

NEWS

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Why Am I Here?

A New Training Video in Clinical Social Work

Joel Kanter

Over the past decade, the Study Group of the National Membership Committee on Psychoanalysis (NMCOP) has developed new materials for training social workers in psychodynamic concepts. Many of our members are familiar with the volume *Fostering Healing and Growth* which contains chapters by three of our Society members. More recently, the NMCOP Study Group, concerned about the neglect of psychodynamic theories in graduate social work education, initiated a project to develop a realistic training video, which could illustrate these concepts for beginning social workers.

Carol Tosone and Caroline Rosenthal Gelman, two Study Group members who are on the faculty of New York University, solicited the cooperation of the distinguished film school at their institution. With the help of a \$6,000 grant, a film professor and NYU film students, they have created a 45-minute training video which has two simulated vignettes of MSW interns conducting initial interviews; one with a psychotic woman on a hospital ward and the other with a court-referred adolescent. Titled *Why Am I Here? Engaging the Reluctant Client*, the students then engage in a simulated supervision session where they discuss their experience in the interview, incorporating such concepts as transference, countertransference and projective identification. The scripts for the video were developed from actual student process recordings. NYU graduate students play the part of the interns. As a result, the video conveys a sense of reality rarely seen in visual form.

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GWSCSW Quarterly Meeting

Friday, April 11

Dinner Meeting

Chef Geoff's
3201 New Mexico Avenue NW
(AU Park, next to Sutton Place Gourmet)
Free Parking

6:30 P.M. ... Reception

7:00 P.M. ... Dinner

8:00 P.M. ... Lecture

Speaker: Tarpley Mann Long

Topic: Psychotherapy and Acting:
Capturing the Moment for Speaking

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

Ethics Conference on May 10

Recent legislative changes in both Maryland and Virginia now require all social workers in those jurisdictions to earn CEUs in ethics prior to license renewal. Maryland now requires two continuing education units, while Virginia requires three. To assist with this new requirement, GWSCSW is offering an Ethics Conference, which will provide attendees with three CEUs.

Dr. David Phillips, who was involved in writing the Clinical Social Work Federation (CSWF) Ethical Standards, will be the keynote speaker. He will present a paper addressing some of the difficulties therapists experience when patients' expectations clash with professional ethics. A panel will then engage the audience in a discussion of several clinical vignettes that illustrate the complexity of ethical decision-making.

The conference will be held on Saturday, May 10, from 10:00 A.M. to 1:00 P.M. Location has not been determined as we go to press. Anticipated cost is \$30 for GWSCSW members and \$45 for nonmembers. Additional information and registration forms will be mailed in April. ♦

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

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GWSCSW NEWS

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 work profession are welcome and will be
 published at the discretion of the editorial
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 300 words.

Submit articles to GWSCSW. Email is preferred
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For advertising rates see page 30.

**The next issue will be published
 June 2003 and the
 deadline is May 1.**

President's Message

Margot Aronson

Brrr.... What a winter this has been! But despite the cold, Society members worked hard and got involved. Individuals have stepped forward in activist roles, and our working committees have demonstrated renewed energy. Here are some highlights.

Clinical social work represented on an AARP Initiative

Back in November, the Clinical Social Work Federation (CSWF) president, Abby Grant, called to ask for names of clinicians working with the elderly, because our profession was to be represented on an ambitious national initiative on geriatric care in America undertaken by the American Association of Retired Persons (AARP). What a pleasure it was for me to be able to provide a roster of names of GWSCSW members with distinguished geriatric practices! GWSCSW Past President Nancy Nollen has been selected to represent the entire Federation on an AARP Initiative task group concentrating on improving the quality of care in the home, assisted living programs, and nursing homes. Ms. Nollen will report to all of us on the findings and recommendations of her group and on the progress of the Initiative.

Adding our voice to the CareFirst Watch Coalition

Many of us have expressed concern in the past months about the proposed buyout of our local CareFirst BlueCross BlueShield by the California-based, profit-making Wellpoint. The CareFirst Watch Coalition—an assemblage of District and regional organizations ranging from the Medical Society of DC to the DC League of Women Voters—has taken a lead role in evaluating the potential ramifications of the Wellpoint proposal and in advocating for the health needs of the greater Washington community. Thus far, however, there has been no focus on the likely effect of privatization on the mental health needs of the community. That is why GWSCSW has stepped forward to add our voice to the Coalition. Member Mary Lee Stein has agreed to represent us to ensure that mental health issues are taken into account.

