Greater Washington Society For Clinical Social Work NEWS

No. 70 March 2000

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Message from Donna E. Shalala Secretary of Health and Human Services

The United States leads the world in understanding the importance of overall health and well-being to the strength of a Nation and its people. What we are coming to realize is that mental health is absolutely essential to achieving prosperity. According to the landmark "Global Burden of Disease" study, commissioned by the World Health Organization and the World Bank, 4 of the 10 leading causes of disability for persons age 5 and older are mental disorders. Among developed nations, including the United States, major depression is the leading cause of disability. Also near the top of these rankings are manic-depressive illness, schizophrenia, and obsessive-compulsive disorder. Mental disorders also are tragic contributors to mortality, with suicide perennially representing one of the leading preventable causes of death in the United States and worldwide.

The U.S. Congress declared the 1990s the Decade of the Brain. In this decade we have learned much through research—in basic neuroscience, behavioral science, and genetics—about the complex workings of the brain. Research can help us gain a further understanding of the fundamental mechanisms underlying thought, emotion, and behavior—and an understanding of what goes wrong in the brain in mental illness. It can also lead to better treatments and improved services for our diverse population.

Now, with the publication of this first Surgeon General's Report on Mental Health, we are poised to take what we know and to advance the state of mental health in the Nation. We can with great confidence encourage individuals to seek treatment when they find themselves experiencing the signs and symptoms of mental distress. Research has given us effective treatments and service delivery strategies for many mental disorders. An array of safe and potent medications and psychosocial interventions, typically used in combination, allow us to effectively treat most mental disorders.

This seminal report provides us with an opportunity to dispel the myths and stigma surrounding mental illness. For too long the fear of mental illness has been profoundly destructive to people's lives. In fact mental illnesses are just as real as other illnesses, and they are like other illnesses in most ways. Yet fear and stigma persist, resulting in lost opportunities for individuals to seek treatment and improve or recover.

In this Administration, a persistent, courageous advocate of affordable, quality mental health services for all Americans is Mrs. Tipper Gore, wife of the Vice President. We salute her for her historic leadership and for her enthusiastic support of the initiative by the Surgeon General, Dr. David Satcher, to issue this groundbreaking Report on Mental Health.

The 1999 White House Conference on Mental Health called for a national antistigma campaign. The Surgeon General issued a Call to Action on Suicide Prevention in 1999 as well. This Surgeon General's Report on Mental Health takes the next step in advancing the important notion that mental health is fundamental health.

continued on page 4

Next General Meeting

Chevy Chase branch of the DC Public Library
Connecticut Ave, NW, one block south of Chevy Chase Circle between Northhampton and McKinley Streets (parking in the rear)

☆ ☆ ☆ ☆ ☆

Wednesday, March 1, 2000
7–8:30 PM

COMPLICATED GRIEF:
PSYCHOTHERAPEUTIC INTERVENTIONS

Presenter: Mila Ruiz Tecala, ACSW, LCSW, LICSW, DCSW

President's Message

by Irv Dubinsky

It has been seven months since I became president. It has been a busy and exciting time. There are several developments I want to share with you.

- My focus has been on improving existing—and creating new—membership services that will directly assist you in your practices. I want you to be assured that your membership dues are being spent wisely. If you have any ideas on improving such services, please tell me. Furthermore, the GWSCSW Board of Directors is looking at lowering the membership dues.
- Again, I urge you to consider changing your malpractice carrier to the one used by CSWF to have more options and save money. In addition, this insurance carrier, Bertholon-Rowland (1-800-321-4800), also offers disability insurance.
- I want to thank Livia Bardin and Laurie Kaslove for the outstanding work they have done on the newsletter over the past several years. We were fortunate to have them, and have recruited several new volunteers to keep the publication going. Thank you again, Livia and Laurie.
- We are looking into the feasibility of developing within our web site (cswsgw.org) a web page for members who wish to advertise their services through the internet. Typically, the member provides some information about his/her philosophy, theoretical orientations, fees, location, etc. We hope we can do this for a very reasonable cost for those members who want to be included in this referral site. To use this service GWSCSW members must have a current license and malpractice insurance. As we get more information on this possible project, Eileen Ivey, our referral panel chairperson, and I will keep you updated.
- As I noted in our February 2000 calendar, we are developing a CEU documentation and retrieval system to assist you in keeping track of your CEUs.
- In this issue we are printing a variety of news items, book reviews, conference/meeting reports, etc. If you are interested in writing an article, please read the following instructions.

How to Prepare an Article for the GWSCSW Newsletter

Topics

Articles should report information, conferences, meetings, book reviews, psychotherapy modalities, techniques, membership achievements, etc. that are useful for the membership to know. It is easier to write a short article about one topic than a long article covering several different topics. Feel free to submit more than one article if that is appropriate.

Publication Dates & Deadlines

There are four issues a year (March, June, September, December). The newsletter reaches the members' mailboxes five or six weeks after the copy deadline. Plan in advance to ensure that information about upcoming activities is published in a timely fashion. For example, information about programs scheduled for November or December should appear in the September issue. Your articles about those programs is due August 1.

Get your articles in on time! We have a very tight turnaround time and will not be able to use your material if it is late, no matter how important it may be.

Deadlines for op-ed pieces are one month prior to the regular deadlines. Maximum length for an op-ed piece is 300 words. If sending hard copy, send four copies of op-ed articles.

Format

Please verify all factual information and proof carefully to assure correct spelling, punctuation and grammar. All submissions should be concise, informative and to the point; articles must be less than 2,000 words, preferably less than 1,000 words.

Write committee name (if applicable) on the first line, headline on the second line, and the author's name on the next line. If submitting hard copy, please submit two copies, double spaced.

Submit

E-mail to: gwscsw@juno.com

Mail hard copy to: Darlene Averick, GWSCSW, P.O. Box 75417, Washington, DC 20013.

Greater Washington Society for Clinical Social Work, Inc.

PRESIDENT: Irv Dubinsky

EDITORIAL BOARD
Jane Beller, Josephine Bulkley

The Newsletter is published four times a year. The next issue will be published in June, 2000 and the deadline for articles is May 1. Late copy will not be accepted.

Op-ed articles expressing the personal views of members on issues affecting the social work profession are welcome and will be published at the discretion of the editorial board. Letters to the Editor may also be submitted. Maximum length for these articles is 300 words and the deadline is April 1.

Submit articles to the attention of Darlene Averick. E-mail is preferred (gwscsw@juno.com). All hard copy must be *typed* and *double-spaced.* (P.O. Box 75417, Washington, DC 20013)

Publication does not in any way constitute endorsement or approval by the Greater Washington Society for Clinical Social Workers.

For advertising rates and deadlines, see page 19.

From the Executive Director

by Darlene E. Averick

As this is my first communication with the Society since December, please allow me to wish all of you a belated Happy New Year. This new year marks a time of many changes for the Society. As we move forward let me assure all of you that your input and concerns are truly heard and I am always available to respond to any issues that may arise.

I am very excited about the projects that are scheduled for the coming months. I hope each of you will be able to participate in these events.

On March 25 the Society, along with NASW-metro, will be cosponsoring the *9th Annual Licensing Workshop* at American University. Admission is $10 at the door. This event has been a yearly success, filled with information for all individuals wishing to pursue their clinical social work license in Virginia, Maryland, or DC. If you have any questions please contact me. Additional information on this event is included in this newsletter. Sarah Tyler chairs the GWSCSW committee.

