Greater Washington Society For Clinical Social Work NEWS

No. 71 June 2000

Contents

History of CSWF Amicus Briefs

by Ellen T. Luepker

By filing *amicus* curiae briefs in significant state and federal appellate court cases, clinical social workers have played a major role in influencing case law affecting our profession and the people we serve. The following is a summary of our shared history filing *amicus* briefs, and why such briefs present us with unique opportunities to preserve our rights as clinical social workers. In addition, I will discuss how our individual or organizational donations to the *amicus* brief fund have been used and options for replenishing the fund so as to be prepared for future court challenges.

Amicus curiae means "friend of the court." *Amicus* briefs provide a court with specialized professional information that assists the court in making its decisions. Because our clinical social work federation is concerned about outcomes of court decisions affecting clinical social work, an *amicus curiae* brief is a way to potentially influence a court's decision.

As part of the Clinical Social Work Federation's (CSWF) mission to educate and advocate for our profession, our committee has the responsibility of reviewing requests for CSWF's participation in significant appellate court cases and making recommendations as to whether CSWF should file *amicus* briefs. The Committee considers several factors in making its recommendations: 1) whether the appellate case will have an impact upon our profession; 2) whether CSWF has sufficient financial resources to fund the *amicus* brief; and 3) whether in some cases the clinical social worker involved in the appellate case is a member of a state society for clinical social work.

The ultimate decision whether to file an *amicus* brief is made by a vote of the CWSF board of directors (which is comprised of state clinical societies' elected representatives to the CSWF, who in most cases are state clinical societies' presidents). When the full board is unable to convene, the CSWF bylaws delegate decision-making responsibility to the CSWF executive committee ("MANCO"). Following a vote by CSWF to file an *amicus* brief, the Committee then helps develop the brief by providing consultation to the attorneys representing CSWF. Over the past decade, we have been ably represented by several attorneys in the Washington DC law firm of Dickstein, Shapiro, Morin, & Oshinsky (DSMO).

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Annual Meeting

Wednesday, June 7

7–9:30 PM

The Leland Community Center
4301 Willow Lane, Chevy Chase, Md.
Four blocks east of Wisconsin on the left side of Willow

☆ ☆ ☆ ☆ ☆

All GWSCSW members are invited to attend this last meeting before summer break.

The Annual Meeting includes announcement of newly elected board members, presentation of certificates to exiting board members and committee chairs, and a special honor presentation to Linda O'Leary for 14 years of service to GWSCSW.

There will be a Potluck Dinner (bring a dish) and an educational program...

FEMALE GENITAL ANXIETY
Presenter: Aimée Nover, DSW

President's Message

by Irv Dubinsky

Today is Monday, May 8. I have just returned from a 5-day Clinical Social Work Federation (CSWF) meeting which was held locally. The major business was the discussion and decision regarding voluntary or mandatory Guild affiliation. The CSWF board voted, after much debate, to allow each clinical society to decide whether its membership in the Guild should be voluntary or mandatory after October 2000, the end of the current Guild contract. As most of you know, GWSCSW decided not to affiliate with the Guild. Mandatory Guild membership would have prompted GWSCSW to leave the CSWF.

The Guild was an organization set up within CSWF to affiliate with a national union, the Office and Professional Employees International Union (OPEIU) of the AFL-CIO. The Guild was set up to give the CSWF more raw political power in negotiating with managed care and State and Federal political and governmental officials. The Guild established a health plan exclusively for CSWF members. Slightly over 500 members of the CSWF's 7,000 members bought the plan. CSWF hoped that our union affiliation would enable our members to become providers on union member health plans. The Guild was set up as a two-year experiment which ends this coming October.

The CSWF board of directors, composed of state society presidents like myself, voted several years ago to have all their members become members of the Guild. Guild affiliation was $85 per member in addition to the $30 dues each member pays to the CSWF. Your dues payment to GWSCSW includes the Federation dues. State societies raised their membership dues by $85 to pay for the Guild. GWSCSW decided not to join, after first agreeing to do so.

As you might imagine, some members left their societies. In many cases, state societies lost 20–30 or more percent of their membership. Both Maryland and Virginia clinical Social Work Societies suffered these initial membership losses. Illinois lost almost 50 percent of its membership.

Although the contract with the OPEIU called for every society to participate, California (1,600 members) and New York (1,800 members) stopped requiring their members to join the Guild when they saw they were losing members. GWSCSW, with 500 members, is the third largest membership society. Currently, only about 3,000 out of the CSWF 7,000 members are guild-affiliated. About 400 of California's and 800 of New York's members are part of the Guild. The small states implemented the mandatory guild requirements while the two largest states did not. For monetary reasons, CSWF has not asked GWSCSW, California or New York to leave the Federation even though they are not in compliance with the mandatory requirement. The decision to allow voluntary Guild participation was difficult for many small state societies to accept because they resented the fact the big states did not comply with the mandatory requirement. The small states suffered membership losses while the big ones did not. On the other hand, the CSWF could not politically and financially function well without California, New York and GWSCSW. That is the situation right now.

Golnar Simpson, CSWF president and a former GWSCSW president, has played an important role in helping the CSWF navigate through many divisive issues over the past two years. Her wisdom, diplomacy, consistency, and humor helped bridge differences within CSWF. She is a tireless advocate of an informed, democratic process that protects the rights of minority positions. I frequently sought her counsel which she generously gave. We should be very proud of her. Her term expires June 30, 2000. We will miss her there, but fortunately she is still here as a GWSCSW member. ❖

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 September 2000 and the deadline for articles is August 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 July 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

We now have all of our membership e-mail addresses up and running on a computer database. As you may have noticed we are utilizing these e-mail addresses whenever possible to inform our membership of legislative alerts in their respective jurisdictions, special educational programs and Society meetings. If you are not receiving this information, please contact me with your e-mail address. This information will soon be faxed to those members who do not have e-mail.

During the past several months I have worked on several exciting projects for the Society:

Irv Dubinsky presents an award to Arthur Dorman, Maryland State Senator for his exceptional work and support on issues related to social workers and their clients.

On March 31, I assisted the Fundraising Committee Chair, Rod Baber, and the Public Relations Committee Chair, Jolie Golumb, in hosting a Society fundraiser entitled Post Holiday Blues: The Future of Mental Health Care. The event took place at the home of Ruth Neubauer, a Society member. Dr. Howard Goldman, MD, PhD, the Senior Scientific Editor of the U.S. Surgeon General's Report, spoke about the 1999 Surgeon General's Report on Mental Health/Mental Illness as it related to clinical social workers and their clients. The report challenges and calls to action our communities, our health and social service agencies, our elected officials, and citizens at large. Dr. Goldman answered questions and encouraged discussion among those present. I presented Dr. Goldman with a certificate of appreciation for his work on the Surgeon General's Report and for his presentation to the Society. In addition, Irv Dubinsky, our Board president, presented an award to the Honorable Arthur Dorman, Maryland State Senator. The Greater Washington Society for Clinical Social Work honored him for his exceptional work and support on issues related to social workers and their clients. He has been one of the strongest advocates for measures to protect patients and providers from the abuses of managed care. I would like to thank all of our members who came out in support of the society and those who were unable to attend but responded with a donation. I hope this will be the first of many such events.

On April 15, I again co–hosted with Rod Baber and Jolie Golumb a full day workshop, at the Marriott in Tysons Corner, VA, on developing a private practice and on financial planning. The morning program, Steps in Developing & Maintaining a Successful Private Practice, was presented by Lynn Grodski. Lynn spoke on developing a private practice, how to present your services, and how to stay solvent. The afternoon session, Nurturing Your Financial Growth, was presented by Stuart Brodsky and Roberta Glick, a former Clinical Social Worker and one of the founders of the New York Clinical Social Work Society. They gave information on financial planning and how to achieve financial goals. I want to thank all of the presenters for their time, information and support for the Society.