Protecting an exemplary confidentiality rule

Member Danille Drake has been representing clinical social work as part of the Clinician's Working Group in a series of meetings held by the District of Columbia's Insurance Commissioner, Larry Mirel. These meetings are intended to try to hammer out working guidelines for communications between clinicians and managed care/insurance companies. While clinicians tend to want the strictest interpretation and enforcement of DC's model confidentiality law, Commissioner Mirel hopes to negotiate an interpretation that would satisfy both clinicians and company representatives. Danille's ongoing participation on the Clinician's Working Group (plus her solicitations of our thoughts via our e-list and in this newsletter) gives all of us a voice in the debate.

Participating in a clinical research project

When we were asked permission by Donna Arling to use our mailing list for her doctoral research, we weren't hopeful that many would respond. Were we ever wrong! Don't miss Donna's Letter to the Editor, and congratulations to many of you for making your contribution to clinical research.

Lobbying the legislature

As we go to press, clinical social workers are preparing for our annual Lobby Day in Richmond (February 12) and in Annapolis (February 27). GWSCSW partners with the Virginia Society for Clinical Social Work in support of the efforts of lobbyist Chris Spanos. We also participate with NASW-Metro, NASW-Maryland, Maryland CSWS, and the Maryland Social Work Hospital Administrators in a coalition supporting Steve Buckingham's lobbying activities. Lobby Days give us the opportunity to deliver our political message in person.

Dinner meetings, trainings, and more

Meanwhile, outside the political arena, we've been busy with lots of other activities. GWSCSW Vice President Joel Kanter arranged a wonderful dinner meeting with Emily Brown speaking on the always-intriguing subject of extramarital affairs, as well as an excursion to the Roundhouse Theatre to see *The Pavilion*—not to mention the upcoming dinner with Tarpley Long speaking on acting. Joel's HIPAA committee has been researching the HIPAA regulations and organizing a workshop on HIPAA compliance for us. Janet Dante, our new Ethics Committee Chair, is putting together a workshop on ethics featuring David Phillips from NYSCSW. Adina Shapiro is organizing a member get-together with an informal format; we hope this will be the first of a series of networking opportunities.

Thanks to the work of Charles Rahn and the membership committee, we've completed the 2003 membership drive with a total of 400 full members, and more signing on. We've published the 2003 Directory (with huge thanks to Connie Hendrickson and her helpers Marilyn Austin and Kirstin Hendrickson, without whose efforts the listing of practices by geographical area would not have been possible). Our continuing education courses for the spring semester are nearly full, thanks to Dolores Paulson's hard-working committee. Eileen Ivey has the 2003 Referral Panel ready to go. And the newsletter's Editorial Board, headed by Cecilia McKay, is having a great time doing a wonderful job.

So much activity...

We can be very proud of our activities of the last few months: when we work together as a Society, we significantly expand our sphere of influence in the community. Your involvement is crucial! ❖

Report from the Treasurer

Ann Aukamp

As I will be out of town when the newsletter goes to press, this report is based on our accounts as of January 19, 2003. All of our bills are paid to date, and we are ahead of where we were at this time last year, with income only from our own renewals and programs. We have \$4,350 in our checking account, and \$52,568 in our money manager. Our past due debts are paid. Nonetheless, we should be cautious, since significant bills will be coming due (publication of the 2003 Directory, the March newsletter, and taxes).

We'll need to file for a Master Business License in the District of Columbia by May 31, 2003. Our accountant, Linda Collyer, is recommending that we wait until close to the filing deadline since the District has already moved the dates back twice and is regularly revising the gross income limits and definitions.

In all, I think we are in good shape, and that by the end of the year we can get a working sense of our average annual costs and begin building a reserve. ❖

LETTER TO THE EDITOR

I am writing to express my appreciation to my GWSCSW colleagues for their outstanding cooperation in completing and returning the questionnaire that devised about telephone psychotherapy.

As you recall, I am a 4th year doctoral student at The Clinical Social Work Institute and I am working on a dissertation about the use of telephone psychotherapy as an adjunct to face-to-face psychotherapy. I am currently in the process of compiling and analyzing the results from the 264 responses that I received. As you know, a certain response is needed with any survey in order for the results to be meaningful. I am pleased to report that your participation represents a response rate of 73%. Not only were so many of you willing to donate your time to participate in this research, many of you also included warm and encouraging notes to me about the dissertation.