On March 31, the Society will host a fundraiser, *Post Holiday Blues: The Future of Mental Health Care*, at the home of Ruth Neubauer, 3301 Woodbine Street, Chevy Chase, MD, at 7:00–9:00 p.m. Our invited honored guest is Dr. David Satcher, US Surgeon General. The 1999 Surgeon General's report is the first to focus on the issues of Mental Health/Mental Illness. In July of 1999 the Surgeon General released *The Surgeon General's Call To Action to Prevent Suicide.* The fundraiser will include cocktails, hors d'oeuvres, and a live blues band. Cost for the event is $40 for GWSCSW members, $50 for non-members. Invitations will be sent to all GWSCSW members. If additional invitations are needed, or if you would like to put someone on our mailing list, please contact me.

On April 15, the Society will be hosting a full day workshop on developing a private practice and on financial planning at the Marriott in Tysons Corner, Virginia. Participants will be able to attend either the morning session or the afternoon session or both. Additional information is included in this newsletter. Prior registration is required. If you have any questions regarding this workshop please call Linda O'Leary, 703-522-9441 or me at 202-546-9322. A link to the Surgeon General's Report is on our web site, www.cswsgw.org, or you can go directly to www.surgeongeneral.gov.

The Clinical Society is proud to be an affiliate and co-sponsor of the 40-hour *Crisis Response Team Training.* The program will take place on April 7, 8, 9 and April 28, 29, 30. Participants must attend all sessions to be certified. A limited number of discounts are available to individuals who volunteer to help with pre-event planning and on-site registration. For more information about volunteering please call me. Additional information and a registration form are included in this newsletter.

At our 1999 Annual Conference, several members requested written material from our keynote speaker, Stephen Mitchell, Ph.D. Dr. Mitchell has submitted an article entitled, *Psychoanalysis and the Degradation of Romance.* This article includes part of his presentation. Copies are available from me at a cost of $10, to cover printing and mailing expenses.

I look forward to seeing many of you at the upcoming events. As always, I welcome any questions, concerns or ideas. To contact Darlene Averick, Executive Director:

Phone: 202-546-9322, Fax: 202-544-4693
E-mail: gwscsw@juno.com
Mail: PO Box 75417, Washington, DC 20013

Are you up to the challenge?

DC RAPE CRISIS CENTER CHALLENGE 5K RUN/WALK

APRIL 2

Hains Point, DC
Pre-race Rally: 7:30 am
Race begins: 8:00 am

For complete race information and how to register, go to
www.dcrcc.org/challenge
or call
202-232-0789

If you do not wish to run or walk, consider supporting the DCRCC as a volunteer on race day or during the pre-race planning and preparations. You may also choose to act as a sponsor for persons unable to afford the cost of the race. To sign up, call the race coordinator at 202-232-0789 or email: challenge@erols.com. Put together a team at your office, school or place of worship! You can also collect pledges individually! Team Forms and Pledge Forms are also available on the DCRCC website.

About DCRCC...
The DC Rape Crisis Center is a private non-profit organization that has served the Washington community since 1972, offering free, 24-hour-a-day counseling, support and crisis intervention for sexual assault survivors, their families and friends. Race proceeds will help the Center expand current programs and maintain its position as a national leader in outreach advocacy and counseling services for sexual assault survivors. Each year, DCRCC's programs and services reach over 13,000 people in the Washington metropolitan area.

Shalala, from page 1

Foreword

Since the turn of this century, thanks in large measure to research-based public health innovations, the lifespan of the average American has nearly doubled. Today, our Nation's physical health—as a whole—has never been better. Moreover, illnesses of the body once shrouded in fear—such as cancer, epilepsy, and HIV/AIDS to name just a few—increasingly are seen as treatable, survivable, even curable ailments. Yet, despite unprecedented knowledge gained in just the past three decades about the brain and human behavior, mental health is often an afterthought and illnesses of the mind remain shrouded in fear and misunderstanding.

This Report of the Surgeon General on Mental Health is the product of an invigorating collaboration between two Federal agencies. The Substance Abuse and Mental Health Services Administration (SAMHSA), which provides national leadership and funding to the states and many professional and citizen organizations that are striving to improve the availability, accessibility, and quality of mental health services, was assigned lead responsibility for coordinating the development of the report. The National Institutes of Health (NIH), which supports and conducts research on mental illness and mental health through its National Institute of Mental Health (NIMH), was pleased to be a partner in this effort. The agencies we respectively head were able to rely on the enthusiastic participation of hundreds of people who played a role in researching, writing, reviewing, and disseminating this report. We wish to express our appreciation and that of a mental health constituency, millions of Americans strong, to Surgeon General David Satcher, M.D., Ph.D., for inviting us to participate in this landmark report.

The year 1999 witnessed the first White House Conference on Mental Health and the first Secretarial Initiative on Mental Health prepared under the aegis of the Department of Health and Human Services. These activities set an optimistic tone for progress that will be realized in the years ahead. Looking ahead, we take special pride in the remarkable record of accomplishment, in the spheres of both science and services, to which our agencies have contributed over past decades. With the impetus that the Surgeon General's report provides, we intend to expand that record of accomplishment. This report recognizes the inextricably intertwined relationship between our mental health and our physical health and well-being. The report emphasizes that mental health and mental illnesses are important concerns at all ages. Accordingly, we will continue to attend to needs that occur across the life span, from the youngest child to the oldest among us.

The report lays down a challenge to the Nation—to our communities, our health and social service agencies, our policymakers, employers, and citizens—to take action. SAMHSA and NIH look forward to continuing our collaboration to generate needed knowledge about the brain and behavior and to translate that knowledge to the service systems, providers, and citizens.

Nelba Chavez, Ph.D., Administrator
Substance Abuse and Mental Health Services Administration

Steven E. Hyman, M.D., Director
National Institute of Mental Health for The National Institutes of Health

Bernard S. Arons, M.D. ,Director
Center for Mental Health Services

NMCOP Conference Features Social Workers

by Audrey Thayer Walker

Jean B. Sanville was honored and featured as one of several plenary speakers at the 7th National Conference of the National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP) held January 20–23 in New York City. Several years ago, GWSCSW featured Dr. Sanville as a speaker at its annual conference where she reviewed her professional development as a social worker, author, educator and psychoanalyst. The NMCOP National Study Group's most recent book, *The Social Work Psychoanalyst's Case Book: Clinical Voices in Honor of Jean B. Sanville* (which included an article by GWSCSW/COP member Kerry Leddy Malawista), was introduced at the New York COP conference. Over 400 social workers attended, including a large number from GWSCSW.

Patrick Casement, a training and supervising analyst for the British Psychoanalytic Society, led a full day preconference seminar on supervision with live supervision which included discussants Crayton Rowe, Leon Wurmser and Edith Schwartz. The conference, "Inclusions and Innovations: Visions for Psychoanalysis in the New Millennium," offered thought-provoking papers and panels held by social workers with some multidisciplinary participation. Among the speakers were Golnar Simpson, DSW, who spoke on the brain; Harold Blum, MD, who spoke on narcissism; Leon Wurmser, MD, whose topic was the treatment of pre-oedipal conditions ("severe neuroses"); and Clayton Rowe, MSW, who spoke about self psychological approaches to suicidal ideation and repetition compulsions.

The goal of this conference, as well as that of the COP, was to promote strong professional social work identity building as well as to provide a forum for all social work professionals engaged in psychoanalytically informed practice. The next national conference will be in Chicago in 2002.

NCOP, a national membership committee affiliated with the Clinical Social Work Federation, has regional groups as well as national programs and activities. The local chair is Audrey Thayer Walker. Please call her at 202-331-1547 for information on local activities and membership. ❖

Putting & Keeping Private Practice in Your Future

An Educational Workshop for Clinical Social Workers, Mental Health Clinicians and Financial/Marketing Advisors

Saturday, April 15

9:00 am – 4:30 pm
Marriott Tysons Corner

Morning Session 9:00 am – 12:00 noon (Registration 8:30–9:00 am)
Steps in Developing and Maintaining a Successful Private Practice
Speaker: Lynn Grodzki, LCSW-C

Afternoon Session 1:30 pm – 4:30 pm (Registration 1:00–1:30 pm)
Nurturing Your Financial Growth
Speaker: Stuart Brodsky, et al

Why should you attend this program?

