

Education ♦ Advocacy ♦ Community

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*An Association Model*

## Federation to be Transformed

*Margot Aronson, LICSW*

The Washington area was, as usual, the locale for the annual Fall meeting of the board of directors of the national Clinical Social Work Federation (CSWF), but the meeting itself was anything but usual. Indeed, when the meeting adjourned, the decision had been made to dissolve the organization as it is currently structured and, from its ashes, build a national membership association to represent clinical social work. The vote was unanimous.

### How did we get to that point, and what are the implications?

GWSCSW president Diana Seasonwein and I represented Greater Washington; other societies in attendance were Alabama, Arizona, Connecticut, Delaware, Georgia, Idaho, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, North Carolina, Pennsylvania, South Carolina, and Washington State.

*continued on page 6*

*Upcoming Events*

## GWSCSW Presents Speakers from Around the Country

*Joel Kanter, LCSW-C*

This winter we will be bringing speakers from North Carolina, Minnesota, and Massachusetts to present at GWSCSW events.

William Meyer, MSW, BCD, associate clinical professor in the Duke University Department of Psychiatry, will travel from North Carolina to discuss *The Fate of One Borderline Patient: Reflections on a Long-Term Treatment* at the January 27 dinner meeting. He will also present the January 28 Saturday morning workshop, on the topic of *The ABCs of Defenses: From Altruism to Zoning Out*.

Professor Meyer, a past-president of the National Membership Committee on Psychoanalysis (NMCOP), has coordinated the training in social work at Duke and is widely recognized as one of the outstanding teachers in clinical social work. He has been honored with the Edith Sabshin Award of the American Psychoanalytic Association for excellence in teaching.

*continued on page 4*

**GWSCSW  
Dinner Meeting**

**Friday, January 27**

Location TBA

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

Topic:  
**The Fate of One Borderline Patients:  
 Reflections on a Longterm Treatment**

Presenter: William Meyer, MSW, BCD

[www.gwscsw.org](http://www.gwscsw.org)  
 or call GWSCSW at 202-537-0007

## Referral Panel Application due February 1, 2006

*See page 2 for info • See page 26 for application form*

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

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### GWSCSW NEWS & VIEWS

Margot Aronson, Editor  
Stephanie Loayza, Diana Seasonwein,  
Mary Lee Stein, Susan Post, Erin Gilbert

*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 35

The next issue will be published  
March 2006 and the  
deadline is January 27.

Please email all text for publication as an  
MS Word attachment to [gwscsw@yahoo.com](mailto:gwscsw@yahoo.com)

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# Referral Panel Web Pages— Up and Running!

*Eileen Ivey, LCSW-C and Patricia Garcia Golding, LCSW-C*

The long awaited interactive referral panel web site is now up and running! Please visit and admire it at [www.metropsychotherapy.info](http://www.metropsychotherapy.info) and when you do, give special thanks to Joel Kanter, web designer Lorraine Ellis, and Margot Aronson.

For those of you who signed on and paid the \$95 set-up fee almost a year ago, thank you for waiting patiently (or impatiently). Rest assured that there will be no further fee charged you for 2006, although you will have to complete the annual form to renew your participation for next year (see page 26 of the newsletter).

For those of you who are asking yourself why in the world you don't have a professional, eye-catching web page of your own, remember that 2006 is the first year of the rest of your life—you can sign up for inclusion in the referral panel and creation of a web page by completing the form on page 26 and paying a one-time set up fee of \$95, with a modest maintenance fee for future years.

For those who are saying, "Pretty snazzy, but that's not how you spell my name," email your corrections and additions to [e.ivey.lcswc@verizon.net](mailto:e.ivey.lcswc@verizon.net) and we will send them on to the web designer. Expect the correction process to take a few weeks after we receive your email.

For those who are saying, "Looks great, but how do I use it?" think of all those times you have been looking for a Dutch speaking therapist or a therapist in Germantown or a Medicaid provider—or even a pet loss specialist. Then plug those criteria into the interactive site and see what you find. This could inspire a whole new category on Jeopardy!

We believe that this web site lends itself to the creative marketing of this service. Pat and Eileen invite your marketing ideas and energies.

## About the Referral Panel

In 1979, GWSCSW established the Referral Panel to provide educational and referral information to the community at large. Individuals could leave a message on a call-in line at 301-530-4765 and have a same-day personal reply and referral suggestions from the volunteer on phone rotation. A few years ago, an annual listing in booklet form was made available to requesting mental health professionals working in employee assistance programs (EAPs), psychiatric hospitals, and social service agencies—thus expanding their referral bases to include our panelists. Now, with the new web site and web pages, individuals in search of a therapist have direct access to Referral Panel listings; the call-in line and print listing will continue.

Participating is as easy as filling out the Referral Panel application. Referral Panel members are self-selected; they are available to accept referrals.

Many volunteer to take a shift on the Referral Panel call-in line, but that is not a requirement.

### How do I sign up?

Please complete the form on page 26 and send it to the address indicated on the form, along with a copy of your license(s), your malpractice face sheet, and a check for \$95 (unless you paid this fee last year). This fee will set up your individual web page for 2006 (at a fraction of commercial service prices).

A look at the web site will show you that each participant has his or her own web page (you can go through [www.gwscsw.org](http://www.gwscsw.org) or directly to [www.metropsychotherapy.info](http://www.metropsychotherapy.info)). The Referral Panel home pages inform potential clients about clinical social work, the meaning of licensing, our Code of Ethics, and other relevant information. Links to subdirectories make it possible to locate a clinical social worker by name, location, insurance affiliation, client populations served, languages spoken, and more. From the subdirectories, searchers can go to the individual webpages selected.

If you prefer to be included in the booklet listing but not be on the web site, there will be no fee; there is a box to check if you choose to opt out of the online service.

Please indicate as well if you are willing to take a week-long phone rotation handling those calls that come in to the phone line.

And don't forget that the deadline for applying (anew or to renew) is **February 1, 2006**. The form is on page 26 of this newsletter. ❖

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*Eileen Ivey and Patricia Garcia Golden are coordinators of the GWSCSW Referral Panel.*



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## Treasurer's Report

*Janet Dante, LCSW-C*

Membership dues money is coming in more slowly this year, and we are about \$20,000 behind last year at this time. Next year, when we have our credit card option firmly in place, renewals should go more quickly.

For those of you who are not on the GWSCSW listserve and have not heard the news, you can now pay your membership dues by credit card, even though there is not yet a place for this on the renewal form.

To pay by credit card, fill out the membership renewal form and write your credit card information on it. Include:

- Name of card holder
- Kind of credit card (VISA or Mastercard **only**)
- Account number on card
- Expiration date of card
- First four numbers of the billing address for the card.

You still need to fill out the form, sign it, and send it to the GWSCSW office or fax it to 202-364-0435. ❖

### Position Vacant

## 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 the clinical society of their chosen profession.

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@comcast.net](mailto:patriciabraun@comcast.net).

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. ❖

**From Minnesota...**

An all-day workshop on Friday, February 10, *The Supervisory Relationship*, will bring Tamara Kaiser, MSW, PhD, from St. Paul. The author of *Supervisory Relationships: Exploring the Human Element* and the co-creator of the training tape *Challenges in Cross Cultural Supervision*, Dr. Kaiser has presented nationally on this topic. Her focus is on exploration of the power, shame, transference, trust, and shared meaning in the relationship.

A stimulating speaker with an engaging interactive teaching style, Dr. Kaiser is past president of the Minnesota Society for Clinical Social Work. She maintains a private psychotherapy practice and is an Associate Professor at the University of St. Thomas School of Social Work.

We are hoping to be able to offer CEUs in both supervision and ethics for this workshop.

**And from Massachusetts...**

The GWSCSW dinner meeting on Friday, March 10, will feature Joan Berzoff, MSW, EdD, speaking on *Narratives of Grief and Bereavement: Processes of Transformation and Growth*. Dr. Berzoff will be coming to us from Massachusetts, where she is co-director of the Doctoral Program and director of the End-of-Life Care Certificate Program at the Smith College School for Social Work.

A dynamic and inspiring lecturer, Dr. Berzoff has received the Outstanding Social Work Scholar Award from the National Academies of Practice. She is the Co-Editor of the recent volume *Living with Dying: A Handbook for End of Life Care Practitioners* and co-author of the popular social work text *Inside Out and Outside In*. ❖

Joel Kanter is the GSWCSW vice president for education. He is the editor of *Face to Face with Children: The Life and Work of Clare Winnicott*.

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

**SIGN UP FOR THE GWSCSW LISTSERV**

EMAIL YOUR REQUEST TO:

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

## 'The Grown Ups'

*For the About-to-Be, New, and 'Old' Retiree*

Grace Lebow, LCSW-C

Earlier this year, I was asked to be the Greater Washington Society liaison to the retiree community, and then asked to develop a vision for what that role might mean. After considerable thought, I decided that what might be most valuable would be for me to provide a format for about-to-be, new, and "old" retirees exploring the impact of our earlier professional experience and training on our present stage of life.

Six of us met on September 27 for a beginning discussion of this retiree stage of our lives. The meeting took shape as an informal discussion and social support group. We shared our professional backgrounds, and touched on the shifts in our lives and identities as we develop new (or soon-to-be) roles as retirees. As we talked about how we became social workers, we found it interesting that several of us entered the field after a pivotal event in our lives.

We have named our discussion group "The Grown Ups," and we now total nine members. At our second meeting, we talked about the impact of retiree status and, before ending, scheduled four more monthly meetings. The group will decide at the sixth meeting whether or not to continue without a facilitator.

Although this group is now closed, other about-to-be, new, and old retirees are invited to sign up for future "Grown Up" discussion groups. Please call me at 301-652-4026. ❖

*Grace Lebow is the GWSCSW Liaison to the retiree community. She is also the co-author of Coping with Your Difficult Older Parent, featured in this month's GWSCSW Book Corner, page 22.*

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Ruth Neubauer, MSW and Karen Van Allen, MSW

Registration and Information:  
[www.retirementorwhatnext.com](http://www.retirementorwhatnext.com)

# Ethics Committee Looks at Recordkeeping

Robert Fenton, MSW

Recently the Ethics Committee has been researching answers to questions posted on our Society's listserv. A number of members had questions about record keeping: specifically, the length of time a clinician must keep records once a treatment has been terminated.

Both the Clinical Social Work Federation and the NASW Code of Ethics provide that social workers should follow state law requirements regarding the length of time records should be retained. The following jurisdictional information was gathered by committee members Margaret Cahill, Elizabeth Miller and Donna Schwartz. We remind members that they may contact their state Board of Social Work at any time for further clarification on this and any issue related to the practice of clinical social work.

**District of Columbia:** While social work records are not addressed specifically in DC law, the relevant statutes related to medical records require that records be kept "...in a safe place for not less than ten years fol-

lowing the discharge of the patient..." (DC Municipal Regulations, title 22, 2216.3)

**Maryland:** Healthcare records must be kept for five years from the last report made. In the case of a minor child, the record must be kept until the patient attains the age of majority (18) plus three years, or for five years after the record/report is made, whichever is later. This information is contained in the Code of Maryland Health Regulations (COMAR) – General–Title 4, subtitle 4, section 4-403.

