tax exemption on the insurance premiums of HMOs, a measure which Ehrlich called a new tax. The Governor vetoed the bill, leaving the Assembly angry, tired and frustrated as they headed into their regular January session, at which they immediately overrode the veto. (We, of course, supported the override, as we had worked to remove the HMO exemptions in the 2004 session.)

The Governor made unprecedented social and health care budget cuts that affect high-risk populations. Some say these cuts are an effort to gather pressure against those opposing slots, which the Governor feels are needed to relieve Maryland’s fiscal crisis. It is also safe to say that the Governor’s office is unhappy with some health care professional organizations, especially physicians, who actively lobbied against measures he supported.

### **How did this atmosphere affect clinical social workers?**

In the health arena, visionary legislation that bears any added cost to the state is likely to be vetoed; the Governor has little desire to support health care professionals. This was clearly a year to stay “off the radar screen” and to protect what the professions have earned in past years, unless the Governor himself embraced an initiative.

Toward this end, we gave careful scrutiny to each piece of legislation that was introduced—over 2,000 separate bills, each demanding close attention since

*continued on page 14*

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## **Maryland Legislation**, continued from page 13

the significant impact to us and to our clients may not be obvious from the title but rather is hidden in the bill language.

### **Legislation we actively supported or opposed**

In keeping with the purpose of the Maryland Legislative Council of Social Work Organizations, we lobbied actively and offered written and/or in-person testimony on bills concerning the scope, protection, and safety of social work practice, improved access for clients to quality mental health and substance abuse services, and appropriate regulation of the insurers and managed care companies that play such a powerful role in these areas.

At the very beginning of the session, the Council attended Budget Committee hearings in both houses to object to this provision in the Governor's Budget Reconciliation Act of 2005: "AND BE IT FURTHER ENACTED that, notwithstanding the provisions of 19-206 of the health Occupations Article or any other provision of law, for fiscal year 2006, the State Board of Social Work Examiners Fund may be used for the costs of the social worker training academy within the Department of Human Resources."

We argued the position that transferring \$425k of BSWE money to meet an Executive Branch need set a dangerous precedent. (Ed. Note: a full discussion of this issue and the Legislative Council position can be found on our website, [www.gwsdsw.org](http://www.gwsdsw.org).) Legislators were sensitive to our issue but responded to what they viewed as a greater need in DHR (the "Academy" was part of legislation reforming and improving Child Welfare Services). As "our" \$425k was to be used as seed money for a much more generous Federal training match grant, the legislature was loath to give up the opportunity to use these funds in DHR. The final language was a compromise, with 25% of the training money dedicated to licensed social workers and a full report of the expenditures due back to the legislature.

We hope to meet with other professionals over the summer and fall, to draft legislation preventing future diversions of Board funds. In reality, however, with the reduction in licensing fees starting this fall, there may be no future Board surpluses to transfer!

We worked very hard to have LCSW-Cs included among potential evaluators on **HB802/SB616**, requiring the courts to have delinquent juveniles for evaluation of competency to stand trial and to refer to

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appropriate treatment if found incompetent. However, the sponsors feared that amending the bill in this way would threaten its passage. We worked with the sponsors as team players, supporting it without our desired change, and so now that it has passed, Delegate Dumais and Senator Grosfeld have offered to help us draft legislation affirming the right of clinical social workers to evaluate competency next year.

Most often, Betsy Amey, chair of the Legislative Council and member of the Maryland Society, testified on our behalf. But Marsha Carow of the Maryland Society testified for us in favor of **HB 458/SB 542**, mandating health insurance coverage of psychological and neuropsychological testing; this bill passed.

**HB796/SB544**, establishing a Joint Legislative Committee on Access to Mental Health Care for the Privately Insured, also passed. The Council was among the originators of the ad hoc Task Force on Access that recommended the legislation to monitor the private insurers, and respond to community concerns raised when private companies do not deliver as promised. As soon as we know who will be on this committee, we shall begin to send your "horror stories" directly to them.

The most comprehensive health legislation passed this session was **HB627/SB716**, the Community Health Care Access and Safety Net Act. This Act is relevant to clinical social workers since there is emphasis placed upon specialty services. Our next step will be to monitor how the executive branch implements these policies and to follow up at MHCC.

Changes resulting from this Act include:

- Establishment of a Task Force on Universal Access to Quality and Affordable Health Care to analyze innovative programs in other states and make recommendations by the end of the year on making quality, affordable primary care, specialty care, hospitalization and prescription drug coverage accessible to all citizens of the State.
- A Physician Fee Study to assess uncompensated and under-compensated physician care and to make recommendations (including consideration of establishing an uncompensated/under-compensated care fund), as well as to compare Medicare, Medicaid fee-for-service, and MCO physician provider rates.
- Requirements that CareFirst and Kaiser subsidize certain programs.

- Establishment of a commission within DHMH to increase access to health care through community health resources (CHRs).
- Mandates that hospitals develop a financial assistance policy for providing free and reduced-cost care to "low-income" patients who lack health care
- Provides funding for a new Medicaid Eligibility System
- Extends the Maryland Pharmacy Discount Program to non-Medicare beneficiaries up to 200% of poverty, if approved by CMS
- And of particular relevance to clinical social workers, the Maryland Primary Care Program – Waiver Amendment, if approved, would include office-based and outpatient specialty care and inpatient medical care for those with incomes below 116% of poverty who are eligible for the current Maryland Primary Care Program.