- Learn the steps needed to develop a successful private practice
- Identify your personal and professional values
- Clarify immediate and long term steps that are needed
- Understand key entrepreneurial qualities that assure your success in the business of therapy
- Learn how to appropriately manage your financial growth
- Prepare for your future

Prior registration is required. Refunds, less $10 administrative costs, will be made for cancellation requests made no later than April 3. Return the completed registration form and payment to:

GWSCSW
P.O. Box 3741
Arlington, VA 22203

Fax: 703-522-9441 • Phone: 703-522-4998

Registration Form: *Putting and Keeping Private Practice in Your Future*

Name _____

Day Phone (_____) _____

Evening Phone (_____) _____

Social Security No. _____

Fax/E-mail Address _____

Street Address _____

City, State, Zip _____

GWSCSW Member: ❑ YES ❑ NO

Check which sessions you plan to attend:
❑ Morning ❑ Afternoon ❑ Both

Cost: One session $40/members, $45/nonmembers, $30 students
Two sessions $70/members, $75/nonmembers, $60 students

❑ Check enclosed (make payable to GWSCSW)
❑ Credit Card: ❑ VISA ❑ MasterCard

Credit Card # _____ Exp. __/__

Signature _____ Date _____

An Experiential Group Therapy: The New Identity Process

by Robert S. Seiler, Jr., LCSW-C and Virginia Hurney, LCSW-C

The New Identity Process (NIP) is a body-oriented method of group psychotherapy that works directly with emotional energy to help people change self-defeating behavior and develop a new sense of self. The NIP uses a healing technique called *bonding* that combines catharsis—the purifying expression of deep emotion—with therapeutic touch.

At a theoretical level, NIP posits that we have a biological and psychological need throughout life for safe, caring experiences of physical closeness and emotional openness. Such experiences allow a person to connect to others and to his true self. At any moment, bonding may involve what other theories call holding, attachment, bonding, mirroring, empathy, emotional attunement, or empathic resonance. At a clinical level, NIP therapists teach clients how to experience bonding in the safety of a group setting. Experiences of bonding are clinically useful because, first, they facilitate the expression of primitive emotions associated with early trauma and deprivation and, second, they help clients develop a new sense of self and restructure their identities.

The NIP was created in the 1960s and 70s by Daniel Casriel, MD, who began his career as a psychoanalyst and was the medical director of several drug-abuse treatment programs in New York City. Casriel observed that highly emotional, high-volume peer confrontations helped addicts take in feedback, begin to feel their emotions, and begin to care about others. This led him to put his psychoanalytic clients in therapy groups and encourage them to acknowledge and express their emotions by screaming. Casriel found that clients who are in a safe, caring group setting can begin to express the anger, fear, and pain they felt toward people in their current life by screaming and thereby get in touch at a deep somatic level with more primitive, survival-based emotions that are associated with trauma and negative beliefs about oneself and others that derive from trauma. Supported by the therapist's interpretations of the meaning of primitive emotions and by affection of the therapist and other group members, the client gradually is able to remember and think about traumatic experiences rather than automatically defend against remembering them.

As the client's awareness of the difference between the past and present grows, she becomes more able to experience the primitive emotions and to achieve full-bodied catharsis. Following catharsis, the client enters a physically relaxed and emotionally open state. Frequent repetition of this process lessens primitive anxieties and the use of primitive defenses and allows the client to have new, healing experiences of affection and support. Those experiences allow her to open up to others and the world. This opening is manifest in more differentiated, subtler affects, more flexible thinking, and a new sense of self and others. A new, healthier, more embodied sense of identity gradually emerges.

Casriel's work eventually expanded to include the use of therapeutic touch. He discovered that when a person is held closely by someone else in an affectionate, nonsexual way, she can take in the psychological support that is needed to be able to express primitive emotions with the whole body, as a small child does naturally. Clients come to know the great psychological value of therapeutic touch in two ways. First, they learn that it provides a physical container that allows them to avoid splitting, dissociation, autistic states, and retraumatization as they explore and come to make sense of what happened to them in the past. Second, they learn that it helps them expand the range of their experiences of bonding. The use of therapeutic touch to achieve these important benefits distinguishes NIP from Janov's Primal Therapy. Primal Therapy poses the risk of retraumatization and heightening of primitive defenses because it does not provide the client a physical container to support catharsis.

This kind of psychotherapy requires clear boundaries, great awareness, and a deep respect for each client. NIP therapists emphasize that each person should explore therapeutic touch and primitive emotions at their own pace. We teach powerful ways to express and release anger and rage, but we require that no one act in ways that threaten others. Sexual advances are also prohibited. Sustained sexual feelings toward other group members are rare and are explored as defenses against primitive emotions or subtler feelings.

NIP therapists run ongoing weekly groups and periodic workshops. Clients are usually introduced to NIP at a workshop where an overview is provided of how Casriel understood emotional problems and how NIP therapists attempt to integrate his theories with the deeper understanding of those problems achieved in the last quarter century.

NIP is practiced by therapists throughout the United States and Europe. Therapists receive extensive training that includes their own personal work in the therapy and a closely supervised internship co-leading a group and workshops. For additional articles about the therapy, a list of NIP therapists in the U.S., and information about training opportunities, please contact either of the authors or the following web site: www.newidentityprocess.com. ❖

Virginia Hurney and Robert S. Seiler, Jr., members of GWSCSW, run NIP therapy groups for adults. Ms. Hurney is a Teaching Fellow and Mr. Seiler is a Fellow in the American Society for the New Identity Process (ASNIP). Ms. Hurney is also president of ASNIP.

Review of GWSCSW Book Seminar

Alias Grace by Margaret Atwood

Discussed by Marion Usher, PhD
December 2, 1999

by Vivian Utterman

In early December, a group of therapists met at Marion Usher's home to discuss *Alias Grace* by Margaret Atwood. Having read seven of her novels, I found *Alias Grace* to have the most depth when it comes to trying to examine human behavior. The development of the characters is complex and profound, giving the book a quality of nonfiction at times. Since it is based on an actual historical event, it is difficult to keep in mind that it is indeed a novel and not a history book.

The reader is quickly drawn into this compelling story which keeps one focused on the question, "Did she or did she not commit the murder?" As we learn more about Grace, we also begin to wonder whether she is sane and rational, or a multiple personality, or in a fugue state, or just crafty and manipulative? Her sentencing, her hospitalization and her incarceration reminds us about the primitive nature of psychiatric treatment in times past. Even though today's psychiatric treatment is far more humane, memories are difficult to unlock. There are so many distortions and places to hide.

As with all fiction, we are reminded of clinical material as we explore the characters and their situations in this novel. Marion Usher offered a variety of perspectives to analyze the reading including literary criticism, feminist thought, and psychoanalytic concepts. The rich discussion, coupled with the enthusiastic response by those who attended the class, leads me to ask the question, "Why not a regular book club series sponsored by the Society's continuing education program?"

Book Review

Psychodynamic Psychotherapy: Learning to Listen from Multiple Perspectives

reviewed by Hillary Scheerer, MSW

Psychodynamic Psychotherapy: Learning to Listen from Multiple Perspectives by Jon Frederickson, MSW, and Chair, Advanced Psychotherapy Training Program at the Washington School of Psychiatry, is the first book specifically written to help beginning therapists bridge the learning gap between theory and practice. In a clear and easily digestible style, he teaches four different approaches to psychodynamic listening and formulations of interpretations, each focusing on thoughts and feelings outside the patient's awareness. These include reflection of patient's feelings, analysis of conflict, analysis of transference, and analysis of defense. Frederickson's aim is to provide beginning therapists with a workbook in which they can learn the guidelines of each perspective and then practice the basic skills of psychodynamic theory.