**Virginia:** Virginia regulations (set by the Board of Social Work and not the State) mandate that clinical records be kept for a minimum of five years after termination.

In future issues of *News & Views*, the committee will provide some suggestions related to the ethical management of a clinical practice. For instance, we will offer some guidelines on how to structure record keeping so that in the event of a clinician's unexpected death both patients and records are dealt with appropriately. ❖

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**Transition**, continued from page 1

The three-day meeting began with an update of ongoing committee activities—an impressive array of projects including the acceptance for publication by the Clinical Social Work Journal of guidelines for child custody cases developed by the Clinical Social Work and the Law Committee; progress on the development of national licensing standards; completion of the recommendations for standards for clinical social work education (our own Golnar Simpson is a primary author); and the dissemination of procedures for national-level legislative lobbying in the home district.

After the reports, we got down to business with the assistance of an expert facilitator, Carol Weisman, MSW, CSP, who noted that her early work with inner city gangs was great preparation for dealing with non-profit boards. She helped us look at the realized and unrealized potential of the Federation, and at the crippling problems inherent in its current structure.

### Some background

As Greater Washington Society members, each of us belongs, as well, to the national-level Federation, with a significant portion of each member's Society dues (\$43) going to CSWF.

CSWF sends us the newsletter *access* twice a year, manages the incredibly useful Hotline (for questions re: private practice, legal, new practitioner, managed care issues, etc), maintains a website ([www.cswf.org](http://www.cswf.org)), and is working on a variety of projects like national standards for licensing and the others mentioned above. Our *Code of Ethics* comes from CSWF.

Historically, the Federation led the successful struggle across the country for social work licensure in every state. Today, CSWF represents clinical social work at the national level on mental health issues, develops policy papers and *amici curiae* briefs, alerts us to threats to our scope of practice, and brings together member societies' leadership twice annually to exchange experience and ideas.

That said, for the past few years the Federation has been struggling. A number of state societies have withdrawn—including California, New York, New Jersey, Illinois, Ohio—leaving GWSCSW, with our 500 members, as the largest CSWF society.

The primary cause for the dropping out has been dwindling membership (read: pinched finances)

and leadership burnout. Some societies also have expressed dissatisfaction with what the Federation has to offer, and have been unhappy with the last few years of turmoil.


### The Guild, the health plan, and the financial crisis

In the late 1990s, the Federation made a bold but extremely controversial move—affiliation with OPEIU, the Office Professional Employees International Union. The Union was to create a Guild that would lobby for clinical social work issues backed by the clout of the AFL-CIO...and offer members a health plan.

GWSCSW voted not to become a Guild society, but most state societies joined, which added about \$100 in union dues to their members' annual dues. All of those Guild societies then experienced a precipitous decline in membership.

Ultimately, most were also disappointed in the union's lack of attention to its promises.

As for the health plan, suffice it to say that it was a disaster. The insurer recommended by OPEIU, it turned out, lacked adequate resources and went belly-up. Subscribers were left with huge unpaid medical bills, and the cost to the Federation in lawyers' fees, lost



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memberships and angry feelings was (and still is) crippling.

Although the OPEIU affiliation was terminated two years ago, related expenses have continued, and the Federation has been forced to run through its capital reserve fund. Several societies, ours included, argued that the Federation could get back on track financially were it not for the salary and expenses of an executive director. We recommended bare-bones ways to provide services that might increase membership—informative email updates on developments in the mental health arena, a lively web site, a calendar of society events across the country, member access to the *Clinical Social Work Journal* online. The majority of societies, however, and the volunteers who actively keep CSWF going—the officers and committee heads—rejected a change in the executive director’s job description.

### **The structural glitch**

The glitch, according to facilitator Weisman, is that clinical social workers—like other professionals struggling to keep their professional organization alive—are so busy with work that it is hard for them to find time for a personal life, harder still to find time for Society work, and hardest of all when the demands of the Society conflict with the needs of the Federation.

What has happened over and over with the current federation structure is that services requested by the societies typically required some minimal input from the societies. The society volunteers, already stretched too thin, haven’t had the time to respond. Perhaps a society president neglected to tell the education chair to send in the conference schedule, or maybe it was the chair who was overwhelmed with other responsibilities, or... You see how it can happen. The resulting scenario, though, has been good ideas falling through the cracks over and over and over.

Ultimately, then, at the October meeting, facing the question of whether to disband the Federation, GWSCSW voted “yes” with deep regret. We recognized Weisman’s glitch as a major stumbling block. And in any case, the loss of all the larger societies seemed to us to make the very concept of federation impractical.

Would we support creation of an association as a national voice for clinical social work? With reservations, we voted “yes.”

### **Transition to an Association**

In endorsing the concept of an association, the board acknowledged the need for a national membership structure, top down to facilitate direct communication. Several interesting models were discussed, including some with potential for society affiliation.

An *ad hoc* Committee has been charged with developing a plan: the make-up, the funding, the relationships with the societies. Committee members are Kevin Host, chair (Washington State); Robin McKenna (South Carolina); Stephanie Swann (Georgia); Drew Pledger (North Carolina); Chad Breckenridge (Minnesota, and a past president of the Federation); Gail Nagel (South Carolina); and two non-voting members, Abbie Grant (current Federation president) and Executive Director Richard Yanes.

The committee will present its report at the final Federation board meeting in May. In the meantime, the ongoing services and committee work of the Federation will continue.

### **A national voice for clinical social work**

I, for one, am hopeful. GWSCSW may or may not decide to affiliate; we won’t know until we see the plan. And this association-to-be may fall on its face. But there is potential to recruit new participants from hundreds of thousands of clinical social workers not currently in societies. And if carefully structured, the new organization might even draw the large societies back.

Our profession needs to have a voice—to have a seat at the national policy table, to be acknowledged for our expertise, to influence social work education and legislation. In the words of GWSCSW Vice President Joel Kanter, who has been deeply involved in our efforts to revitalize the Federation, “NASW may always be the largest social work organization, but the presence of the Federation has helped to maintain NASW’s focus on clinical social work concerns. And even if relatively small, a national organization speaking for clinical social work can catalyze action around such issues as national licensing standards.”

Finally, the association can continue bringing together clinical social work leadership from around the country to share concerns, experience, and ideas. It has been a privilege for me to be part of those meetings, and I hope for the sake of our society that these opportunities will continue. ❖

# ■ The Master Teacher Series ■

A Monthly Video Conference Seminar for Mental Health Professionals

*A unique opportunity to earn continuing education credits  
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A selected speaker will present from one of the three sites, with the discussion facilitated by IPI faculty at each site.

The seminars can be attended individually, or as a series.

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**Location:** IPI National Headquarters, 6612 Kennedy Drive Chevy Chase, Maryland 20815

**Continuing Education:** 2 hours of CE credit per seminar is available for licensed social workers, psychologists, and professional counselors

**Register:** Call 301-951-3775 or online at [www.ipimetro.org](http://www.ipimetro.org). Checks should be made out to IPI

**For more information:** Call Kate Scharff, MSW or Robin Gerhart, PhD, Program Chairs, at IPI Metro: 301-951-3782

**November 18, 2005 – The Present Moment in Psychotherapy: The Work of Daniel Stern**

*Presenter: David E. Scharff, M.D.*

Daniel Stern's new work, *The Present Moment in Psychotherapy and Everyday Life*, presents a close study of the present moment, the flow of consciousness, and the microscopic work of psychotherapy. Dr. Scharff will integrate Stern's ideas with work on attachment and neuroscience in this presentation.

**December 16, 2005 – Klein and Winnicott: An Integration in a Freudian Base; Research in Neural Pleasure Centers, Feeding, Sex, and Aggression (Part I)**

*Presenter: Steven Ellman, Ph.D.*

Dr. Ellman is past president of the Institute for Psychoanalytic Research and Training in New York City. He is a researcher and leading clinician, and a prolific author. In these two seminars (see Part II, February 3, 2006), he will investigate the work of Klein and Winnicott in terms of his recent research in key areas.

**January 20, 2006 – Current Winnicottian Concepts**

*Presenter: Alvaro Rey de Castro, M.D.*

Dr. Rey de Castro is a Training Analyst in the Peruvian Psychoanalytic and President of the South American Psychoanalytic Federation (FEPAL). He will present an update on the relevance of classic Winnicottian ideas.

**February 3, 2006 – Klein and Winnicott: An Integration in a Freudian Base; Research in Neural Pleasure Centers, Feeding, Sex, and Aggression (Part II)**

(see December 16, 2005)

**March 17, 2006 – Otto Kernberg, M.D.**

Dr. Kernberg will show a video interview of a personality disordered "patient" (played by an actor). He will then discuss clinical and theoretical concepts illustrated by the interview. The discussion will be facilitated by Dr. David Scharff

**April 21, 2006 – Dialogue Between Object Relations and Relational Schools  
Part I: Discussion of Similarities and Differences**

*Presenters: Anthony Bass, Ph. D. and David E. Scharff, M.D.*

Dr. Bass is a leading Relational Psychoanalyst, and widely published. In these two sessions, he and Dr. Scharff will present clinical material and engage in a dialogue concerning the overlap and differences between the two approaches.

**May 12, 2006 – Dialogue Between Object Relations and Relational Schools: Part II**

(see April 21)

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



# Measuring the Effectiveness of Psychodynamic Psychotherapies

Deborah Zatz, LICSW

On February 26, 2006, J. Stuart Ablon, PhD, of Boston, MA will be the featured speaker at the 13th annual conference of the Consortium for Psychoanalytic Research, a coalition representing thirteen Baltimore-Washington area organizations interested in building a bridge between clinicians and clinically relevant research.

Dr. Ablon is Director of the Psychotherapy Research Program in the Department of Psychiatry at the Massachusetts General Hospital and Assistant Professor of Psychiatry at Harvard Medical School. Dr. Ablon's research focuses on empirical study of the process and outcome of various forms of psychotherapy using group and single case designs. His work has appeared in the *Archives of General Psychiatry*, the *American Journal of Psychiatry*, the *Journal of Consulting and Clinical Psychology*, and *Psychological Bulletin*. He is also a member of the Committee on Scientific Activities of the American Psychoanalytic Association and on the editorial board of the *Journal of the American Psychoanalytic Association*.

Dr. Ablon will describe an empirical methodology for studying the psychotherapy process that can be used to identify whether adherence to theoretical models does indeed predict positive outcome for patients. He will then describe how this method can be used to identify empirically supported change processes regardless of theoretical orientation, as an alternative to empirically supported treatment packages.

Following Dr. Ablon's presentation, a workshop using the method described in the presentations, the Psychotherapy Q Set (PQS), will give the conference participant an opportunity to become familiar with the instrument and practice using it to study process predictors of outcome. Michele Schottenbauer, MA will analyze the data from the workshop, and Dr. Ablon will discuss the results.

