

Education ♦ Advocacy ♦ Community

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Editor's Note: We stopped our presses so that we could share with you this August 10 letter from seasoned social worker Pat Harvey, who describes her unsuccessful efforts to become licensed as a supervisor in Maryland after years of supervisory experience in Massachusetts. Pat's situation has serious ramifications for DC and Virginia clinical social workers who might hope to accept a supervisory position in Maryland. Her dramatic story speaks to the importance of reciprocity and national uniform standards for licensing regulations. It is also a reminder of how important our advocacy efforts are. Please get involved!

Lack of Reciprocity Has High Cost

Pat Harvey, LCSW-C

I recently moved into Maryland after living and working in Massachusetts for over 20 years. I began to research how to get an LCSW-C license in Maryland even before I arrived. I was appalled at the difficulties inherent in the process as well as the limitations that license would have even when I completed the application process.

I have an MSW, passed my ACSW exam in 1981 and was licensed in Massachusetts in 1980 as a Licensed Independent Clinical Social Worker. I did not need to take the licensing exam at that time because it was so early in the licensing process. I have done outpatient and residential treatment with many different populations and, over the past several years of my career, I have been supervising program managers, residential counselors, social work interns and social

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Dinner Meeting and Saturday Morning Workshop

Moving Beyond the Comfort Zone

Sarah Pillsbury, DSW, BCD

"Therapists routinely face exceptional requests from patients that move us outside our comfort zone. To touch or not to touch? To give or accept gifts? To reveal our feelings directly? To have out-of-office contact?"

Nancy A. Bridges, LICSW, BCD, and author of *Moving Beyond the Comfort Zone in Psychotherapy*, will be the featured speaker at the September 23 dinner meeting co-sponsored by the Greater Washington Society for Clinical Social Work (GWSCSW) and the National Membership Committee on Psychoanalysis (NMCOP). On Saturday, September 24, she will present a morning workshop from 9:30 AM to 12:30 PM sponsored by GWSCSW.

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**GWSCSW
Dinner Meeting**
(Co-sponsored by NMCOP)

Friday, September 23

Golden Flame Restaurant
Silver Spring, Maryland

6:30 PM ... Reception
7:00 PM ... Dinner
8:00 PM ... Lecture

Topic:
**Moving Beyond the Comfort Zone
in Psychotherapy**

Presenter: Nancy A. Bridges, LICSW, BCD

www.gwscsw.org
or call GWSCSW at 202-537-0007

Membership Renewals are due October 1, 2005

Watch for your notice!

Greater Washington Society for Clinical Social Work, Inc.

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Referral Panel: Eileen Ivey & Patricia Garcia Golding



GWSCSW NEWS & VIEWS

Margot Aronson, Editor
Stephanie Loayza, Diana Seasonwein, Mary Lee Stein

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.

Articles (not to exceed 300 words) and letters 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.

Signed articles reflect the views of the authors; Society endorsement is not intended.

For advertising rates see page 31

The next issue will be published
December 2005 and the
deadline is November 1.

Please email all text for publication as an
MS Word attachment to gwscsw@yahoo.com

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President's Message

Diana Seasonwein, LCSW-C

One of the very first principles that I remember being taught as a first year social work graduate student was "start where the client is." In this case, the client is me and I am giving that advice to myself. How can I, as the incoming president, pick up where Margot Aronson, our immediate past president left off? I've been grappling with this question since rumblings began as to whether I would consider becoming the next president. It finally hit me; I have to start where I am today.

Less than two years ago, my husband and I moved back to Washington, DC after having enjoyed 18 wonderful months living in Prague, Czech Republic. Before we left DC, we sold our cars and our home. I had no office and no practice. We lived in a residence hotel for two months, with our two dogs and seven suitcases, until we could move into the house we bought.

Needing to connect with my professional community, I accepted the position of editor of the *GWSCSW News & Views*. Talk about on the job training! I didn't have a clue as to what the editor's job entails. Not only did I learn, but I also was welcomed back to the Society. And since no good deed goes unpunished, I was asked to take another position where I didn't have a clue. Having given that caveat, please, two years from now, don't hold me to my wishlist /vision for the Society.

I hope to see the Society membership increase, as well as increased participation by more current members. As we attract more active volunteers, we will have people in the "on deck" circle, ready to step in as new committee chairs and board members.

I hope to continue and expand the fine work being done by our Outreach committee so that we can become a presence in the community as mental health practitioners. A few weeks ago, John Kelly wrote in his *John Kelly's Washington*, in the *Washington Post* about "a wonderful group of people...called social workers" who help kids go to summer camp. When I saw the article, I wondered what their credentials were. Are they MSW's? What level of licensure do they have? We must raise awareness of who we are, what we do and what our qualifications are. I was recently asked why someone should see a social worker for psychotherapy. Don't we just work in foster care and protective services?

At least two of the conferences presented this year helped us to raise our own consciousness. The Clare Winnicott conference brought her out from the shadows of her husband and exposed all the work that she accomplished in her profession of social work. Carol Tosone, in her conference, introduced us to the concept of relational social work. She says, "It can be a validating term, which aids [social work clinicians] in owning the indigenous social work knowledge that was subjugated in the development of psychoanalysis proper." After each of these conferences I came away proud to be a social worker, but aware that we need to increase our pride in ourselves.

On a personal note, I lost my father this past June, and began to realize what I didn't know about end of life issues! I would like to see more attention paid to these issues. I am pleased to announce that we will be treated to such a conference in March with Joan Berzoff, an expert in the field, as presenter.

I am lucky to be stepping into this new challenge with a wonderful board to assist and advise me. They are all seasoned players, and I am grateful for the support and help I have already received from Tricia Braun, Joel Kanter, Janet Dante, Cecelia McKay and of course Margot. I hope that I can continue the high standards that have already been set. And with the help of all of you, I think it's possible! ❖

Treasurer's Report

Janet Dante, LCSW-C

Last year was another successful year financially. We ended on June 30, 2005 \$17,000 ahead. But money will be tighter this year for us. The cost of the administrative help from the Clinical Social Work Institute (CSWI) will double, from \$6,900 to around \$14,000, and our dues for the CSWF (Clinical Social work Federation), our national organization, have increased from \$13,000 to \$19,000 this year.

If our membership grows significantly, that should be no problem. Even if membership stays constant, we should break even. Ending the year only a few thousand dollars ahead, however, is cutting it too close.

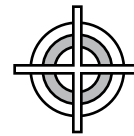
Last year the Board created a Capital Fund, to cover an unforeseen financial emergency. The Board voted to put \$25,000 into the Fund last year, with the expectation that each new fiscal year at least \$10,000 would be added to the fund balance, until it grew to \$75,000, to cover the cost of one year's expenses. If we only just break even this year, it will not be possible to make that contribution.

The board has already begun to consider various belt-tightening options. ❖

SAVE THE DATE

February 26, 2006

**Annual Conference of the
Consortium for Psychoanalytic Research**



Center for Spirituality and Integral Social Work

presents

THE WORK OF RETURN *A Weekend Workshop with Jason Shulman*

Friday November 11–13, 2005

Caldwell Auditorium
The Catholic University of America
Washington, DC 20064

THE WORK OF RETURN

The Work of Return is a self-healing modality designed to be used by individuals, including health professionals, working with their own physical, emotional, or spiritual difficulties.

The workshop is a gentle and profound experience using movement and sound.

JASON SHULMAN

Jason is a spiritual teacher in the kabbalistic and Buddhist traditions. Jason is also a member of the Professional Advisory Board of the Center for Spirituality and Psychotherapy of the National Institute for the Psychotherapies in New York City.

SCHEDULE

Friday, November 11 8:00 PM – 10:00 PM
Saturday, November 12 9:00 AM – 5:00 PM
Sunday, November 13 9:00 AM – 1:00 PM

TUITION

(includes credit for 13.0 Continuing Education hours)

\$225 postmarked on or before October 20

\$275 postmarked after October 20

For more information...

Visit csisw.cua.edu

Call 202-319-4388 ext 2

Email Kerrigan@cua.edu

Outreach Committee Project

Reaching Out To Returning GIs

Susan Post, MSW and Tybe Diamond, MSW

Review of the completed Outreach Committee questionnaires has indicated that the project of greatest interest to the highest number of GWSCSW members is the Walter Reed initiative. The second most popular choice was providing low-fee psychotherapy to various age groups; we will continue to explore the feasibility of such initiatives. We thank all who responded and expressed willingness to give their time and talent to the community.

The groundwork for implementing some type of program working with soldiers returning from Iraq has already been laid. We have met with the director and section chiefs of psychiatry at Walter Reed, and they have expressed great interest in and appreciation of our wish to build a collaborative pro bono initiative there. The next step will be to clarify specific needs at Walter Reed and match those members who have expressed interest with the appropriate staff at the hospital. We will personally contact all who indicated a willingness to participate and will meet again with Dr. Steven Cozza in September. It is our hope to make this project an active one sometime during the fall.

It has been an eye opening and useful process meeting with the staff at Walter Reed, as well as with directors of mental health for Montgomery County and the Mental Health Association. They knew nothing of our society, and were gratified to learn of our existence and of our interest in developing a more direct association with them. It is our aim to further any type of collaboration that would be mutually beneficial, whether that be through joint lobbying efforts, direct service, continuing education or publicity.

The mission of our committee is to improve the mental health of our community through pro bono service. As a dividend, the volunteer services we provide may, if publicized, bring attention to the services clinical social workers routinely provide.

Committee members Linda Kuzmack and Alina Schwiep have put a great deal of time and creativity into our outreach effort, and their dedication to this new project has resulted in an exciting endeavor which will no doubt benefit us all. We would love to hear from any society members who are interested in working with us or who have ideas about areas we might explore.

As we look towards a new year under the energetic stewardship of Diana Seasonwein, we would like to thank outgoing president Margot Aronson and the rest of the board for their continuing support and enthusiasm. ❖

Susan Post and Tybe Diamond co-chair the GWSCSW Outreach Committee.

GWSCSW Referral Panel: The Basics

Amidst all the excitement about our Referral Panel webpages, some newcomers have wanted to know just how the Referral Panel works. So, in a nutshell:

The Referral Panel was created by the Society some twenty-six years ago as a service to provide educational and referral information to the community at large.

Any GWSCSW full member who chooses to serve on the panel submits proof of licensure and malpractice coverage, provides specific practice information such as specialties and insurance panel participation, and agrees to be available for clinical referrals. Since 2003 there has also been a nominal charge for participation to cover advertising costs.

Panelists may, if they wish, volunteer for a one-week phone rotation, responding to the calls on the referral line (301-530-4765). They make use of the Referral Panel Directory, published annually, to find at least three referrals matching the needs of each caller. (Directories are also shared with certain medical facilities and institutions likely to make referrals, and once the webpages are in place on the internet, panel information will of course be easily accessible.

The next opportunity to sign up for the Panel will be February 2006. Watch for the announcement and application in the December newsletter. Details for signing up for a webpage will be included in that announcement. ❖

Consortium for Psychoanalytic Research

Consortium Plans Conference

Debbie Zatz, LICSW

The Consortium for Psychoanalytic Research consists of representatives across the disciplines from fourteen area schools, institutes and organizations dedicated to exposing members and the larger community to research in the field of psychoanalysis and psychoanalytic psychotherapy.

**This year's Consortium conference
will be held on
February 26, 2006.**

Dr. Stuart Ablon from Boston, Massachusetts, will be presenting research on the analytic process. Watch for more information in the December newsletter.

Debbie Zatz is the GWSCSW representative to the Consortium.

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

Continuing Education – Fall 2005

given by Lynn S. Dworsky, M.D.



Lynn Staton Dworsky, M.D. is a child, adolescent, and adult psychiatrist in Cabin John, Maryland with 30 years experience.