Frederickson introduces each listening perspective with a clear and concise description of theory and guidelines for intervention. Then several case vignettes are presented. The reader is asked to listen for conflict that is active in the vignette and then to construct interpretations based on the different listening perspectives. Frederickson then gives suggested interpretations and provides commentary to help the patient broaden and deepen his or her awareness. He focuses on creating dynamic rather than static interventions, so the reader can practice interpreting the tension between conflicting thoughts and emotions, and in so doing, help move the patient into new experiences. The exercises are repeated in different forms giving the reader ample opportunity to practice working in the four different perspectives.

In reflecting patients' feelings, Frederickson does not simply teach the reader to reflect back what the patient has said, but helps the reader learn to reflect in ways in which the patient comes to be more aware that she has several feelings simultaneously which may be in conflict with one another. In this way, the therapist learns to help the patient "tease out the web of feelings." The therapist is challenged to get as close as possible to the psychic experience of the patient and interpret from within that experience. The reader is asked to practice reflecting the patient's conscious feelings and implicit preconscious feelings, as well as reflect or give voice to the patient's silent thoughts.

With analysis and interpretation of conflict, the therapist focuses on the manifest and latent content of the patient's associations and learns to listen for three groups of unconscious feelings that are thought to be in tension with one another, specifically the triangle of wish, fear and defense. The reader is challenged to practice constructing interpretations that address all three groups of feelings and relationships between the parts of the triangle. Using the triangle as a tool for listening teaches therapists what to attend to while exploring the patient's experience.

With the third and fourth perspectives, Frederickson continues to invite the reader to try new listening perspectives and practice the techniques of each one. In analyzing transference, Frederickson suggests listening for unconscious material that symbolically may refer to the therapy or represent feelings about the therapist. With defense analysis, the therapist listens for conflict as it occurs in the process, as opposed to conflict in the content of the patient's associations. All these perspectives challenge the reader to search for hidden feelings. The reader is encouraged to interpret feelings and conflicts that are near a patient's conscious awareness. The ultimate purpose of interpretation, however, is to move deeper into the patient's experience and bring unconscious conflict closer to the surface.

Working through the exercises is surprisingly challenging and an extremely useful learning tool. The temptation to read Frederickson's suggested interpretations and commentary before completing the exercise is powerful. However, if the reader does not attempt to do the exercises and simply looks to the author to give suggestions, the interpretations seem obvious and easy because Frederickson is so articulate and clear in his thinking that he makes his interpretations appear to be effortless. Frederickson warns against skipping the exercises when he states, "If you succumb to the temptation to skip ahead and read the author's translation of examples and interpretations, you will sabotage your learning. These exercises are designed to exercise your mind, to develop your therapeutic intuition, acuteness, and creative ability to combine different elements into interpretation. But this mastery can come only from doing the exercises yourself."

For this reviewer, working through the activities in this book provided a safe place outside of therapy and supervision to practice a variety of ways to listen to case material and to try to intervene within the different perspectives. I felt excited and interested to learn specifically what to listen for, to think of questions I might consider with patients and why, and to learn guidelines for the function, timing, dosage and nature of such interpretations. Working through the exercises in this book has aided my ability to detect resistances, and has supplied me with more techniques for exploring them. I learned to more accurately hear and analyze my own interpretations and better understand their effects on the client and our work together. Learning by doing was what allowed me to gain this greater mastery.

The repetition of some of the same case vignettes in discussion of different perspectives effectively illustrates that there are various ways one can intervene with a patient at

any given moment. This is especially the case in the chapter "Studies of Flexibility of Listening." In this chapter, the author gives the reader the opportunity to study one clinical hour, analyze each area of conflict, transference and defense, and configure different methods of interpretations at the same moments in the case. The reader learns he can discover and add new meaning by shifting the way he directs his attention. He can compare different techniques with an understanding that while all the techniques are valuable, one or another might be more helpful at different points and in different ways with different patients. The reader learns that through flexible listening one can gain a deeper understanding of the patient's experience.

Some might think that an exercise book of theoretical guidelines and their technical application reflects a cookbook mentality and neglects the art and intuition involved in therapy, but as the author points out, intuition without skills and techniques is no art. The author, a musician himself, argues that, "Professional musicians, for instance, practice scales and arpeggios every day. They recognize that artistry is possible only when they have technical command of their instrument. They would agree that technique without intuition is no great art; but they would also insist that intuition without technical mastery is always arbitrary, incapable of accurately interpreting the composer's intentions. Every musician's artistry begins with a mastery of technique—it just doesn't end there. Think of this book as a set of musical etudes designed to enhance your artistry when interpreting the human dramas encountered in therapy."

Beginning therapists learn to spout psychodynamic theory but the theory is meaningless and only becomes useful when the therapist learns to apply dynamic techniques in the therapy session. But this is no easy road. Therapists often struggle for years with little or no guidance to develop perceptive skills and specialized techniques to apply theory to practice. There have been few practical books to help bridge this gap between theory and practice. Frederickson's book speaks to this need and fills this void. *Psychodynamic Psychotherapy* provides readers with some of the tools and techniques so important to building a solid therapeutic foundation.

In conclusion, *Psychodynamic Psychotherapy* is a superbly written, challenging book designed to help the reader enhance psychodynamic listening skills and provides the opportunity to practice using the tools and techniques of psychodynamic psychotherapy outside of the therapy session. Although the author states that the book was created for beginning psychotherapists, it seems that many more practiced therapists will enjoy and benefit by comparing and contrasting these listening techniques with their own listening methods. Whether a therapist works from an object relations, self psychology or other relational perspective, the listening skills are transferable and will add meaning and depth to therapeutic interactions. The author's gift for teaching is clearly evident throughout the book. *Psychodynamic Psychotherapy* would be extremely useful for group study and for use in classes focused on psychodynamic listening. ❖

Review of GWSCSW Meeting Presentation

Stuck: A Kleinan Perspective

Monthly Meeting, December 1999

by Christine Erskine

As a relative newcomer to this professional community and a new member of the GWSCSW, I recently experienced one of the rich rewards for the hard labor of my move here from a longtime practice in Chapel Hill, North Carolina. I attended the December Monthly Meeting at the Chevy Chase Library where Society members Judith Rovner, MSW, and Sheila Hill, MSW, gave a well-prepared and clinically valuable presentation entitled, "Stuck: A Kleinan Perspective." Both presenters are in private practice in Chevy Chase and are faculty members of the International Institute of Object Relations Therapy in Bethesda.

Rovner and Hill have trained extensively in the tradition of British psychoanalytic psychotherapy, particularly its contemporary Kleinian branch of object relations theory. Their presentations grew out of their experiences with long-term psychoanalytic psychotherapy, as well as with less intensive work.

The main focus of this presentation was on patients for whom the treatment becomes stuck, just as their lives become stuck. There are patients who seem invested in keeping the therapy static. Rovner and Hill base their understanding of these situations on the work of John Steiner, a contemporary Kleinian, and particularly on his formulation of "psychic retreats."[1] Steiner uses this term to refer to unconscious structures in the personality that shelter the patient from consciously feeling a variety of developmental anxieties. In therapy, such retreats are often found to be peopled by an "organization" of internal objects—a kind of Mafia—that holds the patient hostage while extracting "protection fees" in the form of the patient's diminished liveliness, assertiveness, or productivity.

