

NEWS

CONTENTS

President's Message.....	2
From the Past President	3
GWSCSW Annual Conference.....	4
Tribute.....	5
Maryland General Assembly	6
Virginia Legislative Report.....	10
Committee Reports	13
Directory Update	18
Upcoming Events.....	19
Classified Ads	19

GWSCSW Lives On!

Reinvigorated Clinical Society Aims for "Lean and Mean"... but with Style!

As the glorious mythical bird, the Phoenix, lived proudly for a period of time then immolated itself on the pyre, so we as a Society almost reduced ourselves to ashes. It was a long time coming and we nearly succeeded in destroying ourselves. Through sheer determination, and with the moral and practical support of many people, we the Greater Washington Society for Clinical Social Work have begun to rise again.

This is a time when "business as usual" has no place; we must redefine our purpose and direction, as well as the methods used to reach whichever goals we decide are most important to us and to our profession. The Federation, of which we are a part, has recently set three strategic priorities: national advocacy, development of a national image, and support for state societies. In addition, the Federation has hired an Executive Director who is based in the Metropolitan Washington area and is prepared to carry out these priorities. This is a statement of strength and determination on the part of the Federation and is a step much needed to pull together the potential strength of so many diverse state societies across the country.

In our local situation, however, it has proved to be not advantageous to our own sense of community to have someone else to tend to all the details of running our Society. One result has been that little by little our members have become less and less personally involved in the life of our organization. Various other factors, as well, have led to a draining of energy away from the workings of this Society. There is no criticism meant by the enumeration of these factors, only the intent to try to understand the present environment. There are several organizations now functioning in the area which are based on theoretical models of thought and practice and which are claiming the

attention of some of our members. There is a new Institute for Clinical Social Work education which was established through the exceedingly hard and dedicated work of many of our members. There is a current climate of economic denigration of the therapy provided by clinical social workers as a way of stratifying services paid for by insurance companies. Managed care (the four-letter word of the mental health profession) has made it quite difficult for many of us to support ourselves in a manner appropriate to the service which we provide. These and many other factors have led to a sort of disaffection among our members.

As this point in our rejuvenated phoenix state, we need to regroup, refocus and redefine what we are about. It is a good thing that the Federation has taken on a more visible national definition and purpose, and that it will support and encourage the individual societies as well. It is up to us to create our local goals and purposes at the same time that we keep informed and involved in the larger scene. We have a chance to become a catalyst for positive identity for ourselves and in the eyes of the general public. We have a vision of who we are and what we can contribute to better the lives around us. We must put ourselves forward with pride and with conviction that we have a strong history, a solid basis of learning and experience, and a share in the future of a more sane and effective world.

continued on next page

President's Message, continued from page 1

We all owe a debt of gratitude to Nancy Nollen, the whole Board, and all of the committee chairpersons who so ably worked to keep the Society active and afloat. Many people have worked tirelessly and for the main reason of keeping the Society viable. The decision was made a few years ago to hire an executive director who could keep the framework of our organization functioning. She has made a sizable contribution to our many and diverse projects, but it has become apparent that our budget cannot really support that type of post. This means that all of us must again pitch in to make this Society a participant organization. Not everyone will be able to take on a major role, but there are many ways in which we all can take part. Your ideas all always welcome, your help on committees is needed, and your presence at meetings, classes and conferences will be beneficial.

Everyone is urged to become a part of our group internet, as this allows for very quick notices and comments. Opinions can be expressed and responses made in very quick fashion.

Plans and Items

1. Will everyone, as you read the newspapers, please make note of articles or problems to which you believe we should respond. Please notify either me or Anna Taft, the new secretary.
2. We will be lowering the annual dues to \$150 and will go to a single renewal date of October 1. We

will pro rate what you have already paid, so don't worry about losing your money.

3. We will cease having regional monthly meetings (they were not well attended) and will have only three general meetings plus the annual meeting and a conference. We are looking into having the general meetings on a Friday evening, at a very nice place, with speaker/panel and case presentations. We will try to have a cash bar and nibbles, you will be able to invite a guest, and there will be at least a nominal charge to help with expenses and because CEUs are offered.
4. We are giving serious consideration to cutting back on our lobbying efforts, but we want to stay informed about what is going on in the various jurisdictions.
5. We have found ways to cut costs for our functioning, but we very much do need the help of many people, not just those on the Board.
6. Most of the programs from the past years will be retained. We will have a more active marketing presence, and will re-contact the several MSW schools in the area in order to encourage the students to be aware of our Society which is available especially for those interested in clinical work.
7. We would like to encourage the establishing of study groups which will meet informally in homes. Please contact us about your ideas and topics for study. You may call me or e-mail with your ideas and names of those interested in such a group.
8. Please let me know of any other ideas you have, and of your willingness to help with any of the projects.
9. Be sure to fill out the update, if necessary, for the new directory. We would like to get it published soon.
10. The first general meeting will be held in October.
11. Do not miss the conference coming up in September. It should be really terrific. Information is being sent separately.

Your comments concerning any of these items are welcome. With best regards to all...

Greater Washington Society for Clinical Social Work, Inc.

PRESIDENT: Marilyn Austin

EDITORIAL BOARD:

Margot Aronson, Josephine Bulkley

The Newsletter is published four times a year. The next issue will be published in September 2001 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.

Submit articles to GWSCSW. E-mail is preferred (malevin@erols.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 Work.

For advertising rates and deadlines, see page 19.

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Message from the Past President

by Nancy Nollen

Today signals my last written message to you as President of fiscal year 2000-2001. Since the March newsletter the Board has been steering a course in turbulent waters as we have worked to determine our direction for the future. It has been challenging to anticipate the direction we should take. Ever before us has been the reality that the Society has simply not had enough resources—people, money, time, energy—to continue its work. The chronic lack of leadership, decreasing number of members, and the collapsing budget are conditions that have continued to plague us for at least the past four years. The snowballing effect of these factors was heightened in May when no members stepped forward for leadership positions for the coming year.