HMO reimbursement rates are addressed in **HB 294**, which passed. An HMO must pay a claim for a covered service rendered to an enrollee by a non-contracting health care provider at the greater of (1) 125% of the rate the HMO pays in that geographic area to an in-network provider; or (2) the rate the HMO paid as of January 1, 2000 to an out-of-network provider.

The Integration of Child Welfare and Substance Abuse Services, **HB 839**, passed. This bill calls for the Governor to develop an independent, results-based evaluation of the integration of child welfare services and substance abuse treatment in Maryland, and establishes protocols for disclosure of confidential records and reports. Qualified addiction specialists are to be placed in all child welfare offices, based on a caseload formula. (A recent study indicates that seven out of ten children served by child welfare agencies have parents with substance abuse problems.)

**SB 790**, establishing a Fair Share Health Care fund, was passed and then vetoed by the Governor; the veto was overridden. This bill targets employers who do not adequately contribute to health care for their employees; in Maryland at this time, only Wal-Mart would be affected. SB 790 was one of the most partisan bills of the session; the vote was 81 to 49.

Bills repealing the Premium Tax on HMOs and MCOs —**HB 955/SB 769**—were withdrawn from their com-

*continued on page 17*

# The Metro Washington Center of the International Psychotherapy Institute

(formerly the International Institute of Object Relations Therapy, IORT)

*announces*

## ■ TWO ONE-YEAR TRAINING PROGRAMS FOR 2005-2006 ■

### Introduction to Psychodynamic Psychotherapy Training Program

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CLASSES: Thursday evenings, 7:00–9:00 pm  
September 8 – May 8

GROUP SUPERVISION: 1½ hours per week with a local IPI faculty member (times to be arranged)

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45 hours group supervision

### Clinical Seminar Program

This program offers both beginning and experienced clinicians the opportunity to study aspects of Object Relations, including Attachment Theory and the lessons from infant observation, and to apply this theory directly to their clinical work.

Each three-hour seminar will be divided into two parts:

In part one (1½ hours) participants will discuss assigned readings related to the work of important theorists, such as Freud, Fairbairn, Klein, Bowlby, Winnicott, and Scharff and Scharff.

In part two (1½ hours), participants will take turns presenting their clinical work for group discussion.

SEMINARS: 1st Saturday of each month, 9:00 am–12:15 pm  
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### QUESTIONS?

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**Maryland Legislation**, continued from page 15

mittees. We opposed repeal of this tax, which is simply the elimination of a loophole established years ago, back when the HMO concept was new and HMOs were struggling to compete with established insurance companies. Kate Berman (from the Maryland Society) testified for the Council, providing the legislature with loss-ratio information not yet seen by advocates of repeal of the exemption.

**Bills we supported that did not pass during this session**

Joel Kanter testified in support of **HB 847/SB649**, an effort to create a new licensure category of private-pay (not state funded) recovery housing programs for individuals with serious psychiatric disorders. NAMI and other advocacy groups supported the bills, but the administration (representing the only opposition) listed many technical objections to the bill and general opposition on the grounds that housing for those with psychiatric disorders was complex and involved several state agencies and needed more extensive study. The hearings resulted in the creation of a Task Force to study and make recommendations, plus a Study Group of advocates, legislators, providers, consumers, and family members to study the housing issues and make recommendations if Task Force bills do not pass.

In addition, the Mental Hygiene Administration (MHA) agreed to authorize expansion of the numbers of private-pay Residential Rehabilitation Program (RRP) beds and to support legislation next year to allow the establishment of group homes by for-profit providers. In addition, the Office of Health Care Quality agreed to amend their legislation on Assisted Living programs (**HB1326 and SB303**) to continue to allow small Assisted Living programs to accept patient referrals from hospitals with appropriate evaluations.

**HB 1289** would have authorized clinical social workers with special training and certification to evaluate permanent disability in workers' compensation cases under specified circumstances relating to a mental, emotional or behavioral disorder. The Council will consider initiating discussion with Workers' Compensation Commission with regard to introducing a bill in the next session.

The Credentialing and Clean Claims Act, **HB 925**, addressed various credentialing processes, including

retroactive payment of services delivered between the date of application for credentialing and actual credentialing. The Council will try to meet with the sponsor to identify why this bill failed in committee and promote passage for the upcoming session.

**HB 747/SB 543**, the Mental Health Safety Net Restoration Act, sought to provide specialty care for those citizens who have not been able to afford health insurance, whose health insurance does not cover a needed service and who are not covered under Medicaid, known as the "Gray Zone." The Council works with several mental health provider coalitions and will plan with them for introduction and passage of this bill in 2006 as well as for **SB 713**, which would have provided health insurance coverage for outpatient treatment of behavioral disorders.

The creation of a Task Force on Men's Health, **HB 1557**, did not pass. Henrietta Taylor from NASW-Metro/DC was instrumental in promoting this legislation, and the Council's next step is to meet with Delegate Murray to work toward passage in the 2006 session.