In addition I worked with the Outreach Committee in presenting the Licensing Workshop, as discussed by Sarah Tyler, the Committee Chair, elsewhere in this Newsletter. I want to especially thank Berta Rodrigues, Student Liaison Committee Chair, and each of the student Liaisons—Pam Bellamy, from Catholic University; Carolyn Bolton Fenandez, from VCU; Rachel Harris, from Gallaudet University; Nancy Markoe, from the University of Maryland; and Kieta Taylor, from Howard University. Under the leadership of Ms. Rodrigues the student liaisons were able to spread the information to their schools. The results of their work was evidenced by strong attendance at the workshop. Thank you, and congratulations to all who are graduating.

On April 11, the Clinical Society co-sponsored a presentation by Jewel Golden, MSW, for the students at Howard University. This program was designed and directed by Kieta Taylor, student liaison for the Society, and Howard's student body president.

In January of this year, the Board of Directors, after several months of discussion and evaluation, decided to consolidate the Society's offices. This change became effective the end of April, 2000. At this time, I want to take the opportunity to thank Linda O'Leary for her guidance and support since the beginning of my tenure and during these transitional months. I wish her the best in all of her future endeavors. I know she will put the same enthusiasm and energy into whatever she does. I also hope that her daughter's and son's weddings were filled with joy. ❖

Linda O'Leary, Administrative Assistant "Par Excellence"

by Alice Kassabian

Linda was hired as Administrative Assistant in February, 1987, and her last day of work for the Society was Friday, April 21, 2000. Thirteen years ago she was interviewed by Marcie Solomon and Carolyn Gruber when she responded to a local newspaper ad in the *Northern Virginia Sun* which advertised for a part-time position as follows:

> *Need an Administrator, to work from home, part-time. We will provide desk, computer and typewriter.*

This was exactly what she was looking for so she could work from home and be available as a mother to her two children who were in high school at the time. "The computer was ancient," Linda laughed, as she reminisced. "Everything was on floppy." She got the computer upgraded and sought the expertise of Bob Sterrett, a systems analyst, who was Frank's (Linda's husband) partner. He became Linda's computer consultant. Linda explained, "Bob brought the Society into the world of the modem computer. For example, Bob was instrumental in designing the programming and format of the membership directory so that the directory comes directly out of the computer and goes directly to the printer without having to go through the middle step of typesetting. This was a major savings for the Society." Bob Sterrett became the silent volunteer who donated countless hours to the Society without charge. We offer a belated "Thank You", Bob, for your contributions.

As Linda talked, I became aware of her philosophy of work. She described her job "as a very behind the scenes operation—to find ways of doing things to decrease the obstacles in the way of committee operations and make it easy for committee chairs. Much of my work was connected with membership. I have always felt that the main part of my job was membership. Without membership, both in the Society and Federation, we do not have an organization. Responding promptly to the requests and questions of committee chairs and members is very crucial to an organization. Being available and/or solving problems—everything goes back to membership. Membership is a job of many little pieces and lots of detail".

When Linda started as Administrative Assistant in 1987, GWSCSW had 391 members. It reached a high of almost 800 in ten years. Our Society is the third largest in the Federation after Califomia and NewYork. As membership increased, committees increased. During Linda's 13-year tenure, the Society formed many committees to serve our membership. For example, the Mentor Committee was formed as part of the Community Outreach Committee, which reaches out to the needs of new social workers and social workers new to the community. The Continuing Education Committee began to offer (under Society Sponsorship) clinical courses with CEU approval; peer study groups were formed; coalitions with our neighboring societies, Maryland and Virginia, were formed to address legislative issues impacting mental health needs of citizens on local and national levels; and interdisciplinary coalitions were formed to address managed care abuses, to mention a few examples.

Any organization has to be understood in the historical and social context of its time. The escalation of the managed care industry in the mid–1990's affected both the Society's finances and membership. Other mental health organizations across the discipline were also experiencing a decrease in membership and finances. A strong membership needs to be the collective responsibility of our profession through its professional organization.

In April, 1987, Linda was asked to become the Administrative Assistant of the National Federation of Societies for Clinical Social work (now known as the Clinical Social Work Federation). She went to her first meeting in October, 1987, in New Orleans, after being interviewed and recommended by Sid Grossberg of Michigan and Betsy Horton, President of the Federation. Linda said, "I was afraid that the Federation and Society jobs might conflict with each other. But to the contrary, it worked out very well for us (meaning the Society). One of the things that impressed me was to watch the State Society presidents interact with each other and transfer their learning to benefit their own societies." The Society and Federation complemented each other as organizations working inter-dependently.

Linda said she was very mindful that she was working with and for volunteers who were contributing their time and talents to the Society's mission and goals. "Watching the Society grow was a real highlight for me," she stated. She was very invested in the Society which was reinforced through her work with Society presidents and their investment in the same mission. The experience between Linda and the presidents of the Society was one of mutual admiration and respect. The presidents looked to her for her expertise which was grounded in the history of the Society. " The working partnership which developed was a growing experience for me," she said. I might add, it was also a growing experience for the presidents, committee chairs and members.

One of the things I learned about Linda was that she

was involved in a rich volunteer organizational life long before her life with GWSCSW. She moved to Arlington in 1972 and was immediately tapped to work on the Arlington Democratic Committee. She started as an officer, first as Secretary of the Arlington Democratic Committee and then as Treasurer. In addition, she was responsible for scheduling the political campaign of John Melnick who was running for Attorney General in the Virginia Democratic Primary. She also did the scheduling for Congressman Joe Fischer's political campaign for re-election to Congress. Linda also has been active in Community Residences, a non-profit organization, in Arlington, VA., whose mission is to provide persons with disabilities (i.e. mental illness, mental retardation and physical disabilities) independence through community living (group homes) and work to enhance their dignity and self-esteem and to maximize their quality of life. She has served on the board for six years and will finish her term as chairperson of the board in June, 2000. When Linda was offered the nomination as chairperson of the Community Residences Board, she hesitated accepting the nomination, fearful of her ability to do the job. The Executive Director persuaded her to take the position by stating, "It is the way you work with people which is why we have asked you to serve." Linda will continue her involvement as co-chair of "A Taste of Arlington," the committee in charge of raising corporate funds for Community Residences.

In addition to her professional and volunteer life, Linda has had a full and rewarding family life. Her husband Frank, who is also the Treasurer of Arlington County, VA., has been supportive of her professional activities. They raised two children who were teenagers when she accepted her position with the Society. Her daughter, Heather, will be married May 13, 2000, and six weeks thereafter, her son, Brian, will be married.

Linda is a true professional, who has served the Greater Washington Society for Clinical Social Work with great distinction during its period of greatest expansion and development. She serves as a model to emulate for those who follow her. Those of us who have had the privilege of working with her know her friendliness, modesty, grace, honesty, energy, commitment, quiet efficiency and constructive problem solving ability. She possesses true qualities of leadership. She has provided the "holding environment" for the Society which contributed to its stability and growth while in the midst of tremendous changes confronting the profession. Thank you, Linda, for a job well done! We wish you the best and we will miss you! ❖

Talking with Linda in preparation for this article was a distinct pleasure. It was also a chance to get from Linda an oral history of the Society in its phases of development during her tenure.