A panel discussion of the research will conclude the program. Panelists will be Sheila Hafter Gray, MD, teaching psychoanalyst at the Baltimore-Washington Institute for Psychoanalysis; Carolyn Gruber, DSW, co-founder and former Dean of the Clinical Social Work Doctoral Program in Washington, DC., and Jim Barnett, PhD, clinical psychologist and Jungian analyst.

The conference will be held at the Ernst Auditorium of Sibley Hospital in the District of Columbia. It will begin with registration and a continental breakfast at 9:15 AM and conclude at 4:30 PM. The breakfast and box lunch are included in the \$50 registration fee. The registration fee for full time students is \$25. The conference will offer 5 CEU's for physicians, psychologists and social workers. There will be time for audience participation and questions at scheduled times throughout the day. ❖

*Deborah Zatz is the GWSCSW liaison to the Consortium for Psychoanalytic Research.*

The Consortium for Psychoanalytic Research  
13th Annual Conference

## Therapeutic Action: Psychodynamic Aspects of All Psychotherapies

J. Stuart Ablon, Ph.D.

February 26, 2006

9:15 AM – 4:30 PM

Ernst Auditorium of Sibley Hospital, DC

\$50 (Includes breakfast and box lunch)  
The registration fee for full time students is \$25.

5 CEUs  
for physicians,  
psychologists and social workers.

## Therapeutic Action in Brief Psychotherapy

J. Stuart Ablon, Ph.D.

## Identifying Empirically Supported Change Processes

J. Stuart Ablon, Ph.D.

## Using Psychotherapy Q Set (PQS)

Michele Schottenbauer, MA

## Panel Discussion

Sheila Hafter Gray, M.D.

Carolyn Gruber, D.S.W.

Jim Barnett, Ph.D.

## THE CONSORTIUM FOR PSYCHOANALYTIC RESEARCH

American Society of Psychoanalytic Physicians; Baltimore Washington Institute for Psychoanalysis; Clinical Social Work Institute; The Columbia Academy of Psychodynamics; Greater Washington Society for Clinical Social Work; Institute for Contemporary Psychotherapy; International Psychotherapy Institute; Jungian Analysts of the Greater DC Area; New York Freudian Society, Washington Program; Washington School of Psychiatry; Washington Psychoanalytic Society; Washington Psychologists for Psychoanalysis; Washington Society for Jungian Psychology; Washington Society for Psychoanalytic Psychology.

# CSWF

## The Clinical Social Work Federation

*CSWF Executive Committee*

### The Transition of the Federation to an Association

When we founded the Federation in 1973 our primary goals were to promote clinical social work education; to promote marketing/public relations for the clinical social work profession; to conduct national level advocacy; to promote legal regulation and vendorship; and to establish a national Federation office. We have been successful in meeting these goals, however, the structure that served us so well in the beginning is no longer viable.

Beginning in the early-nineties, dedicated volunteers looked at alternatives to the Federation model. Considerable time and effort was put into the attempts to make this particular model work, however, we continued to experience declining membership as state societies disbanded or disaffiliated. In order to meet today's challenges, we need a new structure. Hence, we have made the decision to become a national membership association.

#### What does this mean . . . ?

The association will be a membership association that will represent and be the voice of clinical social workers on a national basis. *The details of membership are yet to be worked out.* During this time of transition we are working under Federation bylaws and the president has the authority to appoint an ad hoc transition committee. We anticipate that this committee will present a plan to the Federation board for its approval by spring 2006. The plan will include: a new name; bylaws; a mission statement; a vision statement; clarification of relationship to state societies; and a proposed governance structure.

All benefits and services will continue uninterrupted. Specifically, malpractice insurance, Journal subscriptions, national newsletter, representation on national legislative watchdog organizations, the Federation toll-free number and other existing services will remain in full operation. Contractual dues obligations also remain in effect.

Finally, we want to thank the board, states, and all the staff who have been involved for more than 30 years to further our profession. We are optimistic that this new association will be able to meet the needs of the new generation of clinical social workers. ❖

*The CSWF Executive Committee is composed of the elected officers—Federation President Abbie Grant, MSW (Ohio); Treasurer Gail Levinson, LCSW (Delaware); Secretary Nancy Sachner, LCSW (Connecticut); Finance Chair Sid Grossberg, PhD (Michigan); President-Elect Kevin Host, MSW, (Washington State) and past president Keith Myers, MSW (Washington State) and, ex-officio, Executive Director Richard Yanes.*

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# NMCOP

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## National Membership Committee on Psychoanalysis

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*Sarah Pillsbury, DSW, BCD*

This fall, the Washington chapter of NMCOP and GWSCSW jointly organized a Friday evening dinner/lecture and a Saturday morning workshop featuring Nancy Bridges, LCSW, BCD.

Using richly informative case vignettes from her recently published book, *Moving Beyond the Comfort Zone in Psychotherapy*, Bridges illustrated how potentially challenging therapeutic interactions, such as expensive gifts from the patient, the therapist forgetting a patient appointment, or self-revelation by the therapist, can actually serve to strengthen the bond between the therapist and patient.

Bridges has used traditional psychodynamic theory, as well as current insights from infant research, to develop her unique, individualized approach to relational theory—one that appears highly compatible with the basic tenets of social work. With a refreshing openness, Bridges skillfully engaged participants in reflecting on the therapeutic process, all the while stimulating intellectual curiosity and exploration as to why and how we intervene.

On being asked how being a clinical social worker has influenced her practice, Bridges responded, "From the beginning, my practice was based in the fundamental tenets of social work, meeting clients where they are. I didn't have to wait for attachment theory and relational theory to be invented; social work served us well when others were still searching for the way." She advised us to believe in our own gifts: "We social workers tend to devalue social work. Take your own work seriously: teach, write, speak out!"

Bridges' clinical work is a valuable addition to our field. For those who missed her presentations, beginning and experienced clinicians alike, I strongly recommend her book. ❖

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*Sarah Pillsbury is the NMCOP liaison to the GWSCSW Board.*

# NASW

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## National Association of Social Workers

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*Joyce Higashi, LICSW, DCSW*

NASW has been proactively providing information on a special Katrina web page that is focused on providing assistance to victims of hurricane Katrina. It includes: research on disasters, advocacy for a strong social safety net for Katrina recovery, a letter to President Bush, information on a two-week SAMSHA assignment for social workers, legal issues and disaster relief services, plans to assist social workers in the Gulf Region with dues suspension for up to six months and special postings of employment opportunities, and finally the establishment by the NASW Foundation of a Social Worker Disaster Assistance Fund for social workers displaced by Katrina. This fund has allocated monies to over 500 social workers with applications for assistance still coming in. To date \$123,000 has been donated and/or raised by the Insurance Trust, a figure that is continuing to grow as members utilize the opportunity to contribute through the NASW website. The average individual contribution has been \$30.

The latest addition to this page, found under "Client Resources," is a new, free, and secure online service which can connect Katrina evacuees, doctors, and pharmacists with important information about the prescription drugs evacuees were taking before they were forced to flee their homes. KatrinaHealth.org was created on a volunteer basis through a joint effort by many partners, including the American Red Cross, American Medical Association, and the American College of Physicians. The link to this site is [www.KatrinaHealth.org](http://www.KatrinaHealth.org).

NASW has also created a consumer website during the past year, HelpStartsHere.org, which provides information to the public about disaster response and grief issues, along with other key social work practice areas. For details, visit [www.helpstartshere.org/Default.aspx?PageID=459](http://www.helpstartshere.org/Default.aspx?PageID=459).

DC Metro Chapter continues to link with the CACRT, Capital Area Crisis Response Team, in responding to volunteer disaster assignments throughout the metropolitan region. Mila Ruiz Tecala, LICSW, DCSW, is the Chapter Disaster Response Coordinator. ❖

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

# ADVOCACY & LEGISLATION

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## ■ FEDERAL

*Richard P. Yanes, Esq.*

Four bills make up the priority legislation of the national legislative program of the Clinical Social Work Federation (CSWF). These bills are closely monitored, and are the subject of both in-district lobbying efforts and advocacy at the national level.

***The Clinical Social Work Medicare Equity Act of 2005 – S 1148, HR 2736.*** These bills, sponsored by Senator Barbara Mikulski (D-MD) and Representative Fortney “Pete” Stark (D-CA), reinstate clinical social workers to the status of direct billing Medicare for services to residents of skilled nursing facilities. Inadvertently included in the “bundled” payment system of these facilities by the Balanced Budget Act of 1997, the bills would correct this inequitable situation and provide greater access to mental health services for the residents of those facilities.

Both Senator Mikulski and Representative Stark have been long time supporters of the Federation’s national legislative program. The Senate bill awaits a hearing date in the Senate Finance Committee while the House bill will require a hearing in both the House Ways and Means Committee as well as the Energy and Commerce Committee.

***The Equity for Clinical Social Workers Act of 2005 – S 6.*** This bill by Senator Daniel Inouye (D-HI) would allow clinical social workers to receive payment from Medicare at the same rate of reimbursement as psychologists and psychiatrists when they perform the same work. As of 2004 all 50 states, Medicare, and most major insurers, recognize that licensed clinical social workers are reimbursable for the mental health services they provide. The bill would do away with the antiquated and now arbitrary distinctions that remain in the Medicare program.

Senator Inouye has also been a long time supporter of the Federation’s national legislative program. The bill awaits a hearing in the Senate Finance Committee.

***The Clinical Social Workers Recognition Act of 2005 – S 127, HR 234.*** These bills, sponsored by Senator D. Inouye (D-HI) and Representative Edolphus Towns (D-NY), would allow licensed clinical social workers to conduct mental health evaluations and provide

mental health services to federal workers injured on the job. The Senate bill has been referred to the Homeland Security and Governmental Affairs Committee while the House bill awaits a hearing in the Education and Workforce Committee.

***The Medicare Mental Health Equity Act of 2005 – S 1152, HR 1125.*** These bills, sponsored by Senator Olivia Snowe (R-ME) and Ted Strickland (D-OH), would eliminate the discriminatory co-payment rates for outpatient mental health services in the Medicare Program. Since the inception of the Medicare Program outpatient co-payments for physical health services have been assessed at 20% while the co-payments for outpatient mental health services are assessed at 50%. These bills would reduce the co-payment rate for mental health services to the 20% level.

The Senate bill has been referred to the Finance Committee while the House bill awaits hearings in both the Energy and Commerce Committee and the Ways and Means Committee.

### **Other bills to watch**

Here is a partial list of other legislation supported by the Federation, generally by letters of support or, when necessary, direct advocacy.