The Board realized the Society was in a perilous situation. We consulted our long-time legal advisor, Larry Mirel, informed members through letters and a community meeting, and attempted in every way to speak clearly to the gravity of the Society's condition. For those dedicated members not so closely affiliated with the day-to-day management of the organization, this news was difficult to believe. While other Societies in the Federation and other membership mental health organizations have been straining under the same pressures, it has been a struggle for us to let go of the experiences of the past, when we were vibrant, innovative leaders in our profession.

The outgoing Board is well aware that the task ahead will not be easy. At this time of organizational shift, it will be especially important for the Board to join with those who have led in past years. Collective wisdom, grace, and grit are needed in abundance to redefine our Society, and our place in the community.

Our task, now, as members of the Society, is to work toward strengthening the bonds of collegial relationships and personal friendships that have characterized our commitment to the work of the Society over these 25 years. I wish for the Society clear direction as we collaborate toward forming our vision for the future.

By way of celebration during this time of transition, the upcoming Annual Conference will be held Saturday, September 15, 2001, 8:00 AM to 1:00 PM, at the Alma Temple, 1315 K Street, N.W. This conference, dedicated to Eloise Agger, first President of GWSCSW, Inc., is entitled Engagement: Mind, Body, Spirit. It will feature Joseph Lichtenberg, MD, Lyndall Demere, PhD, and Deborah Blessing, MSW. Watch for the brochure to be distributed this month.

The GWSCSW Board wishes to thank Faith Lewis, Co-Chair of this year's conference committee, for her generous contribution of \$5,000 to support the annual conference fund.

I wish to thank all members of the Society, for your support during this time of change. I extend my gratitude to the board and committee members who so generously gave of their talents and time throughout this past year. It has been a privilege serving as your President.

To the incoming Board, I speak for the outgoing Board in wishing you the very best as you move forward with wisdom and creativity in identifying the direction of the Society. ❖

Contributions to GWSCSW

Any contributions to GWSCSW over and above annual dues are fully tax-deductible, and will be gratefully accepted during this difficult time of transition.



Susan Drobis, LICSW
Mark A. Lawrence, MD
Natalie Shaw, LCSW

2001/02 WEEKEND WORKSHOPS

- ◆ The Mind/Body Connection - June 29/30
- ◆ Using Imagery in Therapy - Oct 12/13
- ◆ Ego State Psychotherapy - Nov 30/Dec 1
- ◆ Enlivening & Inspiring the Therapist - Feb 2/Apr 6
- ◆ Using Imagery w/ Couples & Groups - March 1/2
- ◆ The Mind/Body Connection - May 3/4

2001/02 COURSES

- ◆ Using Imagery in Therapy: A Comprehensive Experiential Course For Practicing Clinicians
- ◆ Ego State Psychotherapy Clinical Case Seminar
- ◆ Imagery Clinical Case Seminar

Courses in Chevy Chase, McLean, Tenleytown
FOR INFORMATION AND A BROCHURE
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September 15

GWSCSW Annual Conference

by Sheila Hill

Faith Lewis and Sarah Pillsbury, co-chairs of the GWSCSW's annual conference, *Body, Mind and Spirit*, are pleased to announce that all is in place for the conference to be held on Saturday, September 15, 2001, from 8:00 to 1:00 pm at the Sphinx Club at the Almas Temple, 1315 K Street, NW, Washington, DC. The conference will honor the late Eloise Agger for her outstanding service to the Society and profession.

The conference will address one of the central clinical issues of our day: how do we integrate research findings from the biological and neuroscience spheres and our beginnings as body/mind with clinical work rooted in our understanding of the impact of environment as well as spirituality.

The guest speakers will be Joseph Lichtenberg, MD, and Lyndall Demere, PhD, MscD. The guest presenter will be Deborah Blessing, MSW. Dr. Lichtenberg, a noted researcher, teacher, and clinician in the fields of infant attachment and the development of motivational systems, will address "When the Body Speaks, Do We Listen?". Lyndall Demere, a nationally-accredited educator for the National Association of Forensic Counselors and a specialist in clinical work with issues of energy and spirit, will address the interrelatedness of body, mind, and spirit. Deborah Blessing, Society member, teacher and clinician, will lead off the day with a case presentation in which the central symptom is an eating disorder.

This half-day conference allows time for many conversations: over coffee, between the speakers and presenter, and between the invited guests and audience. The \$75 fee includes breakfast. The Sphinx Club is an attractive setting with comfortable seating, excellent sound system, ample parking, and access from the McPherson Square Metro stop.

So, save the date and join us on September 15. ❖

A Benefactress

Sometimes in a time of need someone able to "do good" or "bene factio" appears just when needed. The Society, in need, has Faith Lewis to thank for her \$5,000 contribution to the Society and its endeavors. Thank you, Faith, for your faith in us.

Seeking Newsletter Co-Editor

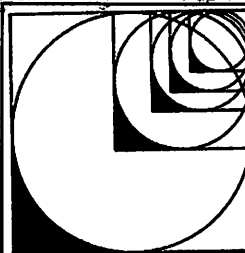
Your help is greatly needed! Our newsletter is extremely valuable in keeping us informed and involved with the dynamic world of clinical social work.

We need a dedicated person to help out with the editing responsibilities.

Polish up your mind and sharpen your pencil to begin a new career as a newsletter editor. Experience in writing and editing helpful.

For details, please contact

Margot Aronson
(202) 966-7749
malevin@erols.com



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In Tribute

Louisa Van Wezel Schwartz died on March 27, 2001 of lung cancer. Louisa served as the Society's second president between 1977 and 1978. Like many of our founders, she was a woman of many parts—social worker, clinician, mother, wife, painter and writer, volunteer and warm friend.

Born in New York and educated at Pembroke College in Rhode Island, Louisa moved to Washington 52 years ago. She received her Master of Social Work degree in 1956 from Howard University and after consulting on a research project at Johns Hopkins, opened her private practice in 1958. She was deeply involved in continuing education, both her own and others. She was first a student and then a faculty member with the Washington School of Psychiatry. Her involvement with the Mid-Atlantic Group Psychotherapy Society as an officer, teacher and mentor spanned many years and was the source of some of her most important personal attachments.

Louisa consistently devoted time to community service. She felt strongly about human rights issues and worked to address them. She was a consultant to the Annunciation School in Washington and served on the Mayor's Advisory Committee on Mental Health. She consulted at the National Institutes of Health on a research project looking at the psychological aspects of complications in pregnancy. Other consultative assignments were at Children's Hospital and Johns Hopkins. The problems of women and children were special areas of interest on which she lectured and wrote.