Rovner and Hill described patients who can remain unmoved and disengaged for long periods by retreating to states of mind which have taken the form of graves, dungeons, numbness, internet stocks, and false romances. When the patient moves into such internal states and preoccupations, the therapist can be rendered impotent to catalyze change, and the treatment can easily founder. If a therapist understands and communicates such internal states to the patient the patient's sense of being understood may allow the treatment to get moving again.

For me, one of the real bonuses of Hill's and Rovner's presentations was hearing them present essential Kleinian concepts such as "paranoid-schizoid position" and "depressive position" in everyday, understandable language. As a Kleinian-inclined therapist, I have taught these concepts myself and discovered how difficult they can be to convey simply and directly. I very much admire the way these two colleagues were able to do that.

In Kleinian treatment, the therapist attempts to track very closely the patient's own mental processes, as conveyed in the therapy relationship, and takes careful note of the shifts from paranoid-schizoid to depressive functioning. In this "tracking" work, awareness of these two basic ways of organizing experience becomes the therapist's primary compass and North Star. One learns to recognize when a freer oscillation between them is arising, and when the more advanced qualities of depressive-position functioning become available to the patient. Steiner's concept of a "psychic retreat" is that the patient goes into hiding from both persecution anxieties of Klein's paranoid-schizoid position and oedipally-related anxieties of the depressive position, where he or she rests in a state of psychic near-deadness.

Often a patient resorts to such retreats in response to trauma or coercion by environmental elements, so that the self has survived by retreating into stasis. Since treatment boundaries and the restrictions of managed care can certainly be experienced as repeating the sense of impingement and coercion, therapists are often in the position of having to talk with patients about these realities. Understanding the

1 Steinen, J. (1993) *Psychic Retreats: Pathological Organizations in Psychotic, Neurotic and Borderline Patients.* London and New York: Routledge.

particular difficulties that face a patient who is caught in a psychic retreat can help therapist and patient to discuss ways to create viable treatment arrangements.

Rovner and Hill's representation reinforced what I think is key to our therapeutic calling: the analytic therapist's primary power resides in her capacity to *interpret,* to put into words what is actually happening in the patient's internal and external life, both inside and outside the therapy. Among other things, this means not shrinking from accurately describing the patient's own patterns that contribute to the problems, since, after all, it is primarily these patterns that a patient *may* change. Historical *circumstances,* even if grossly unjust and traumatic, were what they were and cannot be changed.

Needless to say, it takes sensitivity and skill to interpret in this way without alienating the patient. As Steiner has written, some patients come for treatment not so much to gain understanding as *to be understood.* Hill and Rovner demonstrated the use of what Steiner calls "patient-centered interpretation." In this approach, the therapist is careful to describe the patient's view of the world and the therapist, rather than describing the therapist's view of the patient. If the therapist can describe the patient's experience from the inside out—can have the courage even to articulate the patient's aggressive and discounting attitudes toward the therapist—the patient can often be helped to tolerate eventually looking at himself. Rovner and Hill demonstrated that when these feelings are recognized and contained calmly in words, even in a first session, the patient can come to trust that help might actually be available.

It helps to be reminded that what can actually be *treated* is the patient's *psyche*—in Kleinian terms, the "internal situation." It is the internal situation of retreat from reality, unconsciously established and maintained, that continues to operate to the patient's detriment long after its usefulness as a survival strategy has passed. If this situation can be changed, then the patient may be able to choose new behaviors in a freer and more lasting way.

It is a great pleasure for me to arrive in a professional community in which such high quality presentations are available on an ordinary Wednesday evening. While this presentation happened to be "right up my alley" theoretically, I look forward to hearing other perspectives as well, and to future discussion and exploration of ideas when we share our clinical experience. ❖

Virginia Legislative Report

by Karen Welscher-Enlow

The 2000 Virginia General Assembly convened January 12 and will be in session or sixty days.

Mental Health Insurance Parity Threatened

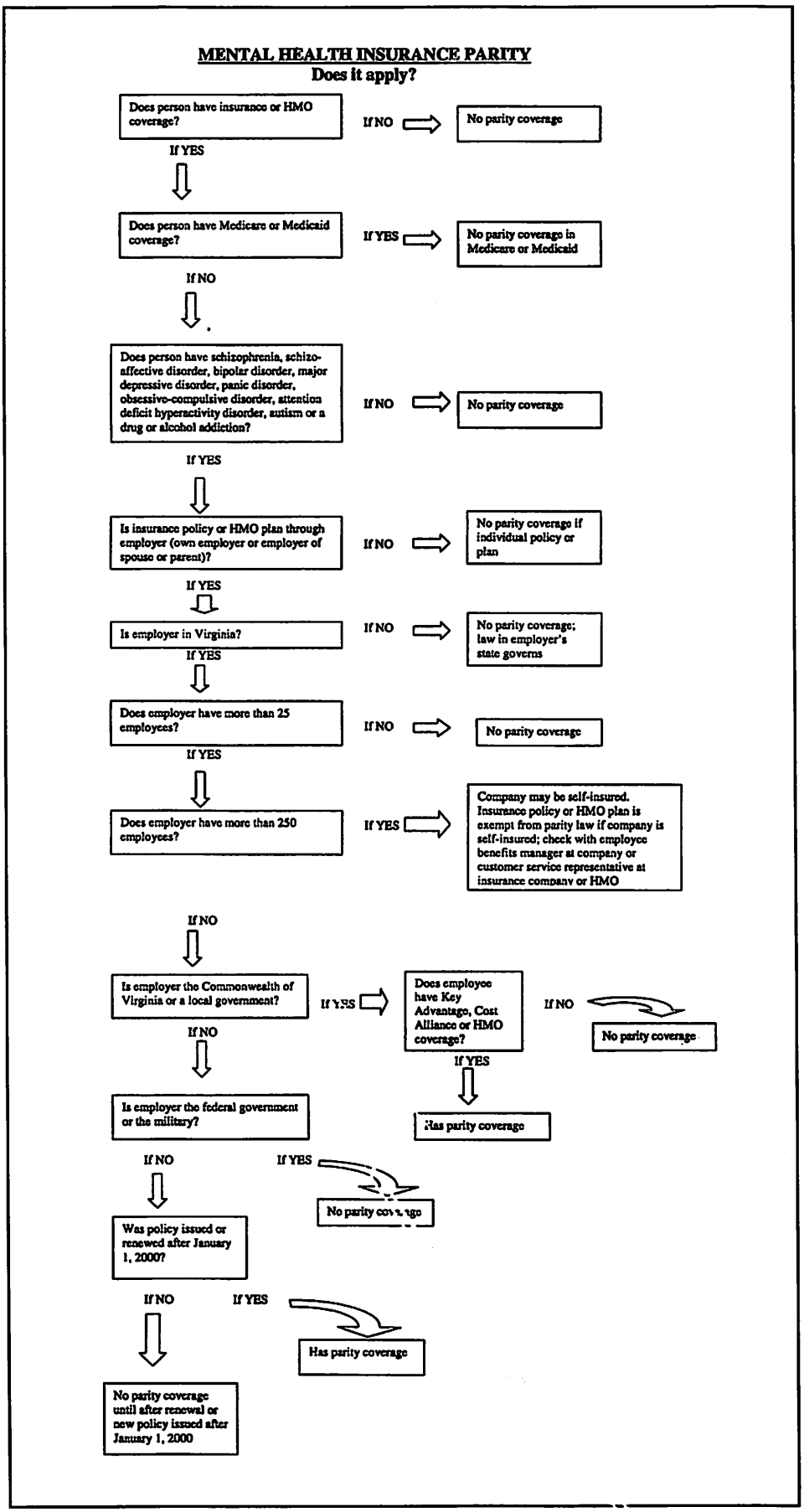
Last year the General Assembly passed mental health insurance parity that requires insurance coverage for serious biologically-based mental illness and addictions with the same limits and copayments as any other illness. Although the law just became effective for most people on January 1, 2000, already some legislators want to make this law more restrictive.

