

NEWS

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GWSCSW Quarterly Meeting Friday, January 24

Dinner Meeting

6:30 P.M. ... Reception

7:00 P.M. ... Dinner

8:00 P.M. ... Lecture

Speaker: Emily Brown

Topic: Extramarital Affairs:
Avoiding Common Pitfalls
in Couples Therapy

For more information call GWSCSW at
202-537-0007.

Program Plans for 2003

A Clinical Look at the Dramatic Process, Extramarital Affairs, and More

Exciting programs are in the works as the new year begins.

First, Emily Brown, has agreed to be a speaker at our Friday, January 24 dinner meeting; she'll speak on *Extramarital Affairs: Avoiding Common Pitfalls in Couples Therapy*. Long a GWSCSW member, Emily Brown is the author of *Patterns of Infidelity and Their Treatment* and *Affairs: A Guide to Working Through the Repercussions of Infidelity*. She has trained professionals on relationship issues throughout the United States and Europe; her media experience includes *Oprah, Donahue, Today*, and National Public Television. Emily is Director of the Key Bridge Therapy & Mediation Center in Arlington. For location and registration information, watch for the flier or call the Society office as the date nears.

Also in January, if enough interest is expressed, there will be a repeat of *Getting Ready for HIPAA Regulations* with attorney Richard Boone, for those who were unable to make the informative November workshop organized by Karen Welscher-Enlow and Joel Kantor. Please call or email GWSCSW to register your interest.

Sunday, February 2, will be the annual all-day conference of the Consortium for Psychoanalytic Research, co-sponsored this year by GWSCSW and the Clinical Social Work Institute. Noted researcher and clinician Wilma Bucci, PhD, will be presenting her findings on emotional communication. More information and the registration form are on page 27.

A Clinical Look at the Dramatic Process

On February 21, please join us for an evening at the Roundhouse Theatre in Bethesda. The play is *The Pavilion*, by Craig Wright. Set in a dance hall on the shores of a lake near a small Minnesota town, this is a bittersweet tale of two former high school sweethearts who meet at their 20th reunion and must confront the anger and regret caused by a decision made two decades prior. Described as a "comic, cosmic lyrical look at the joys and disappointments of growing up", *The Pavilion* unfolds with an innovative and perceptive simplicity, and provides a poignant, funny, and deliciously-written evening of theatre. We're trying to arrange for dessert and discussion after the show.

continued on page 19

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GWSCSW NEWS

Editorial Board: Cecilia McKay
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The News is published four times a year: March, June, September and December. The deadline to submit articles and advertising is the first of the month prior to publication; late copy cannot 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 (gwscsw@juno.com). All hard copy must be typed and double-spaced and may be mailed to 5028 Wisconsin Ave. NW, Suite 404, Washington DC 20016.

Signed articles reflect the views of the authors; publication does not in any way constitute endorsement or approval by the Greater Washington Society for Clinical Social Work.

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For advertising rates see page 26.

The next issue will be published
**March 2003 and the
 deadline is February 1.**

President's Message

Margot Aronson

What a privilege it was to represent our Society at the meeting of the Clinical Social Work Federation (CSWF) Board of Directors in St. Louis, October 16-20! Twice each year, the CSWF officers bring together the State Society presidents and the chairs of the CSWF committees (Education, Government Relations, Public Relations, Clinical Social Work and the Law, Professional Standards, Membership) for a Federation business meeting.

One element that made this meeting so satisfying was the warmth and enthusiasm with which Greater Washington was welcomed back as a voting member of the Federation. (The significant debt in terms of unpaid back dues to the Federation, accumulated during our financial problems a few years ago, was paid off this September, restoring our full voting rights.) Comments were made throughout the four days reflecting Greater Washington's long history of contributions to the Federation as a rich source of energy, ideas, and leadership. It sure felt good!

For those who are new to GWSCSW, here are a few of the reasons why we're part of the Federation:

- CSWF serves as our voice on the national legislative scene, through the lobbying efforts of Executive Director Richard Yanes and a law firm contracted to track legislation.
- CSWF gives visibility to the clinical social work profession, and provides us with the opportunity to work with others across the nation on common goals.
- Through the CSWF committees, we are able to share materials and ideas with other clinical social worker societies—to enhance programs, membership drives, legislative and licensing efforts. (Did you know that some states still do not have licensure for clinical social workers, or have licensure laws severely limiting their practice? Did you know that in some states, insurers like Blue Cross don't cover clinical social workers?)
- CSWF has developed a Code of Ethics accepted nationally, and used in standard social work texts, as well as a variety of reports, bibliographies, protocols, and other materials to help us with the ongoing challenges (managed care, HIPAA, etc.) of professional life.

Other CSWF benefits include a bi-annual newsletter, *access*; reduced rates for the *Clinical Social Work Journal*; a hotline to specialists in managed care, forensic, public relations, and "new clinician" issues; opportunity to join the Family Therapy Practice Academy and/or the Committee on Psychoanalysis; and access to affordable professional liability, disability, and life insurance.

Another CSWF benefit at present is the option of membership in Guild 49, which represents clinical social workers in the Office & Professional Employees International Union (OPEIU), an affiliate of the AFL-CIO. However, the three-year contract with OPEIU ends October 2003, and the Federation must decide whether or not to renew. This will be a difficult decision.

From the beginning, our membership voted not to participate in the Guild, and several others of the state societies chose not to participate or have dropped out. At the meeting in St. Louis, despite some complaints that the Guild has not fulfilled certain expectations, there was considerable enthusiasm and hope for the future among the Guild's supporters. Neighboring

Virginia SCSW and Maryland SCSW remain active Guild Societies.

In a nutshell, on the plus side, Federation Executive Director Richard Yanes is able to lobby much more effectively when he mentions OPEIU and the labor connection. On the negative side, Guild membership is currently about \$100 per member annually on top of regular Society dues.

CSWF President Abby Grant has promised to circulate a report this winter on how the Guild has fared thus far overall, and its potential for the future, so that Society members across the states will be able to weigh options knowledgeably. When the Federation Board meets in May 2003, there will be debate and, ultimately, a decision. (To join the union and retain GWSCSW membership, members take an affiliate membership with any Guild Society. For more information, call our GWSCSW office at 202-537-0007 or call Guild 49 at 800-270-9739.)

Perhaps the most exciting aspect of being at the Federation meeting was the chance to hear what other societies are doing. One state, as a free membership benefit for new graduates, has a year-long "New Professionals" program with monthly training sessions on clinical practice topics presented by experienced members. Another state encourages member collegiality with Coffee and Conversation, get-togethers in which a short presentation is followed by lively discussion over informal dinner or dessert. Several states are making efforts to interact with local social work schools: for example, by offering low-fee treatment and supervision for graduate social work students; by hosting a casual bi-weekly Q & A lunch meeting with 2nd year students and sponsoring a Life After Graduation job fair; or by presenting awards annually to the top student papers on applying clinical theory to practice and on using relationship within the client/agency context.

We're all so busy—but I wonder if our Society, too, wouldn't benefit from more opportunities for members to get together, to share what we know and to enjoy one another's company, and to help students and new graduates learn the ropes. If this is something that interests you, please give me a call (202-966-7749). Maybe we'll be the ones sharing something new at the next Federation meeting, which will be here (in Alexandria, with time for lobbying on the Hill) in May. ♦

To reach GWSCSW...

202-537-0007

Fax 202-364-0435

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Report from the Treasurer

Ann Aukamp

Fall has been a celebration of the Society's return to Pay As You Go status. The Board voted in August to pay off the Federation debt in full to avoid "oversight" by its Finance Committee. This took our accounts down to just a bit over \$2,000 for a few weeks, but we all felt determined and certain that membership dues renewals would quickly bring us back to financial safety.

As I write this article, renewals indeed have come in, as expected. The checking account stands at over \$4,700 after all of our present bills are paid, including a first payment of \$1,000 on our 2003 Maryland lobbying fees to Stephen Buckingham.

Our next quarterly payment to the Federation is not due until January. Because no large bills are outstanding soon, I have made two transfers to the Money Market Account (where we get a higher interest rate), bringing the Money Market Account to a little more than \$40,500. Having deciphered electronic banking, I can transfer funds for operations as needed, while gaining maximum interest.

We are on sound footing as we move into the next year, but despite the good financial news, membership is not yet back to the level we had last year. I hope that those of you who have not yet renewed will do so soon, and that you will also encourage your friends and colleagues to join. ♦

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The Buyout of the Blues...Why It Matters

Margot Aronson

Is the non-profit CareFirst BlueCross BlueShield health insurance carrier going to be bought out by WellPoint, the for-profit health insurance company from California? If so, what does that mean for the health care of this area?

CareFirst manages plans for the District, Maryland, Northern Virginia, and Delaware, and is obligated by its non-profit charter to provide affordable insurance to difficult-to-insure subscribers. It is supposed to be dedicated to community health concerns, and its conversion to for-profit status requires the approval of regulators in each of the jurisdictions presently served.

In January 2002, CareFirst filed for permission from regulators to sell the Blues to WellPoint for \$1.3 billion. According to the filing, sale of the non-profit would benefit the public because, as required by law, the proceeds of sale would be transferred to foundations committed to addressing health needs in the area.

That \$1.3 billion seems like a huge resource to pump into the region, and some community leaders look at it as a windfall to help provide health care for the poor and uninsured. Others, including the Maryland Assembly, have been skeptical, and in D.C., several community groups joined to form a coalition called CareFirstWatch.

The compensation package

The skepticism surfaced immediately, as soon as a \$33 million bonus package planned for CareFirst senior officers came to light: how could the officers make impartial recommendations when their economic stake was so high? The Maryland Assembly voted to eliminate these bonuses if the sale goes through, but there remain millions in compensation and severance.

Another issue is that premiums with an out-of-state corporation dedicated to earning profits are likely to be much higher than with a local non-profit insurer. CareFirst now spends almost 90% of premium dollars on payment for health care benefits, compared to WellPoint's 77%.

Is \$1.3 billion really a windfall?

Some Wall Street reactions to the offer suggest that a fair value for our Blues is more likely closer to \$2 billion. (In fact, a careful look reveals that the current offer is for \$450 million in cash and up to \$850 million in WellPoint stock, which would saddle the recipient foundation with two-thirds of its assets in a single stock and the risk that entails. It is thought that in an amended

filing WellPoint will proffer an all-cash offering, as the Maryland Assembly has insisted would be required.)

CareFirst has claimed that it cannot remain viable as a non-profit—that the Blues cannot compete with companies with access to market forces. Yet in reality, this area's CareFirst has more than twice the market share of its closest competitor. Nor does it lack capital, with more than \$600 million in reserves, and profits last year approaching \$100 million. Indeed, a foundation which uses payout of 5% on \$1.3 billion would have \$65 million annually to spend on addressing health concerns—considerably less than CareFirst's annual profits which should, by its charter, be dedicated to these very concerns.

The next steps

CareFirst's January 2002 filing failed to make a convincing case on the need to convert, the fairness of the valuation, or how the conversion will serve the public interest. An amended filing was scheduled for the end of November 2002, and there will probably be competing bids as well.