The complete end-of-session report can be found on the GWSCSW website, [www.gwscsw.org](http://www.gwscsw.org). It is my hope that my activities on your behalf, with the legislature and the regulatory agencies, may result in new opportunities and protections for licensed clinical social workers. ❖

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*Alice Neily of Capital Consultants of Maryland is the lobbyist for the Maryland Legislative Council of Social Work Organizations, a coalition of GWSCSW, the Maryland Society for Clinical Social Work, and NASW-Metro DC.*

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# Speaking Truth to Power

Mary Lee Stein, LICSW and Margot Aronson, LICSW

Why should those of us working in mental health care whether or not CareFirst, the region's BlueCross BlueShield, is meeting its non-profit charitable obligation?

## An Annual Obligation of More Than \$50 Million

An in-depth study released by the DC Appleseed Center for Law and Justice in December 2004 (*Carefirst: Meeting Its Charitable Obligation to Citizens of the National Capital Area*) finds CareFirst's District of Columbia affiliate, GHMSI (Group Hospitalization and Medical Services, Inc.), to be falling short of its mandated obligation by more than 50 million dollars annually. There is no doubt that an annual contribution of that magnitude could make a dramatic difference to health care in this region.

On learning that DC Insurance Commissioner Mirel had called for a hearing on the Appleseed study, our GWSCSW representative on the CareFirst Watch Coalition, Mary Lee Stein, suggested that we take action.

First, GWSCSW arranged for a briefing at the Appleseed Center in mid-March on the topic of "CareFirst's Charitable Obligation and the Implications for Area Mental Health Care". We invited NASW, the Federation, and other groups interested in mental health and encouraged those who attended to join us in presenting testimony at the hearing.

## Commissioner Mirel's All-Day Hearing

At the hearing on March 24, CareFirst presented its arguments. For two hours, CareFirst CEO William Jews and others described CareFirst as a good corporate citizen with no particular obligation to the public beyond serving its subscribers. They claimed that the huge reserves (far beyond those of any of the other Blues or any for-profit insurance company) are needed in case of a catastrophe.

Commissioner Mirel questioned CareFirst witnesses, then gave the DC Appleseed Center for Law and Justice an hour to present the findings of their intensive two-year study (see [www.dcappleseed.org](http://www.dcappleseed.org)), which concluded that CareFirst indeed has a legal obligation

to the community mandated by its charter, and that the surplus (that is, what is over and above what can conceivably be needed, using insurance standards) speaks to an obligation far beyond the grants it has thus far offered to community projects.

Then a variety of insurance industry employees, CareFirst grant recipients, and concerned community groups gave testimony.

GWSCSW testimony was presented by Margot Aronson. Commissioner Mirel was appreciative, noting his long connection with the Society (he was the GWSCSW lawyer for a number of years) and his profound respect for the social work profession.

The Appleseed study, *Washington Post* articles and editorial, and the hearing, have been effective in bringing pressure to bear; CareFirst has announced several charitable initiatives since the onslaught of negative publicity. Commissioner Mirel has not yet provided findings or taken action. The CareFirst Watch Coalition is continuing efforts to keep the CareFirst issue in the spotlight.

GWSCSW testimony appears on the next page. ❖

## Breaking news...

## GHMSI Can and Should Do More

Commissioner Mirel's report on the hearing, published as we go to press, finds that GHMSI does indeed have both authority and responsibility in its charter to support the public health of communities in its service area. He cautions that a strong surplus is needed to protect policyholders against unanticipated catastrophes, and that deciding how to fulfill its charitable obligation should be up to the CareFirst/GHMSI Board. Nonetheless, the Commissioner points out, GHMSI could do more for the community than it is currently doing, based on its strong financial position.

Check out the CareFirst Watch Coalition website, [www.carefirstwatch.com](http://www.carefirstwatch.com), to learn more, to link to the hearing report and the Appleseed report, and to get involved. ❖

## Testimony Presented by GWSCSW

My name is Margot Aronson; I am president of the Greater Washington Society for Clinical Social Work. I have been asked to speak to the charitable obligation of CareFirst by the Society, and by the Maryland Clinical Social Work Society, and the Clinical Social Work Guild 49 of the Office & Professional Employees International Union (OPEIU).

Several years ago, learning of plans for multi-million dollar compensation packages set aside for executives involved in a takeover of CareFirst, our local non-profit BlueCross Blue Shield affiliate, we in the Society were outraged. As social workers daily seeing the critical health and mental health needs of clients go untreated because insurance coverage is out of reach, we found this level of management greed to be morally offensive. (I might add that CareFirst social work provider rates of \$50 to \$66 per hour seemed quite a contrast to what it pays its executives, and what the company evidently can afford.) On learning that the buyout plans had involved minimal attention to the non-profit's financial responsibilities to the community, we were even more offended.

We realize that the buy-out proposal is dead, at least for now. However, the issues it raised are very much with us. From the beginning, the Society decided to follow the issue closely; we joined the CareFirst Watch coalition and have stayed involved as the Appleseed study proceeded. We were pleased to participate in the public health survey portion of the Appleseed study of the CareFirst charitable obligation to citizens of the National Capital Area.