At the request of the Virginia Bureau of Insurance, the Federal Health Care Financing Administration (HCFA) has issued an opinion that the Virginia parity law is in conflict with the federal Health Insurance Portability and Accountability Act (HIPAA). This federal law requires insurers and HMOs to offer any product it provides in the small group market to all small employers (those with 50 or fewer employees). The Virginia parity law only requires parity coverage for employers with 26 or more employees, and exempts those with 25 or fewer employees. Thus, an insurer/HMO following the Virginia parity law could potentially be in violation of the federal HIPPAA law. As a result, the Bureau of Insurance has advised all insurers and HMOs that, to be in compliance with both laws, parity coverage should be included in all group policies, regardless of the employer's size.

It is expected that employer groups will ask the General Assembly to amend the parity law to exempt

next page

Please review the flow chart to the right to detemine if it is clear and useful for determining whether a person can be expected to have parity coverage. Mail or fax any questions or suggestions to: Karen Welscher-Enlow, Family Therapy Associates, Inc., 3921 Old Lee Highway, Suite 73A, Fairfax, VA 22030; fax: 703-691-8496.



employers with 50 or fewer employees. There will be a proposal to change this portion of the law so that only groups with 50 or more employees will be required to have parity coverage. This will mean that fewer Virginians will benefit from this crucial law as many will be excluded from it. The business community also has indicated that they want to eliminate addictions as a disease eligible for parity coverage.

Other Parity Bills

At least two other parity bills will be considered by the 2000 Virginia General Assembly. SB-165, introduced by Sen. John Edwards (D-Roanoke), would require a state employee's health care plan to cover, under the parity benefit, the speech, occupational and physical therapy needs of a child. This bill, under study by Virginians for Mental Health Equity, has been referred to the Senate Commerce and Labor Committee.

A second bill, to be introduced by Sen. Ed Houck (D-Spotsylvania), will clarify that the parity law does not apply to individual plans. We will not oppose this measure.

Other Insurance Measures

HB-390, introduced by Del. Viola Bakerville (D-Richmond), makes health insurance benefits, currently available to full-time, salaried state employees, available to: a) part-time and hourly state employees who have been employed for at least six months, and b) state salaried employees who work at least twenty hours per week. This bill was referred to the House Committee on Appropriations. SB-79, introduced by Sen. Richard Holland (D-Windsor), requires that insurers and HMOs pay reasonable attorney's fees for insured individuals involved in civil suits where a court has determined that the insurer or HMO did not act in good faith by denying coverage or failing or refusing to make payment under a policy. This provision, currently applying to other types of insurance policies, was referred to the Senate Committee on Commerce and Labor.

Substance Abuse Bills of Interest

SB-218, introduced by Sen. Ed Schrock (R-Virginia Beach), would create the Governor's Drug Abuse Prevention Program. This measure would give the governor responsibility for administering the drug abuse prevention program within the Commonwealth and authority to authorize, direct and coordinate existing and future activities of state agencies and political subdivisions in such program. The bill also provides the Governor with authority to establish an office of drug abuse prevention and to review and determine the direction and appropriateness of prevention program expenditures by state agencies. SB-218 was referred to the Senate Committee on General Laws.

Quality of Health Care

Del. Bob Marshall (R-Manassas) has introduced HJR-9 that requests the Joint Commission on Health Care to study the 1999 report of the Committee on Quality Health Care in America and the efficacy and appropriateness of implementing the report's findings and recommendations in the Commonwealth. In conducting this study, the Joint Commission is to consult with health care providers, consumers, and insurers; examine current Virginia national data regarding adverse medical events; review current patient safety initiatives in Virginia health care practices; and develop specific recommendations for the implementation of patient safety measures in Virginia.

Client Empowerment Bill

Del. Weatherholz will introduced the Client Empowerment Bill requiring that mental health professionals inform and advise their clients of their rights to report misconduct. This legislation would establish a protocol for mental health professionals who are licensed under different boards (such as social work and psychology) to address misconduct that their clients have experienced.

The Commonwealth of Virginia Department of Health Professionals Board of Social Work has proposed new regulations which would require documentation of continuing education credits (to be called continued competency requirements) for social work licensure renewal. Pending approval from the VDHP, the Board plans to publish them and solicit public comment. Please contact Janet Delorme at 804-662-9575 for a copy of the regulations (18VAC 140-20-10 et seq.)

I am looking for help from Virginia members to find a legislative sponsor and craft legislation pertaining to the subject of privacy of medical records, and to help write one legislative report for this newsletter. Contact Karen at 703-691-8572.

Announcing the GWSCSW Merchant Bankcard Processing Program

GWSCSW is now offering its members a preferred merchant payment processing program through NOVA Corporation. Enjoy wholesale discount rates, 24 hour/7 day a week customer service, and the waiver of many recurring fees associated with other programs.

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Continuing Education Committee

Continuing Education Course Added to Spring Semester

by Delores Paulson

In an unprecedented move, at the urging of our president, the Continuing Education Courses Committee is adding a course and its sequel to the spring semester. On March 10 Debbie Vajdea will be teaching her first seminar on *Thought Field Therapy*. This course in alternative treatment, which may well challenge the curious therapist, is described on page 16 in this newsletter. We invite your registration.

Other spring semester offerings include our final book seminar of the year, *Ordinary People*, with the discussion led by Heidi Spencer; *Wrapping It Up and Moving On*, taught by Marjorie Lane; *Diagnosis and Treatment of Complex Dissociative Disorders: An Introduction*, with Katherine Chefetz; and *Mind and Body Interventions*, taught by Cathy Brown. Space is available in each of these courses. Registration material is on page 17 in this newsletter.

If you have special interests in particular books for next year's book seminars series or topics for future course offerings, please let me know. If you have an interest in teaching a course, please contact me at 703-790-0786. The committee welcomes new ideas and new instructors. ❖

Student Liaison Committee

Social Work Student Liaisons

by Berta Rodrigues

I am happy to announce that we currently have social work student representatives for each of the social work schools in the Baltimore-Washington Metropolitan area. The Society sponsored a student liaison brunch on February 12 at the Tabard Inn restaurant in the Dupont Circle area to honor the following students: Pam Bellamy, Catholic University; Rachel Harris, Gallaudet University; Kieta Taylor, Howard University; Nancy Markoc, University of Maryland; and Caroline Bolton-Fernandez, Virginia Commonwealth University.

The student liaisons are responsible for facilitating the exchange of information between the Society and the students at their respective schools. Recently, they have been helping to market the Society's licensure workshop, to be held on March 25, by distributing and posting flyers and making announcements about it in their classes and at their student association meetings. In addition, they have been educating students about the Society and helping to recruit students to join GWSCSW as members. I would personally like to thank them for all their work!

If you are interested in becoming a volunteer on the student liaison committee or would like more information, please contact Berta Rodrigues at 202-319-9567. ❖

Monthly Program Meetings

by Kitty Harold and Karin Goldstein

General program meetings for the GWSCSW are held on the first Wednesday of each month at the Chevy Chase branch of the DC Public Library. The library is on Connecticut Avenue, NW, between McKinley and Northhampton Streets, one block south of Chevy Chase Circle (across from the Avalon Theater and Magruder's). Parking is available in the rear of the building and on Northhampton Street.