Dr. Dworsky is a Fellow in Neuropsychiatry of the Amen Clinics, Inc. (Board Certified by the A.B.P.N. in Psychiatry and Child Psychiatry). She works using multiple therapeutic approaches including psycho-analytic psychotherapy, clinical hypnosis, Gestalt Therapy, Ego-State Therapy, and meditation as well as life style recommendations, medications, and supplements.

*For more information about Dr. Dworsky and her practice, see her website:
www.docdworsky.medem.com*

Looking into the "Soul's Fragile Dwelling Place": Brain Science for Psychotherapists

October 21, 2005, 9:00 AM – 12:30 PM at the NASW Conference Center, National Office

Seminar presented by Lynn S. Dworsky, M.D.

Dr. Dworsky will be the featured speaker for this chapter-sponsored seminar at NASW. The content will be drawn from multiple sources including the work of Daniel Amen, M.D.

3 hours of contact time. CEUs approved by NASW.

To register, contact NASW at (202) 408-8600.

Exploration of Counter-Transference: An Experiential Series

Focus on counter-transference, incorporating case discussions as well as experiential work (gestalt, working in the "natural field of awareness") Maximum participants: 6 to 8 in each group.

Contact hours: 2 hours per session, 10 sessions (20 hours) in fall/winter series; 9 sessions (18 hours) in spring series. CEUs for SW approved.

Groups will meet every other week for two hours at Dr. Dworsky's office in Cabin John, Maryland.

Meditation Group for Health and Healing

Thursdays 12:00 – 1:00 PM, beginning October 6, 2005, at the office of Lynn Dworsky, M.D. Cabin John, Maryland .

\$15 per group.

CEUs applied for through NASW.

For more information about these offerings,
contact Lynn S. Dworsky, MD (301) 229-1004 or visit www.naswmetro.org

For the New... About to Be... Old... Retiree

Grace Lebow, LCSW-C

Let us explore our professional lives and the meaning it holds for us today....

Social Workers like to help. As elders, we have a pool of varied professional and personal experiences. Let's explore how we can continue to share this within our profession and within our clinical Society.

Meet at my place to socialize, share experiences, and make new connections with other social workers at what *Post* columnist Abigail Trafford calls "My Time" of life.

When: Tuesday, September 27, 4:00 PM – 5:30 PM

Where: 5600 Wisconsin Avenue, Apt. 909
Chevy Chase, MD 20815

RSVP: 301-652-4026. Call if you need transportation.

Grace Lebow is Retiree Liaison to the GWSCSW Board.

Student Liaison Report

Lindsey Clarke, MSW

As Student Liaison to the GWSCSW Board for the nine months, I have had the opportunity to help the Society president identify MSW student needs that GWSCSW programs might address, and to suggest strategies for communicating with students regarding programs and events. Providing feedback to the Board from the student point of view was a vital part of my experience.

As for opportunities, I was invited to participate in quarterly board meetings, and to attend several lunch and dinner meetings when the Mentor and Membership Committees were planning activities. I also assisted board members at a job fair for graduating students and an orientation for entering students. Such functions provided me with the chance to begin to network with future colleagues and to get a look at the range of possible career paths.

I want to thank Nancy Simon for encouraging me to become involved with the Society, and for her advice and assistance in my liaison role. I look forward to working with the next student liaison in identifying ways of engaging social work students in the GWSCSW mission.

Lindsey Clarke graduated this May with a Master's degree in Social Work from the Catholic University National Catholic School for Social Service. We thank her for her service on the GWSCSW board, and welcome her to the profession!

Earn Your PhD at

THE CLINICAL SOCIAL WORK INSTITUTE

*Interested in Joining our 8th Class
for the 2006–07 Academic Year?*

Come learn more about our cutting-edge clinical social work curriculum, our expert faculty and our highly motivated and diverse students.

Your are invited to attend one of our
INFORMATIONAL PROGRAMS

Saturday, September 24 Saturday, October 29
12:30 – 2:00 PM 12:30 – 2:00 PM

Please RSVP to the office:

The Clinical Social Work Institute, Inc.
5028 Wisconsin Avenue, NW, Suite 404
Washington DC 20016

(202) 237-1202

Email: cswi@mindspring.com Website: www.wdc-cswi.org

"Retirement" or WHAT NEXT™

workshops for
women over 50
contemplating change



Next Weekend Workshop...
November 19–20, 2005

*...there is a time when women want to
make the most of what remains of life...to
re-define work and creativity...to be
more deeply connected with others and
themselves... Together, we talk, read, write
and step into this time of transition...*

Ruth Neubauer, MSW and Karen Van Allen, MSW

Registration and Information:
www.retirementorwhatnext.com

Wanted: MSW Student Liaison to the Board

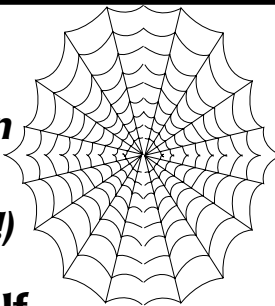
Traditionally, an MSW student member has served on the GWSCSW board of directors, bringing a fresh viewpoint to Society issues and advising the board on how best to interest and involve students in their soon-to-be-professional's clinical society.

Lindsey Clarke, this past year's student liaison, has now graduated with her MSW, leaving the Student Liaison position vacant.

If you are interested in serving as Student Liaison or in learning more about the position, please contact Tricia Braun at 301-948-4506 or patriciabraun@com-cast.net.

The Society hopes to forge a strong alliance with the social work schools of Catholic University, Howard University, Virginia Commonwealth University, and University of Maryland. MSW students are encouraged to join the Society, with dues at the reduced rate of only \$25 per year, to cover expenses of printing and mailings. ❖

***"Oh, what a tangled web we weave, when first we practice..."
(and later on, too!)***



**Help get yourself
UNTANGLED!**

**Visit the Clinical Social Work Federation
Web site at:**

www.cswf.org

Legislative Priorities • Links to State Societies
Code of Ethics • Federation Newsletter: access
CSW Journal Subscriptions • Social Work Schools
Position Paper on eTherapy • Clinical Resources
HIPAA FAQs, Materials & Updates
Hyperlinks to Other Sites

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

Renewing Your Society Membership

The GWSCSW 2005-2006 membership year begins on October 1, 2005.

If you are currently a member, you will receive a renewal statement in September; please return it promptly with your dues.

A grace period will be permitted through the month of October; after November 1, late renewals cannot be assured of inclusion in the 2006 Directory.

Please call the office at 202-537-0007 if you have any questions about your membership.

Membership Categories, Requirements & Rates

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

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

Full Membership

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

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

Graduate Membership

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

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

Student Membership

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

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

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

dent membership for doctoral students who are already licensed clinical social workers.

Affiliate Membership

To be an affiliate member, an applicant must meet the requirements for full membership and be living abroad or in a jurisdiction that does not have an active clinical social work society affiliated with the Clinical Social Work Federation, or be a full member of such a clinical society in another jurisdiction.

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

Retired or Emeritus Membership

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

Retired or Emeritus membership is \$25 at renewal time, October 1, and throughout the year. Anyone joining as a retired or emeritus member after August 1 will pay full fee (\$25) and become a member starting

in October; however, he/she will receive mailings and Society discounts beginning the month joined.

Honorary Membership

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

Not currently a member?

If you are not currently a member and wish to join the Society, please call GWSCSW at 202-537-0007 to request an application form. Alternatively, you can find the information on our website (www.gwscsw.org) and print the application form to submit with your payment.

Please call GWSCSW at the above number with any membership questions. ❖

DUPLICATES?

Occasionally for some of our larger mailings (conferences, continuing education offerings, membership drives) we use mailing lists from sources other than the GWSCSW membership list in order to reach a wider audience.

Your name may be on more than one list and you might receive more than one copy of the mailing. It is less expensive to send multiple copies to Society members than to search manually through many thousands of records to eliminate duplicates.

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



presents

Moving Beyond the Comfort Zone in Psychotherapy: Self Revelation and Emotional Engagement in Therapeutic Relationships

Nancy A. Bridges, LICSW, BCD

Moving beyond traditional thinking, Bridges presents a relational approach that integrates psychoanalytic thinking with the latest findings from infant research. Her theoretical framework extends the bounded therapeutic connection to outside the comfort zone... to where it reaches the private experience of self and other, that intimate edge where noxious repetitions can be destabilized and transformation becomes possible.

Saturday, September 24, 2005

9:30 AM to 12:30 PM

Location to be announced

3 Category I CEUs

Watch for a mailing in September or visit www.gwscsw.org
Call GWSCSW at 202-537-0007



and the
Metro Washington Chapter of NASW
announce a

12-hour Course in ■ CLINICAL SUPERVISION ■ September 24–25, 2005

COURSE LOCATION: Offices of NASW Metro, 750 First Street, NE, 7th Floor Washington, DC
(Note: the building garage will not be open, and street parking will be limited.
We recommend taking the Metro to Union Station and walking one block).

COST: \$144 (NASW members) \$180 (non-members)
includes refreshments and lunch on both days

CONTINUING EDUCATION CREDIT: Social Workers – 12 hrs. through NASW Metro
Psychologists/Certified Counselors – 12 hrs. through IPI

SATURDAY, September 24:

8:00 AM – 9:00 AM: Registration with coffee and pastries

9:00 AM – 5:00 PM: Presentations

- Introduction to the Theoretical Principles of Supervision, *Michael Stadter, PhD*
- The Psychodynamics of Group Supervision, *Michael Stadter, PhD*
- Good and Bad Supervision: A Live Demonstration and Discussion, *David Scharff MD and Jill Scharff, MD*
- Boundaries in Supervision, *Jaedene Levy, MSW*
- When the Supervisor is Also the Boss: Supervision in the Agency Setting, *Jane Prelinger, MSW*
- Difficulties in Supervision, *Elizabeth H. Thomas, PhD*

SUNDAY, September 25

8:30 AM – 9:00 AM: Coffee and pastries

9:00 AM – 2:00 PM: Presentations

- Field Instruction and Supervision: The Learning Alliance (w/ video), *Dorothy Van Dam, MSW*
- Issues of Difference in Supervision, *Tom Wessel, PhD*
- Narcissistic Issues in Supervision, *Carolyn Shank*
- The Evaluative Process in Supervision, *David Scharff, MD*

TO REGISTER, OR FOR MORE INFORMATION, PLEASE CALL:

Joyce Higashi, Executive Director,
NASW DC Metro
202-408-8600 ext 486

Kate Scharff, Co-Chair/Director of Training,
IPI Metro
301-469-1477

The International Psychotherapy Institute (IPI), formerly the International Institute of Object Relations Therapy, 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). We adhere to NBCC Continuing Education Guidelines. Application will be made to provide continuing education for social workers.

This course meets the new training requirements for clinical social work supervisors in Maryland

Clinicians and Money

Setting Your Fees

Peter Cole, ChFC, LCSW

On the business side of private practice, nothing is more important than the fees you set and your policies for collecting the fee. The fee carries a big load financially, in that, for most social workers in private practice, fees for psychotherapy are our main or only source of income. When setting your fee, it is important to bear in mind the true cost of being in private practice. There is the overhead of maintaining your office, along with the high cost of providing a benefits package for yourself.

The private practice social worker is, in a sense, both the employee and employer in his or her practice—and it is expensive to be a good employer! A good employer pays for health, liability and disability insurances, along with vacation time, and retirement benefits. For you to be a good employer to yourself, you need to provide these benefits for yourself. All of these costs should be born in mind when you set your fee and create a frame for your patients around prompt payment.

Most but not all social workers in private practice do a combination of managed care and private pay. While there may not be much we can do about the fees we collect for our managed care work, there is much we can do to 1) increase the percentage of our client hours that are private pay 2) charge a fee that is commensurate with our level of expertise and 3) create a strong frame in the therapy around prompt payment.