Mind and Object Relationships: A Psychoanalytic Reading

by Christine Erskine

Reading psychoanalytic theory, I sometimes encounter an idea that powerfully influences my way of thinking, rearranging pre-existing notions and bringing a sense of clarity. Such ideas provide organizing principles around which subsequent reading and clinical experience fall into new patterns, and tend to evoke a response of, "Oh! I see! So that's what's happening there."

An article by Peter Fonagy had this effect on me recently [Fonagy, P. (1991). Thinking about thinking: Some clinical and theoretical considerations in the treatment of a borderline patient. *International Journal of Psychoanalysis, 72, 639*]. Fonagy, a psychoanalyst with the Anna Freud Centre in London, writes about the aspect of psychic functioning that concerns our capacity to form mental representations of our own and others' mental and emotional states to know that "So-and-so feels angry/sad/happy/etc. because of..." He describes some recent advances in our understanding of how we normally develop this capacity in early childhood, how it can become inhibited in response to trauma and conflict, and how this understanding sheds light on difficulties commonly experienced in working with borderline patients. In the process, I think he also helps us to know our own minds better, and to understand some of the shifts in our own mental functioning, since there is in all of us the capacity to function in a "borderline" way under certain conditions.

Fonagy's article is packed with ideas, and contains a long and very moving clinical case description. I cannot hope to capture all of the riches of his article here. Instead, I will focus on a particular mental image that has taken up residence in my mind as a result of this reading, helping me to listen to patients and to navigate through sometimes rough passages of clinical work.

The image arose as I read Fonagy's description of the developmental achievement that normally takes place between ages three and four, in which a child comes to know that another person's mental state is different from his own. Before this achievement (and later in times of stress), we tend to believe—and even insist—that the other person shares our own mental state.

Fonagy describes an experimental situation in which a group of three- and four-year-old children were shown an M&M's candy box and asked what they thought the box contained. All the children said, "M&Ms," as would be expected. The experimenters then opened the box and showed the children that there was actually a pencil inside. When they closed the box again, all the children were able to say that the box contained a pencil. The children were then asked to predict what their friend, who was waiting outside, would say was in the candy box when they invited him in. All the children under 3½ replied, "A pencil." The 4-year-olds, however, could correctly predict that their friend outside would expect to find M&Ms in the box. This showed that the 4-year-olds could "work out not just the nature of another person's mistaken belief but also the effect that this was likely to have upon that person's behavior."

As I read this description, a simple geometric image of nesting concentric circles showed up in my mind's eye: one circle, representing the four-year-old's mind, contains another circle representing the friend's mind. Inside the outer circle is one representation of the candy box and its contents, while inside the inner circle is a different representation of the box and its contents. The four-year-old can allow this different representation to nest within his own mind. Fonagy refers to this development as a significant milestone in the achievement of "a theory of mind." While this shift is very complex, involving self-awareness, a capacity for pretending that one is the other person, and the capacity to distinguish reality from pretending, it is also an elemental turning point in our developing capacity for interpersonal relationships.

Suppose, for example, a patient has trouble constructing or holding onto a mental representation of the therapist as having a different feeling or perception from his own. The patient would unconsciously experience his own mind and his therapist's mind as identical, as being one. (Fonagy argues that this situation involves inhibition of mentalizing, due to unbearable conflict.) As long as the therapist seems always to agree with the patient, the patient can remain comfortable. But as soon as the therapist makes it obvious that she has a somewhat different perspective on something, the patient is threatened with the loss of the idealized "we-are-one" experience and may react with violent upset. Fonagy writes movingly about a patient who struggled with this problem, from whom Fonagy learned some important principles of treatment in such situations.

I have found the mental image of the concentric circles popping up in a variety of contexts, including with patients who are better able to "mentalize" another's different state of mind. Soon after I read this article, a patient was anguishing over her parents' refusal to show any interest in her as a person, in her substantial adult development, and in the gifts of understanding and support she wished to offer them in their old age. Having heard many examples of

these parents' limitations over the years of this treatment, I said to her, "It seems as if your parents operate in a kind of two-dimensional world in which they just can't conceive of another person as a separate center of desire or action." My making this observation at that moment (we had been working toward this realization for a long time) apparently helped open up the possibility of my patient herself having a new and more objective perception of her own parents, one that was both liberating and painful.

"I think you're right," she said. "While you were saying that, I was seeing their faces. I believe they are baffled by relationships. I can see that look on my mother's face —she was truly baffled by her children. And my father, if he felt baffled, went so quickly to anger and rage that his bafflement wasn't obvious, but I think that's what it was. So the more three-dimensional I become, the more irritating I am to them!"

I have the sense that this patient was on the cusp of this recognition herself, and that my saying it somehow gave her "permission" to see consciously what she had been seeing already but trying to deny. In any case, her new recognition led to deep grieving over the loss of her hopes to be known and appreciated by her parents, but also to a new freedom to move ahead into her own more three-dimensional living. She discovered that she no longer felt she had to "flatten" or deaden herself in order to try to fit in with this family. She felt freer to enjoy her relationships with other people who could both recognize her as a person and share themselves with her. She also felt better able to visit these parents without losing (without deadening) her sense of her own lively self, even in the face of ongoing evidence that she could most likely never feel truly recognized by them.

In my mind's eye, my patient became able to tolerate in her own mind a "four-year-old" representation of her parents' minds as different from her own—as, in fact, more limited. She could see that they were missing some information and experience—even missing a level of complexity—that she herself could now recognize in her own mind. Although she knew there was a three-dimensional liveliness in herself and a capacity to give and receive emotional sustenance in relationships, she could see that this perception of her capacities did not exist in their minds. They could only see their "child" in terms of their own preconceptions—a certain set of beliefs about children as burdens to parents, about parents as givers, not receivers, of care, and about care as technical, not emotional. I especially appreciated her word "baffled," because I think that the "three-year-old" mind is upset and even enraged by the sense that it lacks categories for others' feelings and behaviors. New emotional information bumps into "baffles" in such a mind, the way light bumps into louvres or sound bumps into acoustical panels. In fact, this undesirable information about her parents' minds had been running into my patient's mental "baffles" for a long time.

As therapists we are called upon to recognize complex layers of mental states, emotions, and interpersonal perceptions: circles within circles within circles. In my view, we all—patients and therapists alike, some more than others —struggle to see what we see, to know what we know, and to accept realities that initially baffle us. Hearing how another person—friend, therapist, psychoanalytic writer—views something differently can often open up new possibilities for us. It is also helpful to notice to what extent our patients, and we ourselves, are able to hold two different viewpoints in mind at the same time, since only then can we really connect, or disconnect, without losing ourselves. ❖

Amicus Brief, *continued from page 1*

History of CSWF *Amicus* Briefs from 1992 to 2000

In the past decade, CSWF has participated in four *amicus* briefs. In 1992, under Barbara Varley's tenure as president, CSWF voted to join other national mental health organizations such as the American Psychiatric Association, the American Psychological Association, National Association of Social Workers, and others, by signing its name to an *amicus* brief filed in a federal case in Colorado. *Evans v. Romer,* decided in 1993 by a federal district court in Colorado, involved a referendum on a Colorado ballot passed by voters which prohibited municipalities from passing gay rights ordinances. Cities that had passed such ordinances and others joined in suing the Attorney General of Colorado in federal court to invalidate the referendum. The district court issued an injunction preventing the referendum from taking effect, which was affirmed by the United States Court of Appeals and the United States Supreme Court.