A memorial service honoring Louisa Schwartz was held on April 28 at the Cosmos Club. She was remembered by her family, friends and colleagues as wise, generous, funny and creative. One speaker captured well her basic core—the sense of values and principles that guided her and the foundation from which she went forth to be flexible and accepting of new ideas and other people.

Louisa is survived by three children from her first marriage: Anthony V. Stone of Atlanta, Katherine V. Stone of Ithaca, New York, and David J. Stone of Kensington. There are three grandchildren and a large extended family, all of whom were very present in her life. Her last twelve years were spent with her beloved third husband Russell Cort. She practiced, painted, enjoyed a home on the bay and continued to reach out to all around her to the last. She will be remembered and missed. ❖

Washington Psychoanalytic Society, Inc.

Washington Psychoanalytic Institute, the educational component of the Washington Psychoanalytic Society, Inc., provides a comprehensive program of training in the theory and practice of psychoanalysis. For more information, please call 202-338-5453 or visit our web page: www.washpsa.org.

2001–2002 Scientific Program of Meetings

Continuing Medical Education and Continuing Education Credits for Psychologists and Social Work available

Scientific Programs will be held at the Park Hyatt Hotel, 24th and M Streets, N.W. Cocktails begin at 6:30 p.m.; dinner at 7:15 p.m.; scientific meeting, followed by discussion, at 8:15 p.m. Attendees are requested to register for dinner by Monday of the week of the Friday meeting by mailing a check for \$55 per person to the Society office. Those who wish to attend only the meeting should register by Wednesday of the week of the meeting by mailing a check for \$5 per person to the Society office. These programs are directed towards all mental health professionals.

September 14, 2001 (Register by Monday, September 10)

Discussant: Lawrence Friedman, M.D.

Topic: Psychic Change in Analysis: Its Relation to Analyst and Patient's Goals (paper written by the late David L. Raphling, M.D. and will be read by Stephen Rosenblum, M.D.)

October 26, 2001 (Register by Monday, October 22)

Joint program with the Washington Psychoanalytic Foundation's New Directions Program

Speaker: Theodore J. Jacobs, M.D.

Topic: Insights, Epiphanies, and Working Through: On Healing, Self-Healing, and Creativity in the Writer and the Analyst

November 16, 2001 (Register by Monday, November 12)

Speaker: Cynthia E. Margolies, Ph.D.

Topic: Case Presentation: Development of Psychoanalytic Understanding of the Effects of Trauma

Discussant: Arthur S. Blank, Jr., M.D.

February 22, 2002 (Register by Monday, February 18)

Joint program with the Washington Psychoanalytic Foundation's New Directions Program

Panel: Judith F. Chused, M.D.; Theodore Jacobs, M.D.; Karen Maroda Ph.D.; Henry Smith, M.D.; Robert Winer, M.D.

Topic: The Psychology of the Analyst

March 17, 2002 (Register by Monday, March 11)

[TIME: Sunday, 12:00–3:30 p.m. Place: to be announced]

Speaker: Stanley I. Greenspan, M.D.

Topic: The Affect Diathesis Hypothesis: Affect Transformations, Early Ego Development, and the Therapeutic Process

May 3, 2002 (Register by Monday, April 29)

Speakers: Glenn Gabbard, M.D.; Jonathan Lear, Ph.D.

Topic: Boundary Violations

Successful Session for Social Workers in Annapolis

by Stephen C. Buckingham

The 2001 session of the Maryland General Assembly that concluded on April 9 can be characterized as one of the most successful in advancing issues supported by social workers. After more than a decade, legislation was finally passed to protect gay, lesbian and bisexual individuals from discrimination in housing, employment and public accommodations. Clinical social workers gained the right to issue petitions for emergency evaluations, and progress was made in addressing the multi-year funding deficits of the state Mental Hygiene Administration. While more work is needed to expand patient access to treatment for mental illness, more funding will be provided for substance abuse treatment and providers of services for the developmentally disabled.

Civil Rights

The civil rights victories in this session are likely to have the greatest impact on society. In a major victory for the gay, lesbian and bisexual community, the full Senate voted its approval of SB 205, making Maryland the 12th state in the nation to extend protections for basic human rights to people of different sexual orientations. The Maryland Legislative Council of Social Workers worked closely with the statewide civil rights organization for gay, lesbian, bisexual and transgendered people, Free State Justice Campaign, to provide effective testimony, grassroots contacts to legislators and professional advocacy services. Sponsored for many years by Delegate Sheila Hixson of Silver Spring, the Antidiscrimination Act this year also was sponsored by Governor Parris Glendening, who gave his full support to the measure. Combining the resources, talents and hard work of many different groups, the Governor's office and advocates mounted a well coordinated effort that resulted in a narrow victory in the Senate's most conservative committee, Judicial Proceedings, on a 6 to 5 vote. In the full Senate with Montgomery County's Senator Jennie Forehand as floor leader for the bill, the proponents were able to halt a filibuster and pass the measure by a 2 to 1 margin. The House of Delegates followed suit with a similar margin of victory.

Although the Antidiscrimination Act picked up three amendments in the process, one of them had been worked out between proponents and Senator Leo Green of Bowie to obtain his support. This amendment merely clarifies what the bill does not do (authorize same-sex marriage, require payment of benefits to domestic partners, or

endorse any particular sexual orientation), and helped other reluctant legislators add their support to the measure. The other two amendments exempt the Boy and Girl Scouts from the employment aspects of the protection and allow employers to take reasonable steps to determine employees' sexual orientation when defending against bias claims. While both of these modifications were offensive to civil rights advocates, the effect in practice is expected to be minimal.

Governor Glendening also won passage of another civil rights measure, HB 303 and SB 208, to deal with racial profiling. As enacted, this measure requires police to record racial data pertaining to traffic stops for reporting to the Maryland Justice Analysis Center (MJAC), and requires law enforcement agencies to adopt policies against race-based traffic stops.