We clinical social workers work very diligently to maintain appropriate boundaries with our clients. We strive to avoid bringing our own emotional needs to the therapeutic relationship, instead trying to be there for the emotional and development needs of the client. The one need that we do bring to the relationship however is the need to be paid; this is, after all, how we make a living! The fact that we bring this need to the relationship creates ambivalence for both the clinician and the client. The client may feel resentment for having to pay money to resolve developmental issues that should have been met freely in their family of origin. The therapist in turn may feel slightly guilty about charging a fee for the work of psychotherapy. When we are clear about the importance of the fee both for our own self-care, and in maintaining profes-

sional boundaries with the client, we are in good shape to bring strong financial boundaries to the work.

With regard to the fee itself, it is important to talk with your colleagues in order to get a sense of what they are charging. After you have a sense of where your colleagues are, take a look at whether you are charging appropriately for your services. Furthermore, it is important to be clear about how you handle late-payments or non-payments. As in all aspects of the very human enterprise of psychotherapy, there are complexities that arise in the area of fees. My point is simply that the clearer you are about your fees, the better shape you will be in to take good care of yourself financially in your practice. Also, your patients will benefit from a strong financial frame.

It is important to bear in mind that if you charge appropriately for your full fee clients, you will be in better shape financially to provide *pro-bono* or low fee services when you decide to do so. It is one thing to consciously provide low fee services to someone in need, but quite another to give a client who is perfectly able to pay a full professional fee a “good deal”. While the former creates a positive feeling, the latter may tend to engender resentment in the therapist.

Your fees are the life-blood of your practice. If you deal with fee setting in a serious-minded way it will help your practice both clinically and financially. ♦

Peter Cole is an Associate Clinical Professor of Psychiatry with the University of California Davis School of Medicine; he is also a Chartered Financial Consultant and the author of Mastering the Financial Dimension of Your Practice.



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The Clinical Social Work Federation

Richard P. Yanes, J.D.

Legislative and regulatory advocacy is one of the core missions of the Federation. This past year, at the state level, the Federation was able to provide assistance in regulatory matters to the Michigan and Virginia societies, and to help Delaware and Illinois with legislation. At the request of the Greater Washington Society, the Federation presented testimony at District Insurance Commissioner Lawrence Mirel's hearing on the charitable obligations of CareFirst.

Given current resource limitations, it has been crucial to keep the national CSWF legislative agenda focused and prioritized. At the national level, the Federation is actively lobbying on three mental health issues and tracking three others. Of immediate importance to clinical social workers is the Equity for Clinical Social Workers Act of 2005 to increase social work Medicare reimbursements; if successful, this bill could serve as a model for changing reimbursement rates across the board.

If, Federation-wide, all clinical social workers were to join in the advocacy effort, calling or visiting Senators and Representatives, we could surely make an impact. The CSWF Governmental Relations chair, Laura Groshong, has developed a helpful guide for member lobbying efforts, including position papers and talking points. (See this newsletter's *Legislation & Advocacy, Federal section*, for details; call the GWSCSW office at 202-537-0007 to obtain the guide.)

Advocacy coalitions provide the other major avenue for representing the Federation's positions to Congress and regulatory agencies. Executive Director Richard P. Yanes participates in the Liberty Coalition, a group focused on privacy issues in the Congress and the Administration. He is active on the Health Policy Committee and the Budget/Appropriations Committee of the Mental Health Liaison Group, an advocacy organization of mental health professional and consumer organizations, with state and federal program and institution representatives as well.

The Federation also participates in The National Institute of Health National Advisory Mental Health Counsel, a forum for input on national mental health research and priorities; the National Prevention Coun-

cil, a coalition focused on assisting schools address mental health issues, and the National Consortium of Child and Adolescent Mental Health Services, national advocates for mental health services for the young.

The CSWF Government Relations Committee is regularly consulted and provides significant support on both legislative content and advocacy strategies.

Finally, and of great importance, is the CSWF Government Relations Committee project on the development of national licensing standards for clinical social work. Progress on this project, which will continue over the span of several years, is described in each *access*, the CSWF bi-annual newsletter. Successful completion of this project will have impact at the state and national levels.

Richard P. Yanes is executive director of the Clinical Social Work Federation, the umbrella organization for state societies. All members of the Greater Washington Society for Clinical Social Work are also members of the Federation.

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NMCOP

National Membership Committee on Psychoanalysis

Sarah Pillsbury, DSW

NMCOP/GWSCSW is pleased to be joining the Greater Washington Society for Clinical Social Work (GWSCSW) in cosponsoring a dinner meeting on Friday evening, September 23, 2005. Nancy A. Bridges, LICSW, BCD, our featured after-dinner speaker, will talk about her recently published, very well received book, *Moving Beyond the Comfort Zone in Psychotherapy*.

On Saturday, September 24 from 9:30 AM to 12:30 PM, Bridges will follow up with a GWSCSW workshop titled *Moving Beyond the Comfort Zone in Psychotherapy: Self-Revelation and Emotional Engagement in Therapeutic Relationships*. (See page 1 for more information.)

The format for the dinner at the Golden Flame restaurant in Silver Spring will be similar to previous dinner meetings, with a cash bar at 6:30 PM, dinner at 7:00 PM, and the speaker at 8:00 PM. We look forward to seeing many members at both the dinner meeting and the Saturday workshop; both promise to be excellent, very exciting, and informative.

Past Area Chair Honored; Study Group Continues

On a different note, Audrey Thayer Walker, area chair of NMCOP from 1996 to 2003, received richly deserved honors at this summer's Smith College School for Social Work annual conference. (See page 27 for details.)

Audrey's fascinating GWSCSW/COP Study Group is continuing into its sixth year, exploring the interface of discoveries in neurochemistry, neuroanatomy and neuropsychiatry of the brain with psychoanalytic clinical social work theory and practice. Contact Audrey if you are interested in more information. Her office telephone number is: (202) 331-1547 or email: audrey.walker@msb.edu. ❖

Sarah Pillsbury is the NMCOP liaison to the GWSCSW Board.

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

National Association of Social Workers

Joyce Higashi, LICSW, DCSW

NASW Metro Chapter is gearing up for fall with some super programs for members! To start off the season, we will respond to member requests by co-sponsoring a 12-hour Clinical Supervision class on September 24 with The Metro Washington Center of the International Psychotherapy Institute featuring an outstanding faculty (see ad on page 10).

On the morning of Friday, October 21, psychiatrist Lynn Dworsky will present a 3-hour seminar titled *The "Soul's Fragile Dwelling Place": Brain Science for Psychotherapists*. Dr. Dworsky will draw on information from Dr. Amen and other sources to present an overview of normal neuro-anatomy and behavioral correlates as relevant to the clinical practice of social work. Her presentation will combine lecture, visual images of brain SPECT scans correlated with clinical presentations and treatment options (holistic treatments, life style recommendations as well as psychopharmacological therapies).

On October 22, Robin B. Allen, MSW, LICSW, ACSW will be presenting a daylong workshop with Michele Hester on adoption, dealing with the tasks, questions and barriers that those involved in adoption encounter at each stage in life, how they are manifested for both children and parents, what social work methods are or are not effective, and what areas are in need of additional research.

Social workers can register for these classes at www.naswmetro.org or call 202-336-8395 for more information. ❖

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

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

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

Please call GWSCSW at
202-537-0007

ADVOCACY & LEGISLATION

■ FEDERAL

Laura Groshong, MSW

The legislative agenda of the Clinical Social Work Federation is centered this year on three priority issues and bills:

- The Equity for Clinical Social Workers Act of 2005 (S. 61) would allow LCSWs to be reimbursed for mental health treatment provided under Medicare at a level comparable with other mental health providers providing services under the same CPT codes.
- The Clinical Social Work Medicare Equity Act of 2005 (S. 1148 and HR. 2736) would allow LCSWs to provide independent mental health treatment to clients in skilled nursing facilities (inadvertently eliminated in the 1997 Balanced Budget Act).
- The Medicare Mental Health Equity Act of 2005 (S. 1152 and HR. 1125) would end the discriminatory co-pay required for mental health treatment, so that co-pay would be the same for medical conditions and for mental health conditions.

The Federation is also involved in efforts to reintroduce last session's HR 1709 (STOHP) which would restore privacy protections and S 127 and HR 234, which would allow LCSWs to conduct Workmen's Compensation mental health evaluations. However, it does not appear that any of these bills has a strong chance of passing this year.

Each year the CSWF representatives from state societies all over the US spend a day on the Hill, armed with a folder of information prepared by the Governmental Relations Committee. This includes: background information on our legislative priorities; action requested; instructions on how to locate the offices of your national legislators, if needed; CSWF and Clinical Social Work Fact Sheets to be distributed to legislators and/or staff; general information on what to do in a meeting with a legislator; position papers for each targeted issue; text of all Bills we support; and a list of co-Sponsors for each bills we support.

This packet of information is available to any Society member who wants to be an advocate; call the GWSCSW office at 202-537-0007 if you are interested.

The CSWF position paper on Medicare reimbursement equity can be found on the facing page.

Please add your voice in support of this and our other priority issues. Remember, you don't need to go to the Hill; the in-district addresses of your Senators and members of Congress can be found by going to www.thomas.loc.gov, click on **Quick Links** in the middle of the page to **House Directory** or **Senate Directory** then the websites for your members of Congress, which will have in-district addresses listed. ❖

Laura Groshong, a clinical social worker in Seattle, Washington, is the Government Relations Chair for the Clinical Social Work Federation.

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CSWF Position Paper on Equity for Clinical Social Workers Act of 2005 (S.61)

The Clinical Social Work Federation is in strong support of the Equity for Clinical Social Workers Act of 2005, S. 61, sponsored by Sen. Daniel Inouye. This bill would allow licensed clinical social workers to receive payment at the same rate of reimbursement for the same work done by psychologists and psychiatrists.

When Medicare was enacted in 1965, clinical social work was just beginning to emerge as a mental health discipline. Clinical social work was always a subspecialty of social work, sometimes known as psychiatric social work, adhering to the ethical and systemic view of clients used by all of social work. The specific scope of practice and standards for licensure did not come about until the 1970s and 1980s. As of 2004, all states recognize licensed clinical social workers and almost all major insurers, as well as Medicare, reimburse licensed clinical social workers for their work diagnosing emotional disorders and providing psychotherapy services.

When the Medicare reimbursement system was adopted, the assumption was made that psychiatrists provided the best diagnostic and psychotherapeutic services; psychologists provided services that were approximately 75% as good as psychiatrists; and clinical social workers provided services that were 75% as good as those of psychologists. There was confusion from the beginning of this reimbursement system, as all three groups primarily used the same CPT Code (90806) to bill for diagnostic and psychotherapy services (CPT Codes 90801–90809 were also used by all three groups, but less frequently).

In surveys done by *Consumer Reports* of 4000 people who had received mental health services in 1995 and 2004, the level of satisfaction identified by consumers showed licensed clinical social workers were on a par with or having a higher satisfaction rating than psychologists and psychiatrists. Licensed clinical social workers do not provide psychological testing or prescribe medication so their focus is entirely on helping clients through the relationship and their emotional understanding of others.

CSWF asks for your support in providing equal pay for equal work by raising the rate of compensation for licensed clinical social workers to the same level as that of psychologists and psychiatrists.

■ VIRGINIA

Christopher Spanos

The Virginia General Assembly legislative session convenes on Wednesday, January 11, 2006. This will be a so-called "long session." Governor Warner will present a state budget for the next biennium, deliver his final State of the Commonwealth address and then leave office at noon on Saturday, January 14. Virginia Governors cannot directly succeed themselves for Governor. The General Assembly session will start with a newly elected Governor, Lieutenant Governor and Attorney General, along with a 100 member House of Delegates.