What the area needs are the recommendations of impartial, independent experts, based on thorough analyses of the current situation and how it would be affected by the proposed change, with particular emphasis on the accessibility, affordability, and availability of health care. There should be a clear, factual demonstration that the public will benefit if the sale is to be approved, and that the price paid is based on actual value. With support from charitable foundations, such studies are now underway. ♦

This article prepared with information provided by the DC Appleseed Center, part of the CareFirstWatch coalition.

Study Groups, Peer Supervision Groups, Group Discounts...

In this issue, Audrey Walker (on page 13) mentions a new Study Group being started up, with a focus on psychoanalytic subjects. We've heard of another that's going to be focused on Dialectical Behavior Training. At least one peer supervision group got started this fall. In October, five of our members were able to get the group discount price to a two-day training with Marsha Linehan, by signing up together as GWSCSW members.

There's so much we can do; let's make the most of our Society! ♦

Lessons from Eleanor

Cecilia McKay

Eleanor Roosevelt, one of the most influential women and leaders of the 20th century, is the topic of *Leadership the Eleanor Roosevelt Way: Timeless Strategies from the First Lady of Courage*. Author Robin Gerber discussed her new book with approximately thirty Society members at the dinner meeting held on October 25. Using Roosevelt's compelling life story as a backdrop to her theme of women and leadership, Ms. Gerber engaged attendees with her thought-provoking and inspiring talk.

Ms. Gerber is a lawyer, a frequent opinion page contributor to *USA Today* and other major newspapers, and a Senior Scholar at the Academy of Leadership at the University of Maryland, where she teaches courses in Women and Leadership. *Leadership the Eleanor Roosevelt Way* is biographical in that it uses each stage of Eleanor's life to illustrate leadership strategies. Anecdotes from the First Lady's experiences as well as related stories from lives of contemporary women illuminate the empowering lessons Gerber has identified.

Like a social worker, Eleanor fought for social justice. She advocated for the underprivileged, promoted opportunities for women and forged ties across racial and class lines. Some of her noteworthy characteristics were empathy, openness, sincerity and ability to actively listen and respond simply and sensitively.

Ms. Gerber describes Eleanor as an outstanding leader because of her values: discipline, self-control, concentration, curiosity and openness to a broad view of people and ideas. Ethical conduct was cardinal. Perhaps most important, Eleanor Roosevelt stressed the need for taking personal responsibility. Ms. Gerber states, "If Eleanor's life held a central theme it is this: We are personally responsible for who we become, who we choose to be." Along these lines, Eleanor Roosevelt saw the need for not only social change, but more significantly, personal change. She wrote, "You must try to understand truthfully what makes you do things or feel things. Until you have been able to face the truth about yourself you cannot be...understanding in regard to what happens to other people." ❖

**SUPPORT YOUR SOCIETY...
JOIN A COMMITTEE!**

WWW Wanderings

Joel Kanter

About half our members participate in the GWSCSW Listserv, keeping up to date on such unfolding issues as HIPAA and the D.C. Masters Business License, as well as on training events in our community, available office space, job openings, and requests for therapists with various specializations. Messages about new clinical and research development often provide links to relevant sources.

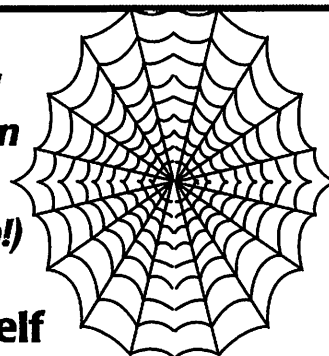
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Another internet service that many members may find useful is the *New York Times Online* at www.nytimes.com. You will have to register for access to this free service—a process that takes 2–3 minutes. Once registered, a very useful service is their "newstracker" service (found in the "member center" section of their web page). With "newstracker", you can request that the NYT automatically send you a daily email every time they run a story of a subject of your choice. For instance, one might enter "mental health", "depression", or "schizophrenia" (or even "Washington Redskins"), and you will get links to the NYT's excellent articles whenever these appear. ❖

**"Oh, what a tangled
web we weave, when
first we practice..."**

(and later on, too!)

**Help get yourself
UNTANGLED!**



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Magellan's Woes: Trouble for Social Workers?

Jean Thoensen

The uncertain future of Magellan Health Services has been a hot topic in the media recently. Magellan's stock was delisted from the New York Stock Exchange on October 9, and now trades on the over-the-counter market for mere pennies. Rumors of possible bankruptcy are spreading fear and uncertainty through the offices of social workers across the country. Will you be left holding the bag?

The problem

Magellan Behavioral Health is the largest managed behavioral health company in the Mid-Atlantic region. Their market share has grown substantially this year with the addition of all lines of business from CareFirst BlueCross BlueShield. Prince George's and Montgomery counties, the District of Columbia, and Northern Virginia social workers will see the greater impact of this change next year, when the Federal Employee Program (FEP) will be managed by Magellan, rather than by the Health Management Strategies unit of ValueOptions.

Magellan grew in the late 1990s through the acquisition of CMG Health, Green Spring, Human Affairs International, and Merit Behavioral Care, financed by \$1 billion in debt. That enormous debt has caused Magellan to default on certain requirements of the financing agreements with its lenders as of September 30, 2002. The banks can, at their option, force Magellan to repay its loans faster than the original terms, which could then force the company into bankruptcy. Magellan maintains that it has positive cash flow, and can continue to process and pay claims in a timely manner.

Aetna US Healthcare is Magellan's largest client. While negotiations continue on a new contract, another setback could occur if Aetna chooses not to renew on January 1, 2004. Social workers may lose patients if they are not participating with the new managed behavioral health company, or if Aetna takes it back in-house and the providers are not able to join Aetna's "panel".

What's the worst-case scenario?

A Chapter 11 bankruptcy would put Magellan's creditors on hold, and give Magellan time to restructure. This would probably include layoffs of case managers, customer service representatives, and claims examiners at Magellan's Columbia headquarters and regional service centers. Staff cuts would dramatically increase call hold times, and payment of claims could be significantly delayed. A less likely scenario would be Chapter 7 bankruptcy, which would dissolve the company.

The Maryland Insurance Administration does not directly regulate Magellan because it is a subcontractor acting on behalf of insurance companies. Steven B. Larsen, the Maryland insurance commissioner, quoted in *The Washington Post* on October 14, said that the insurance companies would ultimately be responsible for the care of their members and payment of claims. Although Mr. Larsen has confirmed that local insurers have the money to cover claims that Magellan can't pay in the event of bankruptcy, no one knows how that would actually be accomplished. CareFirst recently mailed a reassuring letter to Magellan providers, stating that by January 1, 2003, Magellan will pay virtually no CareFirst claims directly.

What you can't do

"Well, I'll just bill the patient if Magellan doesn't pay." Sorry, you can't do that. Dust off that contract you signed with Magellan an eternity ago. Look for the "hold harmless" clause, which may be by itself or part of another section about reimbursement. Here's an example from one of Magellan's contracts (emphasis added):

Provider agrees that in no event, including but *not limited to non-payment by Magellan or Payor, insolvency or breach of this Agreement*, shall Provider or its contractors or employees bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against any Members or any other persons other than Magellan or any such Payor, for services provided pursuant to this Agreement.

In plain English, you cannot collect from the patient if Magellan doesn't pay you or goes bankrupt. You can continue to charge the patient their copayment, but nothing more. You would have a claim in bankruptcy court, but that is usually a less-than-satisfactory remedy.

Protect your income

You should have access to savings and/or credit to cover at least three months worth of business expenses, including payroll for yourself and staff. Low interest business credit cards are widely available with no annual fees, even for sole proprietors. Many banks and other financial institutions offer business lines of credit, as well.

Re-dedicate yourself to the routines that ensure you will be paid:

- **Collect co-payments faithfully.** Know the co-payment for each and every patient, and collect it without fail at the beginning of each encounter.

- **Submit claims promptly.** If you do your billing on a monthly basis, submit claims every week instead. It is critical to send EAP claims weekly because Magellan pays some plans only once a month.
- **Follow up on unpaid claims regularly.** Call Magellan on all claims that haven't been paid within 30-45 days, depending on your experience with the particular type of claim.
- **Follow up on submitted treatment plans.** Call Magellan if you haven't received an authorization letter within two weeks. If they don't have your treatment plan, fax it and request a return phone call to confirm receipt.

Reduce your risk

There's an old business adage that no more than 20% of your income should come from a single client. If you receive more than 20% of your income directly from Magellan (e.g. the check says Magellan), think about ways to rebalance your practice. Make changes in incremental steps that aren't overly disruptive to your patients or your practice.

- Consider closing your practice to new Magellan patients. Call Provider Relations at (800) 788-4005 for specific instructions. Magellan has a hard time maintaining accurate provider files, so put everything in writing, print a confirmation page if you send a fax, and follow up by telephone.
- If you are participating with multiple lines of business (EAP, HMO, managed care), consider resigning from one. The EAP business is the most vulnerable in the event of bankruptcy because it isn't technically insurance. Magellan typically requires 90 days advance written notice of termination, and has specific requirements for continuity of patient care. Read your contract, and follow up with Provider Relations.
- Continue to develop new referral sources, and diversify your income in other ways.

Stay focused

No company is ever too big to go bankrupt and disappear, and the next two months or so will be pivotal as Magellan looks for ways to improve its position. Upheaval with ensuing chaos seems to be a regular event with Magellan. Stay on top of your practice, choose the right mix of panels for your goals, and ride it out! ❖

Jean Thoensen, founder and president of PsychBiller, LLC, can be reached by e-mail at gwscsw@psychbiller.mailshell.com, or via the Web at <http://www.psychbiller.com>.

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HIPAA: What You Need to Know NOW!

Early in November, health care attorney Richard Boone made a presentation to our Society on the basics of the Health Insurance Portability & Accountability Act (HIPAA) privacy regulations. Joel Kantor and Tricia Braun contributed to this article, based on Mr. Boone's presentation.

Does this apply to me?

All health care providers who engage in electronic data transmission (EDT) will have to be compliant with HIPAA regulations by April 14, 2003. EDT includes electronic claims submission, completion of online treatment authorizations, and use of a billing service that submits claims electronically. Faxing claims forms or other medical information is not considered EDT; nor would be completing claims forms on one's computer and sending it via the mail. Clinical social workers using "old-fashioned" paper-only office practices do not have to comply with these regulations at this time. However, Medicare, Medicaid and other insurers are moving inexorably toward requiring electronic claims submission. It is likely that most, if not all, clinical social workers who communicate directly with insurance companies or Managed Care Organizations (MCOs) will have to use EDT in the next several years. At the moment the provider begins using EDT, he or she will have to be fully compliant with HIPAA regulations. Thus, all clinical social workers may want to begin to familiarize themselves now with the HIPAA privacy regulations.

Major changes required

Compliance with HIPAA regulations will require two major adjustments to office practice: development of a *Notice of Privacy Practices* and an office *Privacy Protocol*, each of which must be individually adapted to one's practice.