Emergency Petitions

Another successful social work priority this year was HB 770, sponsored by Delegate Melony Griffith, a social worker from Prince George's County. The bill authorizes clinical social workers to file and present a petition for emergency evaluation of an individual that could be served on the individual without court approval. Supported by the Maryland Chapter of the National Alliance for the Mentally Ill (NAMI) as a patient access issue, the bill's only opposition (by the Public Defender's Office and the Maryland and Suburban Psychiatric Societies) was withdrawn at the hearing. The Maryland Psychological Association took no position. The bill will now go to the Governor for signature.

Another bill on the subject, HB 1295, was introduced by Delegate Nancy Stocksdales of Carroll County to address a constituent's poor experience with the emergency petition process. Had it passed, the bill would have created new procedures and barriers for the issuance of a petition. After testimony in the House Environmental Matters Committee, the bill was referred for study over the interim between sessions.

Caseload Reductions

Another top priority for social workers was follow-up on previous years' efforts to improve working conditions for social workers employed by state agencies. Particularly important was the need for adequate funding to reduce caseloads for child welfare workers. When the Governor's budget was introduced, however, child advocates were not convinced that it included adequate funding for caseload reductions. The Department of Human Resources had requested 109 new positions, and fully expected to satisfy

the Legislature's deadline of meeting the standards set by the Child Welfare League of America by fiscal year 2003. To assure this is accomplished, the General Assembly added language to the budget bill, HB 150, indicating their expectation that this deadline would be met.

Adequate Funding for Health Services

Even before the Governor's budget was introduced, it became clear that programs to meet the health needs of Marylanders were seriously underfunded. Early in the session, Chairman Thomas Bromwell of the Senate Finance Committee expressed serious concern that the State's Medicaid managed care system, known as HealthChoice, was not receiving adequate resources to maintain quality of care for the poor. He claimed the projections for savings had not been accurate after 1996 legislation imposed managed care on Medicaid. The Chairman decried the fact that state lawmakers now find themselves acting in much the same way as the managed care companies: providing inadequate resources to meet the health care needs of patients. To help find additional resources for HealthChoice, the legislature passed HB 429 to establish a fund to receive fines collected from managed care organizations (MCOs),

which will be used exclusively for provider reimbursement under HealthChoice, including providing incentives to MCOs that exceed performance targets.

In this fiscal environment, initiatives to expand health coverage to additional groups faced nearly insurmountable odds. The lack of funding for existing health programs in the current budget made it impossible for the General Assembly to pass either House Speaker Casper Taylor's HB 5 or Senator Chris Van Hollen's SB 743 this year. These measures would have expanded health care to many uninsured by extending coverage for the parents of children enrolled in the Children's Health Insurance Program.

Unexpectedly, the legislature also failed to approve either HB 995 or SB 568, though neither would have required additional funding. The measure would have authorized the Maryland Health Care Foundation to offer, through a 3-year demonstration project, employer-based health insurance to uninsured adults with family incomes at or below 300% of the federal poverty level (FPL) who work for employers with more than 50 employees. Although this coverage would have avoided currently mandated benefits

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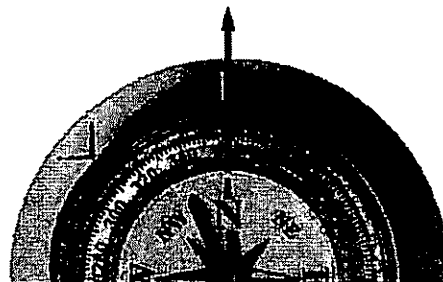
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American Board Of Examiners In Clinical Social Work

Maryland Legislation, continued from previous page

established in law, its impact would have been carefully monitored and analyzed before such policies could be expanded to larger populations.

The General Assembly, however, did provide \$6.5 million additional coverage for pharmaceuticals for low-income seniors with the passage of the Maryland Prescription Drugs Access Enhancement Act of 2001, SB 236 and HB 6. This is accomplished through several means. It expands both the Short-Term Drug Subsidy Program initiated last year and the MedBank program run by the Maryland Health Care Foundation to match needy patients with existing discount programs offered by manufacturers. It also allows Medicare enrollees and others with household income at or below 300% of the federal poverty level (FPL) without drug coverage to buy drugs at the Medicaid rate from pharmacies, with the pharmacies receiving a slightly increased dispensing fee.

The legislature also passed HB 1042 to establish an independent, nonprofit Maryland Health Insurance and Assistance Fund under the Insurance Commissioner to provide affordable, comprehensive health benefits to medically uninsurable and low-income residents of the State up to 300% of the FPL. This fund is expected to receive income from the conversion of Blue Cross Blue Shield of Maryland to a for-profit entity, as well as assessments on insurance carriers.

Once again, lawmakers opted not to take a comprehensive approach to health reform as proposed by Senator Paul Pinsky of Prince George's County. The Senate Finance Committee voted down Senate Joint Resolution 8, entitled "Health Care for All Marylanders". The measure would have resolved that the Maryland General Assembly was committed to implementing public policy to provide affordable, quality health care coverage for all Marylanders. It also would have established a Panel on Comprehensive Health Care to hear public testimony on possible approaches

Access to Mental Health Services

After HB 150 was introduced, the budget committees also discovered that the Mental Hygiene Administration had amassed a large deficit over the past three years due to a variety of factors. Not only had the demand for mental health services increased dramatically, but funds from the Mental Hygiene Administration had been transferred to the Medicaid program to make up its deficit. Based on a continuing deficit exceeding \$30 million, lawmakers expressed frustration with the Governor's budget and

acknowledged that the state will have to pay more in the long run for inpatient mental health services as well as prison-based care for some. Since only the Governor can add money to the budget, many lobbied the Administration to include additional funding in a supplemental budget. Ultimately, the Governor did so, appropriating \$30 million to cover the deficit from funds expected from a new tax amnesty program to be enacted by the legislature. This measure, HB 828, passed in the final hours of the session.