At this point it does not look like there will be a shift in the political-legislative make-up of the House of Delegates. The forty-member Virginia state Senate will stand for election in two years – 2007.

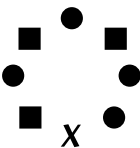
Social Work Licensing

The Virginia Chapter of the National Association of Social Workers (NASW) is seeking to amend the social work licensing law to so that all social workers have a professional social work degree (BSW, MSW) and are appropriately licensed for their field of practice. As of this writing NASW has not shared with the clinical society a written document of what VA NASW would like to see placed in law.

Between Sessions: Legislative Studies

In between legislative sessions, General Assembly members work on commission and committee studies. At this point there are no studies directly involv-

continued on page 16



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Virginia Legislation, continued from page 15

ing the practice of clinical social work, and no mental health issues before the legislative Commission on Mandated Health Insurance Benefits. As we get closer to the session, issues may come to the front, from the Governor as he develops his biennial budget, from Governor's Cabinet Secretaries, and from state agencies as they work through key issues in their areas of responsibility. One issue that will surely come before the 2006 session is a re-configuration of the Virginia Medicaid Plan, but the current focus is on cost containment rather than reform.

Welcome to New GWSCSW Legislative Liaisons

GWSCSW members Alice Kassabian and Dolores Paulson are the new legislative liaisons for Virginia; they'll be sharing relevant legislative alerts with members in between our newsletter reports. Welcome, Alice and Dolores.

Government and Public Affairs Counselor Christopher J. Spanos of the Spanos Consulting Group is the Virginia legislative lobbyist for the Greater Washington and Virginia Societies for Clinical Social Work.

■ **MARYLAND**

Alice Neily

In between sessions, the Maryland Legislative Council of Social Work Organizations (MD-LCSWO, our coalition of GWSCSW, Maryland SCSW, and NASW-DC Metro) works on identifying priority issues and developing strategies in preparation for the 2006 session. This fall, our focus will include the following:

- Follow up with the legislators who have agreed to monitor how the 2005 State Board of Social Work Examiners Fund money is spent, with particular attention to spending on training for licensed social workers
- Establishment of a strong clinical social work presence in the Maryland Mental Health Coalition, with active support for coalition goals such as closing the gap between the public and private mental health systems and ensuring public mental health system access when needed by underinsured individuals with private insurance. We are hopeful that the newly created Joint Legislative Committee on Access to Mental Health Care for the Privately Insured will provide some momentum.

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- Collection of provider information to be submitted to the newly created Maryland Legislative Task Force on Private Insurance Access, which is charged with studying the effects of managed care and insurance on consumer access to health care. (See below.)
- Follow up with the Senator and Delegate who agreed to introduce legislation extending the right to evaluate mental competency in court to clinical social workers.
- Monitor how the executive branch implements the policies of 2005 Community Health Care Access and Safety Net Act (HB627/SB716), and recommend to the Maryland Health Care Commission that the issue of social work payment/reimbursement be considered.
- Follow up with Workers' Compensation Commission to urge reintroduction of HB 1289 to authorize LCSW-Cs to evaluate permanent impairment in workers' compensation cases related to mental, emotional, or behavioral disorders.

Would you like to see changes in the managed care/insurance status quo?

MD-LCSWO is collecting stories:

- Have your clients had difficulty getting access to their mental health insurance benefits or finding that their benefits don't cover needs?
- Have any of your clients felt forced to give up insurance coverage in order to qualify for housing or rehabilitative services not available to anyone with private insurance (even when the insurance doesn't cover those services, or has run out after a certain number of sessions)?
- Have you had difficulty making a referral to a psychiatrist or other mental health professional who's both in-network and accepting new clients?
- Have you dropped out of the networks? Why?

Please email Betsy Amey (bfamey@comcast.net) with your comments.

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.



TRAINING PROGRAMS FOR 2005-06

THE INTRODUCTION TO PSYCHODYNAMIC PSYCHOTHERAPY TRAINING PROGRAM

If you are a new clinician (or new to the practice of psychodynamic psychotherapy) you may be looking for affordable, manageable training opportunities. Perhaps you work in a setting where there is limited supervision or opportunity for professional enhancement, or maybe you want to deepen your knowledge and skill, but are not ready to commit to a long-term academic program with a highly specific theoretical orientation. This one-year course, designed and staffed by experienced teacher/clinicians, makes a solid introductory clinical training available to all interested practitioners. Among the topics we will cover are: major theories and concepts in psychodynamic psychotherapy, holding and containment, developing a therapeutic conversation, the therapeutic frame, understanding and working with transference, countertransference, and projective identification, the phases of treatment, ethics, the nuts and bolts of clinical practice, and record-keeping/compliance.

CLASSES: Thursday evenings: 7-9:00 PM (September-May)

GROUP SUPERVISION: Thursday evenings: 5:45-6:45 PM

COST: (including supervision): \$1200

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CONTINUING EDUCATION CREDIT: 96 hours

LOCATION: The offices of IPI Metro

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THE CLINICAL SEMINAR PROGRAM

This program offers both beginning and experienced clinicians the opportunity for in-depth study of the central concepts of Object Relations Theory, including the contributions of Attachment Theory and 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 read together and discuss important papers relating to the work of a leading theorist, such as Freud, Fairbairn, Klein, Winnicott, Guntrip, Bowlby, and Ogden. In part two (1½ hours), participants will take turns presenting their clinical work for group discussion.

SEMINARS: 1st Saturday of each month, September-May

(September only, will meet on the 18th)

9:00 AM - 12:15 PM

ANNUAL TUITION: \$630

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CONTINUING EDUCATION CREDIT: 27 hours

LOCATION: The offices of IPI Metro

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Is Virginia Medicare Only the Beginning?

Threat to LCSW Reimbursement

Steve Grasberger, LCSW

Are clinical social workers at risk of being removed from provider lists? Is Virginia Medicare only the beginning?

The background

Trailblazers is the Financial Intermediary for Medicare in the state of Virginia. Each state has its own Medicare Financial Intermediary and the role of the Financial Intermediaries is to manage the actual payments from Medicare to the providers (physicians, LCSWs, psychologists, nurse practitioners, etc.) within that state. Each Financial Intermediary has a Professional Advisory Committee for each state that it serves.

The role of the Professional Advisory Committees is to interact with the Financial Intermediaries regarding such issues as the services for which Medicare reimburses, the definitions of those services, and who is to be reimbursed for those services.

As the Clinical Social Work Federation appointee to Trailblazers, I have for the past two years been serving as clinical social work representative on the Professional Advisory Committee.

LCSWs will no longer be represented

In early August, the committee director notified me that LCSWs would no longer serve on the committee. I am concerned that social workers now do not have a voice on the Professional Advisory Committee; I am also concerned that my first knowledge of any idea to remove LCSWs from the committee came only after the decision had been made. (Psychologist representatives have also been removed from the committee.)

This is not the first time that social workers have been unfairly discriminated against. Several years ago, lawmakers at the federal level made a decision that specifically precludes LCSWs from being reimbursed for providing services to residents of nursing homes if those residents are receiving skilled nursing services under their Part A Medicare benefit. Nonetheless, psychologists continue to receive reimbursement for these same services. Social workers have not been able to reverse this adverse decision where skilled nursing services are involved.

I am convinced that LCSWs cannot depend on other disciplines or on lawmakers to make decisions that are in our best interest about reimbursement for services we are both capable of and licensed to provide.

American Psychiatric Association draft excludes social workers

In 2004, during my service on the Virginia Trailblazers Professional Advisory Committee, a review of the reimbursement of psychiatric services was brought before the Committee. Periodic reviews approximately every three years are standard. The American Psychiatric Association responded to this particular call for review with a draft proposal to change the reimbursement of psychiatric services. The draft they proposed excluded reimbursement to LCSWs for certain services for which we have traditionally been reimbursed and are licensed to provide.

Fortunately, with LCSW representation on the committee, there was an opportunity to review the draft prior to its adoption and to submit changes that would protect the reimbursement of LCSWs for all services previously reimbursed.

Although many physicians are very appreciative and speak highly of their social worker colleagues, I can state with conviction that not all of them value the services social workers provide to clients. As an LCSW providing psychological evaluation and treatment to elderly individuals in the outpatient settings and in nursing homes, I often interact with physicians of various specialties, including psychiatrists. At times, psychiatrists and other specialists have been adversarial, expressing to me that they discourage their patients from working with an LCSW.

Is this a conspiracy...?

The paranoid side of me imagines a conspiracy.

Medicare wants to pay out less money, and one way to do that is to decrease the number of providers and types of services they are reimbursing. Physicians are understandably threatened by this Medicare goal. One way for them to help Medicare save money, and simultaneously protect their own reimbursements, is

to set up an environment in which physicians are the decision-makers reducing reimbursement to other disciplines. Removing social workers and psychologists from the Professional Advisory Committees would be a step toward achieving such a goal.

It does sound paranoid, but perhaps my fear is not without foundation. A psychologist who owns a practice providing services to nursing home residents has told me that he himself was directly informed by a Medicare representative that Medicare was working to get psychologists and LCSWs out of nursing homes. In the context of the decision to remove LCSWs from the Professional Advisory Committee, "paranoia" begins to seem like a reality-based response.

For those of us being reimbursed for providing services to younger clients and clients not in nursing homes, this problem may seem remote; it does not affect us. But remember that Medicare is by far the largest payer to providers of health care services of any kind in every state in the nation.

Even more important, Medicare sets the standard on which all other payer providers base their reimbursement structure. While the rates may not be identical, the fee-for-service amount that Anthem, Kaiser, CareFirst, Sentara, Magellan or any other payer pays to a provider is based on what Medicare pays its providers. If Medicare stops paying LCSWs for services, others will follow: that door is closing.

We can depend on no one but ourselves when it comes to representing our best interests. When we have been lax in the past, the result has been a loss of reimbursement for services for which we are licensed to provide—as with the skilled nursing facility residents, a loss that (and I'm so tired of hearing it) would take an act of Congress to change.

Now we have a situation in which our opportunity to represent ourselves in an important reimbursement arena is diminishing. We must respond quickly and forcefully if we are not to lose our grip on our livelihood. Each of us needs to look within and decide if our livelihood is personally important enough for us to choose to protect it. And those of us who choose to protect it must make a solid commitment to do that through action, not just thought or word.

GWSCSW members who wish to become involved should contact Steve Grasberger at sgrsbrgr@aol.com.

Warrant Issued for Arrest of Therapist

Confidentiality Privilege Threatened

Abigail Grant, MSW, LISW

Last winter, during the unfolding of the sex-abuse scandal at the Air Force Academy in Colorado, a military judge threatened to arrest a civilian rape crisis counselor who refused to turn over her patient records.

An arrest warrant has been issued for the therapist, in an attempt to compel her to turn over records, but she has not been arrested. With the client continuing to refuse to authorize release of the therapist's records to the accused in the case, it is possible that the rape trial will be dismissed. On August 1, 2005, an Air Force Court of Appeals refused the request of prosecutors for an extension of time in the case. As of this writing, the therapist in question, Jennifer Bier, continues to assert her determination to keep her client's records confidential.

Confidentiality is the basis upon which the therapeutic relationship is built. It is what enables the client to have a sense of trust and safety and therefore openly discuss that which they are afraid or unable to talk about elsewhere. Confidentiality is also the cornerstone for the Code of Ethics* governing the behavior of clinical social workers and Ms. Bier is a sterling example of someone who has chosen to practice this ethical mandate to the fullest extent.