I want to thank you again for your kindness and for the support that this represents for the 1st class of the Clinical Social Work Institute.

Donna Arling, MSW

SUPPORT YOUR SOCIETY... JOIN A COMMITTEE!

The Impact of Repetitive Trauma

Special attention was given to the impact of the sniper attacks of October 2002 at a recent panel on *The Impact of Repetitive Trauma on the Therapeutic Holding Environment* at the Clinical Social Work Institute. Featured speakers were Tybe Diamond, MSW, and Robert Ursano, MD; Joan Medway, MSW, PhD, served as moderator, with Mary Dluhy, MSW, facilitating the large group discussion.

Tybe Diamond, who is the Society's liaison to the Disaster Relief Network, stressed that individualized approaches to trauma victims are necessary. She recommended that as clinicians we ought not rely on faddish techniques to help our clients maintain affective containment. She stressed that our skills include accepting and validating all of our client's experiences and listening for unconscious themes and conflicts while attending to the flow of intrapersonal and interpersonal dynamics and unresolved issues. She also addressed countertransference issues that can interfere with the kind of bracketed listening that is required of a therapist.

Dr. Ursano is a psychoanalyst and respected national expert in the trauma field. He spoke of many disasters where his expertise was requested. He advised that as mental health consultants to organizations, schools, etc., the most important intervention that we can make is to ask what the disaster plan is within our consultantships. He also warned that "no size fits all" in this work. He strongly emphasized the importance of individualized assessment, recommending that debriefing techniques be used only after immediate physical and emotional needs have been met, and then only as a possible secondary technique to be considered with groups of individuals that have sustained the same level of trauma. He feels mixing victims in groups where different individuals have experienced different severity of trauma can re-traumatize patients by exposure to a stress that may be greater than what they actually experienced. He shared his review of meta studies of EMDR and concludes that it has no neurological basis. He opined that its effectiveness rests on the properties it shares with any good therapy and has nothing to do with neurological/biological science. He also stressed the resilience of most people to recover from trauma with little or no intervention.

Dr. Medway, the moderator of the program, described how the sniper incidents pierced a hole in our sense of a holding environment, and spoke of the different elements of that holding environment providing us with our sense of safety in the world. Mary Dluhy facilitated the large group discussion, elaborating on themes highlighted by the fear still felt by many Washington area residents. ♦

Training Video, continued from page 1

On completing the project, Ms. Tosone and Ms. Gelman shared the video with the Council on Social Work Education (CSWE) who unexpectedly agreed to market the video to social work schools across the USA. The video should be available for sale in April 2003. As a result of the success of this project, further videos are planned on other themes of social work practice.

Our Society will sponsor a showing of this video to interested members and local social work faculty; place and time to be announced. For more information, contact Joel Kanter at joelssmd@juno.com or 301-585-6126. ♦

An Affair to Remember

Judith Mullan

On Friday, January 24, forty members of the GWSCSW gathered at the Promenade Cafe in Bethesda to hear Emily Brown's presentation on extramarital affairs. A long time member of the Society, Ms. Brown spoke with ease and frankness about the common pitfalls therapists can fall into when working with couples. Ms. Brown noted that therapists need to avoid the following scenarios: taking sides, keeping the affair secret, reinforcing the obsession of the betrayed spouse, urging forgiveness before the couple is ready to do that work, or (and this may seem counter-intuitive) insisting the affair must end.

In order to "diagnose" the type of affair in the initial sessions, Ms. Brown has developed a descriptive/diagnostic classification by types of affairs, i.e., conflict avoidance, intimacy avoidance, sexual addiction, split self (usually a long term marriage where each has worked at doing things right yet aware of being wrong in having an affair), and exit (those who seek therapy for purpose of separating). Identifying a couple within one of these classifications informs the clinician on how to approach the treatment. Affairs often serve as a way for couples to address problems within the marital system that they otherwise do not know how to address. In early sessions, the clinician would focus on how the couple met, what attracted them to each other, and where things started to change.