***The Paul Wellstone Mental Health Equitable Treatment Act of 2005 – HR 1402.*** This bill, sponsored by Representative Patrick Kennedy (D-RI), would prohibit health plans from imposing treatment limitations or financial requirements on mental health benefits unless comparable limitations or requirements are imposed on medical and surgical benefits as well. The bill excludes small employers from coverage and requires that the General Accountability Office prepare a study on the effects of the legislation on health insurance costs and quality of care and provide a cost estimate of extending such requirements to the treatment of substance abuse and chemical dependency. (Such a study examining these questions under the Federal Employee Health Benefits Program was recently released; see *News & Views, September 2005*)

Representative Kennedy has been a long time advocate of mental health services and has frequently

spoken of his own experiences. The bill has been referred to the House Education and Workforce Committee. Currently it has 207 cosponsors, almost the number needed for passage out of the House.

***The Fair Access to Clinical Trials Act – S 470, HR 3196.***

These bills, sponsored by Senator Christopher Dodd (D-CT) and Representative Henry Waxman (D-CA), would require the National Institutes of Health to establish a data bank of information on clinical trials of drugs and biological products and devices. The data bank would gather and disseminate information on the purpose and results of clinical trials.

The Senate bill has been referred to the Health, Education, Labor, and Pensions Committee while the House bill is in the Energy and Commerce Committee.

***The Keeping Families Together Act – S 380, HR 823.***

These bills, sponsored by Senator Susan Collins (R-ME) and Representative Jim Ramstad (R-MN), would eliminate the Medicaid requirement that parents relinquish custody of their children to a state agency in order to secure mental health services for the children by establishing a state grants program to fund services for children experiencing a serious mental disorder. Parents without adequate or any health insurance must rely on Medicaid when experiencing serious health problems; many of these parents' income exceed the Medicaid level for services and they are then required to give up custody of their children, who are placed in a foster home resulting in a loss of contact with the parents.

The Senate bill has been referred to the Committee on Health, Education, Labor, and Pensions while the House bill is in the Energy and Commerce Committee.

***The Ethics Based Medical Privacy Act of 2005.*** This proposed legislation has not yet been introduced. It would require that the use and disclosure of identifiable health information be made in a manner that is consistent with established principles of medical ethics and constitutional law. The proposal grows out of concerns that inadequate safeguards are being considered by the Administration as it moves to establish a national health information data bank as well as the inadequacy of the existing HIPAA privacy standards.

Follow these bills or any other at <http://thomas.loc.gov/home/thomas.html>. ❖

*Richard Yanes, Esq., is Executive Director of the Clinical Social Work Federation. His full report can be found on our website at [www.gwscsw.org](http://www.gwscsw.org).*

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## ■ VIRGINIA

*Christopher Spanos*

The Virginia General Assembly is getting ready for the 2006 legislative session which will convene on Wednesday, January 11, 2006. This is 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. 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 as if there will be a shift in the political-legislative makeup of the House of Delegates. The forty-member Virginia state Senate will stand for election in two years—2007.

### **Virginia Elections 2005 impact on issues of interest to Clinical Social Workers**

**State-wide office.** Virginia is in an election cycle to elect a Governor, a Lieutenant Governor, and an Attorney General for four-year terms of office. The Governor cannot succeed himself. The Lieutenant Governor and Attorney General have no limits to their state service in office. All three candidates for Governor have campaigned to make health insurance coverage available and less expensive to Virginians. No candidate has talked about mental health or related issues.

**House of Delegates.** All one hundred seats in the Virginia House of Delegates are up for election to two-year terms as members of the General Assembly. At this point in the election cycle it appears that there will be no swing in the philosophical make-up of the House of Delegates. When the General Assembly convenes in January 2006, the House of Delegates standing committee membership that will handle issues of interest to clinical social workers will see little or no change in membership, and no change in the Committee's leadership.

**State Senate.** The state Senate is up for election in 2007, to take office in January 2008 for four-year terms of office.

### **Medicaid**

The Speaker of the Virginia House of Delegates has formed a "work group" to examine the Virginia Med-

*continued on page 14*

icaid program; the chair is Delegate Phil Hamilton of Newport News. To date, the Work Group has had one meeting to hear from the public on what can be done to control Virginia's growing Medicaid budget.

One issue that will surely come before the 2006 session is a re-configuration of the Virginia Medicaid Plan. At this time the Congress is working on ways to contain the growing cost of Medicaid.

Some of the actions of Congress will be retroactive to October 1, 2005, the beginning of the Federal fiscal year. Although it is felt in some quarters that the issue is the need for reform of health care—the current focus is on Medicaid cost containment. We should know more on how the Medicaid reform issue will play out in Virginia by the end of November 2005.

### **Social Work Licensing**

The Virginia Chapter of the National Association of Social Workers (NASW) is seeking to amend the social work licensing law 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.

### **Virginia's Public Mental Health System**

Virginia's mental health facilities are in drastic need of modernization and re-structuring. One of the proposals is to have the Secretary of Health and Human Resources, in coordination with the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, consider the feasibility of Public-Private Education Facilities and Infrastructure Act of 2002 (PPEA) proposals for the operation and maintenance of mental health facilities. A draft report (a 36-page PDF file) can be accessed from the homepage on the Department's web site: [www.dmhmrzas.virginia.gov](http://www.dmhmrzas.virginia.gov). ❖

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*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.*

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## ■ MARYLAND

*Alice Neily*

The Legislative Council representing the Greater Washington and Maryland societies has been active this fall, preparing for the upcoming 2006 session by making strategic connections with legislators, the Board of Social Work Examiners, and other advocacy groups.

As the "watchdog" for protecting and expanding social work scope of practice in Maryland, the Council is advocating for LCSW-Cs to be approved as evaluators of competency for juvenile court and as evaluators of permanent disability due to mental illness for Workman's Compensation. Lobbying is most effective when members' interests are documented; please contact the Council with your support for these potential opportunities.

A priority issue for the Council is the reciprocity problem in the supervision requirements of the social work licensing law, whereby a social worker new to Maryland must wait 18 months before working as a supervisor, no matter the level of prior experience and expertise. Action has begun on this issue. Again, the Council needs to hear from anyone who feels strongly about reciprocity issues.

The newly formed Joint Legislative Oversight Committee on Access to Mental Health Care for the Privately Insured provides an avenue for presenting problems such as inadequate reimbursement, phantom paneling, inappropriate denials and restrictions of service and care. Your input will be critical to this effort. Please email Council chair Betsy Amey at [bfamey@comcast.net](mailto:bfamey@comcast.net) with examples of problems you or your clients have experienced.

### **A Legislative Panel to Support the Council**

In recognition of the reality that many Society members do not have the time to be active advocates, yet may have expertise to offer on a particular issue, the Council has established a Legislative Panel. A volunteer on the Panel will identify the area in which he or she specializes. When a bill or initiative in that specialty arises, the Panel member will be contacted, asked to review the available information, and make recommendations as to whether the Council support or oppose the proposed measure. Ideally, the panelist might write a brief statement that could be inserted into testimony or even accompany the lobbyist and testify in person.

The obligation of a panelist is only occasional, and the commitment is to help "if possible." The Council understands that there will be times when a particular panelist cannot be available. The advantage to the Council of being able to draw on knowledge of such respected GWSCSW clinicians as marital expert Emily Brown, disaster relief specialist Tybe Diamond, addictions expert Vaughan Howland—all of whom have volunteered to serve on the Panel—speaks for itself.

### A Day in Annapolis

Nancy Wilson and Joyce Harrison from GWSCSW joined new Council members from the Maryland Society for a day of orientation in Annapolis with the lobbyist, meeting local legislators along the way. More Council members are needed to cover the many issues that arise during the intense months of the Assembly session. Please consider joining the Council or the Legislative Panel. Contact Margot Aronson (*malevin@erols.com*; 202-966-7749) to volunteer or to comment on the legislative issues above. ❖

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

## Association for Psychoanalytic Thought

### PROGRAMS: 2005-06

**December 4, 2005**

Leon Wurmser, MD, presenter

"Thoughts of a Psychoanalyst about Jewish Mysticism"

**COURSE: February 5 & 12, 2006**

Monroe Pray, MD, presenter

"Perspectives on Defense Analysis, Part II"

(Open only to those who participated in Part I last year)

**February 26, 2006**

Tom Allen, MD, presenter

"Franz Kafka and the Nightmare"

(Open to the General Public)

**March 12, 2006**

Thomas Hoffman, MD, presenter

"Psychoanalytic Understanding of Organizations"

**May 21, 2006**

Charles Parks, PhD, presenter

"The Treatment of Trauma and Abuse in a Latency Age Girl"

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## ■ DC CONFIDENTIALITY

*Danille S. Drake, PhD*

I am happy to report on what appears to be a successful conclusion to the first phase of work at the DC Insurance Commissioner's Office: the preservation of the integrity and usefulness of the DC Confidentiality Law (Mental Health Information Act of DC, 1978). This work was accomplished through a coalition of mental health groups, both local in the DC metro area and national, of which the GWSCSW was an active participant. Barry Landau, MD, spearheaded the group; he has received the Washington Psychiatrist of the Year Award for his excellent work in this endeavor.

What has been achieved is a consensus understanding of the DC Confidentiality Law's limitations on what kinds of information may be disclosed to third party payers for routine claims review, in those cases which are being paid for, in part or in full by third party payers and where those third party payers request information about the treatment that is being conducted.

As has been mentioned in previous reports, we had become concerned because the law was largely being ignored by insurance companies who were demanding large amounts of information in order to pay claims, including in some cases complete records of the treatment (clearly in violation of the law). It was also being ignored by mental health professionals who either did not know about the law and/or who assumed that it would not be of help to them if they tried to invoke it.

After declaring some of the more egregious violations of the law unacceptable, the DC Insurance Commissioner, Lawrence Mirel, created a working group composed of clinicians representing local mental health professional organizations and insurance company medical directors. He charged them with the task of seeking a mutually acceptable understanding of what the law means. Although the law is simply written, and its main points can be summarized on a single page, the process proved to be a long and arduous one, lasting approximately five years before even the first phase of it could be completed.

However, at our meeting on September 12, a consensus was achieved, with no dissenters. The result of the consensus meeting is described below. It is our understanding that the Commissioner will issue a draft regulation and invite the larger mental health,

*continued on page 16*

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**Confidentiality**, continued from page 15

insurance and legal communities to comment. Following this period of review, it is his intention that the results described below will be the official policy of the DC Insurance Commission and will apply to any case treated in the District of Columbia where a third party payer seeks an individual treatment plan.

The DC Confidentiality Law permits only the following five categories of information to be disclosed to third party payers for routine claims review, providing the patient has authorized this disclosure:

1. Administrative Data
2. Patient's status: voluntary or involuntary
3. Diagnosis, according to a professionally accepted diagnostic system, such as the ICD 9 or DSM IV (with 5 axes)
4. Prognosis, limited to estimated duration of treatment.
5. "Reason for admission or continuing treatment." As part of the explication of the reason for beginning or continuing treatment, the insurance companies may ask the following questions:
  - a. Is medication being prescribed? If so, what is the medication and who is the prescribing person?
  - b. Goals of treatment. While this term is not defined precisely, it is understood that the response should be limited to a brief statement indicating the goals of treatment that help to explain the reason for the treatment, e.g. "relief of depression or anxiety," "resolution of acute crisis," "medication management," "resolution of unconscious conflict," "helping to develop more satisfactory relationships."