The precedent for recognizing the confidentiality of psychotherapy records was established with the Supreme Court case *Jaffe vs. Redmond*, decided in June 1996, which held that the conversations between the client and therapist, a clinical social worker, and the notes taken during the counseling sessions were protected from compelled disclosure. Justice Stevens wrote, "The privilege also serves the public interest, since the mental health of the Nation's citizenry, no less than its physical health, is a public good of transcendent importance."

In April 2003, the Congress enacted the Health Insurance Portability and Accountability Act (HIPAA), in an attempt to secure the right to privacy in many areas of life, including communication of patients with physicians and therapists. For the clinical social worker,

continued on page 21

Reciprocity, continued from page 1

workers seeking licensure. In my most recent employment, I was the designated social work supervisor for any MSW in the agency that needed supervision hours towards their license and I was the facilitator of the agency training module on social work.

When I arrived in Maryland, I knew that I had to apply to be licensed in this state. According to what I was told when I called the Licensing Board for information, I had to locate the supervisors who supervised my direct service to clients that took place over 20 years ago. In addition, as expected, I would have to take the licensing exam. I was also informed, quite surprisingly, that *I would not be able to supervise social workers for licensure until I had a Maryland LCSW-C for 18 months.*

I had received a job offer to continue the work I had been doing with adolescents in residential treatment. This job required that I supervise social workers needing supervision hours for their own licenses.

In February, I went before the Maryland Board of Social Work Licensing. I brought with me a letter from my most recent supervisor, who documented my role in the agency, and a letter from a Director in the Department of Mental Health in Massachusetts attesting to my clinical and administrative expertise. Although Board members seemed to understand the problem the Maryland regulation had created, the attorney for the Board felt that there was no possible way to create a waiver. There was to be no exception, despite my many years of supervisory experience.

Needless to say, the agency that had offered me a job in Maryland took back its offer. Since I was not able to look for any other jobs in Maryland that would involve supervising social workers, which was what I do at this point in my career, I began to focus my job search in Washington DC and Virginia. I will be working in DC as the Director of Clinical Services at Family and Child Service of Washington DC shortly.

These regulations affect all in the region

I feel that this regulation in Maryland (see the Code of Maryland Regulations reference below) creates a serious loss for Maryland. Social workers trained and licensed in Virginia, DC, and other states are being prevented from bringing their supervisory experience, their new ideas and therapeutic frameworks into the state and will, surely, look for employment elsewhere. I would like to advocate for change. ❖

What the Society and Our Members Can Do

The Maryland Legislative Council of Social Work Organizations (MD-LCSWO) will be actively lobbying for change to the regulation that prevented Pat Harvey from working in Maryland at her experience level.

Your Society is looking to you for help with this work. We need a legislative liaison to the MD-LCSWO Council, one or two alternates, and a panel of others who are willing from time to time to offer analysis of or advice on a particular issue relating to their specialty. Call the GWSCSW office for information or to volunteer...and email us at gwscsw@yahoo.com to let us know your views.

From the Code of Maryland Regulations (COMAR)

The regulations regarding the Certified Social Worker–Clinical license can be found in COMAR Department of Health and Mental Hygiene Title 10, Subtitle 42, Chapter 8, at 10.42.08.04. The requirement for experience reads as follows:

(A) Qualifications of a Supervisor of Candidates for a Certified Social Worker-Clinical License

(2) Experience

(a) A Supervisor who obtained licensure between January 1, 2003 and July 1, 2004, and who otherwise meets the requirements of this chapter, may continue supervision in progress on July 1, 2004.

(b) Except as provided in A (2)(a) of this regulation, a supervisor shall have completed 18 months experience as a licensed certified social worker-clinical or licensed certified social worker

Opportunities to experience

Imago Relationship Therapy

A four session **course** sponsored by the Washington Society for Jungian Psychology beginning 9/28/05 for clinicians who would like to experience the Imago approach or for one or both persons in a relationship who want to improve their communication; it will introduce the basic tenants of Imago Therapy as describe in the best seller *Getting the Love You Want* by Harville Hendrix.

Imago **couples groups**, including a group for Gay & Lesbian couples.

Robert Sheavly, LICSW, DCSW will facilitate. Bob is a Certified Imago Therapist. For more information call 202-232-4900 or on the web at www.DCpsychotherapy.com

LSW Exams Proposed for New BSWs

As this newsletter was going to press, we learned from the Clinical Social Work Federation of a notice of intended regulatory action that had been filed by the Virginia State Board of Social Work. Chris Spanos, our Virginia lobbyist, quickly provided the text of the proposed amendment, which concerns LSW licensing examinations. Please direct your comments to GWSCSW legislative liaisons Alice Kassabian (703-242-0896) or Dolores Paulson (703-790-0786), so that we can advocate effectively on this issue.

The text of the notice filed by the Board of Social Work follows:

The Board intends to amend existing regulations sections 18 VAC 140-20-40 and 18 VAC 140-20-60 to allow Bachelors education (BSW) applicants to take the basic level examination for Licensed Social Worker (LSW) designation prior to completion of 3,000 hours of post-bachelor's experience set out in 18 VAC 140-20-60 B2a.

This change will not lessen the requirements for LSW licensure nor will it result in applicants obtaining licensure without completing all existing requirements. This change will allow applicants to take the required examination upon completion of the educational requirements as set out in 18 VAC 140-20-60.

The Board's reason for proposing this change is threefold. First, the Virginia Chapter of the National Association of Social Workers (NASW-VA) approached the Board about making this change. NASW-VA believes that by allowing students to take the examination upon graduation, more will opt to take it.

Second, and closely related to the first reason, the Board has heard from several students that they would prefer to take the examination shortly after graduating while the information is still fresh in their minds. It takes roughly two years to obtain the 3,000 hours of supervision. The basic examination is primarily nonclinical in nature, therefore obtaining the 3,000 hours of supervision does not improve the candidates chances of successfully passing the examination. Third, this change would bring Virginia in line with the surrounding jurisdictions (District of Columbia and Maryland) in terms of requirement for basic level licensure. Candidates for LSW level licensure are able to sit for the required examination in those juris-*

dictions upon completion of the necessary educational requirements.

As an alternative, the Board considered retaining existing requirements and continuing to require that bachelor's level applicants (BSW) for the Licensed Social Worker (LSW) designation complete the required supervision prior to taking the basic examination. This alternative was not accepted due to the diverse consumer groups who have requested the change. ❖

** Editor's note: This part of the Board statement may not reflect the requirements of nearby jurisdictions.*



Confidentiality , continued from page 19

HIPAA regulations recognize psychotherapy notes as confidential and the property of the therapist; they are not accessible to review if kept separately from the patient record.

It is our sincere hope that Ms. Bier prevails in having patient confidentiality upheld, with more detailed criteria delineating when the release of such notes would be in the best interest of all concerned.

We encourage Society members to contact their Senators and Representatives to urge them to demand that Department of Defense uphold Congress's intent in legislation passed last year to safeguard the privacy of service members who are raped. ❖

Abigail Grant, MSW, LISW is a clinical social worker in Ohio. She is president of the Clinical Social Work Federation .

* GWSCSW members can find the Clinical Social Work Federation Code of Ethics reprinted on page 70 ff. of the GWSCSW Annual Directory.

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

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gwscsw@yahoo.com

Update

DC Coalition for Confidentiality

Danille Drake

The District of Columbia confidentiality law mandates that clinicians share only the most essential data with insurance and managed care companies. Not surprisingly, these companies have lobbied vigorously for a change that would give them access to more information, while our coalition of psychiatrists, psychologists, and social workers has worked to protect what we see as our clients' confidentiality interests.

The controversy is now in the hands of the DC Insurance Commissioner, Larry Mirel; we are awaiting his decision about adopting a proposed treatment plan form, pending input from both sides' attorneys. We expect there will be a follow-up meeting in the near future to discuss the form before it can be finalized and published.

Danille Drake is the GWSCSW liaison to the DC Coalition for Confidentiality; representing the interests of clinical social workers in the Commissioner's discussions.

Update

Carefirst Watch Coalition

Mary Lee Stein, LICSW

In mid-May, DC Insurance Commissioner Larry Mirel issued a written report stating his belief that the District-based affiliate of CareFirst BlueCross BlueShield (GHMSI*) is meeting its non-profit legal and charitable obligations, but has a moral and civic responsibility to do more to address the health care needs of the National Capital region.

GHMSI has denied that it has any charitable obligation to the citizens of the region, beyond its subscribers.


While Commissioner Mirel is unwilling to use his authority to force GHMSI to do more, his report requires CareFirst to submit a report to him in September detailing the company's charitable activities for 2005 and those planned for 2006. .

Backed by the CareFirst Watch Coalition of community organizations, DC Appleseed Center has met with the DC Attorney General, the City Administrator and DC Councilmember Jim Graham to explore other strategies toward clarifying and enforcing the law. Graham, who chairs the DC Council's Committee on Consumer and Regulatory Affairs, has scheduled a hearing on proposed legislation for September 28.

DC Appleseed has also commissioned a study analyzing CareFirst's announced program of giving for 2005, to be released in late August or early September.

Mary Lee Stein represents GWSCSW on the steering committee of the CareFirst Watch Coalition.

*GHMSI (Group Hospitalization and Medical Services, Inc.) is the CareFirst affiliate covering the District of Columbia, Northern Virginia, the close-in Maryland suburbs, and Delaware.



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Transforming Mental Health Services

Richard P. Yanes, J.D.

Exactly two years after the release of the Presidents Freedom Commission on Mental Health (July 22, 2003) report calling for a fundamental transformation of the mental health care delivery system, the Administration has released its Action Agenda.

The Commission report characterized the current status of the delivery and financing of services as disconnected, inadequate, fragmented, delivering uneven quality; a system that makes it much harder for service providers to deliver, and consumers to access, needed care.

The Action Agenda is described as a multi-year effort to alter the form and function of the mental health system. Six cabinet level departments—Education, HHS, Housing and Urban Development, Justice, Labor, Veterans Affairs, and the Social Security Administration—have outlined 70 specific steps to the Agenda.

An Executive Steering Committee has been established to guide the work of transforming the mental health care system. The Committee consists of representatives from the above departments as well as Agriculture and Transportation. While recognizing that Federal agencies must act as leaders, partners, and facilitators, the Agenda calls for the states to be the center for system transformation.

Among the goals of the Agenda are:

- Act immediately to reduce the number of suicides throughout the country.
- Reinforce the message that mental illnesses and emotional disturbances are treatable and that recovery is an expectation.
- Initiate a national effort focused on the mental health needs of children that promotes prevention and, with the consent of parents, early intervention.
- Increase the employment of persons with psychiatric disabilities.
- Help states develop the infrastructure necessary to include the capacity to create individualized recovery plans.
- Develop a plan to promote a mental health workforce better qualified to deliver care that is culturally sensitive.
- Develop a plan for the delivery of mental health care that is evidence-based in both specialty settings and at the primary care level.
- Design and initiate an electronic health records and information system that will protect the privacy and confidentiality of consumers' health information.

The report is available at www.samhsa.gov by clicking on Mental Health System Transformation.

Parity Studied

A long awaited independent study of the impact of mental health and substance abuse (MH/SA) parity on the Federal Employee Health Benefits Program concludes there was negligible impact on plan costs, little or no impact on plan quality of care, and access to and utilization of MH/SA services showed no increase for adults and children while substance abuse services alone showed a slight but consistent increase across all plans.

State Laws in Mental Health Parity Vary

To date, 37 states have enacted statutes that might broadly be called parity laws. As expected, they vary substantially in terms of the type of benefits covered, diagnoses included, populations eligible, and level of explicit regulatory direction regarding the use of managed care. Twenty-six of the 37 states have prohibited imposing special inpatient day limits and outpatient dollar limits among other provisions.

It should be noted that except for extending the 1998 legislation for a year, parity legislation has failed to move out of either the House or the Senate. More than three years ago President Bush declared his support for parity but even while urged to action by mental health advocates, the White House remains silent on this issue.