In 1995, under Chad Breckenridge's (MN) term as CSWF president, the next request for an *amicus* brief involved *Jaffe v. Redmond*, 518 U.S. 1 (1996), a United States Supreme Court case. This case addressed whether a psychotherapist-patient privilege protects licensed social workers from being compelled to disclose a client's confidential communications in a federal court case. In *Jaffe*, separate briefs were filed by the American Psychiatric Association and American Psychological Association. These organizations believed that if the court ruled a testimonial privilege did not apply to clinical social workers, such a decision would adversely affect their professions due to the frequent, routine interdisciplinary case collaboration within our respective clinical practices. Nevertheless, in an effort to cooperate, the APAs' attorneys remained in communication with our CSWF attorneys throughout the process.

In developing the *amicus* brief to be filed in the Supreme Court case on behalf of the clinical social work profession, CSWF attorneys represented not only CSWF, but also the Illinois Society for Clinical Social Work. They collaborated with and co-signed the brief with attorneys hired by the National Association of Social Workers (NASW) and the American Board of Examiners in Clinical Social Work (ABE). According to our former counsel Ken Adams, National Membership Committee of Psychoanalysts (NMCOP) filed separately. Members of our Committee, as well as other clinical practitioners within our federation, shared professional knowledge with our attorneys, helping them to develop the brief.

In *Jaffee,* the Supreme Court decided for the first time that a privilege protects confidential communications between a psychotherapist and patient, preventing compelled disclosure in a federal case of a therapist's conversations and notes from counseling sessions. The privilege was created as an exception to the duty of persons to provide testimony in court because of a greater public good as well as important private interests. The Court found private interests are served because effective psychotherapy depends on trust, confidence and speaking freely as part of the therapeutic relationship, which may be jeopardized by the possibility of involuntary disclosure of conversations from counseling sessions. The court stated the public interest also is served since the "mental health of the Nation's citizenry, no less than its physical health, is a public good of transcendent importance."

Most importantly, the federal privilege was extended to licensed social workers as well as psychiatrists and psychologists, stating, "social workers provide a significant amount of mental health treatment...Their clients often include the poor and those of modest means who could not afford the assistance of a psychiatrist or psychologist, but whose counseling sessions serve the same goals." Supporting the Court's decision was the fact that all states have passed legislation adopting a psychotherapist-patient privilege, the vast majority of which apply to licensed social workers.

The next significant appellate case that came to our attention arose during CSWF president Elizabeth Phillips'(CT) term, when the federation voted to file an *amicus* brief in *Hensler v. O'Sullivan,* a case before the Fourth Circuit's United States Court of Appeals. In this case, appellants challenged a Virginia clinical social worker's qualifications to render a diagnosis of Post Traumatic Stress Disorder. In response, our attorneys, in consultation with our Committee and other practitioners, filed a brief on behalf of CSWF, the Virginia Society for Clinical Social Work, and NMCOP. Once again, they collaborated with the attorney hired by ABE.

The *Hensler* case settled out of court, so there is therefore no written opinion from the Fourth Circuit in this case. By filing the *amicus* brief, however, we believe our action helped avert a court ruling that could have had an adverse impact on our profession and clients. Moreover, in developing the *amicus* brief we compiled an impressive summary of numerous court decisions throughout the country that have recognized clinical social workers' testimony on diagnoses of mental disorders. The information in this brief also provides valuable background information about our profession, helping us prepare for the next court challenge.

The most recent request for an CSWF *amicus* brief

came to the Committee's attention in early March, 2000, by our current CSWF president, Golnar Simpson (Federation President and member of the Greater Washington Society). The highest court in Maryland (Maryland Court of Appeals) has agreed to hear an appeal brought by the Maryland public defenders' office challenging a Maryland clinical social workers' qualifications to make diagnoses of mental disorders in *In re Adoption* (CCJ 14746 Cir. Ct. Md. 1999).

This case involves a Maryland clinical social worker hired by the Department of Human Services to evaluate a five-year-old child and mother for an adoption and guardianship court hearing. After evaluating both the child and mother, the social worker considered, among multiple other factors, the mother's diagnosis of a serious and persistent mental disorder. In the social worker's professional opinion, the mother's mental illness had contributed to impairing her capacity, at least for now, to adequately care for her young child.

Stating that the Maryland Health Occupations' Code allows clinical social workers in Maryland to make mental health evaluations using diagnoses of mental disorders, the lower court accepted the clinical social workers' qualifications to provide such testimony. After considering the multiple factors presented by the clinical social worker, the judge ruled that the parental rights of the mother would be terminated.

Despite the clarity of the Maryland Health Occupations Code, the Maryland public defenders' office nevertheless, on behalf of the mother, appealed the case to the highest court in Maryland. They argued that the clinical social worker was inappropriately "practicing medicine" by rendering a "medical diagnosis" and that the lower court therefore had "erred" in allowing the clinical social worker's testimony about the diagnosis.

After reviewing the request and facts in this case, the federation concluded it was extremely important that CSWF respond to this erroneous challenge. We felt it could have a devastating effect on our profession if the appellate court held that clinical social workers in Maryland were not qualified to testify regarding diagnoses of mental disorders. In addition, we believed that the people of Maryland, who require clinical social workers' mental health services, could face a great loss in their community. The federation therefore chose once again to pool our financial resources and expertise with other national organizations in order to file another *amicus* brief.

Our current *amicus* brief filed in the Maryland Court of Appeals supports the Maryland Attorney General's argument that clinical social workers are qualified by state statute to make diagnoses of mental disorders. In consultation with our Committee and other practitioners within the federation, our CSWF attorneys are representing CSWF, as well as the Greater Washington Society for Clinical Social Work, the Maryland Society for Clinical Social Work, NMCOP, and the Clinical Social Work Guild. Our CSWF attorneys are collaborating and co-signing the brief with other attorneys hired by NASW, ABE, and the Clinical Social Work Guild 49 of the AFL-CIO.

History of the CSWF *Amicus* Brief Fund

At the time the Supreme Court case in *Jaffe* emerged, our federation did not have a fund to pay for our attorneys' time in developing an *amicus* brief. We were quickly forced to raise enough money to pay for our attorneys' time. Hoping to be better prepared for future *amicus* briefs, the federation board established an *amicus* brief fund in 1996. Thanks to generous donations of many state clinical societies and individuals, CSWF was successful in raising sufficient money to pay for our attorneys' time developing all three briefs: *Jaffe v. Redmond, Hensler,* and the current one in Maryland.

Since our fund will likely soon be depleted, what are our options for replenishing it? The following are a few options that I would respectfully recommend that we consider.

1) Annual donations from organizations. Some state clinical societies' boards (such as the one in my state of Minnesota) have chosen to make donations to the CSWF *amicus* brief fund on an annual basis from their general budget.

2) Occasional organizational donations. Other state clinical societies have contributed donations when possible.

3) Voluntary donations by state society members at the time of annual membership renewal. Other clinical societies are considering offering their members the option of making annual voluntary donations at the time of annual membership renewal, such as NASW has done in effectively building up its sizable legal defense fund over many years. (Incidentally, my mother and I have made annual contributions to the NASW legal defense fund over many years, so I am especially pleased that this fund is now being used for the Maryland court case!)

I am delighted we have been able to share costs and work with other national organizations in the development of these briefs. Sharing information and resources has allowed us to keep costs down while providing specialized knowledge regarding the practice of clinical social work. Based upon a decade-long history of respectful collabo-

continued on next page

Amicus Brief, *continued from page 9*

ration with attorneys hired by other national organizations such as ABE and NASW, I feel confident we can anticipate continuing, fruitful cooperation.

Nevertheless, to be able to continue playing our role in educating appellate courts, we must now replenish our *Amicus* Brief Fund. Ideally, we should create a fund of $40,000 in the event it would ever became necessary for CSWF to file an independent amicus brief. At the very least, we must restore our fund to the $9,000 level if we are to maintain collaborative opportunities.