The Commissioner understood that not every insurance company requires an individual treatment plan before paying claims and that not every treatment can be conducted while supplying such information. The idea was to set some limits in those cases where the insurance company requires an individual treatment plan and the therapist and patient believe that they can work effectively within that context.

Our hope is that, now that we have achieved consensus on this part of the law, we will be able to work on

the portion of the law that pertains to the use of a confidential, independent mental health reviewer to consider cases where the insurance company believes that a more in-depth assessment of the case is needed, given the limitations in disclosure of information outlined above. It is our hope that it will also be possible to use the independent review process for those cases where disclosure of the information that the law permits for routine claims review would be more disclosure than even the minimal confidentiality requirements would allow.

There are still further steps remaining. The Commissioner will now publish new regulations, in which a form that has been developed to reflect the consensus described above is presented, to indicate the limits of what insurance companies may ask. If a successful conclusion is achieved during this next step, I hope that we will be able to proceed to the issue of the independent peer review. ❖

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

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## ■ CAREFIRST WATCH COALITION

Mary Lee Stein, LICSW

Early in October, the Committee on Consumer and Regulatory Affairs of the DC Council heard testimony in support of The Medical Insurance Empowerment Act of 2005.

This Act would: 1) establish a clear legal obligation of GHMSI to support public health initiatives in its catchment area; 2) provide standards for measuring that obligation; and 3) give the Attorney General enforcement tools to ensure the company's compliance. The proposed legislation was a response by Committee chair Jim Graham to the disavowal by the District's Carefirst BlueCross BlueShield affiliate, GHMSI, of any obligation to invest its "excess reserves" in the community.

The hearing called by Graham provided the opportunity for CareFirst's CEO (flanked by a dozen lawyers) to defend the stance that CareFirst is just a business like any other, and every penny is needed in case of a pandemic or other health crisis. The DC Appleseed Center for Law and Justice responded vigorously, noting that a charitable obligation is explicitly mandated by Congress in the company's charter, and that the CareFirst reserves annually amount to many millions over and above what is considered an appropriate reserve level by the insurance industry, whether for profit or non-profit company.

### Testimony from GWSCSW

Graham then gave community organizations a chance to weigh in briefly, and Margot Aronson represented our Society, emphasizing the importance of including mental health needs in any consideration of an expanded charitable community role for GHMSI. (See the GWSCSW statement in the box on this page.)

If any members of the Clinical Society would like to become more familiar with the issues or become actively involved in working towards the passage of the Bill, contact Mary Lee Stein at 202-237-5500 or mlmsw@aol.com. Now is the time to contact members of the DC Council to push for the passage of this Bill which could go to a vote as early as December. ❖

*Mary Lee Stein represents GWSCSW on the steering committee of the CareFirst Watch Coalition. The GWSCSW statement to the Committee can also be found on our website at [www.gwscsw.com](http://www.gwscsw.com).*

October 3, 2005

### Hearing on the Medical Insurance Empowerment Act of 2005

The Greater Washington Society for Clinical Social Work supports the Medical Insurance Empowerment Act of 2005.

Our society represents more than 500 clinicians practicing in mental health clinics, family service agencies, psychiatric hospitals, medical facilities, and private practice; we are an affiliate of the national Clinical Social Work Federation.

Social workers daily see the critical health and mental health needs of clients go untreated because insurance coverage is out of reach. Our society joined the CareFirst Watch Coalition back at the time of the proposed buyout by WellPoint, because we were outraged at the extraordinary demands of CareFirst management in the face of the very real needs of subscribers, providers, those unable to obtain coverage, and the community at large.

The more we've learned, the more convinced we are that without strong legislation, CareFirst will continue to say "trust us to be good corporate citizens," while continuing to reward its executives far more than is standard among other similarly-sized nonprofits, and to increase excess reserves in hopes of attracting a new buyout proposal.

We urge you to require transparency from CareFirst, and to include guidance on how to spend available funds, standards for measuring compliance, and enforcement authority for the Attorney General in The Medical Insurance Empowerment Act of 2005. Without such measures, we fear that the obfuscation will continue.

Finally, as clinical social workers, we see mental health issues running through all the problems of the District: HIV/AIDS, domestic violence, gangs, teen pregnancy and more. Our hope is that the mental health needs of the community will be considered in any public conversation about what health services might be supported by significantly increased charitable activity from CareFirst.

Thank you.

Diana Seasonwein, LCSW-C  
GWSCSW President

# CLINICIANS & MONEY

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## Social Security and the Private Practitioner

Peter Cole, LCSW

Over the years I have found that many private practitioners are unclear about their Social Security benefits. Here is some basic information as to how you earn your benefits as a private practitioner, and how to plan for your retirement with your Social Security taken into account.

In taking stock of your Social Security benefits, a good place to begin your planning is with estimating your Old Age Insurance with Social Security. You should be receiving an annual estimate of your projected Social Security benefits from the Social Security Administration. This data is mailed to all participants who are 25 and older. The data sheet typically arrives about 3 months before your birthday. You can file form SSA-7050-F3 or Form SSA-07004-PC-0P1 to request a current estimate. You can find forms, addresses, phone numbers and much other important social security information on line at the Social Security Administration website [www.ssa.gov](http://www.ssa.gov).

When you look at your data sheet and projected monthly Social Security benefit, you will see that Social Security is not designed to provide a comfortable retirement income in and of itself. Instead, it is designed to provide a safety net to be supplemented with other retirement funds. You become eligible for social security payments through credit for qualifying quarters worked. (Not all work is covered by social security, so you may want to clarify exactly what work you have done that qualifies.) The yearly data sheet from the Social Security Administration should be helpful in checking your records on the number of qualifying quarters you have worked against those provided by the Social Security Administration.

### Qualifying For Social Security as a Self Employed Person

If you are like most people in private practice, you probably run your practice as a sole proprietorship. The term "sole proprietorship" basically means that you are self-employed and not organized as a corporation or other entity such as a Limited Liability Partnership—you are simply in business for yourself. As

a sole proprietor, your practice income is reported on IRS Schedule-C. You pay self-employment (SE) tax based on your self-employed income. The self-employment tax is a Social Security and Medicare tax similar to the Social Security and Medicare taxes withheld from most wage earners. You figure your SE tax using Schedule SE (Form 1040). By the way, wage earners cannot deduct social security and Medicare taxes, whereas if you are a sole proprietor, you may deduct half of SE tax in figuring your adjusted gross income.

The SE tax rate is 15.3%. The rate consists of two parts: 12.4% for social security (old age, survivors and disability insurance) and 2.90% for Medicare (hospital insurance). Only the first \$90,000 of your combined wages and net earnings in 2005 is subject to any combination of the social security part of the SE tax. All your combined wages, tips and net earnings in 2005 are subject to the 2.9% Medicare part of SE tax. Again, you can deduct half of your SE tax in figuring your adjusted gross income. This deduction only affects your income tax. It does not affect either your net earnings from self-employment or your SE tax.

If you work in an agency and also have a private practice, earning income both as an employee and as a self employed individual, and your combined income exceeds \$90,000 in 2005, make sure to complete Section B of the Schedule SE. Otherwise, your tax calculation may be incorrect and too much self-employment tax will be remitted.

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You must be insured under the Social Security system before you begin receiving Social Security benefits. Paying your self-employment tax enables you to be eligible for Social Security as a solo practitioner. You are insured if you have the required number of quarters of coverage. Most people need 40 credits to qualify for retirement benefits. You can earn up to four credits each year: one credit per quarter with \$920 of self-employed income.

### Estimating your Social Security benefit.

There are some very useful tools on the Social Security Administration website [www.ssa.gov](http://www.ssa.gov). You can estimate your retirement payments with a calculator on the site. You can look at your estimated benefits in today's dollars and in future, inflated dollars. For example, I input an income of \$90,000 for a 62 year-old individual and got an estimated old age benefit amount from the calculator. In today's dollars, the monthly benefit at age 65 years & 10 months would be \$1,814; with inflation counted in, the monthly benefit at age 65 years & 10 months would be \$1,985. This amount would be very difficult for most social workers to live on.

Again, Social Security is not designed to provide you with a comfortable retirement in and of itself; it provides a baseline to be supplemented with other retirement income. This of course brings us back to a point I continually make to my clients in private practice: as a private practitioner it is important that you fully fund a retirement plan that will provide you with a secure and dignified retirement. There is no time like the present for getting started with setting up and funding your retirement plan. Remember, the best time to start investing for your retirement is ten years ago. The second best time is now.

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*Please see IRS publication 533 for detailed information on Self Employment Tax. It is not intended that this article provide specific tax advice. Please consult with a tax professional before making any tax related decisions.*

*Peter Cole is Financial Services Specialist and Director of Insight Financial Group; he specializes in financial planning for psychotherapists. He can be reached at (800) 426-1399.*

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**DID YOU KNOW...** A purchase from Amazon.com made through the GWSCSW website results in a contribution to your Society!  
Go to [www.gwscsw.org](http://www.gwscsw.org) and click the Amazon button!

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# Washington Psychoanalytic Society, Inc.

## Scientific Meetings & Workshops Winter 2005–06

### Prior Registration is Required

Send check (*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.

#### February 2, 2006 (Register by January 23)

Title: *A Day with Psychoanalyst and Neuroscientist Mark Solms*

Objectives: 1) Develop a clinical interest in the study of neuroscience 2) Demonstrate the neurobiological aspects of consciousness, emotion, memory, development, dreams and the "talking cure"

Location: George Washington University  
Grand Ballroom, Marvin Center  
800 21st Street NW, Suite 204, Washington DC

Time: Workshop 9:00 am – 5:00 pm

Cost: \$150

#### February 3, 2006 (Register by January 23)

Title: *A Psychoanalytic and Cognitive Exploration of a Memory of Childhood Sexual Abuse*

Speaker: Howard Shevrin, M.D.

Objectives: 1) Describe the various forms taken by a memory during the course of a psychoanalytic treatment 2) Delineate the controversy in current cognitive science over the retrieval of historical memories

Location: One Washington Circle Hotel  
One Washington Circle NW, Washington DC

Time: Cocktails 6:30; dinner 7:00; Paper/Discussion 8:15

Cost: \$50

#### March 31, 2006 (Register by Monday, March 20)

##### Raphling Memorial Lecture

Title: *The Faultlines and Vulnerabilities of Masculinity*

Speaker: Nancy Chodorow, Ph.D.

Discussant: Stephen Rosenblum, M.D.

Location: George Washington University  
Ross Hall, Room #117  
2300 Eye Street NW, Washington DC

Time: 8:00 pm

Cost: Free

# RESOURCES

## Domestic Violence

Joyce Harrison, LCSW-C

One of the topics on our Society Listserv this fall centered on services available for cases involving domestic violence. This list of resources may prove useful to members working with victims and/or abusers.