Despite the shortcomings of the Governor's budget, mental health advocates proposed several measures aimed at eliminating barriers to care. As introduced by Senator Edward Kasemeyer of Catonsville and Delegate Peter Hammen of East Baltimore, SB 328 and HB 1247 would have required Medicaid to add an annual cost of living adjustment (equal to the Consumer Price Index for all urban consumers) to its reimbursement of community mental health services providers. With Medicaid rates generally unchanged for more than two decades, provider groups argued that compensation had not kept up with providers' costs. Testifying in support of both bills were representatives from the Maryland Association of Psychiatric Support Services (MAPSS), who had requested the bill, as well as spokespersons for psychiatrists and clinical social workers. The Senate Finance Committee originally approved SB 328, but the bill was also assigned to the Budget & Taxation Committee, which indicated it could not be funded in this year's budget. As a result, both committees gave the measure an unfavorable report. On the final day of the session, the House Appropriations Committee also voted down HB 1247.

SB 326, introduced by Senator P.J. Hogan of Montgomery County, and HB 1108 filed by Delegate Sandy Rosenberg would have required the State Medical Assistance Program to reimburse community-based outpatient mental health programs and individual providers the entire amount of the Medicaid fee for services to individuals eligible for both Medicare and Medicaid. This coverage of the "dually eligible" would include payment for any copay as well as the "psychiatric discount" of 37.5% that the federal government automatically deducts before calculating its share of the provider's payment. Although the Senate passed SB 326 without change, both bills failed in the House Environmental Matters Committee for lack of action. However, language included in the supplemental budget (above) directs additional funds from the tax amnesty program to be used for this type of reimbursement for mental health services. Unfortunately, this provision applies for only one year and is dependent on the availability of the additional funds.

Reimbursement of Other Providers

Groups other than mental health providers won approval of measures affecting reimbursement for services. Annual rate setting for Medicaid and CHIP providers will be established through passage of HB 1071 and SB 627, entitled the "Reimbursement Rates Fairness Act of 2001." As enacted, this measure requires the Department of Health & Mental Hygiene (DHMH) to establish a process to set Medicaid and CHIP fee-for-service rates annually and consider reimbursement systems reflecting rates in the community and medical inflation, or Medicare RBRVS rates. In addition, providers of services for the developmentally disabled will be assured of parity with private sector providers in five years, due to the passage of HB 922 and SB 432. This measure requires DHMH to increase the rate of reimbursement paid to community providers of services to individuals with disabilities and eliminate the disparity between direct service workers and employees in state residential centers by 2006.

Substance Abuse Services

To supplement the Governor's budgetary increases for substance abuse treatment, HB 657 and SB 464 were introduced to double the alcoholic beverage tax on beer, wine and liquor with the proceeds going to a special fund to provide additional treatment and prevention services within the Drug & Alcohol Abuse Administration. The measure was again sponsored by Delegate Salima Marriott, a social worker from Baltimore City, but this year she had a powerful Senate sponsor in Barbara Hoffman, Chair of the Budget & Taxation Committee. After the budget was approved, however, the House Ways & Means Committee voted down its bill, and Senator Hoffman withdrew hers.

The Maryland Acupuncture Society and the Special House Committee on Drug and Alcohol Abuse, chaired by Delegate Pauline Menes of Prince George's County, proposed one additional that bill could expand access to substance abuse treatment. As passed by the General Assembly, HB 1270 permits licensed or certified alcohol and drug counselors, nurses, psychologists and clinical social workers with training to provide auricular detoxification under direct supervision by a licensed acupuncturist as part of a substance abuse program. With a proven record in assisting addicts with the detoxification process in the Baltimore City Jail and five outpatient clinics, this acupuncture procedure appears to be the safest way to help pregnant women and their babies withdraw from narcotics. Clinical social workers providing therapy in drug treatment programs will be allowed to add this weapon to their arsenals in the struggle against addictions. ♦

Family Therapy Practice Center

Marianne Walters, MSW, Director

•••••

CASE CONSULTATION GROUPS

Weekday Mornings, 9:30–12 noon

(Day of the week to be chosen by participants)

Applicants may choose between small groups meeting monthly from September through June or twice monthly from September through January. Each group session will afford participants the opportunity to present at least one case. Clinical approaches, strategies, themes, and interventions will be addressed through discussion of case material.

Tuition: \$500 for ten 2½-hour sessions

CLINICAL SEMINAR

Fridays, 9:30–12:30 pm

Oct. 5, Nov. 3, Dec. 7, 2001

Jan. 4, Feb. 1, Mar. 1, Apr. 5, May 3, 2002

The Clinical Seminar, a larger group designed to enhance the conceptual framework and clinical skills of practicing clinicians, will include presentations and consultations by the FTPC faculty as well as the opportunity for participants to present and discuss their own case material.

Tuition: \$400 for eight 3-hour sessions

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CEUs awarded upon request. Supervision is approved by the AAMFT for clinical membership. Supervision and clinical hours can be counted toward Social Work and Professional Counselor Licensure.

For applications, brochures, and information about individual supervision and in-service training, please contact:

Lawrence Levner, MSW, Clinical Director
The Family Therapy Practice Center
2153 Newport Place, NW
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202 861-0541

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Virginia Legislation

[The following information was provided by the Virginians for Mental Health Equity (VMHE) and its Mental Health and Addiction News, quoted and slightly edited by Mary Lou Lindquist.]

The 2001 General Assembly of Virginia took action on many bills that affect mental health and mental health insurance. The ones that passed are on their way to the governor for him to sign into law, propose amendments, or veto. What follows is a full summary of action on these issues during the 2001 General Assembly session.

Mental Health and Substance Abuse Insurance Issues

Most of the bills related to insurance and consumer protection were killed this session. Three that **passed** are:

SB-955 introduced by Sen. Emily Couric (D-Charlottesville), requiring insurers and HMOs that deny coverage to provide the treating physician with the name, address and telephone number of the person responsible for making the determination. Currently, only the name of a contact person is required. This should make it easier for providers to contact the utilization review agent who makes the determination to provide additional information or discuss the disputed coverage.

SJR-441 introduced by Sen. Dick Saslaw (D-Springfield), that directs the Joint Legislative Audit and Review Commission (JLARC) to conduct an evaluation of the development, management, utilization, and funding of health and mental health services provided through the Department of Medical Assistance Services. JLARC is the evaluation and audit arm of the General Assembly. This study should uncover any administrative, policy and funding problems that people with Medicaid coverage are experiencing.