We in the Society are convinced, based on the conclusions of Appleseed's intensive analysis, that the local CareFirst affiliate has a much greater charitable obligation to the District of Columbia community than it has proposed. *Unlike* other Blues around the country, CareFirst has taken advantage of its non-profit status for many years *without* fulfilling the charitable side of the equation. In fact, the organization has benefited not just from its special tax-exempt status but from the mere fact that we all tend to see the Blues as beneficent, as doing their best within the limits; many of us have chosen to subscribe with them and work with them because of that moral edge.

We social workers see mental health issues running through all the problems of the District: HIV/AIDS, domestic violence, gangs, teen pregnancy; we urge that the mental health needs of the community be considered in any public conversation about what health services might be supported by increased charitable activity from CareFirst. Whether the amount of CareFirst obligation—that would not add to subscriber rates or in any way threaten the organization's viability—is as Appleseed calculates, \$50 million per year, there is absolutely no question that CareFirst should be contributing significantly more.

We ask that you hold CareFirst to its moral and ethical responsibility, as well as its legal obligation, for a significantly increased charitable activity. Thank you.

## For All Members

Call the  
Federation Hotline

**(800) 270-9739**

your link to our...

- **Managed Care Specialist**  
for advocacy, information and assistance with managed care and insurance
- **Forensic Specialist**  
for consultation regarding clinical social work and the law
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for assistance with press, radio, TV and media issues and the professional image of clinical social work
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# In Memory of Elma Kahn Wolf

*Audrey Thayer Walker, LICSW*

Elma Kahn Wolf, a founding member of GWSCSW, died on March 1, 2005. She was 96 years old. We, her social work colleagues, mourn her. Her legacy to the field of social work, to our Society and to so many of us social workers is precious and memorable.

Elma cherished her career in social work. She was born in an era when it was unusual for a young woman to attend graduate school. Nonetheless, she attended graduate school, earning an MSW, equally unusual at that time. Her career followed the developmental trajectory of our social work field. However, Elma was consistently in the forefront. She was a founding member of our Society, first to develop, originate, and co-edit the Society's newsletter, first to develop social work programs in private and public agencies, first to establish a private practice in clinical social work, first to develop group psychotherapy training at the George Washington University Department of Psychiatry, and one of the founders, supporters and early endowers of a clinical social work Ph.D. granting program—The Clinical Social Work Institute in Washington, D.C.

Elma, born and raised in the San Francisco bay area, completed her baccalaureate studies in psychology at the University of California (Berkeley). As a sophomore, she confided to a friend that she intended to become a psychiatric social worker—and indeed, she did.

For several years following graduation, Elma was a volunteer (what, in the early days of social work was referred to as a friendly visitor). Her first paid position was with the California State Relief Administration. Elma, being the person she was, quickly became aware that common sense, welfare payments, and advice fell far short of adequately helping the people she served.

And so, Elma returned to social work graduate studies, receiving her MSW degree in 1943 from Columbia, then known as The New York School.

Elma soon moved into leadership roles. She returned to the West Coast and developed social work programs as chief psychiatric social worker at Stanford University Medical School Department of Child Psychiatry and the VA Neuropsychiatric Hospital in Palo Alto.

The East Coast again beckoned. Upon her return to the East Coast, she initiated programs, consulted and practiced with the New Jersey Division of Mental Health, the U.S. Public Health Service (DHEW,) and VISTA (U.S. Office of Employment Opportunity.) She was the Director of the Domestic Relations Court Project, D.C. Court of General Sessions. She consulted to the Potomac Foundation of Mental Health, Bethesda—a group that established one of the first psychiatric *day* hospitals in this area.

Elma was one of the first social workers in private practice. Elma said that to practice privately was to be politically incorrect. This did not deter Elma. Her initial fee was \$10. Her private practice, serving many in the greater Washington area, thrived from 1958 until she reluctantly retired in 1996. Elma also supervised, taught, and consulted with many different mental health professionals, including social workers from the graduate schools of Smith College, Catholic University, Virginia Commonwealth, and the University of Maryland.

I met Elma Wolf when she joined the George Washington University Medical School Department of Psychiatry. She was asked to initiate and develop a training program for group psychotherapy. At the time, GW had a modest though fine training program for psychiatric residents in individual psychoanalytic psychotherapy. Group psychotherapy was looked upon with suspicion, to say the least. Elma was comfortable with authority and hierarchical structures. She just moved in and did it! She neither looked to the left nor to the right (no, on the one hand... while on the other...) She just did her job, and developed the foundation for a program that thrives to this day.

When I became Chief Psychiatric Social Worker at GW, I asked Elma to lead the GW Professional Development Group for Social Work Interns. I had envisioned this group having a purpose not to change the institution, not even to advocate for social workers, but rather to allow and encourage the students to look into themselves, to explore the effect that particular setting had upon their developing professional identities as social workers, and to learn how they were similar to other mental health professionals (psychology interns and psychiatric residents) but also how they as social work-

ers were different.. This required a fine-tuned sense of purpose: setting firm limits and boundaries, while providing a safe, emotionally containing environment where discussion could be free and open. Elma understood; she got it—of course she would!