In the spirit of involving and engaging those present, Ms. Brown answered questions and enriched the evening with vignettes from her own work. Her experience and expertise made this evening "an affair to remember." ♦

An Invitation:**Come Strengthen Our Professional Community...**

With all of the turmoil and unease in the world at large and in the health care field, we and our clients are experiencing ever higher levels of anxiety. This crisis provides us an opportunity to strengthen our professional community. Come to a support and brainstorming group, to be held on Saturday, April 5, from 10:00 to 11:30 A.M. at the home of our GWSCSW President, Margot Aronson, in Cleveland Park in the District (near Metro; easy parking). Our hope is to provide a forum (hopefully ongoing) for discussing the impact the world and local events is having on us and on our clients; to support and get to know each other; and to have some fun.

For further information and/or to register, contact Adina Shapiro at 703-761-3939. ♦

CSWF to Vote on Guild Affiliation

At the May meeting of the Clinical Social Work Federation's Board of Directors, a vote will be taken as to whether the Federation should continue its association with the AFL-CIO's Office & Professional Employees International Union (OPEIU). The three-year contract with OPEIU is up for renewal in October.

Guild 49, which represents clinical social workers in OPEIU, has been the subject of considerable controversy. Affiliation is expensive, adding \$100 to the dues of anyone in a "Guild" Society; many Societies suffered major decreases in membership with the increase in dues. A Guild effort to provide health insurance ended in disaster, with numerous unpaid claims and several lawsuits pending.

Some societies have opted out of the Guild; GWSCSW was among those that voted from the start not to join. Virginia and Maryland, however, are both enthusiastic Guild societies. And indeed, there is considerable enthusiasm and hope among the Guild's supporters, who argue that clinical social workers can only gain from "solidarity" with the union numbers.

Be on the lookout for a report from the CSWF reporting on how the Guild has fared thus far and outlining its potential for the future. Society members all across the states will be asked to weigh the options and provide feedback to the Board to aid in the decision-making.

At present, members who wish to join the union and retain GWSCSW membership 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. ♦

Questions with Answers**GWSCSW FAQs*****What if I paid my dues twice?***

It's clear that, on the whole, financial matters aren't the top priority for clinical social workers: not only did a number of well-intentioned members forget to mail their dues, quite a few sent dues twice! We've tried to alert each of you in this latter category, but what if we missed you and you discover (say, when you're getting your tax information in order) that you've paid two times for 2003? You may either extend your membership through 2004 (write or email us to that effect, providing us with the numbers and dates of the two checks) or request a refund (send us your request with a copy of the fronts and backs of the two checks, for our auditing purposes).

Are my membership dues tax deductible?

Check with your accountant: membership dues taken as a business expense may be fully tax-deductible. Only 72% qualifies for a charitable deduction.

Did anybody find my 2002 check register?

Absolutely! Some member or guest left behind a personal check register while signing in at the Hidden Baby Conference this fall. There was no personal identifying information in or on it, and thus far our efforts to locate the owner have been unsuccessful. If this register could be yours, please call GWSCSW at 202-537-0007; the register is in safekeeping.

How can I get into a peer supervision or study group?

Often clinicians in search of peer supervision or study groups can only locate ones that are closed or have waiting lists. One solution is to start new ones—we know of at least one Peer Supervision Group that got going this past year, as well as two Study Groups.

We'd like to help facilitate formation of new groups. To register your interest, contact GWSCSW at 202-537-0007 or email GWSCSW@juno.com.

How do I submit an article or advertisement to the newsletter?

If you or someone you know would like to contribute an article to or place an ad in our Newsletter, please email Cecilia McKay, Editor, at ccmckaymsw@erols.com or call 301-802-4126.

GWSCSW Joins CareFirst Watch Coalition to Advocate for Mental Health Insurance Needs

As most people know by now, the non-profit CareFirst BlueCross BlueShield organization is proposing to be bought out by a for-profit firm, WellPoint. CareFirst's tax-exempt status carries with it the responsibility of providing a public safety net, as mandated by its charter. So, when the CareFirst board promises that its proposed buyout by the California-based, profit-making WellPoint will bring our communities a "windfall" to care for our poor and under-insured, we are skeptical, mindful that this kind of service has been their unmet obligation all along. We're also concerned about the likelihood of an increase in insurance rates, a decrease in benefits, and a reduction of reimbursement rates.