To view the full study go to <http://aspe.hhs.gov/daltcp/reports/parity.htm>.

Thanks to Richard Yanes, executive director of the Clinical Social Work Federation, for this report.

CSWF Joins *Amicus Curiae* Brief on Oregon Death with Dignity Act

Lane J. Veltkamp, MSW, BCD

The Oregon Death With Dignity Act, adopted by referendum in 1994, makes adult Oregon residents who are suffering from an incurable illness likely to result in death within six months eligible for a lethal prescription. Two independent physicians must confirm the diagnosis.

The terminally ill patients must be mentally competent and must request the lethal dose in writing. If they meet all criteria, they may request and receive medication that will hasten their death and allow them to maintain their mental and emotional dignity in their last days.

History of the case

The initial hearing on this matter occurred in US District Court in 2002, when Attorney General John Ashcroft requested that the court declare the law unconstitu-

tional. The court did not so find, and the Department of Justice (DOJ) appealed to the US Court of Appeals for the Ninth Circuit, which upheld the lower court ruling.

Now the Supreme Court has agreed to hear the case: oral arguments will be presented this fall, with a decision expected before July 2006.

Why the Federation is Involved

DOJ, in their initial brief requesting that the court strike down the Act, posited, among other arguments, that patients choosing to exercise their rights under the Act must be suffering from impaired judgment - that is, that the decision to end one's life is, by its very nature, evidence of mental incompetence. The Clinical Social Work Federation rejected that argument and, in the summer 2002, joined a group of

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Advanced Group – ongoing group to assist clients to deepen relationships with others using *Facing the Shadow* by Patrick Carnes, PhD.

SOSA – Special group for those clients who have crossed over to some type of offender behavior. Focusing on assisting the clients to understand issues of power and empathy.

individual social workers, psychologists, and related professional groups working as academicians, private practitioners, agency clinicians, administrators, and consultants in an *amicus curiae* brief.

After considerable discussion this summer, on the recommendation of the Clinical Social Work and the Law Committee, the Federation renewed its support of the position of the Coalition of Mental Health Professionals in support of Oregon's Death with Dignity Act, noting that the views of the mental health professional and the weight of research on mental health issues are highly relevant in light of the DOJ reasoning concerning alleged mental incompetence.

The *amicus curiae* brief submits that the consideration of the question before the court involves the related issues of the ability to assess:

- Whether adequate diagnostic tools exist to determine the absence or presence of mental capacity and of impaired judgment, and
- Whether terminally ill patients who make a request under the Death with Dignity Act can be capable of making a reasoned decision based on judgment that is unimpaired by a psychiatric or psychological disorder.

The brief states that adequate diagnostic tools and protocols are available to assess the mental capacity of a terminally ill patient who desires to hasten death. The statute explicitly requires that a mental health professional be consulted and prohibits any medication from being prescribed until a determination regarding the presence or absence of impaired judgment is made. The statute itself serves as a first level safeguard to ensure that if there is a question about mental capacity being impaired by a psychological or psychiatric disorder, no medications shall be given until an assessment is performed by a mental health professional.

The assessment of mental capacity is neither novel nor particular to the end of life decisions. In fact, psychiatrists, physicians, and mental health professionals have successfully conducted such evaluations for years when persons have requested discontinuation of life sustaining treatment. The mental health literature suggests that appropriate standards for determining capacity require that a terminally ill patient be able to:

- Understand and remember information relevant to an end of life decision;

- Appreciate the consequences of the decision;
- Indicate a clearly held and consistent underlying set of values that provide some guidance in making the decision; and
- Communicate the decision and explain the process used for making it.

A patient who does not suffer from impaired judgment as determined, for example, by professional observation of the patient's behavior and ability to interact and communicate or by a more formal assessment, may make a knowing and intelligent decision to decline or accept treatment or to request or decide against assistance in dying.

The coalition of mental health professionals believes that a terminally ill patient can be capable of making a reasoned decision to hasten death free from impaired judgment.

Interested members can receive a copy of the *amicus curiae* brief by calling the office at 202-537-0007.

Lane J. Veltkamp is a clinical social worker in Kentucky. He chairs the Clinical Social Work and the Law Committee for the Clinical Social Work Federation.

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Bridges, continued from page 1

In addition to being an excellent and engaging speaker, Bridges is an instructor in psychiatry at Harvard Medical School and Cambridge Health Alliance as well as associate clinical professor at Smith College School for Social Work. She maintains a private psychotherapy practice and consultation practice.

Bridges is the author of the recently published, very well received book, *Moving Beyond the Comfort Zone in Psychotherapy* (Aronson, 2005). Her workshop on Saturday morning, titled *Moving Beyond the Comfort Zone in Psychotherapy: Self-Revelation and Emotional Engagement in Therapeutic Relationships*, will follow the Friday night dinner meeting, co-sponsored by the National Membership Committee on Psychoanalysis (NMCOP).

Bridges will speak about how, through the clinical narrative, a therapist may forge deep emotional connections within a bounded therapeutic connection...a connection depending upon mutual influence and self revelation, and ultimately opening up the possibility of rearranging a patient's experience of self and other.

Making the kind of emotional contact that invites a patient to use the therapeutic relationship for relational and developmental aims is an intimate and risky proposition. However, a willingness to "throw away the book," to do "something fresh and creative" can bring a new perspective to that patient's experience of self and other. Authentic engagement by the therapist, accompanied by willingness to be known and seen by the client, could include sharing information about thoughts, feelings, and internal processes.

The workshop will provide therapists with a developmental relational latticework that might serve as an anchor for their clinical work, providing a theoretical framework for moving outside the comfort zone to an intimate edge with their patients, where noxious repetitions can be destabilized and transformation becomes possible. Teaching will combine lecture with seminar style discussion of instructor and participant case material.

Members are encouraged to attend either or both of these events; CEUs will be offered. ❖

Sarah Pillsbury is the NMCOP Liaison to the GWSCSW Board.

Welcoming Our New President

In June 2005, Diana Seasonwein was elected to the presidency of the Greater Washington Society for Clinical Social Work by the Society membership. She succeeds Margot Aronson, who served as president for three years.

Diana has maintained a private psychotherapy practice in Chevy Chase, Maryland for more than 30 years. In an earlier life, Diana earned a Master's in Psychology from Northeastern University where she studied psycholinguistics. She earned her MSW from New York University in 1972, and received advanced training at the Washington School of Psychiatry and the Washington Psychoanalytic Institute. Diana worked at the Psychiatric Institute of Washington, both on the inpatient unit and the outpatient drug treatment program. She was at Mt. Vernon Center for Community Mental Health, where she was the coordinator of substance abuse programs, and later she worked at the then D.C. Institute of Mental Hygiene at the Georgia Avenue office. She co-founded a study group through the Washington School of Psychiatry on the impact of money on the clinical process. This group continues to meet monthly.

Four years ago, Diana and her husband moved to Prague, Czech Republic, where she taught psychology classes at two universities and developed a small private practice, while her husband was the Resident Legal Advisor at the American Embassy in Prague. She returned to Washington in October 2003, reopening her practice and jumping into the position of Editor of this newsletter.

Diana's expertise lies in substance abuse, trauma and mood disorders. Fluent in French, she has a special interest in bilingualism and biculturalism. She has presented papers at conferences and workshops, including a presentation to the Czech Psychoanalytic Society.

Passing the torch, Margot praised Diana as "exceptionally thoughtful and articulate," adding, "Her energetic leadership and enthusiasm will carry the Society to new successes." ❖

Audrey Thayer Walker Honored by Smith College School for Social Work

Social work practitioner, educator, mentor and consultant. In a career spanning 46 years, you have made exceptional contributions to the field of social work practice and clinical social work education. An active participant in the profession, the community, and the Smith College School for Social Work, you have excelled in your work as clinician, supervisor, faculty field advisor, community leader and teacher.

*2005 Day-Garrett Award for Distinguished Service
to the School for Social Work and the Social Work Profession*

At a reception and dinner held in her honor during the Annual Conference of the Smith College School for Social Work this summer, Audrey Thayer Walker was presented with the prestigious Day-Garrett Award for 2005.

In thanking the presenters, Audrey expressed how deeply honored she felt: "To receive the Day-Garrett Award from the school that launched me in a field I so cherish fills my professional heart with gratitude. Social work is a profession that challenges the heart, the soul, and the intellect—an intermingling of artist, scientist, scholar, and upholder of society's conscience..."

Audrey earned her MSW in 1959. Her early professional years were spent working with high-risk children in community-based agencies. In 1969 she joined the staff of the George Washington University (GWU) Medical School, where she was supervisor of the outpatient services training clinic, and later chief psychiatric social worker and director of social work training.

Since 1990, Audrey has been in private practice, with a focus on consultation and supervision of mental health professionals as well as psychotherapy treatment and evaluation. In addition, she serves as part-time faculty at the GWU Medical School, Georgetown University, Smith College School for Social Work, and the Clinical Social Work Institute.

Long a leader in the Greater Washington Society for Clinical Social Work, Audrey developed the Society's first Mentorship Program as well as a Consultation Services Committee; she served as Vice President for Professional Affairs; she was liaison to the board and area chair of the National Membership Committee on Psychoanalysis; and, most recently, she served for four terms as Member at Large on the Board. Currently she is on the Continuing Education Committee.

Audrey—our heartfelt congratulations on this much-deserved honor! ❖

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Reflections...

As the years and clients go by, our techniques and thinking evolve. We encourage members to share their experiences in this regard in our occasional "Reflections" column.

The Influence of Acting on My Clinical Work

Tarpley Long, LICSW

After five years of study at Studio Theatre Acting Conservatory, I will complete the curriculum on May 30, 2005. What's next? Hopefully more annual castings at the level I've enjoyed over the last year: five staged readings and one play. That is about all I can manage with a full-time private practice and teaching/supervisory responsibilities. In learning a craft I had expected to feel enriched, but I had not expected the study of acting to change my clinical technique and theoretical orientation.

Actors and psychotherapists share important craft elements in common since both are about relationships. Interaction, engagement and interplay among characters are the absolute keys to theatre. Acting is about portraying vulnerable people in extreme circumstances, like our clients who find their way to our offices. Studying acting has increased my empathy especially for severely character-disordered clients.

Characters in plays often commit crimes or otherwise exhibit behaviors that are alien to the majority of actors and psychotherapists—yet an actor must find a way to love his character, be free of judgment and find ways to justify whatever his character says and does no matter how loathsome such behaviors would be in real time. Some roles I have studied include that of a savagely abused woman in *Rock Stars*, the sharp-tongued Martha in *Who's afraid of Virginia Woolf*,

and the genteel Aunt Martha who poisons gentlemen with her elderberry wine in *Arsenic and Old Lace*.

In a scene with over-the-top conflict, a guiding principal for the actor is to "find the love in the character." In theatre, love is defined broadly and goes beyond the idealizing, giving, selfless, unconditional variant to include the peculiar and perverse forms as well. Because I have learned to look for love while portraying serious character psychopathology on stage, in my clinical practice I am better able to help adults who meet the criteria for an Axis II diagnosis.

Acting training underscores my conviction of the usefulness of working with transference/countertransference, even in short-term psychotherapy. "Objectives," is the actor's term for "transference/countertransference." An actor always begins speaking (or moving) with an objective in mind, meaning that his character has to want something from the person to whom he is speaking. In the clinical hour, part of my listening now is a consistent search for both mine and my client's objectives, wondering what both of us want from the other, moment to moment. From the client's side, for example, does s/he want to gain my sympathy? To persuade me? To make me feel guilty? To distract me? From my side, do I want to foster trust? To stop an action? To protect a child?