Summary and Recommendation

Over the past decade CSWF has filed *amicus* briefs in significant appellate court cases that impact the clinical social work profession and the clients we serve. Thanks to the generosity of many organizations and individuals, we have found the financial resources necessary to pay for the CSWF attorneys' time. Sharing *amicus* brief expenses and our professional knowledge with other national organizations has been both productive and inspiring.

It is clear that we must continually replenish our CSWF *Amicus* Brief Fund in order to be prepared to respond to future appellate court challenges affecting our profession. The Committee will continue to work with the Federation Board members to further pursue funding options. ❖

Ellen T. Luepker is the Chair of the Committee on Clinical Social Work & Law/Forensic Practice for the Clinical Social Work Federation

Sliding Scale Psychotherapy

by Mary Durham and Grace Marshall

In this era of managed care and market-driven economy, many therapists who once enjoyed providing long-term services to low-income clients in mental health agencies have moved to full time private practice. For many clinicians, this move has resulted in loss of contact with an important segment of potential clients, as well of the mutual support that is part of working together in agency treatment teams.

Many clinicians offer a sliding scale of fees, but the problem of loss of contact is another matter. One group of clinical social workers and licensed psychologists in the Greater Washington Area has formed the Psychotherapy Referral Network (PRN) in an attempt to reestablish this contact. The PRN was founded in 1995 by a small group of experienced therapists who recognized the need for readily accessible mental health services for persons with limited financial resources, in addition to those who have insurance or otherwise are able to afford the "standard" fees. Having worked in the DC Institute of Mental Health as well as in their private practices, these therapists have experience working with clients from diverse backgrounds and with a variety of issues.

The Psychotherapy Referral Network has now branched out to include a total of nine members plus a small number of associates with a variety of experience. The basic goal remains the same—to connect people of all income groups and backgrounds with experienced psychotherapists who will adjust fees according to the client's circumstances. Historically, PRN therapists have seen clients for fees ranging between $20 and $100, and occasionally for as little as $10. Services are offered for children, adolescents, adults, the elderly, couples, families and groups.

Network members meet twice monthly, once to discuss business matters and again for peer supervision. On-call duty is rotated among the membership on a biweekly basis. The members pay nominal dues to cover the cost of voice mail and Yellow Pages advertising. A potential client, or anyone who wants more information about the Psychotherapy Referral Network, can dial the voice mail number: 202-546-4500. This number is listed in the Yellow Pages under Mental Health Services and under Psychologists Information & Referral Services. The Psychotherapy Referral Network has been a rewarding experience for its members because it has met a significant need within the community and has provided an opportunity for enhancing the collegiality of group members. ❖

A special honor presentation to Linda O'Leary for 14 years of service to GWSCSW.

Don't miss the...

GWSCSW Annual Meeting &

Potluck Dinner

Bring your favorite dish to share!

Wednesday, June 7

7–9:30 PM

Educational program...

FEMALE GENITAL ANXIETY

Presenter: Aimée Nover, DSW

An evening of socializing!

The Leland Community Center

4301 Willow Lane, Chevy Chase, Md.

Four blocks east of Wisconsin on the left side of Willow

Internet Offer to GWSCSW Members

by Rod Baber

About ten years ago I saw a need for a comprehensive mental health referral service. This led me to create Mental Health Referral Associates (MHRA), which has promoted mental health services by providing information to consumers about licensed therapists and public and private mental health resources in the Washington Capital area. MHRA has done this through annual directories, newsletters, newspapers, fax letters and for the last two years, a website. Although many MHRA members are clinical social workers, we also include licensed psychologists, psychiatrists and professional counselors.

MHRA is currently offering a new associate membership for Clinical Society members who would like to have a web information ad (one page that lists all pertinent information about your practice accessible from an alphabetical and geographical listing). An associate and full membership are described as follows.

Associate Membership (One Year): $35
(includes your web ad on the MHRA website)

- two listings under the alphabetical and geographical sections
- free bulletin board ads
- regular e-mail listings of current groups, workshops and relevant information.

Full Membership (One Year): $55 ($20 discount)
includes web ad with hyperlinks

- geographically by six specialties or therapeutic techniques
- populations served
- zip code
- three insurance or managed panels
- free bulletin board ads
- regular e-mail listings of current groups, workshops and relevant information.

New members are also spotlighted each month on the new members section. There are a number of additional services MHRA can provide such as banner ads, links to your own websites and maps to your office.

For more information or an application go to http://www.mhra.net or call Rod Baber at 703-837-1414 for an application. Applicants need to send copies of their current malpractice coverage and license to protect the service providers and consumers. ❖

Legal Services Plan

by Paul F. Newhouse

The prepaid legal services plan offered by the Greater Washington Society for Clinical Social Work is an excellent way to avoid wasting time and resources dealing with the legal issues that often arise in the practice of social work. For example, social workers often wonder what to do when they are served with a subpoena for their records, or they may wish to have advice concerning how to testify (and be compensated) as an expert witness. Issues sometimes arise about the coverage pursuant to their professional liability policies. I have already been consulted about landlord/tenant issues, and also been asked to review contracts of various types.

The brochure for the prepaid legal services plan is now ready. If you have not received one by the time you read this newsletter, please let me know.

It is my intention to write articles for the newsletter concerning specific legal issues that clinical social workers face. If there is some area you would like to see discussed, please write, call or e-mail me:

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pnewhouse@sprintmail.com

Social Work Profession Makes Strong Showing in Maryland General Assembly

by Stephen C. Buckingham

In past years, social workers have proven to be effective advocates for their clients and for social causes supported by social work principles. In the most recent Maryland General Assembly session, however, social workers made significant progress in promoting their own profession, an activity few practitioners are used to doing. During the state legislative session that concluded on April 10, 2000, the Maryland Legislative Council of Social Workers supported several initiatives of its own and worked in coalition with others to pass measures directly related to the value of social work in our society.

The profession continued its efforts to deal with the serious problems facing our society and health-care systems, but more resources were directed this year toward measures to clarify social work practice, enhance social workers' effectiveness and improve working conditions for practitioners.

Although our initiatives did not all pass in the way we had hoped, most were successful to a large degree, and all provided opportunity to further educate lawmakers on the value the profession. Social workers will have an opportunity to build upon the success of this session during the summer and fall.

Maryland Social Worker Act – Revision

Perhaps the most important legislation affecting social work that passed since 1992, House Bill 886 and its companion Senate Bill 693 provided much-needed clarification of the statutes governing the licensing and regulation of the profession in Maryland. Resulting from a two-year task force established by the Board of Social Work Examiners, this legislation revised the language describing the practice of social work applicable to each licensure category (Licensed Social Work Associate, Licensed Graduate Social Worker, Licensed Certified Social Worker, and Licensed Certified Social Worker-Clinical). In so doing, these bills distinguished more clearly among each type of practice and effectively delineated under what circumstances a social worker may diagnose and/or treat mental or emotional disorders. An important aspect of the legislation also dealt with the supervision of LSWAs and LGSWs in the performance of social work functions. After considerable negotiation and discussion within the social work community, consensus was reached on statutory language to clarify existing law and to establish a process for adopting specific regulations that will include all affected agencies and parties.

The most important aspect of the legislation is the intent to finally distinguish clearly the differences between the clinical license (LCSW-C) and the others issued by the Board (LCSW, LGSW, LSWA). Since 1992 when this new licensing category was established, there has been a great deal of confusion about the scope of the practice reserved exclusively for a clinical licensee and whether individuals without an LCSW-C can continue to perform certain functions that have come to be called "clinical" in the context of their own practice or employment.