Notice of Privacy Practice is a statement of each provider's privacy practices. HIPAA generally does not dictate which practices are required, though these practices would have to comply with relevant state and local laws and one's professional ethical codes. For example, one could state that NO information would be shared without explicit written consent, or one could make explicit exceptions for such commonplace activities as communicating with a referral source, a treating physician, or an insurance company. For child treatment, issues around sharing information with non-custodial parents could be a concern addressed in this Notice, as well as the question of when an adolescent's therapist could communicate with a parent. Each provider must share these practices with clients in writing, through this Notice, at the time of initial contact (or by April 14, 2003 for existing clients), and have clients sign a statement indicating that they have read this Notice.

Privacy Protocol is a document that all practitioners must develop and keep on file describing all privacy practices in their office, including who has access to a client's individually identifiable protected health information (PHI), and how such information is used (including its use in billing). This is especially important in group practices that hire administrative employees. Each office will have to keep a "Disclosure Log" which keeps track of ALL requests for information that are received by each practice; this would indicate when and where the request came from and how it was responded to.

Other issues

The HIPAA regulations address a handful of other issues, including the right of all patients to review their medical record and to place comments and corrections in the record. Ultimately, we'll need to be knowledgeable on all of the regulations, because there are civil and criminal penalties for non-compliance. But there is time to prepare, with April 14 still some months away.

More help is on the way

Both GWSCSW and CSWF are committed to providing members with the technical assistance needed to comply with the HIPAA regulations. We expect to be sponsoring further HIPAA training and developing clinical social work-specific HIPAA templates that our members can adapt for their own practices. The GWSCSW listserv will be the best source for ongoing information about these issues, but we will mail further information early in 2003. If you would like to volunteer to be part of a HIPAA Compliance Committee, please let us know at gwscsw@juno.com. ♦

Let us know...

If you are not receiving GWSCSW materials you expected... if you left a message and weren't called back... if you feel the Society is not being responsive to your needs... please let us know! With the exception of a parttime secretary, we're all volunteers, squeezing the Society into our busy lives. Be a squeaky wheel: help us keep our GWSCSW communication and services on track. Call 202-537-0007 or email gwscsw@juno.com.

Protecting Confidentiality in DC: Meetings Between Clinicians and Managed Care Representatives

Clinician representatives from the four major mental health disciplines of psychiatry, psychology, clinical social work and licensed professional counselors continue to meet regularly with managed care clinical representatives at the office of the DC Insurance Commissioner to address the needs of patient/client confidentiality. Meeting #4 was held October 15. Clinicians present were chair, Barry J. Landau, M.D.; Danille Drake, MSW; Steve Lally, Ph.D.; Erminia Scarcella, M.D.; and Ernest Wallwork, LPC. [Noteworthy is the fact that Dr. Landau was recently named "Outstanding Psychiatrist of the Year" by the Washington Psychiatric Society for his work on this committee.] Managed care company representatives from Kaiser Permanente Mid Atlantic States and MAMSI were also present at this meeting. Representatives from Magellan Health and Blue Cross/Blue Shield have attended in the past. Kathryn Rickford, counsel for the Office of the D.C. Insurance Commissioner presided. Larry Mirel, Insurance Commissioner was also present for this meeting.

A number of agreements have been reached regarding issues of patient/client confidentiality. These include the following:

- Insurance companies cannot ask for the indiscriminate turning over of the entire patient/client file. They are limited to the information contained in the five areas outlined in the law:
 1. Administrative Information (Name, Address, etc.)
 2. Diagnosis
 3. Status of the client (i.e., voluntary or involuntary)
 4. Reason for admission or continuing treatment
 5. Prognosis.

If that information is insufficient for the purpose of processing a claim, they then have the option of seeking an independent review.

- Therapy notes, which detail the specific content of sessions, are also excluded from release. It is clear from the law and the Commissioner's statements that "process notes" (notes reflecting the therapists' own thoughts and speculations about the therapeutic relationship) are not to be released. This is consistent with the general exclusion of review board records and is consistent with HIPAA.

- Insurance companies may not indiscriminately send cases to an independent reviewer; they must have a reason and they must articulate specifically what information or question they need reviewed or answered.
- Information about medical conditions when it is relevant to the treatment is appropriate to release, but certain medical conditions that might not be relevant to, or the focus of treatment, may not be released, e.g. HIV status, or treatment of an employee or relationship issue.
- "Minimum necessary" is defined as the maximum allowable information admitted under the DC law.

The clinician representatives continue to work with insurance representatives to formulate both a routine claims form and a consent form. The clinicians have presented a model form, which adheres to the DC Mental Health Information Act. The next meeting is scheduled for December 2002. ❖

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Advancing Research on Child and Adolescent Mood and Anxiety Disorders

Susanna S. Sung

The past decade of mental health research has yielded significant advances in both the diagnosis and treatment of mental disorders. These advances could not have occurred without the participation of many patients and families in clinical studies.

The National Institute of Mental Health, National Institutes of Health, conducts clinical studies involving children and adolescents with mental disorders with the aim of improving the diagnosis, treatment, and prevention of these disabling illnesses in youth.

The NIMH, part of the Department of Health and Human Services, is currently enrolling eligible children and adolescents into a variety of inpatient and outpatient clinical studies at the Clinical Center in Bethesda, Maryland. All procedures and medications associated with these studies are provided at no cost to participants, and NIMH reimburses transportation expenses. Schooling will be provided while on the inpatient unit or in day treatment. Those who have not improved by the end of treatment studies will be offered other treatment for up to 3 months, while the participant is transitioned back to the referring clinician. Those who improve with treatment will continue therapy at NIMH while staff helps find aftercare or transition back to the referring clinician.

Depression and/or Anxiety Treatment and Brain Changes

This study will determine if fluoxetine (Prozac®) is effective for treating anxiety and/or depression in children. The study will also use functional magnetic resonance imaging (fMRI) to learn more about how the brain functions in children taking this medication for anxiety and/or depression. Children ages 9 to 17 with anxiety and/or depression may be eligible for this 8 week outpatient treatment study. Eligible participants will receive either medication or placebo. All participants will receive weekly talk therapy.

Treatment-Resistant Depression and Brain Imaging

This study examines brain function in children with treatment-resistant depression and tests whether adding lithium to antidepressant medication makes a difference in treatment response. Functional magnetic resonance imaging (fMRI) and magnetic resonance spectroscopy (MRS) will be used to explore brain chemistry and function.

Children ages 9 to 17 with treatment-resistant major depression may be eligible to participate in this 8 week study. Prior to the study, participants may or may not have taken a selective serotonin reuptake inhibitor (SSRI) medication to treat their depression. Those who are not currently taking an SSRI will be offered paroxetine. Those already taking an SSRI will be randomly assigned to receive either lithium or a placebo in addition to the SSRI.

Treatment of Severe Mood and Behavioral Dysregulation

This study seeks to characterize the symptoms of severe mood and behavioral dysregulation in children. The study will also evaluate the effectiveness of lithium as a treatment. Children with mood and behavioral dysregulation display chronic anger, sadness, irritability, with hyperarousal (such as insomnia, distractibility) and extreme responses to frustration.

Participants will have any current medications gradually withdrawn during a 1- to 3-week hospital stay and then will be randomly assigned to receive either lithium or placebo. Depending on clinical severity, participants

Child & Adolescent Mood & Anxiety Problems

The NIMH is seeking children and adolescents, ages 7-17, to volunteer for research studies at the NIH Clinical Center in Bethesda, Md.

Treatment and evaluation studies are offered in:

- Depression
- Bipolar Disorder
- Anxiety Disorders
- Chronic mood problems

Research evaluation & participation provided free of charge. Travel expenses paid.

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National Institutes of Health,
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NIMH
National Institute
of Mental Health

will either remain on the inpatient unit or attend the day treatment center. All participants will receive placebo for at least 2 weeks during some part of the 8-week trial. Structural magnetic resonance imaging (MRI), functional MRI (fMRI), and magnetic resonance spectroscopy (MRS) scans will be obtained to learn about brain structure, function, and the effects of lithium.

Symptoms & Causes of Bipolar Disorder

The purpose of this study is to learn more about and describe the moods and behaviors of children with bipolar disorder. This study will also examine what happens in the brain to produce these moods and behaviors. This is not a treatment study; participants will not receive any new or experimental therapies. Children ages 6 to 17 with bipolar disorder may be eligible to participate. Participants and parents then return to the NIMH for regular evaluations over 4 years.

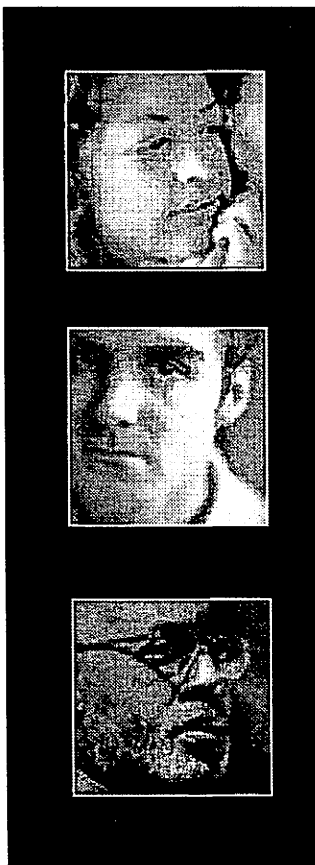
Treatment-Refractory Bipolar Disorder

The purpose of this study is to determine the safety and effectiveness of clozapine (Clozaril®) in children with treatment-resistant bipolar disorder. This study will also explore how the brain functions in early-onset bipolar disorder.

Bipolar disorder is a serious illness with long-term consequences. Treatment options for children and adolescents are limited by ineffectiveness or intolerable side effects. Preliminary evidence suggests that clozapine may be effective in treatment-resistant bipolar disorder. Children ages 8 to 17 with a history of treatment-resistant bipolar disorder and currently under the care of a psychiatrist may be eligible to participate in this study. Eligible participants will then be admitted to an inpatient unit where they will have any current medication gradually withdrawn over 1 to 3 weeks. Subsequently, they will be randomly assigned to receive either clozapine or placebo for 6 weeks. Participants who are clinically stable will complete the study as outpatients. All participants will receive structural magnetic resonance imaging (MRI) of the brain. After completing the study, participants will be asked to return to the clinic for a follow-up visit once every 2 years until they are 21 years old in order to obtain long-term data.

For more information or to participate in any of the studies, call 301-496-5645. ♦

Susanna Sung, LCSW-C, is an Outreach Recruiter in the Office of the Clinical Director, NIMH, an agency within the Department of Health and Human Services' National Institutes of Health.



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CSWF

Clinical Social Work Federation

Richard Yanes, Executive Director

■ Lobbying activities

This is a short year for Congress, given the fall time-out for electioneering. Major issues such as the Iraqi War Resolution and Homeland Security have taken up most of Congress' time when they've been in session. The following is an update on the major mental health legislative bills still awaiting action:

Mental Health Parity: Two bills, HR 4066 and S 543, remain stalled in their respective houses. The House bill, authored by Rep. Roukema (R-NJ), has 214 co-sponsors, almost enough for passage, while Sen. Domenici (R-NM) has lined up 66 Senate co-sponsors. However, the likelihood for passage of either of these bills this year is not very high.