This group was at times frustrating for the students since Elma held firm that they talk and discuss, *not* act (hopefully all in the service of professional growth.) And the students did grow. What they may not have known was that Elma, indeed, made sure that the faculty and staff *act upon* recommendations she made, based on her *careful* listening to these students. She was a good professional mother, kept the “dirty laundry” among those in charge, protected the students from the unnecessary intricacies of institutional “family” problems, addressing them only as they affected their professional growth, and tried to keep the focus on their learning. However, Elma Wolf *did*, with all her aristocratic bearing, hold all of the faculty and staff accountable. She did *forcefully*, aggressively, advise us on needed changes while respecting the program excellence. And the social work training program was strengthened as were the students.

I carry so much of Elma in my professional heart. As I age, I realize how she inspired so many of us to recognize the many opportunities our social work profession provides for growth through our life span. Elma’s vitality was remarkable, her standards high. Not only did Elma bring group therapy to the GW Department of Psychiatry, but also she soon noticed how effective individual psychoanalytic treatment was. When she was well into her sixties, she decided to learn more about psychoanalysis, undergoing her own personal analysis as well as her professional psychoanalytic studies and supervision. So Elma Wolf in her sixties began to practice psychoanalytic psychotherapy, choosing one of the most knowledgeable, and challenging analyst supervisors.

Thank you, Elma Wolf—for helping and teaching so many. Thank you for being the remarkable woman you were: a mentor, a role model. Thank you for your dedication and all your fine contributions to our field of social work. We, so many of us, are the better for who you were, which, of course, was the best! You are/were the best. ❖

# Washington Psychoanalytic Society, Inc.

## Scientific Meetings Fall 2005

### Registration

Dinner & Meeting: Send check for \$50 per person (*payable to Washington Psychoanalytic Society, Inc.*) to the Society office, 4545 42nd St., NW, #309, Washington, DC 20016-1856, by the registration deadline as listed below.

Cocktails 6:30 pm • Dinner 7:00 pm • Meeting 8:15 pm

### September 23, 2005 (Register by Monday, September 19)

Location: Marriott Bethesda Hotel  
5151 Pooks Hill Road, Bethesda, Maryland.

Title: *The Role of the Father in Development*

Speaker: Antoine Hani, M.D.

Discussant: Carla Elliott-Neely, Ph.D.

Objectives: 1) To discuss the importance of the role of the father in the development of children throughout the lifespan. 2) To discuss the importance of the role of the father as it relates to psychosexual, narcissistic and aggressive aspects of development.

### October 21, 2005 (Register by Monday, October 17)

Location: To be announced

Title: *Picture Books and the Inner Life of the Child*

Speaker: Ellen Handler Spitz, Ph.D.

Objectives: 1) Explain how picture books transport adult readers back to the world of their own early childhoods, creating a special bond with the children with whom they are sharing the book. 2) Describe how the illustrations in the picture books enhance and expand the verbal narrative

### November 18, 2005 (Register by Monday, November 14)

Location: Marriott Bethesda Hotel  
5151 Pooks Hill Road, Bethesda, Maryland

Title: *Paying for Analysis: Shame, Guilt, and Excitement—Unavoidable Enactments*

Speaker: Barbara Stimmel, Ph.D.

Objectives: 1) Describe the role real money plays in the analytic relationship. 2) Discuss the emotional and fantasy implications of the fee

Reflections...

# Holding On and Letting Go

Sheri Rosenfeld, LGSW

*Ruth Neubauer's Reflections article, A Night at Night Court: Another Subtle Letting Go, (March News & Views) was so moving and insightful that it inspired me to write. As a budding therapist, this piece helped instill in me a greater understanding and respect for our profession. On an intimate level, Ruth's story along with the editor's comment, "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." resonated with me. While I have never taken this leap before in my life, I felt that if there was ever a moment to share, this was that moment. Thank you for the opportunity.*

I have spent the last 14 years mothering my children. Some of the greatest joys in my life have been watching them, both from a distance and up close while snuggled in my arms, my eyes gazing into theirs. I remember, as a first time mother, looking into my newborn daughter's eyes and nervously wondering how to protect her from the germs I was told were lurking all around her. I recall holding my second daughter, mentally debating the best ways to guide her and instill in her a strong foundation. And I remember holding my son's hand while walking in a park, wondering how to protect him from others who might hurt him and how to teach him to be a thoughtful man one day. But I knew these were largely wishes, hopes, and dreams, and that it was a fallacy to believe I was truly capable of protecting them. I knew, intellectually at least, all I could do was hold them when life was not fair, and rejoice with them when life bestowed them goodies.

As my children grew, I marveled at their independence but saw their continuing need to keep me within earshot at all times. I wept at times when my eldest experienced her first real disappointment at not getting the part in the ballet she wanted; when my middle child told me her friends had decided

they no longer wanted to talk to her; or when my youngest shared the news that he was not picked for any sports teams at school. All of these experiences, I was told, would be my battle scars to wear as a parent.

During the three years I spent studying for my Masters Degree in Social Work, I became acutely aware of our human frailties and vulnerabilities. But I also saw first hand how resilient and remarkable people can be. I watched and listened carefully during all the lectures about mental illness, posttraumatic stress disorder, grieving/loss and attachment disorders. I counseled high school students and adults while they revealed their most personal thoughts, expressed their greatest fears, and shared horrific losses. I did this with as much compassion as I believe I had. I knew that to be a good therapist I would need to call upon my own experiences of loss and my own tools for strength. But nothing prepared me for the moment when I learned last April that my youngest child, my son, had a rare form of bone cancer.