The law attempts to resolve this issue in several ways. First, it redefines the term "practice social work" to mean: "TO APPLY THE THEORIES, KNOWLEDGE, PROCEDURES, METHODS OR ETHICS DERIVED FROM A FORMAL EDUCATIONAL PROGRAM IN SOCIAL WORK TO RESTORE OR ENHANCE SOCIAL OR BIOPSYCHOSOCIAL FUNCTIONING OF INDIVIDUALS, COUPLES, FAMILIES, GROUPS, ORGANIZATIONS, OR COMMUNITIES THROUGH:

(I) ASSESSMENT;
(II) PLANNING;
(III) INTERVENTION;
(IV) EVALUATION OF INTERVENTION PLANS
(V) CASE MANAGEMENT;
(VI) INFORMATION AND REFERRAL
(VII) COUNSELING
(VIII) ADVOCACY;
(IX) CONSULATION;
(X) EDUCATION;
(XI) RESEARCH;
(XII) COMMUNITY ORGANIZATION; OR
(XIII) DEVELOPMENT, IMPLEMENTATION, AND ADMINISTRATION OF POLICIES, PROGRAMS, AND ACTIVITIES.

Since the definition applies to all licensure categories, any licensee can continue to conduct assessments and provide counseling for clients. However, the law goes on to state that the practice of social work for an individual licensed as an LCSW-C includes: "EVALUATION, DIAGNOSIS AND TREATMENT OF PSYCHOSOCIAL CONDITIONS AND MENTAL DISORDERS, AS DEFINED IN § 10-101(F) OF THE HEALTH–GENERAL ARTICLE." Other provisions clarify that a licensee "MAY PRACTICE SOCIAL WORK ONLY WITHIN THE SCOPE OF THE SPECIFIC TYPE OF LICENSE ISSUED BY THE BOARD."

In addition, the law indicates that an LSWA, and LGSW

and an LCSW cannot "(I) MAKE A CLINICAL DIAGNOSIS OF A MENTAL OR EMOTIONAL DISORDER" and an LGSW or LCSW may only treat such disorders or provide psychotherapy under the direct supervision of an LCSW–C. "Psychotherapy" is defined as "A METHOD FOR THE TREATMENT OF MENTAL DISORDERS AND OTHER CONDITIONS WITHIN A SPECIALIZED, FORMAL INTERACTION BETWEEN A SOCIAL WORKER LICENSED AT THE CLINICAL LEVEL AND AN INDIVIDUAL, FAMILY OR GROUP IN WHICH A THERAPEUTIC RELATIONSHIP IS ESTABLISHED TO UNDERSTAND UNCONSCIOUS PROCESSES, INTRAPERSONAL, INTERPERSONAL AND PSYCHOSOCIAL DYNAMICS."

Because there has also been controversy over supervision requirements, the bill includes a separate provision that requires the BSWE to adopt regulations defining the appropriate means of providing supervision for individuals practicing social work after consultation with affected state agencies. The Board indicates that it intends to convene an inclusive workgroup to accomplish this purpose after the bill is passed.

In addition to the above clarifying changes, the law expands the size of the Board from seven to eleven members and specifies that at least one must be a LCSW, one a LGSW and four must be LCSW-Cs. With a majority of licensees holding the clinical license, the BSWE indicates that it needs additional members with clinical expertise to process the complaints it receives. The amendment also expands who may nominate individuals to serve on the Board so that the Governor will select from names submitted by: (1) professional social work associations in Maryland; (2) anyone who submits a nomination signed by at least 25 licensees; and (3) the Secretaries of State agencies that employ social workers. One member is to be chosen from among employees of the Department of Human Resources. This is intended to assure that adequate representation will exist for social workers employed in the public sector.

Further, the legislation establishes the following additional grounds for disciplining a licensee:

- failing to report to the board that the licensee is, or has been the subject of any disciplinary action against the licensee's social work or other professional license by a licensing or disciplinary authority in any other jurisdiction or court of any state; a branch of the United States Uniformed Services; or the Veterans Administration, or related license.
- by threats, force or improper means, intimidating or influencing, or attempting to intimidate or influence, for the purpose of: (i) causing any person to withhold or change testimony in hearings or proceedings before the Board or otherwise delegated to the Office of Administrative Hearings; (ii) hindering, preventing or otherwise delaying a person from making information available to the Board in furtherance of an investigation by the Board; (iii) causing a Board member to vote differently at a hearing or proceeding before the Board; or (iv) causing an administrative judge to rule differently at a hearing delegated to the Office of Administrative Hearings.
- knowingly failing to report suspected abuse or neglect of a vulnerable adult in violation of §35D of Article 27.
- failing to comply with the requirements of any order entered by the Board as a result of any disciplinary matter with the Board, including payment of costs as required by statute.
- failing to maintain adequate patient records.

Hospital Privileges

During the 1999 legislative session, the Council joined with representatives of other non-physician providers to require that hospitals grant privileges to chiropractors, nurse midwives, nurse anesthetists and social workers. The measure failed, but the Maryland Hospital Association agreed to study these issues during the next year. Very little was done to change the existing privilege restrictions, although the nurse midwives and anesthetists were invited to attend one workgroup meeting. As a result, each provider group decided to introduce its own privilege bill. The Council had House Bill 1207 introduced by Delegate Barbara Frush of Prince George's County who proved to be a strong and able advocate.

In addition, the non-physician providers also supported House Bill 798 sponsored by Delegate George Owings of Anne Arundel County, which generally outlawed discrimination in hospital credentialing and prohibited denial of privileges based solely on the license of the applicant if the hospital provided services within the applicant's scope of practice. After strong hearings in the House Environmental Matters Committee on each bill, the sponsors decided to focus on HB-798 in the hopes of passing one bill for all. While the coalition of provider groups believes that it had the votes to pass the bill, the committee chairman decided to refer the matter for study by the committee over the interim. Chairman Guns expressed a sincere desire to examine the entire issue of hospital privileges in a two-day retreat and to hear from national experts. He intends to go beyond what the legislation would have accomplished

continued next page

Maryland General Assembly, *continued from previous page*

and address the current ability of hospitals to grant privileges that are more restrictive than providers legal scope of practice.

Not being satisfied with a legislative study, several of our sponsors decided to amend these non-physician groups into another bill directing a study of discrimination in physician credentialing since this was supported by the state medical society. As a result, Senate Bill 328 as passed by the General Assembly will include social workers, nurse midwives and nurse anesthetists as well as physicians in a study to be conducted by the Schaefer Center for Public Policy at the University of Baltimore "to ensure that there is adequate opportunity for redress of the complaints of [these providers] relating to exclusion by hospitals and credentialing organizations." The Senate accepted the House amendments on SB-328, and it passed on the final day of the session.

Emergency Petitions and Involuntary Admissions

A new initiative this year began with the introduction of House Bill 746, sponsored by Delegate Melony Griffith of Prince George's County. This bill was intended to authorize a clinical social worker to: (1) sign a petition for emergency evaluation without judicial approval; and (2) certify an individual for involuntary admission to a mental facility. As a social worker herself, Delegate Griffith was an articulate and enthusiastic proponent of the measure and was able to obtain several cosponsors from the House Environmental Matters Committee which heard the bill. She was supported by able testimony from the Council and many phone calls through our grassroots network.

Unfortunately, a physician member of the committee strongly opposed the measure and campaigned actively for its defeat. Despite continued efforts by the social work community, the bill was given an unfavorable report by the committee. Because of its success in getting social workers included in the upcoming studies regarding hospital privileges, the Council intends to use this forum to educate lawmakers further on training of clinical social workers, including their qualification to initiate emergency petitions and certify individuals for involuntary commitment.