Patients' Bill of Rights: Sen. Kennedy amended the language of the bill into an appropriations measure last year and then lost the battle to the House Republican leadership in a Conference Committee. The two original bills, HR 526 and S 283, remain stuck in their respective Houses. While the House bill has more the 200 co-sponsors and the Senate bill 40, it is unlikely that either will pass this year.

Medicare Modernization: These two bills, HR 1522 and S 690, will suffer the same fate as those above. Medicare issues are always a tough fight; this year it was made tougher by other issues.

The Fight for Funding: Mental health programs and those agencies that support the programs began living a week-to-week existence in October. The Congress breaks down the appropriations for the federal government into 13 separate funding bills. As of this writing, the Congress has addressed not one of those bills. Instead, the rules allow a handful of leaders from each party to agree on a Continuing Resolution to appropriate the necessary funds to keep the government running at last year's funding levels until appropriation bills are passed. One party wants longer time frames for the Resolutions, the other wants shorter.

At issue here are programs affecting children, adolescents, adults, and senior citizens and involving more than \$830 million. Also waiting on Congressional action is the National Institute for Mental Health's budget of \$1.25 billion.


■ HIPAA and the Privacy Rule

CSWF fielded many questions from both members and non-members, and provided hundreds of individuals with the special set of instructions we have developed. April 14 is the next deadline for compliance with the HIPAA regulations, and again, the Federation is in the process of developing materials specifically for clinical social workers. Information will be distributed through the Federation website (www.cswf.org) and the newsletter access, as well as GWSCSW and the other state societies.

■ CSWF Board Meeting

A variety of items, including the structure of the organization, bylaws amendments, and New Professionals Development were discussed at the meeting of the Board of Directors of the Federation this October in St. Louis. The next CSWF Board Meeting will be held in May 2003. ♦

Editor's note: For more information on the Board Meeting, see President's Message on page 2.



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COP

Committee on Psychoanalysis

Audrey Thayer Walker

We hope you'll join us at the joint COP/GWSCSW dinner meeting on Friday, March 28, 2003. Longtime COP and GWSCSW member Tarpley Mann Long will be presenting *Psychotherapy and Acting: Capturing The Moment for Speaking*. Ms. Long will be presenting a paper reflecting these interests to the Washington Psychoanalytic Annual 2004 Symposium; our event will be a less formal, interactive dialogue with fellow social work professionals.

■ New psychoanalytic study group

Content is to be determined by its members. Initial thoughts are along the lines of a psychoanalytic journal club reflective of members' clinical concerns. Members are welcome to bring in case material. Membership is presently open, with a limit of 6–8 participants. Leader Danielle Drake is a social work psychoanalyst and popular teacher/professor. Her courses with The Catholic University School of Social Work and the Society's Continuing Education Program reflect her talent and capacity to present complex materials in a manner that generates deeper understandings and much enthusiasm. Her recent Clinical Social Work Institute presentation regarding the transition of a person from psychotherapy to psychoanalysis is being published in the *Journal of Clinical Psychoanalysis*, a highly regarded journal in the psychoanalytic community.

Study groups develop strong professional bonds and support increasingly sophisticated professional identity. This Study Group is expected to fill quickly. If you are interested please contact either Danille Drake (301-320-5659) or Audrey Thayer Walker (202-331-1547).

The original GWSCSW/COP Study Group enters its fourth year with membership presently closed. This next year the Group will build upon Allan Schore's integrative neurobiological psychoanalytic insights to study more intensively infant observation as it relates to psychotherapy. Beatrice Beebe and Fred Lachmann's new book, *Infant Research and Adult Treatment: Co-Constructing Interactions*, will help frame these studies. Among the many meaningful experiences resulting from last spring's Master Class with Dr. Schore is our own neuroscience social work scholar, Golnar Simpson's collaboration with Dr. Schore. This may well bring increasing attention to these integrative findings with the social work community.

continued on page 16

CSWI

The Clinical Social Work Institute

Carolyn Gruber

The Clinical Social Work Institute annual opening celebration in September brought together our community of students, faculty, and board members for a talk by Golnar Simpson: *The Mind-Brain Context: The New Vision for Clinical Social Work's Biopsychosocial Perspective*—such an energizing group and such a stimulating speaker!

October marked the beginning of this year's Friday Night Lecture series. Carolyn Gruber presented a paper and led a discussion on *Mothers and Daughters: The Relational Dance of Development*, describing and illustrating self-in-relation and feminist perspectives on the mutual impact of mothers and daughters on each other's development throughout the life cycle. Our next Friday night lecture will be on January 31. Watch for a flyer in your mail.

Students and faculty are working hard together as we head into the last few classes in the first semester. Teaching this semester are Judith Sheagren, Aimee Nover, Irv Dubinsky, Carolyn Gruber, Fred Brewster, Golnar Simpson, Paula Atkeson, Anita Bryce, Jaime Hochman-Herz, Graciela Steiger, Barbara Suter, Cherian Verghese, Charles Olsen, Sandra Hershberg, Jeff Davidson, and Alicia Izquierdo-Edler. Meanwhile, our outstanding clinical faculty continues to provide consultation on students' diagnostic assessments and ongoing cases.

Did you know that you can audit classes at CSWI if you are not a matriculated student? Each class meets every other Friday or Saturday for eight sessions of two hours each. Email or call us and we will tell you which courses are available for audit next semester. Our number and e-mail are in our ad in this issue.

We continue to solicit donations to our Campaign for Accreditation. (The need to develop an endowment fund represents a last major hurdle, as we get ready to seek accreditation.) If you know of an individual or foundation that has an interest in clinical social work education, could you please share that information with us? We want to expand our fundraising base beyond our community of clinical social workers. ❖

To reach GWSCSW...

202-537-0007

Fax 202-364-0435

Legislative News

■ Virginia

Wayne Martin

GWSCSW shares with the Virginia Society for Clinical Social Work (VSCSW) the cost of supporting advocacy efforts by lobbyist Chris Spanos, who reports to VSCSW and the GWSCSW legislative liaison at the bi-monthly VSCSW Board meetings. This year, because of the two billion dollar budget shortfall in Virginia, Chris recommends a legislative strategy focused on trying to hold onto what we have, and to hold off decreases in Medicaid rates.

Although we are always on the alert for surprises, there are no bills on the horizon that would affect clinical social workers. Mental Health Parity needs to be re-authorized in 2004 by the Virginia General Assembly; whether to move for re-authorization in the 2003 session will be discussed at the Board meeting in December.

Laura Groshong, the Legislative Chair for the Clinical Social Work Federation (CSWF), has compared the wording of licensing regulations concerning clinical social workers across the states, and has suggested some possible changes in wording that we may want to lobby for in the future. Chris is researching the issue, and will discuss his recommendations at the December meeting.

The annual Legislative Lobby Day for clinical social workers, sponsored by VSCSW, will be Monday, February 10, from 9:00 A.M. to NOON, at the General Assembly Building. Remember, the more of us participating, the more likely it is that legislators will be responsive to our issues. Information will be available through the GWSCSW office as plans become firm. Please put the date on your calendars now. ♦

Wayne Martin is Legislative Vice President for the Virginia Society for Clinical Social Work

■ Maryland

Stephen C. Buckingham

Our new Governor faces a big issue immediately upon taking office in January, and so do the people elected to represent us in the State Senate and House of Delegates. Maryland is currently spending more than it takes in, and the outlook for the future is no better. Because of this, budget issues will dominate the upcoming 90-day session of the Maryland General Assembly, and social workers need to begin now to impact the debate.

What's really happening? By the time the 2003 fiscal year ends June 30, 2003, revenues collected by the State are expected to fall \$490 million short of what was expected when the budget was passed last April. While we have \$500 million in the State's "Rainy Day Fund" to cover this shortfall, agency heads are already trying to reduce spending to minimize the draw down on this account. In addition, projections for the next fiscal year (July 2003 to June 2004) are anticipating a \$1.3 billion deficit, and hard choices will need to be made in order to meet the balanced budget requirement of the Maryland Constitution.

The good news is that Maryland's economy is still fundamentally sound, our workers more productive than ever, and the technology revolution is far from over. We will get through these tough economic times eventually, but not in time to affect the 2003 General Assembly Session. Our leaders will need to find spending cuts, new taxes, or a combination of the two in order to meet their constitutional duty and pass a balanced budget by April 2003.

What happens if we cut spending to balance the budget? What no one said during the elections was exactly where they would cut spending. Some called for an across-the-board cut of 5% to 10% from all agencies, except Education (since full funding of the Thornton Commission recommendations for increased aid to schools was pledged by all). Others called for selective cuts aimed at preserving important programs such as mental health, Medicaid and public safety. Governor Glendening has been preparing a budget for Fiscal Year 2004 asking each agency to make a 10% reduction. However, the new Governor will also introduce a budget, and it may look very different.

The fact is that the majority of the state budget cannot be cut. Entitlements such as foster care, assistance payments, Medicaid and property tax credits account for 17.5% of the state's spending under the budget, and debt service (paying interest on bonds) is another 1.7%. Funding for education, which everyone has pledged

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to increase, is already 28.7% of state spending. Other health programs (state hospitals, community clinics, etc.) account for another 11.2%, and public safety (mostly prisons) is 9.2%. These programs account for over two-thirds of all state spending (68.3%), with the rest going to higher education (9.2%), aid to local government (4.5%), running the judicial and legislative branches (3.1%), other education (2.7%), juvenile justice (1.6%), human resources, housing, environment and the rest (10.5%). If over half of the budget cannot be cut at all, the impact on the remaining programs will be even greater.

What must be done now? To balance this year's budget, state agencies will restrict spending through June 2003, and the General Assembly may enact emergency cuts in current programs. A statewide hiring freeze that has been in effect for over a year will continue, with agencies finding it even more difficult to hire replacements for people who leave state service. Where this affects the ability of social workers to do their jobs, they need to document the problem and contact their newly elected senators and delegates to inform them. We must also let our elected officials know how budget cuts will affect people that social workers serve: abused children, nursing home residents, mentally ill, poor families, etc. Social workers need to make spending cuts unpalatable to lawmakers—or at least less palatable than raising

taxes—in order to end the practice of under-funding vital programs. This should occur before the session starts January 8, 2003 so that they go into session aware of the real consequences of cutting agency funds or staff. Please identify your representatives in Annapolis (see mlis.state.md.us) and contact them as soon as possible. ♦

GWSCSW lobbyist Steven Buckingham provides up to date legislative information on clinical social work issues in Maryland at www.marylandadvocate.com. The website is for members only; to gain access you must first email s.c.Buckingham@worldnet.att.net and let him know of your interest and your GWSCSW affiliation. Once your membership has been verified, you will be sent a password, added to the user file, and have full access to reports on sessions, bills, and hearings.