A third influence of acting training on my psychotherapeutic technique is my increased awareness of the importance of specificity. Empathic immersion in character study is to portray character on stage by means of one exact revelation after another, from how the character moves, gestures and speaks, to habitual forms of response and down to the last button on a shirt, an execution that takes hours of research and practice to perfect.

How I respond in a clinical hour has become more exact as a result of this increased awareness. For example, clients can be vague at the beginning of treatment. "I have work issues," someone might say, or "my husband and I don't communicate well," generalizations that don't really say much. These days I invite elaboration whenever the client is indefinite, rather than assume that I know what was meant. If a client says, for example, "I was upset over the weekend," I want to know if the person means sad or angry or another emotion.

The study of acting has persuaded me that contradiction, paradox and ambiguity is the normal nature of the mind, making it possible to consider the complementarity of many models of the mind, from the classical psychoanalytic to the relational to the attachment models. Theoretical pluralism helps me understand enduring characters like Richard III who is Kohut's Tragic Man ("not made to

court an amorous looking glass") and Freud's Guilty Man (wrecked by success after he attains the crown). Unloved from birth, he is a loner, physically deformed, yet a great warrior and superb horseman (Adler's concept of triumph over inferiority), freakish, yet alluring and utterly charming, a murderer, extremely intelligent, clever, in possession of a sense of humor and vulnerable to both intense guilt and shame. I have come to believe that clarity is the overlay of different descriptions that incorporate apparently contradictory notions. ❖

In addition to her private practice, Tarpley is a teaching analyst in the Washington Psychoanalytic Institute and a writing teacher in the New Directions Program of the Washington Psychoanalytic Society.

Welcome New Members!

Full Members:

Patricia Fahey, Melanie Ness,
Margaret Silverberg

MSW Student Members:

Sara Franks,
Pamela McDonald

VISIT OUR WEBSITE:
www.gwscsw.org

Out & About

Patricia Braun, LCSW-C

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

Sheila Cahill will be presenting her paper, "Gaps, Splits and Fissures: The Varied Phenomenology of Dissociation" at the Bali Conference on Varieties of Dissociation from January 16–20. (www.baliconference.com)

Melinda Salzman, on her first foray into the peace education world, presented a workshop on using movement as an expressive modality in the grieving process at the International Institute on Peace Education, in Rhodes, Greece. The theme of this year's IIPE, sponsored by Teachers College, Columbia University, was "Educating for Peace through The Arts." She also led reflection groups throughout the weeklong conference.

Hani Miletski presented her research and book on bestiality and zoophilia at the World Congress of Sexual Health, which took place in Montreal in July.

Judy Ratliff this June became a class of 2005 graduate of Leadership Fairfax, a program that educates community leaders in the broader aspects of Fairfax County Government. Its mission: to develop, connect and inspire leaders to strengthen our communities.

Joel Kanter made a trip to Israel this summer, where he presented a talk on Clare Winnicott to a gathering of social workers in Jerusalem. For these men and women, so familiar with the trauma of war and family disruption, Clare Winnicott's tales of her wartime work with evacuated children had a special resonance.

Marilyn Stickle was presented with the Elma Kahn Wolf Award for outstanding contributions to the field of social work at the annual Clinical Social Work Institute dinner in June. A past president of GWSCSW and founding member of CSWI, Marilyn was instrumental in gaining licensure and vendorship in DC.

Kate Scharff chaired a conference entitled "Sexuality in Contemporary Psychotherapy" on June 18, co-sponsored by IPI Metro and the NASW Metro Chapter. She also presented a workshop, "Working with Families of High-Conflict Divorce: An Integrated Model," at the American Family Therapy Association/International Family Therapy Association Conference.

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.

GWSCSW Course Offerings: 2005–2006

These are the selections being offered by the Continuing Education Courses Committee of the GWSCSW this year. We have tried to insure that the topics meet the needs and interests of the clinical social work community. The program's focus is clinical. Non-clinicians will be admitted to classes at the discretion of the instructor. Some courses have small additional fees for educational materials. Courses that are starred (*) are especially designed for recent MSW graduates as well as members beginning a new interest. Fees are reduced by 50% for members who received their MSW within the last five years. Some scholarship funds are available. Participants will be issued a Certificate of Attendance at the conclusion of each course. CEUs are available.

If you have any questions regarding a particular course please contact the instructor listed. Call Dolores Paulson, 703-790-0786, for scholarship information.

■ The Art of Supervision

This two-semester course provides intensive training in the supervision of social workers. The course provides in-depth understanding of the supervisor-supervisee working relationship. It is designed to improve the knowledge and skills of licensed supervisors who train MSW-level social workers employed in social service agencies, hospitals, community mental health centers, schools, psychotherapy practice etc. The course consists of fifteen 1¾-hour didactic seminar sessions and fifteen 1½-hour individualized experiential consultation sessions. Application deadline is September 18, 2005. *Scholarship funds are available.*

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

Every other Friday, 9:30 – 11:00 AM
Begins October 7, 2005
\$1,200

★ Couples Interaction and Intervention

This course addresses couples interaction and appropriate interventions with a format combining a presentation on a different model each meeting and case material, preferably from the students' experiences. Models include Object Relations theory, Bowen's theory, Minuchin's Structural theory and John Gottman's Cognitive Behavioral theory.

Doris Jean Snow, DSW, LCSW
7643 Leesburg Pike
Falls Church, VA 22043
(703) 471-0508

Sundays, 4:00 – 6:00 PM
4 sessions: September 11, October 9,
November 13, December 11, 2005
Members: \$120
Non-members \$200

■ Ethical Dilemmas

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

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

Monday, 10:00 AM – 1:00 PM
Offered on:
September 12, 2005 or
September 19, 2005
Members: \$45
Non-members \$75

■ Ethical Dilemmas with the Aged

Decisions to be made by families and institutions regarding the aging person raise issues that are complex, dilemma-ridden and heavy with potential conflict. Issues around "brain death" and "death with dignity" have sparked public debate, court cases, pressure for legislative action, etc. These are serious ethical dilemmas. *THIS COURSE MEETS THE VIRGINIA AND MARYLAND LICENSING REQUIREMENTS.*

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

Monday, 10:00 AM – 1:00 PM
October 3, 2005
Members: \$45
Non-members \$75



FLOW: The Psychology of Optimal Experience

For more than two decades, Mihaly Csikszentihalyi has been studying states of "optimal experience"—those times when people report feelings of concentration and deep enjoyment. These investigations have revealed that "what makes experience genuinely satisfying is a state of consciousness called FLOW." A national bestseller, FLOW reveals how the pleasurable state of "optimal experience" can be controlled and not just left to chance. "FLOW is expected to become one of the most productive areas of psychological research during the next decade." "An intriguing look at the age-old problem of the pursuit of happiness."

Ruth Neubauer, MSW, LCSW-C
3301 Woodbine Street
Chevy Chase, MD 20815
301-652-7884

Friday, 12:00 Noon – 2:00 PM
November 18, 2005
Members: \$30
Non-members \$50

■ Postpartum Depression

This course will discuss the continuum of postpartum stress for all women. Recognizing women at risk for postpartum depression in pregnancy, and early postpartum period, as well as treatment will be discussed.

Elizabeth Zinner, MSW, LCSW-C
7111 Laverock Lane
Bethesda, MD 20817
301-229-2551

Fridays, 12:30 – 2:30 PM
2 sessions: December 3 & 10, 2005
Members: \$60
Non-members \$100

■ The Supervisory Relationship

This one-day workshop, taught by Tamara Kaiser from St. Paul, Minnesota, is for those who supervise or who are considering supervising practitioners of clinical social work. The focus of the workshop will be on the relational dynamics between supervisor and supervisee. The underlying assumption is that this relationship is the most significant medium through which clinical social work is taught to practitioners. A model will be presented which describes clinical supervision. The primary elements of the supervisory relationship include the use of power and authority, and the development of trust and shared meaning. The process of supervision is seen as one of accountability and the goal is that of insuring competent service to clients. All this takes place in a larger context which includes the agency, the community, funding sources and credentialing bodies. *THIS COURSE MEETS 6 OF THE 12 HOURS REQUIRED BY MARYLAND FOR NEW SUPERVISORS.*

Tamara Kaiser, MSW, PhD, LICSW
3201 Porter Street NW
Washington, DC 20008
202-966-7749

Friday, 9:30 AM–4:00 PM
February 10, 2006
Members: \$90
Non-members \$150



Blink: The Power of Thinking Without Thinking

Malcolm Gladwell's BLINK reveals that great decision makers aren't those who process the most information or spend the most time deliberating, but those who have perfected the art of "thin-slicing"—filtering the very few factors that matter. Drawing on cutting edge neuroscience and psychology, BLINK changes the way you understand every decision you make. "BLINK is a book about how we think without thinking, about choices that seem to be made in an instant...that actually aren't as simple as they seem."

Ruth Neubauer, MSW, LCSW-C
3301 Woodbine Street
Chevy Chase, MD 20815
301-652-7884

Friday, 12:00 Noon – 2:00 PM
February 17, 2006
Members: \$30
Non-members \$50

☆ The Role of Attachment and Attachment Injuries in Couples

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

Eileen Stanzone, MSW, LCSW-C
3000 Connecticut Ave, NW, Suite 201
Washington, DC 20008
(301) 293-6999

Mondays, 12:00 – 2:00 PM
2 sessions: March 13 & 20, 2006
Members: \$60
Non-members \$100



Attachment Theory and the Psychoanalytic Process

This book, edited by Mauricio Cortina and Mario Marrone, should be of interest to clinicians regardless of their orientation. Attachment theory "cuts across the boundaries of clinical modalities." Attachment theory, the brainchild of child psychiatrist and psychoanalyst John Bowlby, has begun to have a worldwide impact in the last ten years. In this book the editors gathered a distinguished group of clinician-scholars from around the world to examine and extend Bowlby's legacy.

Ruth Neubauer, MSW, LCSW-C
3301 Woodbine Street
Chevy Chase, MD 20815
301-652-7884

Friday, 12:00 Noon – 2:00 PM
May 19, 2006
Members: \$30
Non-members \$50

Register Early – Classes Fill Up Quickly!

GWSCSW COURSES REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Office Phone (_____) _____

E-Mail _____

Social Security No. _____ - _____ - _____ Number of Years in Practice _____

Courses Desired: _____ Date: _____ Member Fee _____ Non-Member Fee _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

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

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

COMMITTEE REPORTS

Continuing Education

Dolores Paulson, DSW

The committee completed the GWSCSW 2005–2006 Continuing Education brochure mid-summer.

As in the past few years, the brochure mailing covered both member and non-member social workers in our region. Our courses are also listed in this newsletter (beginning on page 26) and on our website at www.gwscsw.org.

Please be sure to sign up early for classes; they typically are “sold out” events. For questions and to sign up, call me at 703 790-0786.

Directory

Connie Hendrickson, DSW

It's membership renewal time, which means we're beginning to plan the 2006 Directory. The deadline for inclusion in the new Directory is November 1, 2005; be sure to send any changes in address or other information when you send in your dues. Please contact the office at 202-537-0007 if you have any questions.

Ethics

Robert Fenton, MSW

The GWSCSW Ethics Committee is available to provide guidance around thorny practice dilemmas. We will respond to your calls and emails (direct all inquiries to the Chair at 202-296-6997 or robert-fentonmsw@aol.com) and over the course of the coming academic year, we look forward to reviewing books on topics related to ethics

in clinical practice, providing a bibliography of practical readings and reviewing several guidelines related to the ethical practice of psychotherapy and overall practice management.

As a starting point we'd like to remind members that the Federation Code of Ethics has been reproduced in its entirety beginning on page 67 of the membership directory. We think it's a good read. Current committee members (listed below) bring a wealth of varied experience to the committee.