My son was 8 years old at the time he was diagnosed with Adamantinoma. We were told that he had a very early stage of cancer and that outcomes are often very good at

that stage if the tumor is radically removed from inside the bone. To do this, the doctor would have to replace his bone with a donated bone, an allograft. Surgery was to be scheduled immediately and would last 5 hours. Our life, as we knew it, had changed in that moment and would now include years of medical tests and doctor's appointments. My husband and I garnered support from family and friends and pulled all our resources, both financially and emotionally, from every bank we had.

The mind is a remarkable thing given what it allows you to remember in the moments of trauma. I remember the smell of the hospital room where he was prepped for surgery and the wonderful nurses who handled my son as if they, too, were his mother. As I watched the hands of the clock tick, unfairly quickly it seemed, my husband and I were escorted into the surgical room. (I felt like a prisoner on death row, walking to her demise.) I held my son's head while my husband held his body and within moments he was fast asleep.

As I walked out from the waiting room, I finally understood what I had once read: that our children are not ours to keep. Children may come through us to be guided but

are separate beings with their own destiny and their own plan. At that moment, I understood on an intimate level that I was incapable of truly protecting him, or my daughters for that matter.

My husband and I spent eight days in the ICU of Georgetown Hospital. As the daughter of a physician, I have always had a tremendous respect for both doctors and nurses. But now, having seen them in action 24 hours a day while they cleaned, prepped, and soothed their young patients with their comforting voices, I realized that they too were there to protect my son. Together, we would do the best we could. I saw the faces of other parents holding on for dear life and the social workers whose smiles and warm embraces gave them some hope.

I am happy to say that my son is well and our family intact. But as my daughter described so succinctly once, "life will never be the same for us. The look and the feel of our family have changed." Although we are all still together, we hold on to each other just a bit more tightly, all the while knowing in our hearts that all we really can do for one another is share our love and hope that each day we are aware of the precious gifts we receive from one another. ❖



## Out & About

Patricia 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...*

**Ruth Neubauer** had a photo exhibition in the Café at Politics & Prose in April and also taught a 6-week course there entitled "Psychoanalytic Ideas for Everyday Living." She and Karen Van Allen are featured in Chapter 4 of Suzanne Braun Levine's new book, *Inventing the Rest of Our Lives: Women in Second Adulthood*. Also in April, Ruth and Karen conducted a workshop in Denver for "Women Over 50 through Retirement."

**Type Diamond** served on the faculty of the Couples Therapy Training Program for the Institute of Contemporary Psychotherapy and Psychoanalysis during this last semester. The focus of her instruction was how to work with transference and counter-transference issues within a self-psychological and relational treatment model in clinical practice with couples.

**Kate Scharff** presented a workshop entitled "Working with Families of High-Conflict Divorce" at the Psychotherapy Networker Symposium on March 19. She presented a paper about her work with these high-risk families at the Metro Washington Chapter of NASW's April Annual Conference. Kate spoke about her book *Therapy Demystified* at Barnes and Noble on May 24.

**Britt Rathbone** is a faculty member in the JSSA Child and Adolescent Assessment and Treatment six-month post-graduate certificate program. He teaches one class on the most current information about adolescent brain development, and a second one on the state of the art of psychotherapy with adolescents.

**Connie Ridgway** sang with the Washington Revels in its annual spring celebration, on April 30 at the National Arboretum's Plant and Flower Sale, and on May 1 at the Audubon Naturalist Society's Nature Fair. Both events included traditional May songs, a children's segment and a Maypole dance.

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*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.*

# COMMITTEE REPORTS

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## Annual Conference

*Connie Hendrickson, DSW*

GWSCSW co-sponsored with NCSSS an Ethics Conference at Catholic University on Friday, April 8. Dr. Frederic Reamer, professor at Rhode Island College School of Social Work spent the entire day describing ethical and risk-management issues and concerns in clinical social work. The areas which he covered included standard of care, forms of negligence, informed consent, boundary issues, and documentation. The latter provoked a lot of questions and discussion. The three most important things to remember are to document, to discuss difficult issues with peers and to document the discussion and the process by which a decision was reached.

I would like to give special thanks to the hard-working committee members: Dolores Paulson, Alice Kassabian, Audrey Walker and Robert Fenton who made all run smoothly.

## Continuing Education

*Dolores Paulson, DSW*

Two courses remain in the spring term of Continuing Education. **Introduction to Intensive Short-Term Dynamic Psychotherapy** taught by Barbara Cristy and Kathleen Kenyon will be held on Saturday, May 7 from 10:00 am to 1:00 pm. **Psychotherapy with Seniors** taught by Judy Ratliff will take place on Friday June 17 and 24, from 11:00 am to 1:00 pm. Both courses promise to be most interesting and there is still space available in each.

A reminder—GWSCSW now offers CEUs for study groups that meet the designated criteria. To ask questions or to register your Study Group, please call me at (703) 790-0786.

Our '05-'06 curriculum is in the planning stage, and will be in your hands by mid-summer. Thank you for a very successful '04-'05 season. We hope you will continue to earn your CEUs with the GWSCSW.