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— ♦ —

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COP, continued from page 13

■ National Conference

NMCOP is calling for papers for its 2004 national conference, "Psychoanalysis: Changing in a Changing World: Impact on Theory and Practice". The conference will be held in New York City, March 11-14, 2004. Address questions to Susan Sherman (email: SusB6114@aol.com) or Audrey Thayer Walker (202-331-1547).

■ NMCOP Membership

All GWSCSW members are eligible to join the National Membership Committee on Psychoanalysis in Clinical Social Work. For information contact Audrey Thayer Walker (202-331-1547). ❖

The National Membership Committee on Psychoanalysis in Clinical Social Work is affiliated with the Clinical Social Work Federation.

Resources

The North Carolina Society for Clinical Social Work (NCSCSW) has prepared a *Suggested Model for the Sudden Termination of a Clinical Social Work Practice*; it can be ordered for \$3 through Beth, the NCSCSW administrative assistant, ncscsw@nc.rr.com.

In addition, a fifteen page article, *Preparing Your Clients and Yourself for the Unexpected: Therapist Illness, Retirement, and Death*, is available through PsychotherapistResources.com; written by Ann Steiner, PhD, it includes a bibliography, sample forms and letters, and an outline and recommendations for "emergency response." ❖

Suggestions courtesy of Anne Segall, CSW, BCD, Education Chair for the Clinical Social Work Federation.

Correction Re: Affiliate Memberships

On the GWSCSW application and renewal forms sent out earlier this year, we mistakenly stated that Affiliate members could not have their practice information in the Directory. This is true only for those Affiliates who are retired and therefore no longer practicing. Affiliate members may list their practice information.

Practice information is not listed with a Student membership. ❖

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Reflections....

With this issue, we begin an occasional series featuring members' reflections on clinical and life issues. We begin with Diana Seasonwein, a member of our Editorial Board, writing about transitions. Diana has been living in Prague for the past eight months, with three interruptions for trips back to the US. That's a lot of travel, jet lag, and disorientation! We asked her to use her professional perspective to reflect on moving and adjusting to a new place....

Transitions

Diana Seasonwein

First, a dream that I had last night, three nights after returning to Prague from my third trip home to the US:

I am exercising in a gym, and I leave my purse with all my credentials and my calendar and address book for the States in a large room. I return to discover that while my purse is still there, my wallet with all my identifying documents has been stolen, along with my addresses for connecting with friends and family in the States. Surprisingly, I am not upset. But I am at a loss as to how to find these lost items.

Why am I telling you this? I think that this dream really speaks to what it is like to move to a new country. Who am I, if I am not connected to my friends and family? (And with all that travel back and forth, where am I?)

Well, who was I before I moved, and to whom was I connected? Was I defined by my job? I moved here as what the State Department calls a "dependent," but I had a job before. I had a private psychotherapy practice which I closed after thirty years. This was part of the process of moving. I really wanted to move here, but that meant making a choice and letting go of one thing I loved, in order to do something that I had wanted to do all my life: live overseas.

As a therapist I did not have a ready-made private practice when I moved here. Since I do not speak much Czech, I had to network among English speakers. While I do now have a small private practice, I had to let go again of something

else: the idea that I could replicate here what I had in Washington. It was rather easy to let go, because I had other things I was doing. I was, and am, studying Czech. I was, serendipitously, asked to apply for a teaching job, for which I was hired, and I accepted the position. I was participating in the International Women's Association of Prague (IWAP), which allowed me to make many new contacts and to begin an entirely new address book (which did NOT get taken in my dream). Through the IWAP meetings I learned about the Helsinki Cesky UN Refugee Counseling Center. I promptly volunteered, but because of language barriers, was not able to work as a counselor with the refugees. I am hoping to contribute to the counseling center in other ways. What I am saying is that even though my embassy ID badge says "DEP," I am developing an "independent" sense of self.

Although we have three children, they are grown and not living with us, so we do not have that as a source of contact. We do have two dogs, which need to be walked throughout the day. This is another good way to meet and establish contacts. We have also joined a religious congregation and have become active in that. Of course, what we are used to in the States cannot be replicated here either.

What I have learned is to let go of the established order in my life to enable me to have new experiences in a new culture. These experiences are the reason I want to live overseas. At the same time, because I had an existing structure, I have been able

to use that as the skeleton or building blocks for amalgamating the old with the new.

I do not intend to suggest that it was easy for me or that it is or will be easy for anyone else. It takes a commitment to oneself to work at feeling at home in a new country. And everyone progresses at a different pace.

To circle back to the dream: I lost the address book with my contacts in the States, and was not upset about it. What I didn't lose was the internal sense of being connected to them.

Long-time friends, even if far away, are very, very important, and I continue to email them, to visit them when I go home and to have the good fortune of having some of them come here to visit me. The result is that while in some ways leaving home was an abrupt uprooting from all that was familiar, I am able to feel my new roots growing here in part because I am still nurtured by the friends I left behind. ♦

Diana Seasonwein can be reached at dbseasonwein@yahoo.com



Book Review

Bee Season

Reviewed by Stacia Super

Bee Season, by Myla Goldberg, is a case of art imitating life. Who does not remember Rebecca Sealton winning the National Bee Competition some years ago, twitching and writhing in her idiosyncratic way through the ordeal, and then jumping for joy and squealing at her spelling bee success? In interviews she talked about her family's commitment to her success in the competition, and it seems hers is not a unique situation. A recent *New York Times Magazine* article featured a family whose children were all contestants in the National Bee Competition. The similarities between that family and the fictional family in *Bee Season* are stunning, and lead one to marvel both at the author's insight and research, and at the bee competition phenomenon.

While it is always dangerous to generalize from one or two examples, there does seem to be something going on in the world of the Bees, a culture that seems to lend itself to analysis of individual and family dynamics. The first question that comes to mind is, who are these people? There's a similarity to the classic stage-mother who pushes her child to succeed where perhaps she herself has not, the mother who wants fame and fortune for her child and, through the child, for herself. But clearly there is a vast difference between the world of the movie star and the world of the bee competition champion: for the latter, there is only a moment of public fame, little money, and no real possibility of turning success into a career. Furthermore, this particular cerebral ability is not valued in many circles in society; the bee competitor (not to mention the bee champion) is considered a geek. It would be easy to write off the group as weird and leave it at that.

As clinicians, however, we can do much more. This book affords us the opportunity to consider the conscious and unconscious motivations of the people caught up in this world, the role the world of the bee competition can play in family relationships, and the drama of the children as they move through their developmental stages. The story of a dysfunctional family, *Bee Season* shows the impact of the parents' difficulties on how their daughter and son, respectively, negotiate their latency and adolescence. The sudden shift in alliances between the children and their father, in particular, reveals an Oedipal victory that loosens the seams of the family structure. Each individual deals with it by developing a unique compromise.

The GWSCSW Book Seminar on *Bee Season* will take place on Wednesday, February 12, 7-9:00 P.M., in Chevy Chase. See page 24-25 for information and registration. ♦

Washington Psychoanalytic Society, Inc.

Scientific Meetings 2003

Location (unless otherwise indicated): Park-Hyatt Hotel 24th & M Streets NW, DC

Cocktails 6:30 pm • Dinner 7:15 pm • Meeting 8:15 pm

Registration:

Dinner & Meeting: Send check for \$55 per person (payable to Washington Psychoanalytic Society, Inc.) to the Society office, 4545 42nd St., NW, #309, Washington, DC 20016-1856, by the registration deadline as listed below.

Meeting only: Send check for \$5 per person.

February 7, 2003 (Register by Monday, February 3)

Speaker: Christopher J. Keates, MD

Topic: The Presence of the Body in the Hour

Objectives: 1) To understand how body events (symptoms reported in the hour, gestures during the hour, bodily sensations in either the therapist or the patient) provide clarification of psychological conflict in treatment; 2) To learn a context for thinking about the body within the framework of ego psychology.

March 16, 2003 (Register by Monday, March 10)

Time: Sunday, 12:30-3:30 P.M.

Place: Home of Elizabeth Hersh
3214 Newark St, NW, Washington, DC

Speaker: Judith Rapaport, MD and David M. Goldstein, MD

Moderator: Christopher J. Keates, MD

Topic: Understanding Symptom Formation and Treatment from Biologic and Psychoanalytic Perspectives

Objectives: 1) To learn how symptoms develop, according to these different perspectives; 2) To be able to explain how physiologic and intrapsychic processes interdigitate in the formation of symptoms and in treatment.

April 4, 2003 (Register by Monday, March 31)

Speaker: Ronald Britton, M.D.

Topic: Working in the Moment: A Contemporary Kleinian Perspective

Objectives: 1) To identify the fundamental positions in the internal world posited by Melanie Klein: the paranoid-schizoid and the depressive positions; 2) To identify how contemporary Kleinians focus on the moment to moment state of the transference; 3) To differentiate the contemporary Kleinian and classical perspective on counter-transference.

April 5, 2003 (Register by Monday, March 31)

TRI-SOCIETIES CONFERENCE

Time: Saturday, 1:00-5:00 p.m.

Location: Georgetown Medical School, Preclinical Science Building, Rm LA6.
Registration: and payment (\$45) for this meeting are through the Baltimore-Washington Society for Psychoanalysis, Inc., 14900 Sweitzer Lane, Laurel, Maryland, 20707 [301-470-3635]

Speakers: Carol Gilligan, PhD, Ethel Person, MD, Sheldon Bach, PhD

Topic: Love, Sex, and Imagination

Objectives: 1) To explore a psychoanalytic understanding of love; 2) To understand the vicissitudes of love in pathology, treatment, and health; 3) To learn how fantasies affect love relationships.

CME/CE Credits: 3

May 2, 2003 (Register by Monday, April 28)

Speaker: Erik Gann, M.D.

Topic: Making Possible the Impossible Profession: Psychoanalytic Practice and Psychoanalytic Careers

Objectives: 1) To be able to understand the current status of psychoanalytic practice; 2) To be able to enumerate the many ways which psychoanalysts may utilize their analytic training.

Continuing Education Opportunity: Dialogue with the Experts

Audrey Thayer Walker

A special and rare opportunity to interact with some of our most experienced clinicians will take place in March with *Clinical Practice in the Real World: A Dialogue with the Experts*, a three-session seminar using case studies from the National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP) National Study Group's publication, *Fostering Healing and Growth: A Psychoanalytic Approach*, Joyce Edward and Jean Sanville, Editors. Audrey Thayer Walker will facilitate discussions with Martha W. Chescheir, PhD, LCSW-C, *From Holding to Interpretation* (3/7/03); Marilyn A. Austin, PhD, LCSW-C, *Recovered Memories of Childhood Sexual Abuse: Problems and Concerns* (3/14/03); and Katherine A. Brunkow, MSW, LICSW, *Working with Dreams of Survivors of Violence: Facilitating Crisis Intervention with a Psychoanalytic Approach* (3/21/03).