HB-2078 introduced by Del. Ken Melvin (D-Portsmouth), authorizing the State Corporation Commission's Bureau of Insurance to refund the \$50 filing fee paid by patients or providers who have appealed a managed care health insurance plan's denial of coverage, if the appeal is not accepted for review.

The following insurance measures of interest to mental health and substance abuse consumers and providers **failed** to pass:

HB-2350 introduced by Del. Donald McEachin (D-Richmond), that would have allowed patients to sue their HMO for damages caused by negligence on the part of the HMO.

HB-1637 introduced by Del. Alan Diamonstein (D-Newport News), that would have required insurers and HMOs

to provide coverage for EEG biofeedback for treatment of attention deficit disorder.

HB-1671 introduced by Del. Jerrauld Jones (D-Norfolk), that would have created an explicit prohibition on discrimination in the issuance of insurance policies.

HB-2383 introduced by Del. Panny Rhodes (R-Richmond), that would have required mail order and community pharmacy co-payments to be equal in the state employees' health care plan. Therefore, the co-payments for prescriptions filled by mail order pharmacies will continue to be lower than those filled in community pharmacies.

HB-2768 introduced by Del. Richard Cranwell (D-Roanoke), that would have allowed patients in managed health care plans to choose their own health care providers.

SB-804 introduced by Sen. Roscoe Reynolds (D-Martinsville), that would have expanded Medicaid eligibility to include elderly and disabled Virginians with incomes up to 100% of the poverty level. Currently, eligibility is cut off at about 78% of the federal poverty level.

Temporary Detention Order Legislation

Two bills **passed** that will modify the period of time a person deemed to be a danger to himself or others may be detained for evaluation. These bills are **HB-2491** introduced by Del. Bob Brink (D-Arlington) and **SB-906** introduced by Sen. Bill Mims (R-Loudoun County). The bills were introduced to allow for the Commonwealth's new four-day weekends. As a result of their passage, people detained over a long weekend may be kept until the next business day when a hearing can be held to determine whether they, in fact, are a danger. Current law includes limitations on this detention that could require that a person be released prior to this hearing when a long weekend intervenes.

Two other bills related to temporary detention orders **failed** to pass. They are:

HB-2258 introduced by Del. Vivian Watts (D-Annandale). This bill would have required examination by a physician or psychiatrist within 72 hours prior to a temporary detention petition, and would have required that the petition include a report from that physician or psychiatrist. The report was to have included the results of the medical examination, including any significant or life-threatening medical conditions that require immediate treatment, and the facts and circumstances upon which the psychiatrist or physician bases his judgment that the person examined is mentally ill and in need of involuntary detention. This bill was prompted by the detention of people with mental

illnesses who also have other medical conditions that may require treatment in a facility other than a mental health facility. We expect the interested parties to meet before the 2002 General Assembly session to discuss possible solutions to this problem.

SJR-339 introduced by Sen. Janet Howell (D-Reston), would have created a joint legislative subcommittee to study the feasibility of enacting a progressive assisted treatment law to replace Virginia's current laws on inpatient and outpatient involuntary commitment.

Substance Abuse Issues

Several bills **passed** that could affect professionals who treat people with substance abuse disorders. They are:

HB-2095 introduced by Del. Jeannemarie Devolites (R-Vienna), creates an additional category for certification of substance abuse counseling assistants and delineates the scope of duties of a substance abuse counseling assistant. It also makes technical changes to the substance abuse professional laws.

HB-1588 was introduced by Del. Mitch Van Yahres (D-Charlottesville) to clarify that acupuncture detoxification specialists who currently are exempt from licensure when they are supervised by a National Acupuncture Detoxification Association certified licensed physician acupuncturist or licensed acupuncturist may perform auricular acupuncture in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds.

HB-2836 introduced by Del. Mary Christian (D-Hampton), adds two convictions to the list of convictions that do not serve as a complete barrier to employment in an adult substance abuse program. The two crimes are burglary of an unoccupied dwelling and drug distributing, when these crimes are substantially related to the applicant's use of substances, and the person has been successfully rehabilitated and is not a risk to consumers based on his criminal history background and substance use, abuse or addiction histories. This bill recognized that addiction sometimes results in criminal behavior, and that a person can successfully recover from addiction.

Two bills that would have eliminated some of the barriers to convicted felons having their civil rights restored, including the right to vote, **died** this session. These bills were **SB-873** introduced by Sen. Toddy Puller (D-Fairfax County) and **SJR-307** introduced by Sen. Yvonne Miller (D-Norfolk). These bills were of interest to substance abuse treatment advocates because of the nexus between addiction and criminal convictions.

Mental Health and Criminal Justice Issues

There appears to be an increasing recognition that untreated or undertreated mental illnesses sometimes result in behaviors that are deemed to be minor crimes (e.g., loitering, trespassing, etc.). As a result, a number of people held in local jails have mental illnesses and substance abuse disorders that, in many cases, remain untreated while the person is incarcerated. Sen. Edd Houck (D-Spotsylvania) was the chief patron of **SJR-440** that requests the Joint Commission on Behavioral Health Care to study treatment options for offenders with mental illnesses or substance abuse disorders. A wide variety of other organizations are to be included as this study progresses.

The study that results from Sen. Houck's resolution may well encompass a resolution that was introduced by Del. Jerrauld Jones (D-Norfolk) as **HJR-522** and a bill that was introduced by Sen. John Edwards (D-Roanoke) as **SB-1119**. Both of these measures dealt with mental health courts, but **both failed**. It appears that there may be some federal funding for mental health courts that are designed to link the criminal justice system and the mental health and substance abuse treatment system to respond to the full-range of needs of individuals with serious mental illness who are charged with misdemeanor or nonviolent felonies in an integrated and cost-effective manner.

Del. Jones also introduced **HB-1662** that would have created explicit statutory authorization for communities to establish crisis intervention teams to respond to crisis situations involving persons with mental illness. This bill also **failed**, in part because the House General Laws Committee believes that communities already have the ability to create crisis intervention teams for this purpose.

Del. Karen Darner (D-Arlington) saw her **HB-2653**, recognizing the finding of "not guilty by reason of insanity" for a child charged with a delinquent act in juvenile court proceedings, fail in the Senate Finance Committee for lack of funding. The majority of the funds required by this law result from the requirement that a child found not guilty by reason of insanity be confined and treated if it is determined he poses a risk to society. This bill was a recommendation of the Virginia Bar Association.