Caseload Reductions for Child Welfare Workers

In 1998, the Maryland General Assembly passed the Child Welfare Workforce Initiative, a measure to increase the qualifications of professional workers in child protective services and foster care agencies. That bill also provided substantial pay increase for social workers serving in these positions and mandated that caseloads be reduced to levels established by the Child Welfare League of America. When the state Department of Human Resources failed to begin implementation of case load reductions by 1999, legislators inserted in the budget language to require full implementation by 2003. This year, legislative analysts again indicated that implementation was proceeding "at a snail's pace", and many legislators expressed their frustration with the department's efforts. The result was the introduction of Senate Bill 728 by Sen. Christopher Van Hollen and House Bill 903 by Delegate Maggie McIntosh to require implementation and earmark funds to accomplish it.

The Council provided strong testimony at the Department's budget hearings as well as the hearings for these bills in the Senate Budget and Taxation Committee and the House Appropriations Committee. In addition, the NASW Maryland Chapter sponsored a rally of social work students that occurred on the same day as the Senate budget hearings. Significant media attention was given to the issue, and lawmakers were made aware of our strong concerns. In conjunction with advocates for children's organizations, the Council generated a significant number of phone calls to legislators in support of these measures. Although the Senate Bill passed the full Senate, it was never voted on by the House Appropriations Committee. Chairman Howard ("Pete") Rawlings of Baltimore City did not bring either bill to a vote, choosing instead to support budget language similar to that passed in the previous year. In addition, he indicated a willingness to bring the Department before his committee over the summer and require an explanation for any delays.

Public Agency Social Workers Salaries

As a follow-up to the Child Welfare Workforce Initiative of 1998, the Council introduced legislation aimed at restoring parity among social work positions in state service. Since child welfare workers obtained salary increases from the 1998 legislation, HB-922 in the 1999 session proposed similar increases for social workers employed in other state agencies. All of this bill did not pass and Chairman Rawlings wrote to the state budget director requesting a study of the issue and a plan for adjusting salaries to restore parity. In October 1999, the Department of Budget Management reported to the Legislature that salary increases were needed for social workers in the "health" and "criminal justice" series comparable to those obtained in DHR. We are pleased to report the budget recently passed by the Maryland General Assembly contains funding for these increases effective January 1, 2001.

The last major initiative of this type that the Council supported along with child welfare organizations was aimed at increasing the availability of addiction specialists to assist child welfare workers in the field. While social workers managing cases involving child abuse and neglect maybe in the field, they often have little experience with substance abuse diagnosis and treatment. Furthermore, treatment is underutilized as a requirement for family reunification when adult household members' substance abuse problems go undetected. To deal with this situation, Speaker Casper Taylor of Allegany County introduced House Bill 7 as a leadership initiative. The measure requires the Department of Human Resources and the Department of Health and Mental Hygiene to develop a plan for integrating substance abuse services with child welfare services by placing addiction specialists in local Departments of Social Services to assist child welfare workers and encourage cross training of personnel.

As passed by the Maryland General Assembly, HB-7 and its companion SB-671 (Sen. Van Hollen) also require the state to commit $16 million to this effort, which will include expansion of treatment capacity for parents with substance abuse problems. The Executive Branch strongly resisted mandated funding for this effort, but the Legislature retained it when the measure passed on the final day of session. Since there are no funds in the budget for these services, the governor will need to find the funds from within the approved budget or seek a deficiency appropriation next year for amounts expended to comply with the law.

Overall, the 2000 Maryland General Assembly session was productive for the social work profession. Lawmakers were further educated about the unique qualifications and abilities of social workers and their contribution to the state. The Council believes that the stature of the profession was thereby enhanced and the interests of professional social workers advanced. ❖

Stephen C. Buckingham, Esq. is the Maryland Legislative Lobbyist for GWSCSW

Virginia Legislative Report

by Karen Welscher–Enlow

A large percentage of our Virginia members have not filled out the legislative information (i.e., Congressional District #, Senate # or Delegate #) for our directory. We use this information to direct "Legislative Alerts" to our members and to keep you updated about issues that affect your practice. This will allow you to contact your legislator and voice your opinions before they vote. Please remedy this by sending the information to our Executive Director, Darlene Averick, P.O. Box 75417, Washington, DC 20013; fax: 202-544-4693; or e-mail: *GWSCSW@juno.com.* Thank you for your immediate attention to this matter.

The Insurance Parity Bill SB-358 passed both houses of the legislature. Some technical amendments were added but nothing that changes the meaning or intent of the original Bill. SB-729, which would have excluded group plans with 50 or fewer employees, was not voted out of the Senate Commerce and Labor Committee and is dead for this session. An attempt to expand the biologically based mental illnesses covered under the parity bill to include smoking and smoking cessation under the Drug and Alcohol area has been sent to the Bureau of Insurance for review. The HMO's are against the inclusion of smoking and smoking cessation. Many supporters of the parity bill are concerned that to include smoking would increase the costs; thus, Parity's opponents will attempt to eliminate the mental health parity bill during the 2001 legislative session.

Contact your Senator or Delegate to inquire about other bills you have been following or contact Virginians for Mental Health Equity at 1-894-649-1053. Have a great summer. ❖

Maryland Meeting

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 at 301-279-0546 or Margaret Crockett at 301-593-3100 to volunteer or to make welcome suggestions.

Tuesday, June 20, 2000
Time: 12:15–1:30 pm
Speaker: Diane Seasonweim, LCSW-C
Topic: *The Termination Process in Therapy: The Good, the Bad, the Ugly*

COP Reception

by Audrey Thayer Walker

The DC chapter of the NMCOP (National Membership Committee of Psychoanalysis in Clinical Social Work, affiliated with the Clinical Social Work Federation) recently held a reception and meeting at the home of Audrey Thayer Walker. A lively dialogue led to ideas for future projects. For example, a book signing for the recently released NMCOP book publication, *The Social Work Psychoanalyst* was suggested. Kerry Leddy Malawista, who wrote one of the chapters, will discuss the process of her clinical experiences and professional writing. Social work students will be encouraged to attend. Catherine Brunkow, a psychoanalyst, plans to present to local social work graduate classes her work with crisis intervention, taken from a chapter in *Fostering Healing and Growth.* This book was developed by NMCOP to be used in schools of social work. Constance Hendrickson's interest in editing a book on supervision may well fit in with Kerry Malawista's doctoral dissertation on supervision.

Those in attendance expressed continued interest in having writers' support groups; in encouraging contributions to newspaper letters-to-the-editor; and in the subject of supervision and study groups. To that end, the COP is sponsoring an ongoing study group of eight experienced social workers who are exploring newer neurological research related to mind/body/brain/self developments. The group meets monthly at Barbara Cristy's home. Much of the research supports psychoanalytical theory and adds complexity to be continually reworked. Allan Schore's book, *Affect Regulation and the Origin of the Self,* has been a springboard for exploration.

NMCOP has been concerned about the erosion of psychoanalytic theory in the graduate classroom. The lack of representation of clinical interests on the Council on Social Work Education is notable. Anita Bryce, Dean of the Clinical Social Work Institute (the accrediting body of social work graduate schools), informed the group about a coalition of social work deans who plan to address those concerns with the CSWE. NMCOP President William Meyer welcomed interaction, thoughts and strategies to initiate changes within the Council.

Dr. Bryce appreciated the continued support of the DC psychoanalytic social work community. She spoke of the Institute's successful first year with premier faculty and outstanding students. Both first and second year classes are fully enrolled.

COP members are urged to submit papers. Several participants volunteered to be readers. The eighth NMCOP National Conference will be in Chicago in January 2002.