Wednesday, March 1, 2000
Time: 7:00–8:30 pm
Speaker: Mila Ruiz Tecala, ACSW, LCSW, LICSW, DCSW
Topic: *Complicated Grief: Psychotherapeutic Interventions*

Ms. Tecala will discuss different types of complicated grief and psychotherapeutic interventions

Wednesday, April 5, 2000
Time: 7:00–8:30 pm
Speaker: Christine G. Erskine, LICSW
Topic: *Boundary Issues from an Object Relations Perspective*

Wednesday, May 3, 2000
Time: 7:00–8:30 pm
Speaker: Richard Wagauman, MD
Topic: *Psychotherapy of Dissociative Identity Disorder*

Wednesday, June 7, 2000
Time: 7:00–8:30 pm
Speaker: Aimée Nover, DSW
Topic: *Female Genital Anxiety*

Northern Virginia Meetings

by Jane Carey

Northern Virginia meetings are held on the third Thursday of the month from 12:00–1:15 pm. The meetings are held at St. John's Methodist Church, 5312 Backlick Road, Springfield, Virginia, in Room 9 of the Sanctuary Building. If Fairfax County schools are closed due to inclement weather, the meetings are also cancelled as they are held in a preschool building. For further information contact Jane Carey at 703-550-4949.

From the Beltway (495), take Exit 5 (Braddock Rd. East – Route 620). Go 1.7 miles to the second traffic light and turn right on Backlick Rd. Go 0.4 miles, turn right on Woodland Dr. and turn left immediately into church parking lot.

From DC, take 395 South to Exit 2B (Edsall Rd. West – Route 648). Go 1 mile to the fourth light and turn left onto Backlick Rd. Turn right at next street on Woodland Dr. and turn left into church parking lot.

Thursday, March 16, 2000
Time: 12:00–1:15 pm
Speaker: Janice Quinn, LCSW, Ph.D.
Topic: *Transformation and Self-Worth*

Dr. Quinn will focus on issues of self-esteem and self-worth in the therapeutic transformative process. She will discuss how clients value and devalue themselves in relation to societal expectations, friends and family, and with themselves.

Thursday, April 20, 2000
Time: 12:00–1:15 pm
Speaker: Rick Rappaport, Ph.D.
Topic: *Motivating Difficult Clients Using Comprehensive Therapy*

Dr. Rappoport will discuss Comprehensive Therapy, a highly synthesized and integrated model of psychotherapy, and how it can be used to motivate particularly difficult clients and/or difficult types of cases.

Thursday, May 18, 2000
Time: 12:00–1:15 pm
Speaker: Susan Gaita, M.Ed.
Topic: *Brain Gym: Educational Kinesiology and Its Usefulness in Treatment*

Brain Gym is a systematic program of physical activity that directly enhances brain function for learning and productivity. Susan Gaita will further discuss Brain Gym and its implications in treatment for particular cases.

Maryland Meetings

by Margaret Crockett and Adele Redisch

Please come on the third Tuesday of each month to the Davis Library, lower level meeting room, 6400 Democracy Blvd., North Bethesda, 301-897-2200. From I-270, take Democracy Blvd. east to library on right. From Old Georgetown Road, take Democracy Blvd. west to library on left.

Please call Adele Redisch, 301-279-0546, to volunteer or to make welcome suggestions.

Tuesday, March 21, 2000
Time: 12:15–1:30 pm
Speaker: Michael Abrahams, LCSW-C
Topic: *Home Schooling: Is It Good For Your Clients?*

Tuesday, April 18, 2000
Time: 12:15–1:30 pm
Speaker: Sheila Rowny, LCSW-C & Margaret Crockett, LCSW-C
Topic: *EMDR: A Remarkable Approach to Core Issues*

GWSCSW Course Offerings 1999–2000

These pages describe the 1999-2000 selections being offered by the Continuing Education Courses Committee of the GWSCSW. Considerable attention has been given to insure that the topics meet the needs and interests of the social work community. Participants will be issued a Certificate of Attendance at the conclusion of each course. This will document the hours attended. CEUs are available.

This year we are offering courses which have been especially designed for recent MSW graduates as well as members beginning a new interest. These courses are starred (☆). PLEASE NOTE, FEES ARE REDUCED BY 50% FOR MEMBERS WHO RECEIVED THEIR MSW WITHIN THE LAST 5 YEARS.

If you have any questions regarding a particular course please contact the instructor. Some financial aid is available. Please call for scholarship information.

SPRING SEMESTER COURSES

NEW Course Offering — Just Added!

Thought Field Therapy (Two-Part Program)

Part I (March 10) – Thought Field Therapy Simplified: The Emotional Freedom Techniques

Thought Field Therapy (TFT) provides rapid, effective, often permanent relief from many psychological problems. By addressing the same energy system as acupuncture and acupressure, the process requires only sequential tapping by the client on specific energy points to provide relief, sometimes in minutes. Emotional Freedom Technique (EFT) is a simplified version of TFT that can be thoroughly learned in one day. This course will prepare participants to use EFT in their clinical practice.

Part II (March 24) – Thought Field Therapy: The Diagnostic Process

At times of complex clinical situations EFT may be ineffective. The diagnostic process of TFT may be preferred. With TFT it is possible to rapidly diagnose the precise sequence of acupressure points to be tapped for specific problems. This one-day seminar builds on Part I, and will teach you how to use Energy Psychotherapy with your more challenging clients.

Debby Vajda, LCSW-C
Town Hall, Town of Somerset
4510 Cumberland Avenue, Chevy Chase, MD
301-340-8650

Fridays, 9:30 am–4:30 pm
2 parts, March 10 & 24
$70 each part [Participants may register for Part I only; to attend Part II you must complete Part I.]

Wrapping It Up and Moving On

A chance to explore what it means to end a clinical practice seen from the other side of the "retirement divide" is offered through dealing with ideas about change in the context of adult development. Transference, countertransference, guilt, anger, control, dependency, autonomy, and loss—the rich emotional experiences that involve both the retiring clinician and the patient—are considered. The course will be experiential as well as practical and theoretical, involving sharing of thoughts and feelings about beginnings and endings.

Marjorie Lane, MSW, LCSW
The Social Work Institute
5028 Wisconsin Avenue, NW
Washington, DC 20016
(703) 435-7050

Tuesdays, 7:30–9:00 PM
4 sessions, begins April 4, 2000
Members $80
Non-Members $120

☆ Mind-Body Interventions in Clinical Social Work

This course will explore the integration of holistic, mind-body approaches within the bio-psycho-social-spiritual frame of social work. It will examine the potential role of complementary interventions including group therapy, visualization/imagery, meditation, psycho-education and individual psychotherapy in the treatment of chronic and life threatening illness. It includes the study of emotions that produce stress-related symptoms. It will explore the concept of healing vs. cure, the relationship between "meaning" and illness and the interactions among beliefs, emotions, personality and the biological systems of the body.

Catherine L.B. Brown, MSEd, MSW, LCSW
200 Little Falls Street, Suite 205
Falls Church, VA 22046
(703) 532-5883

Fridays, 3:00–5:00 PM
6 sessions, begins April 14, 2000
Members $120
Non-Members $180

☆ Diagnosis and Treatment of Complex Dissociative Disorders: An Introduction

There is increased interest in the diagnosis of Dissociative Identity Disorder (formerly Multiple Personality Disorder). This four-session seminar offers a new paradigm for understanding the dissociative patient which is compatible with a traditional psychodynamic theoretical frame. The course will cover traditional psychoanalytic and trauma theory perspectives, diagnostic and treatment principles, stage-oriented treatment techniques and characteristic transference and countertransference issues.