### Domestic Violence Information Agencies

Maryland Network Against Domestic Violence, Bowie  
301-352-4574

Maryland Coalition Against Sexual Assault, Inc., Arnold  
410-974-4507

National Network To End Domestic Violence, Wash-  
ington 202-543-5566

### Domestic Violence Legal Services

Sexual Assault Legal Institute, Silver Spring 301-565-  
2277

### Domestic Violence (DV) Service Providers

#### Montgomery County

Abused Persons Program: 240-777-4210; Hotline 240-  
777-4673

Counseling for men, women, English/Spanish,  
DV Shelter, Legal Advocacy

#### Prince George's County

Family Crisis Center, Inc.: 301-779-2100; Hotline 301-  
731-1203; toll-free 1-866-DVCRISIS.

Counseling for men, women, children, in English/  
Spanish, legal assistance w/protective orders,  
Domestic Violence Shelter, Safe Visitation

House of Ruth: Hyattsville 240-260-0068

Legal services and women's counseling in Eng-  
lish/Spanish

#### Charles County

Center for Abused Persons: 301-645-8994 Metro Hot-  
line 301-843-1110, Hotline 301-645-3336

#### Howard County

Domestic Violence Center: 410-997-0304; Hotline 410-  
997-2272

#### Anne Arundel County

YWCA Domestic Violence Services: 410-626-7800,  
Hotline 410-222-6800

#### District of Columbia

Women Empowered Against Violence: 202-452-9550

My Sister's Place: Hotline 202-529-5991; Counseling  
Services 202-223-8484

Counseling for women & children

#### Arlington

Doorways for Women: domestic violence emergency  
shelter 703-237-0881

#### Arlington

Child & Family Services, Arlington Violence Interven-  
tion: 703-228-1550

Counseling for women, men and adolescents

#### Fairfax

Fairfax Women's Shelter: 703-435-4940

#### Alexandria

Domestic Violence Program: 703-838-4911

Domestic violence emergency shelter; counsel-  
ing for women and children; legal advocacy; 24  
hour hot line

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*Joyce Harrison served as the clinical supervisor for the Family Crisis Center of Prince George's County and has nine years of experience in domestic violence. She is currently in private practice in Silver Spring, MD and is a member of the Maryland Abuser Intervention Coalition. She is also active on the GWSCSW membership committee.*

**GWSCSW Mentor Program  
Professional Development Seminars  
for Clinical Social Workers**

Saturday, March 25, 2006  
10:00-11:30 am

Saturday, April 22, 2006  
10:00-11:30 am

6917 Arlington Road, Suite 224  
Bethesda, Maryland 20814  
(seminars at this location will be  
facilitated by Kate Scharff)

1495 Chain Bridge Road, Suite 202  
McLean, VA 22101  
(seminars at this location will be  
facilitated by Adina Shapiro)

Cost: Free of charge

**To Register, call:**

**Kate Scharff, 301-951-3776 (MD)  
Adina Shapiro, 703-761-3939 (VA)**

**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

**DID YOU KNOW...**

The American Psychoanalytic Association (APsaA) each year awards a number of **APsaA Fellowships** to mental health professionals at various levels of training and postgraduate work. Applicants must demonstrate an interest in psychoanalytic concepts and their application to clinical work, teaching, research and interdisciplinary endeavors.

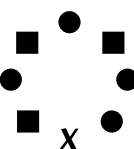
The award includes sponsorship to the winter and spring meetings of the Association, an assigned mentor in the Fellow's areas of interest, and an opportunity for Fellows to present and discuss their work in discussion groups and seminars at the APsaA meetings. The deadline for applications is February 13, 2006; for more information, see [www.apsa.org/fellows](http://www.apsa.org/fellows).

\* \* \*

More than 1000 licensed therapists in Maryland have participated in **The Pro Bono Counseling Project** since it was organized in 1991 to link professionals with those who need but cannot afford mental health care. These clinician volunteers have provided over 5400 individuals and families with some 32,000 hours of counseling. Schools, community social service agencies, victim services, senior centers, and hospitals are among those who refer to the project.

The project offers free continuing education for participating clinicians; current workshops include *Returning Military and Their Family Members*, *Counter Transference Dynamics* and *Life with Cancer*.

For more information, see [www.probonocounseling.org](http://www.probonocounseling.org) or call 877-323-5800. ❖



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*Helping People Accept Help*

Vaughn J. Howland LCSW-C, MAC

301 588-4558  
800 422-3213  
301 563-4058 Fax

Howland@Intervention.com  
[www.Intervention.com](http://www.Intervention.com)

PO Box 253 Kensington MD 20895-0253

# GWSCSW Book Corner

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With this issue, we introduce a new feature, the GWSCSW Book Corner, focusing on the publications of our very own home-grown member authors! The series begins with longtime member Grace Lebow.

Erin Gilbert, MSW

GWSCSW members Grace Lebow and Barbara Kane launched Aging Network Services in 1982, offering care management, counseling and referrals for adults and older generations. While providing these services, Lebow and Kane observed the frustration, guilt and anger displayed by adults providing care for older parents with particularly difficult behaviors. Dubbing the frustrated caregivers "grownchildren," the pair embarked on a journey to aid these clients.

Lebow and Kane coauthored *Coping with Your Difficult Older Parent* with Irwin Lebow, which was published by Avon Books in 1999. Reflecting over two decades of experience in the field, it provides grownchildren with practical tips and problem-solving techniques to handle the behaviors of difficult parents, including case examples from their practices and sample role-plays. Readers are able to take a Difficult Parent Questionnaire, designed by the authors to indicate severity of difficulty and six demonstrated problem areas, such as dependency behaviors, self-destructive behaviors and self-centered behaviors. These problem areas are explored in-depth throughout the following chapters. Other featured topics include grieving and mourning,

and how to avoid becoming a difficult older parent. An extensive list of books and articles addressing various topics related to eldercare is also included.

Reviewers laud this book as a comprehensive resource for all caregivers and caregivers-to-be. Indeed, Lebow and Kane assert that the book fills a gap in eldercare literature, as many sources discuss ways to treat difficult personalities, but do not provide advice for grownchildren about responding to and coping with their parents' challenging actions. With its common-sense approach and encouraging words, *Coping with Your Difficult Older Parent* may help readers make considerable positive changes in their relationships with their parents, allowing these readers to be less frustrated and more empathetic in the long run.

*Coping with Your Difficult Older Parent* is available for purchase on amazon.com or barnesandnoble.com for \$12.95.

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*Erin Gilbert graduated from the University of Maryland School of Social Work in July 2005. She currently is providing residential counseling for the Board of Child Care of Maryland. Please contact Erin with information about your publications (and those of your too-modest colleagues) at gilberel@hotmail.com.*

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

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

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Home (\_\_\_\_\_) \_\_\_\_\_

Home Office (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Remove Office: located at \_\_\_\_\_

Add Office:  
Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office (\_\_\_\_\_) \_\_\_\_\_

Other: \_\_\_\_\_

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



and the  
**Metro DC Chapter  
of NASW**

*announce...*

## **A Monthly Facilitated Supervision Group for Clinical Supervisors**

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and  
Ethics certificate for 3 hours,  
valid for Maryland and  
Virginia requirements

Registration information  
is available online at  
**[www.naswmetro.org](http://www.naswmetro.org)**  
or call

Richard Nash  
202-336-8395

or  
Kate Scharff  
301-951-3776

## **Out & About**

*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...*

**Ann Aukamp** presented a workshop entitled *Dissociative Behaviors: Modifying Treatment for Different Primary Diagnoses* at the 22nd International Fall Conference of the International Society for the Study of Dissociation (ISSD) in November.

**Judy Ratliff** has been appointed to a 2-year term on the Long Term Care Coordinating Committee by the Fairfax Board of Supervisors.

**Tybe Diamond** was a guest speaker this September at the Columbia Academy of Psychodynamics. Her talk on combining psychodynamic group psychotherapy with individual psychotherapy, entitled *Do You Want More Reality In the Room?* was co-sponsored by the Sheppard Pratt Health System.

**Bob Sheavly** presented a four week course to the Washington Society for Jungian Psychology on Imago Relationship Therapy in September and October. The course reviewed Imago theory and technique and examined the parallels between Imago therapy and C. G. Jung's analytical psychology. Bob is currently training as a Jungian Analyst.

**Connie Ridgway** will be performing in the Christmas Revels on December 9–11 and 16–18 at the GWU's Lisner Auditorium. (See [www.revelsdc.org](http://www.revelsdc.org) or call the Revels Office at 202-723-7528)

A one-hour radio interview on WPFW with **Ruth Neubauer, MSW** and Karen Van Allen, MSW, co-founders of "Retirement" or WHAT NEXT, aired in November; there will be a repeat broadcast on December 23 at 3:00 PM. The interview was conducted by Dr. Pamela Brewer of MyNDTALK on Pacifica Radio and can also be heard online at: [www.wpffw.org](http://www.wpffw.org). They discuss the work they have been doing since 1996 in their discussion groups and weekend workshops with Women Over 50.

**Kate Scharff** chaired a conference on *Psychodynamic Clinical Supervision* co-sponsored by IPI Metro and the Metro DC Chapter of NASW in September; in October, she presented a paper entitled *Toxic Passivity: Working with Victimized Fathers in High Conflict Divorce*, at IPI's weekend conference *When Trauma Strikes: Psychotherapy with Couples and Families*.

*Please send information about your accomplishments to Out & About at [gwscsw@yahoo.com](mailto:gwscsw@yahoo.com).*

# 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 Many Faces of Hurricane Katrina

*Tybe Diamond, MSW, BCD*

Following the devastation of Hurricane Katrina, I was one of several Society members who volunteered to work through the Red Cross at the DC Armory and at the national call center in Virginia.

My first impression upon seeing the Armory for the first time was what a worn out, colorless building it looked like on the outside. On the inside, it was a dark, windowless chasm, somewhat larger than a football field. The dull yellow artificial light lost all of its brightness as it fell onto the dark walls with chipped paint that were badly in need of repair.

### Resources for the "guests"

Stations had been set up around the room with various social, educational, vocational, legal and other basic services. There was information about jobs available at local restaurants and firms hiring manual labor. A library section had been created near a child care section. Computers were set up for adults as well as for children, with age appropriate games. Many individuals had been given free cell phones by Nextel and there were free Verizon wall phones to use to call out, but no calls could be received. A long table had information pertaining to area church services and other volunteer organizations. Maps of the city and the transit system were readily available. There was plenty of food for meals and snacks.

We had been told to walk around the room and reach out to evacuees or "guests," as they were called, but most of the evacuees were off on a tourist trip around Washington organized by an outside group. There were probably no more than 75 people in this cavernous hall, dwarfed by the proportions of the room.