Please contact Christine Erskine or Audrey Thayer Walker if you are interested in learning more about and/or participating in the COP. ❖

Educational Council Report

by Nancy W. Nollen

Now, near the end of another active year for the members of the Educational Council, the Board wishes to thank all who gave their time and talents to provide the variety of professional opportunities that enhance our clinical work. Each committee has focused on providing the highest quality of presenters and programs for our members, for which we are grateful.

The final Annual General Meeting will be held at the Leland Community Center, Chevy Chase, Maryland, on June 7, from 7:00-9:30 pm. Please bring a food contribution for this Potluck Dinner and join us for an evening of socializing and honoring outgoing officers and committee chairs. Aimee Nover will speak on female genital anxiety with a focus on clinical treatment with prepubescent girls.

Announcements of additional GWSCSW educational offerings for May and June are listed in the *Monthly Clinical Calendar.*

Please note the executive director's article with an update on the procedure for securing CEUs in preparation for applying for licensure. Darlene Averick has been working with each jurisdiction to assure accurate information to assist us in filing applications for licensure and renewal. ❖

Community Outreach Committee

by Sarah Tyler

The ninth annual Licensing Information Workshop was held on March 25, 2000, at American University. In response to the committee's efforts to better publicize the workshop this year, attendance was up. Approximately one hundred people attended and paid the $10 registration fee. The money collected offset increased costs associated with room rental fees at American University. Speakers at the workshop focused on the nuts and bolts of test taking, the value of professional membership and on the DC, MD and VA licensure requirements.

There were not many mentee applications collected at the Licensure Information Workshop. The committee hopes to promote the mentor program over the next year by soliciting more mentees and mentors. A Society member must have two years post clinical license experience before becoming a mentor.

The Community Outreach Committee will meet again in September to discuss the 2001 Licensing Information Workshop and the Mentor Program. The committee welcomes new members. For more information about the next meeting, about membership on the Community Outreach Committee, or about mentoring, call Sarah Tyler at 703-288-2949. ❖

Important Continuing Education Credit Information

Maryland and the District of Columbia Board of Social Workers require that Category-1 CEU programs consist of a minimum of 3 credit hours unless they are part of a series. Each of GWSCSW's monthly meetings is part of a series. Each program awards either 1.0 or 1.5 CEU credits. To meet the Board requirements you must send in a minimum of 3-credit hour certificates to receive one 3-hour CEU certificate. For example, if you attend two programs that award 1.5 credits, you would need to send in two certificates in order to meet the requirement. There is no maximum to the number of credits you can receive. There is only a minimum. While the cost for members in the past has been $5, we are waiving this fee. However, the cost for non-members remains $10. Please forward all questions and materials with a check to Darlene E. Averick, P.O. Box 75417, Washington, DC 20013; phone: 202-546-9322; fax: 202-544-4693; e-mail: *gwscsw@juno.com* ❖

For All Members

Call the Federation Hotline (800) 270-9739

your link to our...

- **Marketing Specialist**
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- **Forensic Specialist**
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  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

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Directory Update

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DIRECTORY CHANGES

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Advertisements, accompanied by full payment, must be received in writing by the GWSCSW by the first of the month preceding publication. Material should be sent to GWSCSW, P.O. Box 75417, Washington, DC 20013 (Phone: 202-546-9322)

Classified Ads: 75¢ per word
Minimum price $15 (20 words)

Display Ads: (must be camera-ready):

Full page 7½ x 10	$300	Half page $175
Quarter page 3½ x 4¾	$100	Horizontal: 7½ wide by 4¾ high
Eighth page 3½ x 2½	$ 50	Vertical: 3½ wide by 9¼ high

Size of display ads indicated above is width by height. Sizes must be exact. Other sizes and/or dimensions *will not be accepted.*
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NW DC/Connecticut Avenue (Zoo): Spacious, gracious, quiet psychotherapy office for rent all day Thursday, half-day Monday. Parking included. Hendrickson, 202-332-0134.

WOODLEY PARK, DC/TAKOMA PARK, MD: Lovely, sunny offices, furnished to rent PT for individual, group, play therapy, seminars. Secure building, friendly neighborhood, share waiting room. Reasonable rates plus frequency discounts. Across from Metro. Therapist parking possible. Space available both locations. 202-483-2660, ext. 4.

FRIENDSHIP HEIGHTS: Attractive office space for adult practice Mondays, Wednesdays, Fridays after 3:00 p.m., Thursdays after 6:00 p.m., and weekends. 1 ½ blocks to Metro. Call 301-654-8468.

FRIENDSHIP HEIGHTS: Spacious but windowless office in new, soundproofed therapy suite in the prestigious Barlow Building. Adjacent to the Friendship Heights metro stop, with kitchen facilities. $600/month. Call Judi Asner at 301-654-3211 or Ann Aukamp at 301-622-3075.

FRIENDSHIP HEIGHTS: Large, sunny, furnished office in three person suite. Includes waiting room, kitchen/staff room, bathroom. Garage parking available. Two blocks from Friendship Heights Metro. Available June 1. Stephanie Bernstein, 301-229-7552, or Diana Seasonwein, 301-652-2096.

GAITHERSBURG/ROCKVILLE: Sublet in newly decorated office, excellent location at the corner of Rt. 255 and Shady Grove Road. Share waiting room in mental health agency. Access to office machines and kitchenette. Potential networking. Ample free parking. Call 301-978-9750 (days) or 301-468-9232 (nights).

KENSINGTON: Large, sunny office in comfortable three-office suite. Reasonable rent. Ample free parking. Available July 1. Sheila Rowny 301-365-5823.

ROCKVILLE: Pleasantly furnished office space available in Rockville suite with other mental health professionals. Conveniently located on Metro/Bus line beside Montgomery College. Free parking. FT/PT. Flexible hours. Collegial atmosphere. 301-933-2374.

ALEXANDRIA: Furnished office for rent in well-established practice. Call Peter Bloom, PhD. (703) 765-5675.

FALLS CHURCH CITY: Office space for rent by the hour or day. Pleasant, bright offices in professional building. Call C. Warner 703-241-2746 or K. Harold 703-534-9253.

FALLS CHURCH: Psychotherapy office space available half-time and part-time in five-office practice with kitchen and therapy playroom. Beautiful setting with glass walls overlooking woodsy courtyard. Café in building. Near Tysons, 495 and 66. Call Lisa Herrick, 703-847-5793.

VIENNA OFFICE FOR RENT: 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/fax machine, free parking, conveniently located near Rt I-66 and Rt 123. Reasonable rent. Collegial, multi-disciplinary group welcomes inquires at 703-242-0896. Alice Kassabian, DSW.

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

FREE POST-GRADUATE TRAINING PROGRAM IN PSCHODYNAMIC PSYCHOTHERAPY: The Counseling and Psychiatric Service of Georgetown University is offering a multi-disciplinary training program for mental health professionals for academic year September 2000 through June 2001. Opportunity to provide long-term and short-term treatment for undergraduate, graduate, and other professional students while receiving free supervision and involvement in psychodynamic training seminars. Flexible hours and flexible time commitment. Equal Opportunity Employer. Contact: Paul Stein, MD, Georgetown University, One Darnall Hall, 37th & "O" Street, NW, Washington, DC 20057. Phone: 202-687-6985.

BALTIMORE-WASHINGTON INSTITUTE FOR PSYCHOANALYSIS: Two-year adult psychotherapy training program. Two-year child psychotherapy training program. Psychoanalytic training program. Reduced fee clinic for psychotherapy and psychoanalysis. Please call for information at 410-792-4912 or 301-470-3635.

BILLING SERVICE: Experienced professional handles all billing. Adept at the recovery of difficult claims. References available upon request. For information, call 703-628-0440.

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