In response to public outcry (which included an editorial in *The Washington Post* entitled "Care Last"), WellPoint and CareFirst submitted a revised application in January, dropping the plans to reward CareFirst executives with millions of dollars in bonuses and raising the proposed purchase price to \$1.37 billion. Several studies, however, suggest that a more appropriate price would be closer to \$1.85 billion (quite an under-valuation on the part of the CareFirst board). And, while the executive bonuses per se have been eliminated, the revamped compensation packages will still involve millions.

As we go to press, Maryland Insurance Commissioner Steven B. Larsen has just completed his final round of hearings on the proposed sale; he is expected to have made a decision about whether he feels the proposed conversion of CareFirst is in the public interest by February 20, 2003. The Maryland Assembly has maintained the option of reviewing/reversing his decision this spring. The District of Columbia Insurance Commissioner Lawrence Mirel and Office of the Corporation Counsel will begin their hearings in March, and Delaware regulators will be weighing in as well.

The Society gets involved

Taking a lead role in evaluating the potential ramifications of the WellPoint proposal, the CareFirst Watch Coalition has become a major advocate for the health needs of the greater Washington community. This assemblage of interested organizations includes the following: Alliance for Fairness in Reforms to Medicaid; DC Appleseed Center; DC Hospital Association; DC Primary Care Association; Fair Care Foundation; Families USA; Health Action Forum of PG County; Health Care Now!; League of Women Voters of DC; Medical Society of DC; Metropolitan Washington Public Health Association; Northern VA Access to Health Care Consortium; Non-Profit Clinic Consortium; Robert M. Brandon & Associ-

ates; Washington Council of Agencies; and Washington Regional Association of Grantmakers.

Discussion of the effects of privatization on health needs of the community have not been considered *mental health* needs, as a result GWSCSW has decided to play an advocacy role. Member Mary Lee Stein will represent the Society at meetings of the Coalition's Steering Committee to ensure that mental health issues will be taken into account.

A number of reports concerning the conversion can be found at the Maryland Insurance Administration's website (www.mdinsurance.state.md.us/documents).

Members are urged to consider the impact of the potential sale of CareFirst, then make their views known to Commissioner Mirel, Stephon Lyons at the Office of the Corporation Counsel, and your local representatives—and let us know your thoughts by emailing GWSCSW@juno.com. Links to relevant information can be found on the CareFirst Watch Coalition website at: www.carefirstwatch.org/haveYourVoiceHeard.asp. ♦

training for

SOCIAL WORKERS

- ▶ **Washington Psychoanalytic Institute**
(Adult & Child Psychoanalysis)
- ▶ **Modern Perspectives on Psychotherapy**
(Adult Psychotherapy)
- ▶ **New Directions**
(Critical Psychoanalytic Thinking and Writing)
- ▶ **Accredited Continuing Education**
(CME/CE programs)



Washington Psychoanalytic Society, Inc.
202.237.1854 or 202.362.2300
www.washpsa.org

Low Fee Treatment Program, Referrals, Community Outreach

The Children's Psychotherapy Project of the District of Columbia

Maurine Kelly

The Children's Psychotherapy Project of DC (CPP-DC) was launched in June 2002 at a breakfast meeting held at the Washington School of Psychiatry. There, Toni Heinemann, DMH, the founder of the Children's Psychotherapy Project (CPP), gave a beautiful paper about foster children, leaving not a dry eye in the room.

Under the guidance and leadership of Dr. Heinemann, CPP is firmly established in the San Francisco Bay Area, and there are chapters in New York City, the Hudson River Valley, Chicago, as well as Sonoma, Sacramento, and Alameda Counties in California. Los Angeles and Seattle chapters are in the works.

Since that meeting in June, a steering committee of experienced child clinicians has been meeting monthly, planning a brochure, and investigating legal ramifications of the project. These clinicians will be available to consult with licensed child therapists willing to volunteer to see one foster child, once a week, in their private offices "for as long as it takes". In exchange, CPP will provide group consultation to all participating child therapists, as well as continuing education credits for various lectures and programs throughout the year—all free of charge. CPP's goal is to provide long-term therapy to 50 children in each of 50 cities.

Hopefully, research will continue to support what we all know in our hearts: that dynamic psychotherapy, consistently provided by a private practitioner in a private setting, does make a tremendous difference in the lives of foster children whose existences are so utterly lacking in consistency. For further information or to volunteer, please telephone one of the CPP-DC founders: Maurine Kelly (301-649-1896), Richard Ruth (301-933-3072), or Jane Nielson (301-926-0510). ♦

VOLUNTEERS!