Dr. Chescheir's commitment to clinical social workers' professional development, especially those in agency practice, lured her from her retirement in North Carolina for this event. Clinical social work leader, teacher, writer and practitioner, Dr. Chescheir was the founder of The Clinical Social Work Institute's Practice Sequences, and a professor at The Catholic University of America, Smith College, and the Washington School of Psychiatry.

Katherine Brunkow, a social work psychoanalyst and consultant to the Peace Corps/State Department, is a popular clinical supervisor and effective faculty member with the Clinical Social Work Institute, Washington Psychoanalytic Institute and the Washington School of Psychiatry.

GWSCSW Past President Dr. Marilyn Austin took the major role in creatively revitalizing our Society; we are grateful for her intelligent, articulate strong presence and leadership during the most trying times for our Society.

All attendees who complete the seminar will receive copies of *Fostering Healing and Growth*. This remarkable book, which demonstrates the effectiveness of psychoanalytically-informed social work practice, is NMCOP's gift to those who teach and those who wish to learn. Registrants who wish a copy of *Fostering Healing and Growth* prior to the seminar should notify Dr. Dolores Paulson (703-790-0786 ext 2).

The seminars will be held on three Fridays in March from 3-5:00 P.M. at the home of Audrey Thayer Walker, Coordinator, located at 4416 Q Street, NW, Washington, DC 20007, 202-331-1547. For registration, see page 25. Registration is limited, so please register as soon as possible. ♦

Program Plans, continued from page 1

Psychotherapy and Acting: Capturing The Moment for Speaking is Tarpley Mann Long's topic for the dinner meeting on Friday evening March 28. Currently studying acting with the Studio Theater, Tarpley brings her interest and expertise as a social work psychoanalyst to the theater/acting genre.

Category I CEUs will be awarded participants who attend both parts of *A Clinical Look at the Dramatic Process*.

Finally, on May 14, we are planning a three-hour workshop on ethics with David Phillips, DSW, co-author of the Clinical Social Work Federation (CSWF) Code of Ethics and co-chair of the CSWF Professional Standards Committee. A professor at Yeshiva University, David was recently named a Distinguished Practitioner in Social Work by the National Academies of Practice. Look for more information as we come closer to the date. ♦

The GWSCSW website is currently in transition. We hope to be up and running again with accurate, up-to-date information in time for the next newsletter (March 2003).

The Annual Conference of the Consortium for Psychoanalytic Research

The Greater Washington Society for Clinical Social Work
and The Clinical Social Work Institute,
co-sponsors for 2003

PATHWAYS OF EMOTIONAL COMMUNICATION: BUILDING CONNECTION FOR CHANGE

Speaker
Wilma Bucci

February 2, 2003
9:30 AM to 4:00 PM

Location:
The Washington School of Psychiatry,
5028 Wisconsin Avenue NW
Washington, DC

See page 27 for information and registration

COMMITTEE REPORTS

Annual Conference

Kimberly Satin Kubler

GWSCSW's 2002 annual conference, "The Hidden Baby: How Infant Observation Informs Clinical Practice," attracted an audience of over one hundred people. Members and non-members, as well as seasoned practitioners and social work students, came to hear Jeanne Magagna's keynote and case presentations by local therapists Jaedene Levy and Carolyn Shank. Jeanne Magagna is a consultant for the world-famous infant observation program of the Tavistock Clinic in London. She conducts a weekly infant observation seminar by video link from Tavistock for the International Institute of Object Relations Therapy (IIORT) in Washington, DC, and Salt Lake City.

The program could not have been such a success without the conference committee; my thanks to wonderful co-chair Kathleen Kenyon, and to committee members Sheila Hill, Marilyn Austin, Nancy Nollen, and (coming to the rescue with her knowledge of catering) Trish Braun, for all their hard work. Last years' committee (Faith Lewis, Sarah Pillsbury, Jaedene, Nancy and Sheila) provided us with a wealth of ideas and support; Jaedene hosted a sumptuous reception for our speaker; and GWSCSW President Margot Aronson helped out throughout the process. Thanks to every one of you.

The committee has been busy wrapping up all of the details of the conference, but will soon begin planning for next year's event. If you are interested in joining the committee, now is a great time to do so. For more information on volunteering or to make topic suggestions for the next conference, please call me at 202-299-1201. Thank you for your support.

Continuing Education

Dolores Paulson

New Virginia and Maryland requirements for continuing education in ethics accounts for a record number of registrations in our Continuing Education Program. The course, Ethical Dilemmas, will be offered again in February and March. (See the course listings on page 24.) Be sure to register promptly, for we are almost full.

Stacia Super leads our book seminar on February 12, 2003; she reviews *Bee Season* in this issue. Also in February, Marilyn Stickle teaches a course on the role of religion and spirituality in clinical practice. March offerings include Grace Lebow and Barbara Kane's *Difficult Parents, Desperate Children* and *A Dialogue with the Experts* regarding *Clinical Practice in the Real World*.

We are privileged to have local authors and experts in their fields to share their expertise. Your registration is welcomed.

Directory

Constance Hendrickson

We are now busy compiling information submitted this fall in the membership renewal drive, so that we can have the 2003 Directory in your hands in January. Each member should have received a mailing in November, individualized to show his/her practice and other information as it will appear in the new Directory. We are trying to accommodate late members, but the turn-around time for making changes is very tight.

Our annual GWSCSW renewal date is October 1. New members and renewals are, of course, welcomed throughout the year. Those join-

ing after the Directory publication deadline will be included in the "New Members" feature in the newsletter. I encourage all members to invite a nonmember to join our Society. As we grow, we become a stronger Society and can provide more services to members.

Membership

Charles Rahn

Over the past few weeks we have added seventeen new members and welcomed thirteen members who had let their memberships lapse. We urge you to welcome the following:

Full Members:

Amy Beckman	703-356-6707
Patricia Morgan	703-691-4968
Carolyn Curcio	202-362-6261
Linda Rubinstein	703-742-0279
Janet Dante	301-656-8888
Alina Schwiep	301-565-9650
Sandra Kauffman	301-356-3424
Jeanne Snapp	703-836-1534
Leslie Kent	301-587-7241
Valerie Viands	301-869-7999
Leyla Mahbod	202-483-6355
Amelie Zurn	301-589-6555

New Graduate Member:

Sabine Cornelius	202-986-8855
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New Student Members:

John Cornelius	202-244-9635
Lynn Mayer	703-519-2004
Elizabeth Griffith	202-244-5977
Eileen Stanzione	301-293-6999

Potential new members can contact the GWSCSW office at 202-537-0007 to receive an informational GWSCSW brochure and application. The New Members Welcome Packet includes the latest Directory and the most recent Newsletter. For membership questions contact Charles W. Rahn at 301-493-6841.

Newsletter

Cecilia McKay

The newsletter committee, consisting of Margot Aronson, Tricia Braun, Josephine Bulkley, Diana Seasonwein, and Adina Shapiro (in addition to myself), are currently brainstorming ideas for possible additions or changes to the newsletter. Our first effort appears in this newsletter on page 17. This new occasional series features members' reflections on clinical and life issues; Diana Seasonwein kicks off the series with *Transitions*.

We would like to hear from you. What have you found useful in the past? What would you like to have added? What changes would you like to see? Are there any features you would like to include? Any ideas or thoughts would be greatly appreciated. Please email me at ccmckaymsw@erols.com or call at 301-802-4126.

Perhaps someone who has recently written a paper would like to share insights with members through the newsletter. We are always happy to consider articles and letters. And we welcome volunteers on the Board, especially those who like to write.

Public Relations

Tricia Braun

The Public Relations Committee is responsible for specific advertising and publicity needs of the Society, but in order to do that well, the

Committee needs to be aware of much more, from members' needs and interests to the profile of clinical social work in the community.

Helping the Society stay on a path that relates to an overall vision and strategy requires a group of dynamic thinkers: people who like challenge; people who like to play with out-of-the-box thinking; people who are action-oriented and like to execute ideas and plans. Join us by calling Tricia Braun at 301-258-9444 or 301-948-4506, or email clbraun@erols.com. ♦

Over the next months, the membership committee will be reviewing new applications and renewals, and making an effort to follow up on the interests you've checked off. And even better than waiting to hear from us... call GWSCSW now to share your ideas and to volunteer!

SECURITY IN AN INSECURE WORLD

Protecting one's assets is especially important these days as the market continues to fluctuate wildly. While there are some economic forces the average person cannot control, there are some proactive strategies to help minimize the impact. Using annuities allows you to guarantee your investment in a fixed income account with the original investment (minus any withdrawals) going to the beneficiary. You are allowed 10% free withdrawals yearly without penalty (10% IRS penalty if under age 59½). Some annuities guarantee double return on your investment if held to maturity.

Long Term Care insurance is now available to government employees. Social workers who work for the government and who are considering LTC insurance should compare government rates and plans with non-government policies as they are often more extensive and comprehensive (i.e., spousal discount, 100% coverage for home based care vs. 75% in the government plan, waiver of premium for both husband and wife if just one spouse enters a nursing home).

Supplemental disability income insurance is available to employees in addition to what your employer might already offer you. What you currently have may not give you 60-70% replacement of your income in the event of disability. Supplemental disability is often the solution to that problem.

The now very popular 529 college savings plan allows you to invest in higher education for your children, your grandchildren, yourself, your spouse, or others on a tax-deferred and tax-free withdrawal basis (through 2010 unless extended by Congress). There are no income restrictions and no age limits as long as the money is used for higher education at any qualified institution in the USA or overseas. See your tax advisor on how 529's can be used for estate planning. Best of all you have full control of the money and selection of beneficiary.

The ways of managing assets designed for yesterday's market is an on-going process and may need to be adjusted for today's times. What areas of concern for retirement or financial strategies would members like to have addressed in the newsletter? Contact Charles W. Rahn for more information on the above services and for an up-to-date assessment of your unique financial goals, values, needs, and investment philosophy.

Charles W. Rahn, PhD, LCSW-C

Financial Services Representative with Capitol Financial Partners • Call 703-847-9660, x172 or write crahn@finsvcs.com.

Securities products and services through MML Investors Services, Inc., 1414 Main Street, Springfield, MA, 01144-1013, (413) 737-8400

The Referral Panel: What's New This Year?

Eileen Ivey

As most of you know, the referral panel has historically been a linchpin of the Clinical Society. It is often a primary attraction to new members and may be the only way in which the public knows of our organization. This last year has seen a dispiriting decline in use of the referral line. This can be attributed to several factors, at least some of which are in our control. (Some, such as more clients receiving referrals directly from their insurance companies, are less so.) The biggest factor, our disappearing advertising presence, is in our hands. Several years ago it was decided, for financial reasons, to drop our display ad in the Yellow Pages, the source of the majority of our calls. We were able to afford very little additional visibility or advertising to take the place of the Yellow Pages.

Last year, all referral panel applicants were polled about their willingness to support more advertising and visibility through a small mandatory surcharge for participation in the referral panel. Not only did nearly 100% of you endorse this plan, but also when voluntary contributions (to put to use immediately) were requested in May, you came forth with great generosity! Twenty-four members contributed a total of \$476, which covered the cost of one ad in the Family Health Directory portion of the Washington Post health section.