## Membership

*Melinda Salzman, LCSW-C*

The Membership committee announced a change in leadership as of April 2005. Maurya Brenneman stepped down as co-chair of this committee; Melinda Salzman will continue to fulfill the chairperson position. We wish to thank Maurya for her help with the Ambassador program and our various efforts to maintain a healthy level of membership within the Society.

Since our last newsletter came out, we have gained nine Full members, one Graduate member, and nine Student members, bringing our total current membership to 493 members. Thank you to Jan Sklennik for her help in keeping track of current enrollment.

The Ambassador program continues to seek volunteers. At our last Board meeting in February, Board members agreed to assist with this program by being Ambassadors to newer members. We continue to seek other members who would be interested in this role. Please call Melinda to volunteer

your time; we believe that this program can be a vital way of keeping newer members connected to the Society.

If you are a current member and are interested in joining this committee, please contact Melinda at (301) 588-3225.

## Mentor

*Kate Scharff, LCSW-C*

In February and March the Mentor Committee did a series of Professional Development Seminars for second-year students at the Catholic University School of Social Service. These seminars have generated substantial interest in both the Society and the Mentor Program; so we'll be thinking of expanding into other schools, perhaps in the fall. Meanwhile, Kate is interested in hearing from anyone who is interested in being a mentor or mentee, or in serving on the Mentor Committee. She can be reached at 301-469-1477, or at [email@katescharff.com](mailto:email@katescharff.com).

## Outreach

*Susan Post, LICSW  
Tybe Diamond, LCSW-C*

A big thanks to everyone who responded to our questionnaire. Overwhelmingly, people were most interested in a project related to the military and soldiers returning from the Middle East.

We are moving forward on that front. We recently had a meeting with Stephen Cozza, head of psychiatry at Walter Reed, and four of his service chiefs. They are enthu-



siastic about our project and eager to have our participation. Currently, Dr. Cozza is talking with more of his staff and we are finishing our analysis of the returned questionnaires. Then we will talk again to elaborate further a plan.

The patient population at Walter Reed is varied. There is a large injured population and a small group who are psychiatric casualties. Of the latter, about 25 percent have primary or secondary PTSD. The psych staff works with all of them, as well as families and children of the patients. The program includes inpatient, partial hospitalization, and outpatient services, and is eclectic and integrated in nature, combining cognitive/behavioral, family, and dynamic modalities.

Dr. Cozza and his staff are eager to have the participation of experienced clinical social workers. They have a particular interest in anyone with a military family or work background, as well as in clinicians experienced with EMDR, dialectic therapy, and group ther-

apy. However, they will be pleased to have any of us join their team, and we would be utilized purely as clinicians.

Those interested will need to be able and willing to devote a half day per week to the hospital, and will be required to go through the Red Cross training program for participation at a federal institution. Application through the Walter Reed privileging process will also be necessary, though this is largely a formality.

There may also be some opportunity for participation in programs at some of the area military bases such as Fort Mead or Fort Belvoir. This might be relevant to some of us, based on geographical location.

We will keep reporting on our progress. Please feel free to contact either of us directly, whether you returned a questionnaire or not, if you have an interest in or questions about this project. Tybe Diamond, (301) 907-6722 or [ibtybe@aol.com](mailto:ibtybe@aol.com); Susan Post, 301-718-2843 or [rspost@speakeasy.net](mailto:rspost@speakeasy.net). ❖

## Welcome New Members!

### Full Members:

Joal Bennett-Stenzel, Thomas J. Buckley, Diana L. Bunday, Daniel Campbell, Joshua M. Cordonnier, Peter D. Crockett, Jerri Lynn Dickinson, Anne Gray, Maureen McDonnell-Wescher, Gwen F. Melnick, Rogin Mustain, Patricia Hanes Meyer, Robert Sheavly

### Graduate Member:

Marleigh White

### MSW Student Members:

Rachel Anderson, Brad Belsher, Hadley Burnam, Carla Dellamore, Nancy Hinde, Beth Parker, Stephen A. Roszel, Kathryn Seldon, Elizabeth Waters

## The GWSCSW Referral Panel

### *Are you looking for...*

- A Russian, Portuguese, Hebrew, French, Spanish or Dutch speaking therapist?
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- A specialist in EMDR, women's sexuality, or performance enhancement for athletes or performers?
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All this and more can be found with a simple call to  
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### *Did you know...*

The GWSCSW Referral Panel provides practice information on over 60 Clinical Society members in DC, Maryland and Virginia. Population, specialty, groups, insurance participation, theoretical orientation, languages spoken and lots more!

### *Coming soon...*

Our interactive referral panel web site.

## The GWSCSW Referral Panel

# Our Online Society

*This column reports on questions that have been raised on the GWSCSW listserv, with some of the responses.*

This month's discussion features a request for names of psychiatrists, in order for the treating clinician to make a well-informed referral for a particular client. The person who made the request then compiled and posted the names of those recommended. A discussion followed as to whether the list could be annotated, and if it could be, than how.