Kathryn J. Chefetz, MSW, LICSW
4612 49th Street, NW
Washington, DC 20016
(202) 362-4938

Fridays, 3–4:30 PM
4 sessions, begins April 28, 2000
Members $60
Non-Members $90

BOOK SEMINAR

Book Seminars are devoted to one book and include relating theory to the ideas and experiences of the book's protagonist and group discussion.

Ordinary People

This novel by Judith Guest depicts the suicide attempt and therapy of a boy following the death of his brother. The seminar will discuss the boy's dynamics, family relationships, complicated grief reactions, and trauma theory. Emphasis will be placed on therapeutic process and creative styles of clinical engagement. Film will be used to augment the discussion.

Heidi Spencer, PhD, LCSW-C
5204 Chandler Street
Bethesda, Maryland 20814
(301) 951-8570

Thursday, March 2, 2000
7:00 – 9:00 PM
Members $20
Non-Members $30

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301-718-5112
Agency: CPC Health/Chestnut Lodge Hospital
301-424-8300, ext. 296

Whorton, Katherine
(H) 19918 Stoney Point Way
Germantown, MD 20876
301-916-1940

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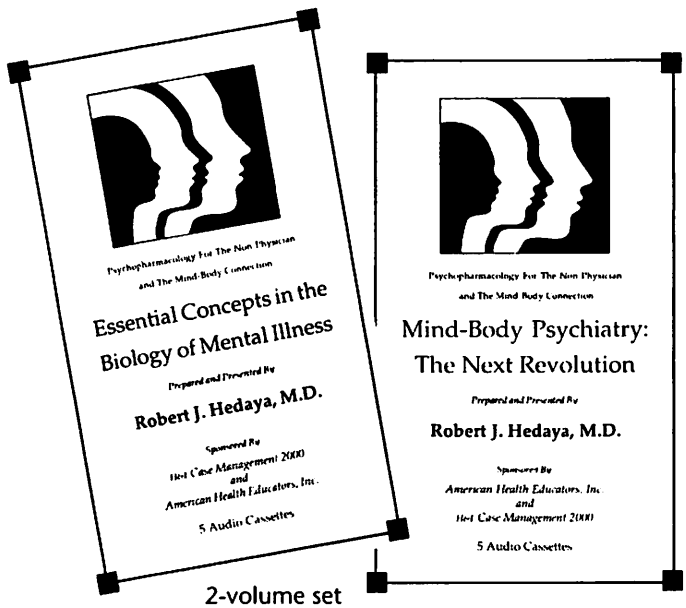

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Presented by
Robert J. Hedaya, M.D.

Robert J. Hedaya, M.D. is a diversely-trained and experienced psychiatrist who has been board certified by the American Board of Psychiatry and Neurology, the American Board of Adolescent Psychiatry, and the American Society of Clinical Psychopharmacology.

Following his degree studies, Dr. Hedaya acquired specialized training in psychiatry at Georgetown University Hospital, Department of Psychiatry, with specialized training in biological psychiatry at the National Institute of Mental Health. Dr. Hedaya is the author of two books, *Understanding Biological Psychiatry* (Norton) and *The Anti-Depressant Survival Program* (Random House). He makes frequent presentations across the country, and has been an expert consultant to Fox TV. Dr. Hedaya was awarded the Georgetown University Hospital's Teacher of the Year Award in 1993, 1997 and 1999.

Comments about the course...

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KENSINGTON: Office space $550 per month. Bright, sunny, quiet office with large lobby and fireplace. One-level building with lots of free parking, utilities included. Call 202-363-4891. Mary Ann Foster.

ROCKVILLE: Full days and hourly available. Newly constructed office near White Flint Metro. Plenty of parking. Britt Rathbone 301-230-9490.

ROCKVILLE: Newly decorated and furnished office space available in Rockville suite with other mental health professionals. Free parking – FT/PT. Collegial atmosphere. Please call 301-933-2374.

ROCKVILLE/GAITHERSBURG: Large bright windowed office with skylight available full time in suite with other psychotherapists. Very convenient to 495 and 270. Second smaller office available for rent by the day. Call Jan Freeman at 301-670-6868.

DC: Established group practice seeks licensed psychologists, social workers, and psychiatrists to rent office space. Attractive furnished offices available very near Metro stop. Independent contractor/clinician would pay $14 per billable hour (as opposed to renting blocks of time.) Fax vita to Washington Psychological Center, PC at 202-364-0561.

NW DC/Connecticut Avenue (Zoo): Spacious, gracious, quiet psychotherapy office for rent all day Thursday, 1/2 day Monday. Parking included. Hendrickson, 202-332-0134.

TENLEY CIRCLE: Lovely, newly renovated offices. Rent hourly, part-time, possible sublet. Holds groups. Waiting room, kitchen, bathroom. Handicap access. Metro, easy street parking. 202-244-0442.

WOODLEY/ZOO: Sunny, renovated offices for rent in psychotherapy suite. Full time, $380; hourly, $8. 202-722-1507.

WOODLEY PARK SUB-LEASE: Psychotherapy office space sublease. Woodley Park Red Line. Weekly, hourly rates/parking/waiting room in historic building. Potential for referrals. Contact Sally Brucker, LICSW, Women's Growth & Therapy Center 202-483-9376.

FRANCONIA: Office to sublet in attractive psychotherapy office suite; suburban location convenient to 495, 395 and Fairfax Parkway. Waiting room, restroom, kitchenette; ample parking; available now. $600/month includes shared utilities. Call 703-971-2404.

SHIRLINGTON: Furnished office for rent, full-time/part-time, with psychotherapists. Fax and copier on site. Free parking. 395 & Shirlington. Helen Reznick, 703-379-9520.

TYSONS AREA: Psychotherapy office space available. Bright, spacious. Ready for occupancy. 703-790-0786.

VIENNA: Office for rent with established, expense-sharing group in Vienna, VA. Sunny office in professional building with comfortable waiting room, large furnished group room, kitchen, private bathroom, copier/faxmachine, free parking, conveniently located near Route 66 and Rougt 123. Reasonable rent. Collegial, multi-discliplinary group welcomes inquiries at 703-242-0896. Alice Kassabian, PhD.

ADOLESCENT GROUPS: Six evening groups currently running in Rockville. Ages 13-18. Call Britt Rathbone, LCSW-C at 301-230-9490. Effective, quality treatment.

ADOLESCENT GROUPS in Rockville/Gaithersburg. Girls 14–16 and Girls 17–19. Recruiting for coed group 14–17. Jan Freeman at 301-670-6868.

ADULT ANALYTIC GROUP with multicultural membership has openings for men and women. Call Jan Freeman at 301-670-6868.

American University
Psychological Services

American University in NW Washington DC invites applications for two positions in the office of Psychological Services. The mission of Psychological Services is to help students thrive academically, emotionally, and socially, and successfully meet the many challenges of student life.

STAFF CLINICIAN: Counseling and psychotherapy, groups, outreach, on-call/ emergency, supervision of trainees. Full time, 11 mo/yr, $34–35.5K FTE.

COORDINATOR OF CLINICAL SERVICES: 60–70% administrative responsibilities such as scheduling, insurance referrals, service evaluation, record-keeping, office policies and procedures; 30–40% clinical responsibilities such as counseling and psychotherapy, groups, outreach, on-call/emergency, supervision of trainees. Full time, full year, $45–47.5K.

TO APPLY: Deadline for both is March 17, 2000. Salary commensurate with experience. Excellent benefits. DC license or license-eligible only. Send letter, resume, three references to: Psychological Services Search Committee (specify position), c/o Human Resources, American University, Washington, DC 20016.

FOR MORE INFORMATION: 202-885-2591 or www.american.edu

The Maryland Society
of Clinical Social Work
has announced its spring series of
Continuing Education seminars.

They begin mid-March
and go through the end of May.

Call 410/298-3226
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