The Board has voted to require a mandatory surcharge of \$15 for referral panel participation although if you decide to "round up" to, say, \$20, \$25, or more, we wouldn't say no! The Board has also given a rousing endorsement to a plan to revive and re-energize the referral panel through more creative and substantive advertising strategies in the coming year. These strategies may include small local newspapers, some Yellow Pages presence if possible, more frequent and sustained advertising in the Health section, and possible use of the Internet to highlight our members' skills and specialties.

When you complete the application form on the next page, please note that, in an effort to better serve potential clients, we are asking for two new bits of information. For the first time, we are asking you to indicate in which (if any) insurance plans you participate; this is frequently the first parameter callers request. Also, in addition to asking whether you have a sliding scale, we are also asking if you offer a "special student rate." It is our hope to market very affordable psychotherapy (on the order of \$25 or so per session) to MSW students and recent grads. Not only can we give back to the social work community in this way, but it may also turn out to be good marketing as students and new grads spread the word about affordable therapy to their soon-to-be-

solvent non-social work friends. It may also promote the growth of the Society.

What's the Same?

Inclusion in the referral panel listing is still based on the same criteria: full GWSCSW membership, completion of a form, and submission of yearly proof of licensure and malpractice coverage. You can sign up for inclusion in the referral panel by submitting the enclosed application. Please remember that you must provide documentation of your state license(s) and malpractice insurance. This application must be completed, even if you have previously been on the panel. The deadline is February 1, 2003. This is the only time this application is accepted for the year.

The five most frequently cited specialties are listed. Please check off as many as describe your practice. You will also find a box marked "other." This is the place to let us know about any unique or distinctive features about you or your practice, such as doing custody evaluations, being African-American, gay-identified, treating MPD, etc. Knowing the distinctive aspects of your practice helps us better respond to the requests we get.

You need not take a one-week phone rotation in order to be included on the referral list. However, if you do wish to make this additional commitment to the Clinical Society, we are using the same procedure as last year. That is, fill out the tear-off section at the bottom of the application form, indicating your interest and any preferred dates. These requests will be filled on a first come, first served basis as they are received. (We generally have more volunteers than weeks, so sending your application in as soon as possible will improve your chances.) I will confirm assignments by phone, email or postcard. The month prior to your assigned week you will receive a packet with all the practical information you need to complete the rotation.

Taking a phone rotation is easy (there are generally five or fewer calls per week, although we hope to increase that) and convenient (you call in to the voice mail from wherever you are). The referral panel provides a service to the public, the Clinical Society and, sometimes, your own practice. Members who have covered the phone often tell me how much they enjoyed their week and how it reminded them of the pleasures of intake and referral early in their career.

Innovations require people power as well as money. Please call Eileen Ivey at (301) 652-1030 if you are willing to share your energy and ideas to make the referral panel vital and viable again. ♦

GWSCSW 2003 REFERRAL PANEL APPLICATION

For current and new applicants – must be submitted each year. Deadline: February 1, 2003.

➤ Are you currently a FULL MEMBER of GWSCSW? Yes No *If no, stop here; only full members can be placed on the Referral Panel
To contact a Membership Committee representative, call 202-686-6307.*

Name _____

Office Address (Include agency name if applicable)
Note: If you wish to list more than one office, please submit a separate application for each.

Street Address _____

City / State / Zip _____ Phone _____

Email _____ Fax _____

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

Office Hours: Day Evening Saturday Sunday Handicap Accessible

Adjustable Fees: Yes No

Population: Child Adolescent Adult Geriatric Mental Retardation

Modalities: Individual Group Family Couple Supervision Consultation Case Management

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

Types of ongoing groups _____ Foreign Language(s) _____

Theoretical Orientation _____

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

Please list any insurance plans for which you are a provider _____

Do you have a student rate? No Yes

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

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

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

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

Signature _____ Date _____

ADDITIONAL OPTIONS

- I would like to volunteer for a one-week phone rotation for the Referral Panel
 - Anytime
 - Anytime except the week(s) of _____
 - Sometime, but my schedule is complex; please call me to discuss times (_____)_____
- I would like my practice to be listed on the GWSCSW web site if this option becomes available.

➤ INCLUDE WITH YOUR APPLICATION:

- A copy of each state license where you wish to list an office
- A copy of your current malpractice liability insurance policy showing a minimum of \$1,000,000 coverage
- A check for \$15 (or more if you wish—we wouldn't refuse a larger contribution) to be included in the Referral Panel, made payable to GWSCSW

GWSCSW Course Offerings 2003

■ Ethical Dilemmas

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

Constance Hendrickson, DSW, LICSW Friday, 10:00 AM to 1:30 PM
(202) 332-0134 (2 separate offerings, see below)
Dolores S. Paulson, DSW, LCSW Members: \$45
(703) 790-0786 Non-members \$75

February 7, 2003 10:00 – 1:30 PM 3000 Connecticut Ave NW, #201
Washington, DC 20008

March 7, 2003 10:00 – 1:30 PM 7643 Leesburg Pike
Falls Church, VA 22043

📖 *Bee Season* by Myla Goldberg

This is the story of a dysfunctional family. The author shows the impact of the parents' difficulties on how their two teenagers negotiate their adolescence. The sudden shift in alliances between the children and their father, in particular, reveals an oedipal victory that loosens the seams of the family structure. Each individual copes using a unique compromise.

Stacia Super, PhD, LCSW-C Wednesday, 7:00 – 9:00 PM
2 Wisconsin Circle, Suite 210 1 session: February 12, 2003
Chevy Chase, MD 20815 Members: \$30
(301) 656-8336 Non-members \$50

■ The Role of Religion and Spirituality in Clinical Practice

Research supports the importance of including the religious/spiritual dimension within the framework of a biopsychosocial treatment plan. This course reviews social work literature on the integration of religion and spirituality in clinical practice, familiarizes clinicians with current language and spiritual assessment tools, and facilitates the ability to treat spirituality as "grist for the mill" like everything else.

Marilyn Stickle, MSW, LCSW Friday, 12:30 – 2:30 PM
5319 Lee Highway 2 sessions: February 21, 28, 2003
Arlington, VA 22207 Members: \$60
(703) 790-0232 Non-members \$100

☆ Difficult Parents, Desperate Children

Coping With Your Difficult Older Parent: A Guide for Stressed Out Children, the presenters' book, provides the basis for this seminar. Forty difficult behaviors are identified and attendees are guided in understanding the roots of the problem personality. The focus is on strategies for dealing with personality disordered parents and other elders.

Grace Lebow, MSW, LCSW-C Fridays, 2:00 – 3:30 PM
Barbara Kane, MSW, LCSW-C 3 sessions: March 28, April 4, 11,
4400 East West Highway 2003
Bethesda, MD 20814 Members: \$70
(301) 657-4329 Non-members \$115

■ Is There Life After Retirement?

This workshop focuses on some of the questions, both clinical and personal, in making the transition to retirement. Our culture gives us a strong work ethic, and our clinical work offers many rewards, both conscious and unconscious. On the other hand, the options of cutting back or ending one's practice can feel increasingly appealing. We share hopes, fears, and lifestyle questions. The common threads of our experiences as clinical social workers, and our differences as individuals involved in choices set the stage for discussion. The course is both theoretical and practical. It involves issues of endings and beginnings, "holding on" and "letting go," with ideas about adult development as a framework.

Marjorie Lane, MSW, LCSW Monday, 7:30 – 9:00 PM
7643 Leesburg Pike 2 sessions: April 7, 21, 2003
Falls Church, VA 22046 Members: \$45
(703) 437-4840 Non-members \$75

📖 *A Beautiful Mind* by Sylvia Nasar

This biography of John Forbes Nash, Jr., the 1994 Nobel Prize recipient in Economics, describes the life of this brilliant mathematician and his struggle with schizophrenia. Nash's family relationships, his support systems, and his interaction with the mental health community is discussed. Particular emphasis is put on the controversial treatment modalities for this disease.

Barbara Cristy, MSW, LCSW-C Thursday, 7:00 – 9:00 PM
1015 Spring Street, #201 1 session: May 8, 2003
Silver Spring, MD 20910 Members: \$30
(301) 565-0021 Non-members \$50

☆ Clinical Practice in the Real World: A Dialogue with the Experts

Co-sponsored by Greater Washington National Membership Committee on Psychoanalysis in Clinical Social Work

The remarkable book, *Fostering Healing and Growth: A Psychoanalytic Social Work Approach*, edited by Jean Sanville and Joyce Edward, is the centerpiece for this seminar. Copies of this book will be awarded to each registrant. This will be an opportunity to discuss three of the case studies with their authors, all senior clinicians and members of the GWSCSW and NMCOP; thus registration will be limited. Recent social work graduates and beginning and/or intermediate agency based clinicians are especially invited to attend.

March 7 Martha W. Chescheir, PhD, LCSW-C
From Holding to Interpretation

March 14 Marilyn A. Austin, PhD, LCSW-C
Recovered Memories of Childhood Sexual Abuse: Problems and Concerns

March 21 Katherine A. Brunkow, MSW, LICSW
Working with Dreams of Survivors of Violence: Facilitating Crisis Intervention with a Psychoanalytic Approach

Audrey Thayer Walker, MSW, LICSW Fridays, 3:00 – 5:00 PM
4416 Q Street, NW 3 sessions: March 7, 14, 21, 2003
Washington, DC 20007 Members: \$90
(202) 331-1547 Non-members \$150

☆ Indicates courses especially designed for recent MSW graduates as well as members beginning a new interest. Fees are reduced by 50% for members who received their MSW within the last 5 years.

**Annual Legislative Lobby Day
for Social Work**

Virginia General Assembly
Richmond, Virginia

Monday, February 10
9:00 AM to Noon

For more information, call
202-537-0007

Clinical Social Work Institute
is cosponsoring a free lecture with IIORT
(*International Institute of Object Relations Therapy*)

Saturday, March 1

Speaker: Jeremy Holmes
author of *John Bowlby and Attachment Theory* and
*Attachment, Intimacy, Autonomy: Using Attach-
ment Theory in Adult Psychotherapy*

Time and Location: TBA

Cost: Free

CEUs provided to all participants

Many of the courses fill up quickly—enroll early! If you have any questions regarding a particular course please contact the instructor.
Please call the Chair, Dolores S. Paulson, DSW, (703-790-0786) for scholarship information.

GWSCSW 2003 COURSE REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

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

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

Courses Desired:	Member Fee	Non-Member Fee
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

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

ADVERTISEMENTS

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

Classified Ads: 75¢ per word	Display Ads: Full page 7½ x 9¼	\$300	Half page	\$175
Minimum price \$15 (20 words)	Quarter page 3½ x 4½	\$100	Horizontal: 7½ wide x 4½ high	
	Eighth page 3½ x 2¼	\$ 50	Vertical: 3½ wide x 9¼ high	

Size of display ads indicated above is width by height. These are the only sizes that will be accepted. Electronic submission (EPS, PDF) preferred.
 Publication does not in any way constitute endorsement or approval by GWSCSW which reserves the right to reject advertisements for any reason at any time.