### Horses and ponies to ride

Earlier there had been a picnic and several Afro-American trail clubs had brought horses and ponies to the Armory for the children to ride on the very small

grassy area outside. I talked with members of this club, who were some of the kindest people I've ever encountered. These clubs make themselves available to special needs children when called upon but this time they came without being asked "to give the kids a good time." I enjoyed my visit with them and was eager to learn about their services. I hated the racism I found inside myself that I had been so "surprised" by these all black trail club members. Where I grew up horse back riding was so expensive it was a recreation only upper class whites could enjoy and cultivate.

A hand made sign was hanging from a table: "Stress Management." No one was there. I felt useless and disappointed that there didn't appear to be much for

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You are invited to attend one of our  
**INFORMATION SESSIONS**

<b>Saturday, January 28</b> 12:30 - 2:00 PM	<b>Wednesday, February 22</b> 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: [admin@wdc-cswi.org](mailto:admin@wdc-cswi.org)      Website: [www.wdc-cswi.org](http://www.wdc-cswi.org)



me to do. I walked around the living quarters to see if any residents might be in distress who wished to talk with me, but this felt intrusive and I left.

One guest I spoke with was a Louisiana state welfare worker, relieved to be out of the Superdome where air conditioning, electricity and running water had all failed. He was not the only evacuee to tell me that he was glad to be at the Armory, that it was the "best set up in the country."

### **Wisdom from a welfare worker, a psychologist, and a social worker**

I learned about his journey out in chest deep water, where he feared that he might walk onto one of the high voltage pumps, and about his difficulties convincing his very resistant cousin to leave with him. I was impressed with his courage, his patience with his cousin, and his competence in figuring out where the pumps were in the water in face of his mortal anxiety. He teared up as he told me how many of his "clients" didn't seem to make it out. He had worked with some for many years, "in and out of homelessness and jobs. Now we are all in this together."

Maggie Silberstein, a psychologist, crisis trainer and longtime board member of the Capital Area Crisis Response Team (CACRT), told me as we reviewed our Armory experiences that there is "always a high level of frustration trying to get in there and do something. You need to be very patient as often you spend lots of time trying to be helpful and little time actually being helpful. This is very hard when you see people suffering."

Judith Bernardi, a social worker with a PhD in Medical Psychology who had been doing triage in the disaster response centers of Biloxi, Gulfport and Picayune, told me, "It's not about how many interventions you do; it's simply creating a comforting presence; it's being there." I asked her what healing factors she observed that worked in a positive way for these victims of such devastating trauma. She said many people rely on their religion, the fact that they have no choice but to repair and move on, and the need to do one thing at a time. "When there is no 'there' there, how do you get started again? We need to help them identify the first steps. For many there were the rituals of daily living: combing your hair and brushing your teeth. Essentially you are assessing for basic needs. There's confusion; people become disoriented when they are not sure there are enough resources."

### **Volunteer opportunities exist in abundance**

It is said that we live in the shelter of each other. That state welfare worker I spoke with, who before Katrina had helped his clients get benefits, told me, "people are figuring out that this isn't going to go away quickly." Now a "guest" at the Armory, himself a client, he said, "This thing is not coming back together unless we put it back together. We all need to cooperate and work at it."

Clearly this man understands this probably better than most of us. In the landmark *Harvard Study of Adult Development*, author and psychiatrist George Valiant, MD shares his view that one of the ingredients in spiritual development is "altruism." Most societies acknowledge the importance of altruism within the family as essential in establishing strong relationships. It can also motivate cooperation within larger groups and communities. In this global village in which we all live we will need much more altruism to sustain our planet and the fellowship of man. Our country is at a crossroads now in how we deal with this humanitarian crisis. This will be a marathon and not a sprint. Volunteer opportunities exist in abundance. Let us hope our behavior matches our rhetoric and truly let us not leave anyone behind. ❖

*Tybe Diamond, MSW, BCD, is the GWSCSW representative to the disaster preparedness community. The article from which this excerpt is drawn can be found on the web at [www.gwscsw.org](http://www.gwscsw.org).*

The Capital Area Crisis Response Team (CACRT) is the local chapter of the National Organization for Victim Assistance (NOVA). Periodically NOVA sponsors 40-hour trainings that will provide certification in crisis response. After completing this training, one is eligible to become a member of CACRT and will be called in on local crises first and then on national ones.

Helpful websites: how to volunteer and/or give:

<https://give.redcross.org/?hurricanemasthead;>

[www.socialworkers.org/swdrf/letter.asp;](http://www.socialworkers.org/swdrf/letter.asp)

[www.salvationarmyusa.org/usn/www\\_usn.nsf](http://www.salvationarmyusa.org/usn/www_usn.nsf)

<https://volunteer.ccrf.hhs.gov/>

[www.petfinder.org//](http://www.petfinder.org/)

[www.CACRT.org](http://www.CACRT.org) or 202.425.6022

# GWSCSW 2006 REFERRAL PANEL APPLICATION

For current and new applicants – this form must be submitted each year. Deadline: February 1, 2006.

- Are you currently a FULL MEMBER of GWSCSW?  Yes  No *If no, stop here; only full members can be placed on the Referral Panel. To contact a Membership Committee representative, call 202-537-0007.*

Name \_\_\_\_\_

## Office Address

Note: If you wish to list more than one office, please submit a separate application for each.

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ ►  Internal GWSCSW use only  Okay for client use

## Please check (Please be as specific as possible about your specialties or other unique aspects of your practice.)

Office Hours:  Day  Evening  Saturday  Sunday  Handicap Accessible

Adjustable Fees:  Yes  No  Do you have a student rate?  No  Yes

Population:  Child  Adolescent  Adult  Geriatric  Mental Retardation

Modalities:  Individual  Group  Family  Couple  Supervision  Consultation  Case Management

Specialties:  Depression/Affective Disorders  Anxiety/Phobia  Alcoholism/Substance Abuse  Loss/Bereavement  
 Divorce/Separation/Transitions  Other \_\_\_\_\_

Types of ongoing groups \_\_\_\_\_ Foreign Language(s) \_\_\_\_\_

Theoretical Orientation(s):  Cognitive  Cognitive/Behavioral  Eclectic  Family Systems  Integrative  
 Psychoanalytic  Psychodynamic  Other \_\_\_\_\_

For the Referral Panel Directory and Web page: A brief (**50 words max**) description of your practice/orientation for prospective clients:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all insurance panels from which you accept referrals \_\_\_\_\_

Licensed in:  Virginia (LCSW)  Maryland (LCSW-C)  DC (LICSW)

Have you ever been sued for malpractice?  No  Yes (*please attach an explanation*)

Have any of your state licenses expired, been revoked, suspended or denied?  No  Yes (*please attach an explanation*)

Have you ever been charged with an ethics violation?  No  Yes (*please attach an explanation*)

**All of the above information is true to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ► PHONE ROTATION

- I would like to volunteer for a one-week phone rotation for the Referral Panel
- Anytime
  - Anytime except the week(s) of \_\_\_\_\_
  - Sometime, but my schedule is complex; call me to discuss times (\_\_\_\_\_) \_\_\_\_\_

## ► WEB SITE / WEB PAGE:

This form will also provide data for your individual page on the new GWSCSW referral panel web site. You will be automatically listed unless you ask not to be.

If you do **not** wish to participate in this online listing, check here:

I would also like to have a *link to a private web page*. The web address is: \_\_\_\_\_

I would also like an *email link* on my web page, enabling clients to contact me. Use this email address: \_\_\_\_\_

## ► INCLUDE WITH YOUR APPLICATION:

- A copy of each state license where you wish to list an office
- A copy of your current malpractice liability insurance policy showing a minimum of \$1,000,000 coverage
- A check for the set-up fee of \$95 for your online listing with personal web page (*Do not pay if you already paid last year.*)

## ► AND MAIL TO:

Eileen Ivey  
5480 Wisconsin Ave., Suite 227  
Chevy Chase, MD 20815

**FAXES WILL NOT BE ACCEPTED**

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The Metro Washington  
Center of the  
International  
Psychotherapy  
Institute

and the Metro DC Chapter of NASW

announce...

## ■ Love and Sex ■

A Workshop for Mental Health Professionals  
with Stephen B. Levine, MD

Saturday, February 25, 2006

**About Dr. Levine...**

Dr. Levine is Clinical Professor of Psychiatry at Case Western Reserve School of Medicine in Cleveland, Ohio, and Co-Director of the Center for Marital and Sexual Health. He is the solo author of three books: *Sex is not Simple* (1989, reissued in 1997 as *Solving Common Sexual Problems*), *Sexual Life: A Clinician's Guide* (1992), and *Sexuality in Midlife* (1998). He is the Senior Editor of *The Handbook of Clinical Sexuality for Mental Health Professionals*, (2003). Dr. Levine has also written over 160 articles (including original research), and dozens of commentaries, chapters, and book reviews. In 2005, he was the co-recipient, along with his career-long collaborators, of the Masters and Johnson Award from the Society of Sex Therapy and Research.

*Here's some of what attendees at our 2005 workshop on Sexuality in Contemporary Psychotherapy said about Dr. Levine...*

"Dr. Levine is able to talk about sex in a way that's immediately relevant to my practice. I wish I'd been able to study with him in graduate school."

"[Dr. Levine] is able to speak both about the psychodynamics of sex and the biology of sex. I feel like I'll be much more comfortable thinking and speaking about sex with my patients since hearing what he has to say."

"What a great presenter! Dr. Levine is both knowledgeable and engaging. Could you please bring him back for a whole day?"

**Schedule:**

**8:00–9:00 am Registration**  
with continental breakfast

**9:00–9:15 am Introductions**  
Joyce Higashi, Executive Director, NASW Metro  
Kate Scharff, Director of Training, IPI Metro

**9:15–10:30 am The Nature of Love**

**10:30–10:45 am Break**

**10:45–12:00 pm Sexual Desire and its Problematic Syndromes**

**12:00–12:45 pm Lunch** (Catering by Lebanese Taverna)

**12:45–2:15 pm Female Sexual Dysfunction**

**2:15–2:30 pm Break** (refreshments provided)

**2:30–4:00 pm Male Sexual Dysfunction**

**4:00–4:15 pm Discussion of Local Sex Training Resources**  
Kate Scharff, LCSW-C

**Location:** NASW National Office  
750 First Street, NE, 7th Floor  
Washington, DC 20002

**Transportation:** Metro Red Line, First Street Station  
Parking at Union Station

**Cost:** NASW Members  
By February 1: \$140  
After February 1: \$170

Non-Members  
By February 1: \$155  
After February 1: \$185

NASW Metro Student Members: \$15

**CE Certificate:** \$10

**Continuing Education:** 6 hours  
(AASECT Certificates also available)

**To Register:** Call Richard Nash, NASW Metro  
202-336-8395 (Credit cards  
accepted over the telephone)  
or register at [www.naswmetro.org](http://www.naswmetro.org)

**Information:** Call IPI Metro 301-951-3782

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

## For All Members

Call the  
Federation Hotline

**(800) 270-9739**

your link to our...