Margaret Cahill has been in private practice in downtown DC since the mid-'80s. She works with individuals, couples and families. Special interests include affective disorders; work/family balance; relationship issues; and life-cycle challenges, such as situations related to caring for aging family members.

Donna Schwartz has a private practice in Washington, DC. She treats adults with depression (with a speciality in postpartum depression), anxiety, eating disorders, and couples issues. She has spoken to community and professional groups about eating disorders and depression and is a consultant with ADL.

Elizabeth Miller has a private practice in Chevy Chase, MD where she works with children, adults and couples. She is on the faculty of the Washington School of Psychiatry Child and Adolescent Psychotherapy Program and is a supervisor/consultant with the Clinical Social Work Institute.

Robert Fenton, Chair, practices in Foggy Bottom where he works with adolescents, adults and couples. He has supervised clinical social work and psychology interns and psychiatric residents at GW University. He has served previously as chair of both the Ethics and Membership committees of the GWSCSW.

Membership

Melinda Salzman, LCSW-C

We are pleased to announce our Society membership has once again surpassed the 500 mark! To integrate new members into our Society, we are recruiting current members to serve as Ambassadors to welcome them and help them get involved.

Also, we will be representing the Society this fall at orientation events at the local social work schools, to inform students about Society activities.

Our committee is working with the Federation, along with other state societies, to develop state plans to address some of the perennial difficulties we all face in attracting and retaining new members.

Please consider volunteering as an Ambassador to a new member. It's fun—phone a new member and arrange to meet at a Society event or to go out for coffee! Remember wishing you knew someone when you attended your first Society event? To volunteer, please phone Melinda Salzman at (301) 585-7352.

Mentor

Kate Scharff, LCSW-C &
Adina Shapiro, LCSW

As chairs of the Mentor Committee, our aim is to provide an active resource for new clinicians (or those new to the Washington area) who are seeking guidance and support of more seasoned practitioners (as well as from their own peers) around such issues as:

- Professional development
- Post-masters training/supervision
- Continuing education
- Licensing requirements
- Networking
- Job hunting

We intend to continue last year's program of bringing mentoring groups into the schools of social work, and are hoping to run other groups in the community—in addition to one-on-one mentoring.

We'd appreciate hearing from you if you are interested in:

- Being a mentor—individual or group (or visit www.gwscsw.org to download a mentor application)
- Being matched with a mentor (again, visit the Society website to download an application)
- Serving on the committee.

Please contact Kate at 301-469-1477 or email@katescharff.com.

Thank You

.....

Heartfelt thanks and gratitude to all GWSCSW members who sent me thoughtful condolence calls, messages and flowers at my husband Bob's death.

~ Connie Hendrickson

Newsletter

Margot Aronson, LICSW

With this issue we begin what we hope will become a tradition: instead of simply naming committee members in at least one committee report each year, we will be recognizing them with mini-bios, as you see above in the Ethics Committee report. These volunteers are the lifeblood of the Society!

As for the newsletter committee—anybody out there enjoy writing, editing, proofreading, or...bookkeeping? Your newsletter committee needs you! Call me at 202-966-7749 to learn more and to volunteer.

Outreach

The Outreach Committee report is featured on page 4, *Reaching Out to Returning GIs*.

Contact co-chairs Tybe Diamond (202-966-1381) and Susan Post (301-652-5699) for more information or to join the committee.

Referral Panel

Referral Panel Committee news is featured on page 4.

Co-chairs Pat Garcia Golding (301-907-7888) and Eileen Ivey (301-652-1040) welcome your interest in the Panel and would be delighted to have your help on the committee. ❖

The GWSCSW Referral Panel

Are you looking for...

- A Russian, Portuguese, Hebrew, French, Spanish or Dutch speaking therapist?
- A group for bulimics, new mothers, or gays in the process of coming out?
- A specialist in EMDR, women's sexuality, or performance enhancement for athletes or performers?
- A child or geriatric or couples therapist?
- A Medicaid or Medicare provider?
- A reduced fee for a student?

All this and more can be found with a simple call to
301-530-4765

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

Business Opportunities for CSWs

Virginia Community Health Centers to Expand

In response to changes in federal law, Community Health Centers (CHCs) in Virginia will be expanding their offering of mental health services to individuals who present, for services at a CHC. LCSWs may wish to explore approaching a CHC in their area to see if services may be offered through the CHC under a contract.

Community Health Centers (CHCs) are nonprofit organizations located in medically underserved areas (MUAs), providing comprehensive primary health care to anyone seeking care. In addition to treating individual patients, a health center emphasizes health promotion and disease prevention for entire communities. A Community Health Center does not deny anyone primary health care services—all community residents have equal access regardless of ability to pay, geographic location, culture, age, sex, or religion. You can find a listing of CHCs in Virginia by going to the internet and looking at www.vpca.com, then click on membership for the Virginia Primary Care Association (VPCA) for a Center Membership Directory.

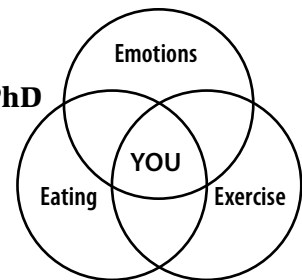
Thanks to Chris Spanos, Virginia legislative lobbyist for GWSCSW and Virginia SCSW for this information.

Weight Management For Life

- ... is a comprehensive, multi-faceted program in a small, structured, supportive group format.
- ... is designed to help men and woman (50+ pounds overweight) achieve and maintain a healthy lifestyle for lifelong weight.
- ... incorporates psychological, behavioral, nutritional, and physiological principles.
- ... is conducted by a clinical psychologist, a nutritionist, and a personal trainer.

Led by
Clinical Psychologist
Janet R. Laubgross, PhD

Call
(703) 591-7828
for more information



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in your Society and your profession.*

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gwscsw@yahoo.com

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Home (_____) _____

Home Office (_____) _____

Fax (_____) _____

E-Mail _____

Remove Office: located at _____

Add Office:
Address _____

City/State/Zip _____

Office (_____) _____

Other: _____

Fax to: 202-364-0435 or Mail to: GWSCSW, 5028 Wisconsin Avenue NW, #404, Washington, DC 20016

ADVERTISEMENTS

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

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

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

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

OFFICE SPACE AVAILABLE

BETHESDA: Office for rent with shared waiting room. Cozy, great location in heart of shops and restaurants. Metro access. Call 301-951-0408.

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.

WOODLEY PARK: Small, bright office facing garden courtyard available full time. Ideal for new clinician or as a second office. Shared waiting room, bathroom, microwave/fridge in therapy suite. Near Metro. \$525/month. Call 202 265-5855 or 202-328-9055.

GROUPS

PSYCHOTHERAPY GROUPS FORMING FOR FALL: Now accepting sliding-scale referrals for the following groups: Separation/Divorce (for children, adolescents, and adults); Grief and Loss; The Adopted Child in Adolescence; The Transition to Motherhood (with Infants). Call Kate Scharff, Director of the Center for Relationships in Transition, 301-469-1477.

Rainbows MD/DC Chapter will begin free peer support group sessions for children, youth, and their parents overwhelmed by loss due to death, divorce, or other difficult family transitions on September 27 from 6:00–7:30 pm in Silver Spring, MD. For more information, go to www.rainbowsmd.org and/or call 301-495-0051.

ADOLESCENT THERAPY GROUPS: 16 ongoing psychotherapy groups for adolescents 12–21. Call Britt Rathbone, LCSW-C, at 301-230-9490. www.rathboneandassociates.com.

PROGRAMS & EVENTS

September 24, 2005, 5:00–6:30 PM, Speaker, Cordelia Schmidt-Hellerau, Ph.D., *Surviving in Absence: On the Preservative and Death Drive*. Sponsored by the Baltimore Washington Society for Psychoanalysis, www.bwanalysis.org or call 410-792-8060 or 301-470-3635.

SEMINAR: *I, Too, Sing America: Culturally Informed Psychotherapeutic Practice* will be presented October 15 and 16 at the Baltimore Washington Center for Psychoanalysis, from 9:00 AM to 4:30 PM. Marilyn Martin, M.D., M.P.H., will lead the seminar. Dr. Martin is a public health physician with a practice of psychiatry and psychoanalysis in Baltimore; she lectures nationally on issues of cultural diversity, spirituality, and mental health literacy. Registration is \$150. Participants will be eligible for 12 CEUs /12 CMEs. For more information see www.bwanalysis.org or call 310-470-3635 or 410-792-8060.

TRAINING

SOCIAL WORK LICENSING: Prep Courses and Home Study Materials. For sample questions, schedule, and information call Jewell Elizabeth Golden, LCSW-C, LICSW, BCD, 301-762-9090.

SUPPORT YOUR SOCIETY...

**JOIN A
COMMITTEE!**

GWSCSW Phone Numbers

202-537-0007

Fax 202-364-0435



GWSCSW Address:

5028 Wisconsin Ave., NW
Suite 404
Washington, DC 20016

UPCOMING EVENTS & IMPORTANT DATES

September 11 GWSCSW Board Meeting**September 11 Couples Interaction and Intervention***

Time: 4:00 PM to 6:00 PM
(4 sessions: Sept. 11, Oct. 9,
Nov. 13, Dec. 11)

Location: Falls Church, VA
Presenter: Doris Jean Snow, DSW, LCSW

September 12 Ethical Dilemmas*

Time: 10 AM – 1 PM
Location: Conn Ave NW, Washington DC
Presenter: Connie Hendrickson, DSW

September 13 Ethical Dilemmas*

Time: 10 AM – 1 PM
Location: Conn Ave NW, Washington DC
Presenter: Connie Hendrickson, DSW

**September 23 GWSCSW Dinner Meeting
(co-sponsored by NMCOP)**

Time: 6:30 PM
Location: Golden Flame Restaurant,
Silver Spring
Speaker: Nancy A Bridges, LICSW, BCD
*Moving Beyond the Comfort
Zone in Psychotherapy*

September 24 GWSCSW Workshop

Time: 9:30 AM to 12:30 PM
Location: TBA
Speaker: Nancy A Bridges, LICSW, BCD
*Moving Beyond the Comfort
Zone in Psychotherapy: Self-
Revelation and Emotional
Engagement in Therapeutic
Relationships*

**September 27 "For the New...About to
Be... Old...Retiree"**

Time: 4:00 PM – 5:30 PM
Location: Wisconsin Ave, Chevy Chase
Hostess: Grace Lebow, LCSW-C

**October 1 GWSCSW Membership
Renewals Are Due!****October 3 Ethical Dilemmas
With the Aged***

Time: 10:00 AM – 1:00 PM
Location: Conn Ave NW, Washington DC
Presenter: Connie Hendrickson, DSW

October 7 Art of Supervision*

Time: 9:30 – 11:00 AM
30 sessions, alternate Fridays
Location: Conn Ave NW, Washington DC
Presenter: Connie Hendrickson, DSW

**November 18 FLOW: The Psychology of
Optimal Experience***

Time: 12:00 NOON – 2:00 PM
Location: Woodbine St, Chevy Chase
Presenter: Ruth Neubauer, MSW, LCSW-C

Dec 3 & 10 Postpartum Depression*

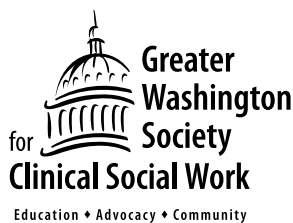
Time: 12:30 – 2:30 PM
Location: Laverock Lane, Bethesda, MD
Presenter: Elizabeth Zinner, MSW, LCSW-C

Save the Date!**February 26, 2006****Consortium for Psychoanalytic Research
Annual Conference**

Speaker: Dr. Stuart Ablon
*Research on the Analytic
Process*

* GWSCSW continuing education courses. See page 26 for more information

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



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