Suicide Prevention Measures

Two bills **passed** that designate the Department of Health as the lead agency for coordinating suicide prevention programs. These bills are **SB-1190** introduced by Sen. Edd Houck (D-Spotsylvania) and **HB-2015** introduced by Del. Phil Hamilton (R-Newport News).

continued on next page

While both the House and the Senate had recommended additional funding for the Department of Health and the Department of Mental Health, Mental Retardation and Substance Abuse Services for suicide prevention initiatives, this funding is dependent on amendments to the state budget. Therefore, whether additional funding will be available will not be known unless and until the House and Senate reconvene for further consideration of the budget.

Miscellaneous Mental Health and Substance Abuse Legislation

Both bills that put in motion a restructuring of the state's mental health system **failed** to pass. While there is a budget amendment in the Senate to keep the ball rolling on this issue, the fate of that amendment is dependent on passage of budget amendments. The bills that would have accomplished this were **HB-2596** introduced by Del. Bob McDonnell (R-Virginia Beach) and **SB-1159** introduced by Sen. Emmett Hanger (R-Mt. Solon). This was a disappointment to many mental health advocacy groups who had worked with the Secretary of Health and Human Resources to develop the legislation to ensure community and consumer input into the plan to restructure the system.

A last-minute amendment on the Senate floor to Del. Phil Hamilton's **HB-1653** makes the bill that **passed** much more far reaching than the bill as introduced. As introduced, the bill clarified that the role of the Inspector General is to provide oversight of and to make policy and operational recommendations for facilities operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services to prevent problems, abuses and deficiencies in and improve the effectiveness of their programs and services. It also provided for the Inspector General to report directly to the General Assembly on her findings. As amended, HB-1653 also gives the Inspector General authority to provide oversight of and to make policy and operational recommendations for any licensed mental health program or facility. This amendment was acceptable to the chief patron who will be watching, along with mental health providers and consumers, to see what action the Governor takes on this measure.

Del. Jay DeBoer (D-Petersburg) saw his **HJR-614** pass. This measure creates a select subcommittee of the House Health, Welfare and Institutions Committee, the Senate Education and Health Committee and the Senate Rehabilitation and Social Services Committee to study the laws in Virginia that allow and require another person to make medical and other decisions for people with serious mental illness or mental retardation that interferes with their ability to provide consent on their own.

HB-2864 introduced by De. Bob McDonnell (R-Virginia Beach) includes in the law the amount that medical and mental health providers may charge for patient records on hard copy generated from computerized or other electronic storage, or other photographic, mechanical, electronic or chemical storage process.

We are grateful to Virginians for Mental Health Equity (VMHE) for its significant advocacy efforts and for providing us with such clear and timely information on Virginia legislation.

VMHE is a coalition of the major mental health and substance abuse consumer organizations, and the organizations of professionals who provide services to them. It was organized in 1991 to achieve fair insurance coverage for the treatment of mental illnesses and substance abuse disorders. It is run by a Board of Directors with one representative from each of the member organizations, and has a primary focus on legislation that will help achieve its goals. To contact VMHE or to subscribe to the free newsletter, write to them c/o Virginia Law and Government Affairs, PC, PO Box 8088, Richmond, VA 23223-0088; send e-mail to lherdegen@mail.com; or call 804-649-1053.

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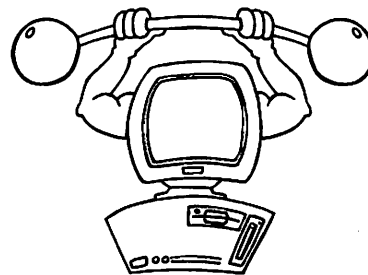
Annual Report**Educational Affairs Committee***by Sheila Hill*

It has been a banner year for GWSCSW's Educational Affairs Committee. All the educational endeavors have gone well and been well received. That is no small accomplishment during a time of intense competition and speaks to the commitment, capacity for hard work and talent within the Society. The Continuing Education Committee under the leadership of Dolores S. Paulson put together a full roster of course offerings this year. The courses were diverse, spoke to the members' interests and needs, and were well received. Thanks to Dolores and her hard-working, multi-skilled committee and group of teacher-clinicians.

This year Kathy Richardson and Nancy Wolfson organized and chaired "Clinical Case Conference Sundays." The approach was an innovation. These in-depth case presentations, co-sponsored by the Society and the Clinical Social Work Institute, were held from 3-5:00 pm on Sunday afternoons at the Clinical Social Work Institute. The presentations and wine and cheese reception preceding the talk allowed for both education and networking for our busy membership. Many of us are unable to attend meetings during the week and the Sunday meetings met the needs of a busy Society. Thanks, Nancy and Kathy.

The monthly meetings in the District, Maryland, and Virginia went forth with considerable effort by Alice Straker in the District, Jane Carey in Virginia, and Adele Redisch in Maryland. This year the different venues sometimes shared speakers. If you missed a talk of interest in one place, sometimes it was possible to attend the talk in another. Alice, Adele, and Jane were diligent in seeking out presenters with topics of current interest to our membership. Many talks focused on difficult treatment cases.

The annual conference committee is finishing up work for the conference, *Body, Mind, Spirit*, to be held on Saturday, September 15, 2001 from 8:00 am to 1:00 pm at the Almas Temple on K Street, NW, Washington, DC. The committee consists of Roberta Boam, Sheila Hill, Jaedene Levy, and Nancy Nollen, and is chaired by Faith Lewis and Sarah Pillsbury. ♦

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Continuing Education Committee

by Delores S. Paulson

With the completion of another successful year of continuing education, I would like to thank our 2000–2001 faculty: Heidi Spencer, Stacia Super, Chris Carpenter, Connie Hendrickson, Rod Baber, Jon Frederickson, Fred Brewster, Marilyn Stickle, Gail Guttman, Linda Levine, Marion Usher, Bonnie Damron, and Emily Brown. Thank you also to committee members Audrey Walker, Diane Rainey, Stacia Super, Alice Kassabian, Marion Usher, Kathryn Chefetz, Anita Bryce, and Connie Hendrickson who worked so diligently to bring you a quality curriculum. Our curriculum has gotten nationwide recognition through the Clinical Social Work Federation. Finally, thank you for your attendance and continued support of the program.