OFFICE SPACE AVAILABLE

ANNANDALE: Intersection of Backlick and Braddock Roads. Condominium office space available. Rental terms by the hour, day, week or month. Immaculate, just repainted, beautifully landscaped grounds, plenty of patient parking. Various office configurations, all furnished, to meet your specific needs. Fax and copier available. Call Karen Welscher-Enlow, 703-256-4586 (Tues. or Fri.) or 703-691-8572 (Mon., Wed., Thurs.).

ANNANDALE: Space in our modern and comfortable suite is available on an hourly or block-of-time basis in centrally located Annandale. Please contact Roger Rothman at 703-642-1112 for more information.

BETHESDA: Small sunny office in downtown Bethesda; 2 blocks from Metro; free parking; large, shared waiting area. Brian Schulman 301-654-4221.

BETHESDA: Large sunny office in downtown Bethesda; 2 blocks from Metro; free parking; large, shared waiting area. Available Fridays, Saturdays. Lauren Randel 301-656-3410.

CLEVELAND PARK & WOODLEY PARK METRO: Large, bright, quiet psychotherapy office in two office suite. Available full time beginning February 1, 2003. Call 202-332-8936.

CHEVY CHASE, MD: P/T very nice, spacious, office available Mondays, Fridays and weekends; no hourly. Near Metro and parking. Carol Hendler, LCSW-C, 301-718-6298.

CONNECTICUT AVE NEAR VAN NESS: Sublet bright, spacious office-plus-playroom in 4-therapist suite. Hourly or daily rates. Available full Mondays, Fridays after 1:00 P.M., weekends, some evenings. Call 202-244-0307.

DUPONT CIRCLE: Attractive, large, well-furnished office with private bath available in 3-office suite. Available for one F/T or two P/T therapists from January 1, 2003 to August 31, 2003. P/T rental possible beyond September. Call D. Blessing 202-872-9146.

FARRAGUT SQUARE: Attractive, large furnished therapist's office available Mondays. Great building. Near Metro. Elizabeth Carr, 202-822-8371.

FRIENDSHIP HEIGHTS: Light, attractive office in suite for sublet, beginning early 2003 for 20 hours per week. Walk to metro, parking. Contact Amy Scott (Counseling and Psychotherapy Services of Washington) at 202-244-8855 ext 2.

MCLEAN, VA: Office for sublet. Nice location. Separate waiting room. Parking. Available mornings before 9:00 a.m. and every late afternoon/evening except Thursdays. Available Saturdays. Call 703-448-0696.

OLD TOWN, ALEXANDRIA: Very close to Metro. Renovated, turn-of-the-century (last century) townhouse. Sublet one office or whole building: 4 offices, 2 waiting rooms (or 5 offices depend-

ing upon your designation), 2 bathrooms. Central AC. Parking in rear, plus ample on- street parking. Dry basement storage. Call Nancy at 703-683-2602 or email at nancy@mindopen.com.

TENLEY AREA: Office for rent, 2 blocks from Metro. Beautiful suite (with 3 other social workers). Easy parking. Available December. 202-744-4381

TENLEY METRO: Bright, sunny, nice sized (180 square feet) office for rent. Two blocks from Tenley Metro Stop. Excellent parking. Call 202-966-7498.

TYSONS CORNER, VA: Beautiful windowed walk out offices. One large enough for group. Perfect NOVA Tysons location on Route 7, inside Beltway between 66 and 495. Other independent therapists in building. Really pleasant atmosphere. Call 703-790-0786.

POSITIONS

CLINICAL AND DEVELOPMENTAL PSYCHOLOGY PRACTICE in RESTON is looking for a VA licensed MH professional with experience working with children ages 2-5 and their families. Flexible work schedule, very interesting work. Opportunities for professional development. Please email Dr. Moshe Shtuhl at familycompass@aol.com with letter of interest and CV, or call 703-471-5517.

Diamond Healthcare Corporation, a national behavioral health management firm, is currently recruiting for on-call LCSW-C's to provide coverage on evenings and/or weekends for the Emergency Room at Holy Cross Hospital located in Silver Spring, Maryland. Qualified applicants will possess experience conducting assessments of patients in crisis, documentation skills, ability to work independently and make treatment recommendations. Must be licensed in the State of Maryland. Premium pay! Interested professionals are encouraged to submit resume to: Behavioral Health Coordinator, Mr. Joseph Petrizzo, at Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, MD, 20910, Phone 301-754-7860, Fax 301-754-7497, Email abelvin@diamondhealth.com.

GROUPS

ADOLESCENT THERAPY GROUPS: Ongoing psychotherapy groups meeting evenings in Rockville. Call Britt Rathbone, LCSW-C at 301-230-9490. www.rathboneandassociates.com.

ADULT THERAPY GROUP: One or two spaces still available in a Bethesda area adult coed group. Current group is warm and supportive towards new members. Call Dr. Heidi Spencer at 301-951-8570.

MEDITATION GROUPS: Groups combine psychodynamic understanding and supportive group process becoming a powerful tool for change. Regular meditation reduces stress, enhances empathy,

and promotes growth in a creative atmosphere. Please call Marilyn Stickle at 703-790-0232 for further information on groups for clinicians or to make a referral.

PROGRAMS AND EVENTS

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

UPCOMING PROGRAM sponsored by the BALTIMORE-WASHINGTON SOCIETY for PSYCHOANALYSIS, Inc. Call for details and directions, 410-792-8060 or 301-470-3635.

February 8: *The British Object Relations Approach to Clinical Work*; Speaker, M. Nasir Ilahi; Discussant, Dorothy Holmes, Ph.D., 5:00 – 6:30 p.m.

THE IMAGERY TRAINING INSTITUTE announces its 2002–2003 courses and weekend imagery workshops. For information and a brochure, please call 703-821-0761.

Workshop topics include: *Ego State Psychotherapy*, December 6/7; *Imagery with Couples and Groups*, February 28/March 1; *Cancer and Imagery*, April 11/12; *The Mind/Body Connection*, May 2/3; and *EMDR and Ego State Therapy*, June 7.

Course topics include: *Using Imagery in Therapy: A Comprehensive Experiential Course for Practicing Clinicians*; *Ego State Psychotherapy Clinical Case Seminar*; and *Imagery Clinical Case Seminar*.

THE INSTITUTE OF CONTEMPORARY PSYCHOTHERAPY & PSYCHOANALYSIS presents The 9th Annual ICP&P Spring Conference. Peter Fonagy, Joseph Lichtenberg, and others will address *The Clinical Applications of Attachment Research to Treatment of Personality Disorders* on Saturday, April 12, 2003. All day conference. Includes continental breakfast and lunch. See our web site at www.icpeast.org for details and how to register or call 202-686-9300 x4.

WASHINGTON PSYCHOANALYTIC FOUNDATION, the Modern Perspectives on Psychotherapy Program, is hosting its 14th Annual Conference on February 1, 2003 at the Uniformed Services University of the Health Sciences. The topic of this year's conference is *Whose Trauma Is It Anyway? Countertransference in the Face of Trauma*. Laura George, MSW, and Deborah Leupnitz, PhD, will present cases and the discussants will be Justin Frank, MD, and Richard Waugaman, MD. The brochure will be mailed in early December. For more information, contact the Washington Psychoanalytic Foundation at 202-362-2300 or Foundation@washpsa.org.

ON SATURDAY, MARCH 1, the Clinical Social Work Institute is cosponsoring a free lecture with IORT (International Institute of Object Relations Therapy). Speaker: Jeremy Holmes, author of *John Bowlby and Attachment Theory* and *Attachment, Intimacy, Autonomy: Using Attachment Theory in Adult Psychotherapy*. Topic, Time and Location: TBA. Cost: Free. CEUs provided to all participants.

VACATION SPOT AVAILABLE

HEAVENLY YEAR-ROUND COOLFONT RETREAT! Comfortable, spotless home, four+ bedrooms. Fantastic seasonal skiing within minutes. Lake, health club, pools, spa; bird & animal sanctuary, nature trails; Treetop Restaurant. 301-951-8570.

**The Consortium for Psychoanalytic Research
Pathways of Emotional Communication:
Building Connections for Change**

**Presented by Wilma Bucci
February 2, 2003
9:30 AM to 4:00 PM**

The therapeutic dialogue is filled with multiple levels of meaning, many of which are outside the awareness of both therapist and patient. Building connections among these levels both within the patient, and between therapist and patient is central to the treatment process and progress. Dr. Bucci will present her research on emotional communication in treatment, how it works and also how it breaks down. Her work provides new ways of understanding the effectiveness of our clinical interventions as well as a working model for clinician and researcher collaboration.

The GWSCSW is a member organization of the Consortium for Psychoanalytic Research and this year is co-sponsoring its conference with CSWI. Each year the consortium invites an outstanding researcher of clinical issues to our area. Six hours of CEUs will be awarded.

The conference will be held at the Washington School of Psychiatry, 5028 Wisconsin Avenue, NW, Washington, D.C. 20016. For inquiries call 202-237-1202.

REGISTRATION

Yes I would like to attend the conference, *Pathways of Emotional Communication: Building Connections for Change*

My check for \$50 (students \$30) is enclosed (includes lunch)
Make checks payable to "Fonya Helm, CPR"

Name _____

Address _____

Phone _____

e-mail _____

Mail registration to:
Clinical Social Work Institute
5028 Wisconsin Ave., N.W. #404
Washington, D.C. 20016

GWSCSW

Upcoming Events

Friday, January 24 Meeting

Speaker: Emily Brown, LCSW

Topic: Extramarital Affairs: Avoiding Common Pitfalls in Couples Therapy

Time: 6:30 cocktails; 7:00 dinner; 8:00 talk

Location: TBA

Friday, February 21 Theatre Evening at Roundhouse Theatre, Bethesda, MD

Topic: "The Pavilion" by Craig Wright

Time: 8:00 p.m. showing; dessert and discussion following the play

(Combined with March 28 meeting, 3 Category I CEUs)

Friday, March 28 General Membership Meeting (cosponsored with NMCOP)

Speaker: Tarpley Mann Long, LCSW

Topic: "Psychotherapy and Acting: Capturing the Moment for Speaking"

Time: 6:30 cocktails; 7:00 dinner; 8:00 talk

Location: TBA

Combined with February 21 event, 3 Category I CEUs

Saturday, May 14 Workshop (working title: Borderlines, Boundaries, and Ethics)

Speaker: David Phillips,

3 CEUs will fulfill Ethics requirement for licensing

Please let us know if there is interest in our scheduling a January repeat of the "Getting Ready for HIPAA Regulations" with Richard Boone among those who couldn't get to the November Workshop. Leave a message at 202-537-0007.

See "A Clinical Look..." on page 1 for more information about these upcoming events.

**Greater Washington Society
for Clinical Social Work**
5028 Wisconsin Avenue, NW
Suite 404
Washington, DC 20016

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