- **Managed Care Specialist**  
for advocacy, information and assistance with managed care and insurance
- **Forensic Specialist**  
for consultation regarding clinical social work and the law
- **Public Relations Specialist**  
for assistance with press, radio, TV and media issues and the professional image of clinical social work
- **New Clinicians Specialist**  
for mentorship, advisement and other issues for new clinicians

Call for...

•  
Information on  
**Membership**

•  
Latest information on  
our competitive  
**Malpractice Insurance**

•  
Everything NON-clinical  
that clinicians need to know!

**(800) 270-9739**

ALL CALLS ARE CONFIDENTIAL

# COMMITTEE REPORTS

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## Continuing Education

*Dolores Paulson, DSW*

The academic year is quite successfully underway. There are still openings in remaining classes listed in this newsletter. We are privileged to have Tamara Kaiser travel from Minnesota to teach a supervision class for us. Her expertise is widely recognized and her course promises to be quite rewarding. This course will also partially fill the Maryland requirement for new supervisors. Your registration is welcome.

Planning for the 2006–07 academic year is already underway. As always, we would like to know your interests. We are also now recruiting instructors for next year's program. If you have suggestions for a class or are interested in teaching one, call Dolores Paulson at 703-790-0786.

## Ethics

*Robert Fenton, MSW*

In this issue of News & Views, the Ethics Committee has responded to questions posed on the Society's listserv about how long to keep psychotherapy records; see page 5 for the regulations of each of our three jurisdictions. The Committee will develop guidelines about other record-keeping and ethics issues in future newsletters

The committee continues to receive requests for consultation. We are pleased to offer assistance in thinking through complicated clinical dilemmas. Please direct all inquiries to Robert at [robertfentonmsw@aol.com](mailto:robertfentonmsw@aol.com).

## Mentor

*Kate Scharff, LCSW-C  
Adina Shapiro, LCSW-C*

The purpose of the GWSCSW Mentor Program is to provide a link between senior members of the profession and recent social work school graduates, social workers re-entering the profession or changing career direction, and social workers who are new to the Washington, DC area. The program is designed to promote identification with the profession and to discuss a wide range of job-related issues such as resumes, job adjustment, navigating the job market, supervision, post-graduate training, agency programs, and licensure. If you would like to serve as a mentor or be matched with one, please visit the Society website to download an application.

We would also like to announce two free professional development seminars. These seminars, which will be held in both Virginia and Maryland on each of two dates, are open to any social worker who would like support in exploring issues related to social work career development. You may attend one or both. See the notice on page 21 for details.

## Membership

*Melinda Salzman, MSW*

By now all of you should have sent in your 2006 membership renewal. If your renewal form is lost in a stack of "things to do," please pull it out now and send it in!

The Membership Committee has launched our Ambassador program, matching new members with long-standing members of the Society. The Ambassadors are welcoming new members, linking them with the listserv and with committees and programs of interest. Thanks to committee members Joyce Harrison, Susan Marks, Katie Miner and Irene Walton for their efforts in establishing this important program.

Our committee would also like to recruit one or two additional members to help us with our outreach to social workers in the community who may not realize the benefits of belonging to the Society, as well as to social work students, and to help new members become integrated into the Society. If you are interested in participating in this effort or would like to serve as an Ambassador, or if you are a new member who hasn't yet heard from us, please call Melinda at 301-585-7352.

## Newsletter

*Margot Aronson, LICSW*

We have an excellent editorial board—Susan Post, Erin Gilbert, Mary Lee Stein, Stephanie Loayza, and of course GWSCSW president Diana Seasonwein—but we need more help. We need someone to compile and edit *Out & About* and/or *Our Online Community*, someone to take on the *Presidential Profiles* interviews, and someone to keep track of the advertisements. We can always use more eyes when it comes to proofreading time.

A newsletter flourishes with lots of volunteers sharing the load. Will you join us? The newsletter is produced four times a year, so this is only periodic work. Call Margot at 202-966-7749 or email her at [mal-evin@erols.com](mailto:mal-evin@erols.com).

## Outreach

*Tybe Diamond, MSW, BCD*  
*Susan Post, MSW*

The Outreach Committee is moving ahead with its *pro bono* project working with soldiers returned from the Middle East at Walter Reed Hospital. Between five and ten society members will be participating—an excellent representation. We'd like to thank all who responded to our questionnaire and expressed their interests and willingness to be involved.

Committee members were also active in staffing the D.C. Armory when it housed evacuees from Hurricane Katrina. The Armory residents have moved on, and we continue to explore ways in which we might be helpful to those who need assistance. We are always delighted to bring new members into the committee's ongoing efforts. Anyone interested in helping to explore new connections between the society and our communities, please contact either Tybe at 202-966-1381 or Susan at 301-718-2843.

## Referral Panel

*Eileen Ivey, LCSW-C*  
*Pat Garcia Golding, LCSW-C*

Referral Panel news appears on page 2.

Don't forget to apply for inclusion in the referral panel. The application appears on page 26 of this

newsletter. The deadline for 2006 is February 1.

The committee needs your energy and ideas regarding marketing our web site—volunteers make the referral panel as vital and active as possible. Contact Patricia at 301-907-7888 or Eileen at 301-652-1040 with questions, suggestions and offers of help. ❖

## Welcome New Members!

### Full Members:

Ted Billings  
Barbara Blitzer  
Jonah D. Green  
Jennifer Kogan  
Ellery Allen Owens  
Mary Jean Smith

### Graduate Members:

Bruce Emery  
Theresa Curran Keeler  
Zoë A. Worrell

### Retired Members:

Ellen S. Lee

### GWSCSW Phone Numbers

202-537-0007  
Fax 202-364-0435



GWSCSW Address:  
5028 Wisconsin Ave., NW  
Suite 404  
Washington, DC 20016

## 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**

or at

**[www.gwscsw.org](http://www.gwscsw.org)**

### *Did you know...*

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

## The GWSCSW Referral Panel

# GWSCSW Course Offerings: 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.

## ■ 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!**

**Registration Form >>**

## 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

**ALEXANDRIA/OLD TOWN:** office (11.5 x 14) available. Great wall of windows and beautiful atrium. Garaged rental parking & visitor parking. Waiting room and kitchen in suite. Please contact Robyn Brickel, 703-518-8883 or robyn@r.obynbrickel.com

**BURKE:** Lovely, furnished office available in suite of 5 offices, group room, waiting room, and kitchenette. Share suite with established mental health professionals (LCSW, LPC, MD). Handicapped accessible. Close to Fairfax, Springfield and Annandale. Call Clare Vogel, 703-425-7867.

**ALEXANDRIA:** Lovely office space in Landmark area of Alexandria. Shared waiting room, bath and kitchenette. One F/T-\$700, two P/T-\$500. Call Mary, 703-273-5669.

**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.

**BETHESDA, MD:** Small office in suite with waiting room. Available full-time; shared with colleagues in congenial atmosphere. Located in downtown Bethesda; minutes from metro stop and public parking garage. Building secure and well-maintained. Rent very reasonable. Contact Deborah Newmark, 202-338-1086 or danewmark@verizon.net

**CONNECTICUT AVENUE:** Attractive, windowed office near Van Ness Metro. Shared kitchenette and waiting room in psychotherapy suite. Great location, great suitemates. Secured building. Available Mondays, Wednesdays, Fridays, Saturdays, and some evenings. Hourly and day rates. Call Judy Wentworth, 202-244-9242.

### POSITIONS AVAILABLE

**PSYCHOTHERAPIST NEEDED:** Busy downtown psychopharmacology practice needs part-time, experienced, eclectic psychotherapist. Flexible hours. Fax curriculum vitae to: 202-775-1185, Attn: WCMD; or send to jkatzow@msn.com.

### 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.

### PROGRAMS & EVENTS

The seminar "Analyzing Trauma in Children: The Importance and Complexity of Consciousness" will be presented February 25, 2006 at the Baltimore Washington Center for Psychoanalysis, from 5:00 - 6:30 p.m. Alan Sugarman, Ph.D. will lead the seminar. For more information see [www.bwanalysis.org](http://www.bwanalysis.org) or call 310-470-3635 or 410-792-8060.

### GROUPS

**ADOLESCENT THERAPY GROUPS:** 16 ongoing psychotherapy groups for adolescents 12-22. Call Britt Rathbone, LCSW-C, 301 230 9490. [www.rathboneandassociates.com](http://www.rathboneandassociates.com).

**RAINBOWS MD/DC Chapter** plans peer support groups for children and adolescents starting in January. The groups are led by trained facilitators and held in the First Baptist Church of Silver Spring, 8415 Fenton St., Silver Spring, MD 20910. Call 301-495-0051 to register or for more information.

## 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

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# UPCOMING EVENTS & IMPORTANT DATES

**Dec. 2 & 9 Postpartum Depression\***

Time: 12:30 – 2:30 PM

Location: Laverock Lane, Bethesda, MD

Presenter: Elizabeth Zinner, MSW, LCSW-C

**January 27 GWSCSW Dinner Meeting**

Time: 6:30 PM

Location: TBA

Speaker: William Meyer, MSW, BCD

*The Fate of One Borderline Patient:  
Reflections on a Long-Term Treatment*

**January 28 GWSCSW Workshop**

Time: 9:30–11:30 AM

Location: TBA

Presenter: William Meyer, MSW, BCD

*The ABCs of Defenses*

**February 10 The Supervisory Relationship\***

Time: 9:30 AM – 4:00 PM

Location: Porter St NW, Washington DC

Presenter: Tamara Kaiser, MSW, PhD, LICSW

**February 17 Blink: The Power of Thinking Without Thinking\***

Time: 12:30 – 2:30 PM

Location: Chevy Chase

Presenter: Ruth Neubauer, MSW, LCSW-C

**February 26 Consortium for Psychoanalytic Research  
Annual Conference**

Time: 9:15 AM – 4:30 PM

Location: Sibley Hosp., Washington DC

Presenter: J. Stuart Ablon, Ph.D.

**March 9 GWSCSW Dinner Meeting**

Time: 6:30 PM

Location: TBA

Presenter: Joan Berzoff, MSW, EdD

Narratives of grief and bereavement: processes of  
transformation and growth

**March 13 & 20 The Role of Attachment and Attachment  
Injuries in Couples\***

Time: 12:00 – 2:00 PM

Location: Conn Ave NW, Washington DC

Presenter: Eileen Stanzione, MSW, LCSW-C

**March 25 Mentor Program  
Professional Development Seminar**

Time: 10:00 – 11:30 AM

Location 1: Arlington Road, Bethesda

Presenter: Kate Scharff, LCSW-C

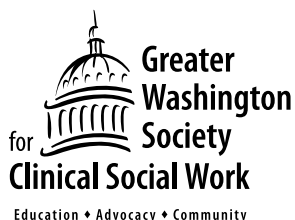
Location 2: Chain Bridge Road, McLean

Presenter: Adina Shapiro, LICSW

\*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](http://www.gwscsw.org)

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