Here are some of the many comments:

- The problem with the list of names is having any idea how someone is likely to work. I am really uncomfortable making any referral for a child psychiatrist if I can't prepare the parents for what to expect. Is this someone who is going to press for medications, or someone who is going to recommend child analysis? What are this psychiatrist's skills in this area, and how does he/she relate to a referring social worker? Knowledge of the psychiatrist's clinical style is also important. When a consultation goes poorly because of a misfit in clinical style, it may do more harm than good.
- One way to annotate the list would be to focus on positive and descriptive comments. Members could send their comments privately to the compiler, who could just cut and paste these into a list. Comments might include such remarks as "very accessible for collaboration", "promptly sent me a written report of his consultation", "very knowledgeable about medications", "specializes in ADHD". These comments could be re-circulated minus any negative personal comments.
- I, for one, would appreciate knowing about concerns with respect to interactions with the psychiatrists listed. An annotated list would not be as helpful without objective descriptions. If someone had an experience where the psychiatrist never returned his or her phone calls about a new patient and that person posted that information, someone else, who had a positive experience with that same psychiatrist could post that experience.
- I understand your need for information, but I wonder if this type of information is appropriate for a relatively public listserv.
- I usually stay out of these conversations, but here I feel I must contribute something. It is a terrible idea for any of us to use the society listserv as a place to editorialize about other professionals. It seems fine to clarify facts (i.e. someone is or isn't board certified in child psychiatry), but read the NASW Code of Ethics: it specifically stipulates that it is unethical to disparage a colleague publicly. This is a slippery slope, and I think it should go no further.
- I was thinking it might get unwieldy each time one of us needs a referral to ask for individual responses for different people. Here's another idea. How about if we compile a list of people who have had any experience (good, bad and neutral) and who would be willing to communicate privately to others about that psychiatrist. If people were interested in this, I would be willing to have them email me privately about the psychiatrist they wish to know about and then I would post the compilation in a couple of weeks.
- I strongly disagree that the listserv should be used as a vehicle for giving "reasons for not liking someone." Though we do want to share resources, broadcasting one's personal preferences in a way that could affect others' reputations is called defamation.
- I, too, strongly disagree that this is the place to give our opinions. I'm not sure it's good even to state our positive opinions. (Think about the potential legal implications here.) I think a list with facts, like population served, special qualifications or training, would be fine. Then if someone wishes to ask the list if anyone has had experience with a particular psychiatrist and a member has, the two members can talk via phone or private email.
- I think it's a good idea to stick to the positive and/or objective. Perhaps the list could be organized alphabetically, by location, or by specialization or all of these. ❖

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*Because of space limitations, we were unable to print all of the responses. We invite you to send further thoughts to Letters to the Editor.*

## 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.

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### OFFICE SPACE AVAILABLE

**McLEAN:** Two-office suite with file room and kitchenette to share with pleasant, easy-going psychologists. Close to Rt. 123 and Tysons Corner. Building security for evening appointments. Call Kathleen Salyer, PhD at 703-734-1393.

**TENLEY CIRCLE:** Full time large office with beautiful window, available in a suite of three offices, waiting room and kitchenette. One block from the Tenley Circle Metro in NW DC. \$800/month including utilities. Part time space is also available in one of the other offices. Underground parking space is available for \$90/month. Call Gwen Pearl, 202-363-9191.

**TYSONS:** Furnished office in lovely office park. Available by the day or hour. Tysons area on Route 7, inside the Beltway. Prime location. Plenty of free parking. Call 703-790-0786.

**VAN NESS:** Spacious, well-furnished office with window facing courtyard; available Wednesdays and Fridays. Close to Metro. Call Carolyn Curcio at 202-362-7115.

**WASHINGTON CIRCLE:** Large office space for rent in 3 Washington Circle (doctors' building). Share suite with other mental health professionals (MD, PhD, MSW). Please call 202-775-1182.

### 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](http://www.rathboneandassociates.com).

**YOUNG ADULT PSYCHOTHERAPY GROUP:** Great opportunity for young therapists to experience group therapy. Participants deepen interpersonal and intrapsychic dynamics, receive feedback, and practice new ways of relating. Thursdays, 7:15–8:45 PM in Friendship Heights. Please contact Leyla Kenny at 202-251-2884

### 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.

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# UPCOMING EVENTS & IMPORTANT DATES

## A Capitol Event!

### GWSCSW Annual Meeting and Celebration Dinner June 10

An opportunity to visit with friends and colleagues in an intimate Capitol Hill home and garden awaits us on June 10 at the annual end-of-year Society celebration!

Every spring, GWSCSW members are invited to an evening of good food and good company to celebrate our year, our Society and ourselves. (Officially this is the Annual Meeting required by the by-laws, but anyone who's ever been knows the "meeting" takes a minute and from then on it's really just a great time!)

This year the party will take place at the home of Nancy Lithgow on Capitol Hill, from 6:30 PM to 9:00 PM. We urge you to come enjoy the wine, music, door prizes, toasts and tributes; to meet the newly elected officers and say thanks to our outgoing president and all the others who worked so hard to make this a successful year.

Please plan to bring a snack, salad, or dessert; the main course will be provided. Party planning will be essential, so please call the GWSCSW office at 202-537-0007 to sign up and to let us know what you'd like to bring.

*For more information on this event, call GWSCSW at 202-537-0007 or see web site at [www.gwscsw.org](http://www.gwscsw.org)*



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