The 2001-2002 brochure will be in your hands soon. During the academic year, there will be four book seminars (the first of which is reviewed below) plus an array of new and interesting courses. We invite your registration. Have a nice summer!

Book Review

Map of the World by Jane Hamilton

You are invited into an idyllic, bucolic environment where life is predictable for Alice, the protagonist. She is a caring, nurturing, albeit slightly overwhelmed mother who cares for her own children as well as those of her neighbor.

This simple, harmonious, tranquil world is shattered by an accident involving a neighbor's child. Where was Alice when this occurred? She cannot sort this out. She is engulfed in a frenzy of emotions and thoughts. She turns desperate and then despondent. She won't get out of bed. Even her husband, the faithful farmer, is questioning her ability to parent their children. We are left to wonder how competent is this woman? A second event startles us—Alice is accused of committing a crime at the school for which she works. She again has difficulty recalling events. Her husband wonders about her innocence. Is the school badgering her?

Are the townspeople against her? She feels isolated and suspicious. She loses track of time. She is in her own world, but can anyone break through and help her rejoin society? Is she experiencing a dissociative state? Is she responsible for these horrible episodes? Can we rely on a child's report of mistreatment?

Please join me to explore these challenging psychological and forensic issues. ❖

Community Outreach Committee

by Sarah Tyler

The tenth annual Licensing Information Workshop was held on March 31, 2001, at Howard University. The Workshop was co-sponsored by GWSCSW, NASW-DC Metro Chapter and by the Howard University School of Social Work Student Government Association. Approximately eighty people attended and paid the \$10 registration fee. Although the committee did not have to pay room rental fees at Howard University, the money collected offset costs associated with interpretation services for the hearing impaired, refreshments, copying and other administrative expenses. 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

Licensing Information Workshop. The committee hopes to promote the mentor program over the next year by soliciting mentors and mentees. Since the end of March 2001, the committee has required that individuals pay \$10 to participate in the Mentor Program. Monies generated will cover costs related to maintaining and publicizing the Mentor Program.

The Community Outreach Committee will meet again in September to discuss the 2002 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. ♦

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Important Changes to GWSCSW Dues

Dues To Be Reduced—New October Assessment

Two major changes in the GWSCSW dues structure will take place this Fall. First, the annual dues will be reduced to \$150. Special rates will be available for graduate, affiliate, and student, and retired members.

Second, in an effort to simplify complex administrative chores, GWSCSW will assess all dues annually each October (rather than, as currently, staggered throughout the year). Each member's charge for this first year will be prorated, based on the date of last year's assessment.

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BETHESDA: Office space available for sublet from half-time to full-time. Shared waiting room and kitchenette. Near Bethesda Metro stop. Free parking for clients. Call Dr. Rob Scuka, 301-986-1479.

CONN AVE/VAN NESS METRO: Windowed office in primarily residential building. Shared three-person suite. Kitchenette and waiting room. Two blocks from Metro. P/T available immediately. F/T available June 1. Call Judith Mullan, 202-244-9242.

DUPONT CIRCLE: Full time office space to lease at 2000 P Street, NW, 4th floor. Available mid-May. Good size, sunny office in two-person suite. Use of fax/copier, microwave, refrigerator. Call Lenore M. Pomerance, MSW, 202-333-2434.

NW DC: Psychotherapy office to sublet Thursdays and Mondays. Quiet, comfortable, well equipped, and large enough for groups. 3000 Connecticut Avenue, NW (accessible by Metro and Bus). Use of kitchen, bathroom and reserved parking. Call Hendrickson, 202-332-0134

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

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POSITION AVAILABLE: Dynamic child psychology and neuropsychology practice seeking talented and engaging individuals with experience working with socialization/therapy groups and/or experience working with preschoolers and kindergartners. E-mail familycompass@aol.com, phone 703-471-5517.

Upcoming Events

July 28 & 29

Couple Relationship Enhancement® Weekend, Rob Scuka, PhD, MSW, Bethesda, MD, \$350/couple, Info: National Institute of Relationship Enhancement®, 301-986-1479

September 11

HIV Prevention Counseling: The Facts, 8:30 am–4:45 pm, \$35. INOVA Juniper Program, HIV Clinical & Education Services, 703-204-3780

September 15

GWSCSW Annual Conference, *Body, Mind, Spirit*, 8:00 – 1:00 pm, Washington, DC. GWSCSW, 202-546-9322

September 15 & 16

Couple Relationship Enhancement® Weekend, Rob Scuka, PhD, MSW, Bethesda, MD, \$350/couple, Info: National Institute of Relationship Enhancement®, 301-986-1479

September 21–23

Exploring the Relational Experience, Victor L. Schermer, MA. Washington School of Psychiatry, 202-237-2700

September 26 & 27

HIV Prevention Counseling: The Fundamentals, 8:00 am–4:45 pm, \$50. INOVA Juniper Program, HIV Clinical & Education Services, 703-204-3780

September 28 & 29

Child-Centered Play Therapy, William Nordling, PhD, Bethesda, MD, \$245, Info: National Institute of Relationship Enhancement®, 301-986-1479

October 12 & 13

Using Imagery in Therapy, Susan Drobis, LICSW, Natalie Shaw, LCSW, 7–9:30 Fri., 9–5 Sat., Tenleytown. \$195. Imagery Training Institute, 703-821-0761.

October 30 & 31

HIV Prevention Counseling: The Fundamentals, 8:00 am–4:45 pm, \$50. INOVA Juniper Program, HIV Clinical & Education Services, 703-204-3780

2002

January 25–27, 2002

From an Object Relations to a Lacanian View of the Group. Marshall Alarcon, PhD, Patricia Crowe, PhD and Wilfried Ver Eecke, PhD. Washington School of Psychiatry, 202-237-2700

April 12–14, 2002

Good & Evil: the Individual and the Group. Washington School of Psychiatry, 202-237-2700

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Save the Date...

GWSCSW ANNUAL CONFERENCE
September 15

Body, Mind and Spirit

(See page 5 for details)