GWSCSW needs you!

No matter how small the amount of time you have,
we can use you!

Please call GWSCSW at
202-537-0007

Love, Sex, and Imagination

Danille Drake

Ethel Person, Sheldon Bach, and Carol Gilligan will present their thoughts on Love, Sex, and Imagination, shedding light on the mystery, joy and pain that surround these topics dear to us all, on April 5, 2003 from 1:00 to 5:00 P.M. at Georgetown University Medical School. The Baltimore-Washington Society for Psychoanalysis, the Washington Psychoanalytic Society and the NY Freudian Society are co-sponsoring this conference, which will explore the many meanings of love and the ways in which it is experienced and lived out in fantasy and relationships. Ethel Person, MD, will discuss the role of fantasy in love, showing how the imagination and the need for intimacy become intertwined to create romantic love. Sheldon Bach, PhD, will analyze the nature and implications of love in the therapeutic relationship. Carol Gilligan, PhD, will examine the developmental roots of love, especially in relation to the Oedipus complex. Responding to the presentations will be Stefan Pastermack, MD; Nancy Goodman, PhD; and Beatrice Smirnow, PhD. There will be time for audience interaction as well. For more information, including directions and registration fee, please visit the web site, www.bwanalysis.org, call 301-470-3635, or see ad below. ♦

LOVE, SEX, and IMAGINATION

Saturday, April 5, 2003

1:00 – 5:00 P.M.

Georgetown University Medical School
Preclinical Science Building, Room LA-6

Speakers:

Ethel Person, MD, Training Analyst, Columbia Psychoanalytic Center — Author, *Dreams of Love and Fateful Encounters*

Sheldon Bach, PhD, Training Analyst, New York Freudian Society — Author, *Narcissistic States and the Therapeutic Process*

Carol Gilligan, PhD, University Professor, New York University — Author, *The Birth of Pleasure*

Fee: \$45 (four continuing education credits)

For further information,
call 301-470-3635 or 410-792-8060.

Presented by

*The Baltimore/Washington Society for Psychoanalysis,
the New York Freudian Society (Washington Program),
the Washington Psychoanalytic Society,
and the Advanced Studies Program in Psychiatry and
Psychoanalysis at Georgetown University Medical Center.*

Notes from the GWSCSW Listserv

On Managed Care and Insurance Demands

Members exchange information on our e-list on a near-daily basis; the substance ranges from referral questions to recommendations for a good billing service. In these last months, there have been lively interchanges on the requirements of the HIPAA rules, reminders of upcoming programs, ads for office space, and much more. The following discussion of certain demands from insurance companies is summarized from a recent exchange.

An insurance representative called a clinician to arrange to have an outside reviewer examine “five charts of your choosing”—and tried to make it sound like “no big deal.” This was not to be limited to charts of clients of the particular insurer; the representative asked the clinician to “blind” the charts by whiting-out the names. How should this be handled?

One e-lister checked with Ernie Wallwork, the representative of the Washington Psychoanalytic Society to the DC Insurance Commission, and learned that a clinician releasing chart information could be liable for civil and criminal damages in the District, for breaking DC’s very strict confidentiality law.

Another e-lister noted that whiting-out names would not offer adequate confidentiality protection to clients, and thus would be in violation of our Code of Ethics. Further, when patients sign the HCFA-1500, they authorize the provider to share medical information with their insurer—but clearly it would be an ethical violation to allow a reviewer access to charts of any patient not participating in that insurer’s plan.

Still another e-lister reported that she had to deal with an insurer that insisted she keep verbatim records of sessions, to make sure that all that was talked about was related to the direct effect of an accident on the particular patient. Ultimately, after considerable back-and-forthing, the insurer agreed to a summary of the therapy in statements covering about 6–8 sessions each.

Finally, an e-lister lamented the clinician time and energy spent trying to navigate these unfriendly waters. She wrote: Whew! When I think about the pressure that individual practitioners can come under from these ill-informed, “entitled” insurance representatives, I shudder to think what life would be like without professional organizations like the GWSCSW, especially the various local chapters of the Federation and their listserv.

If you’d like to be part of the listserv, just send an email to the Society at gwscsw@juno.com and we’ll sign you on. ❖

DRN Needs You!

Tybe Diamond

The Disaster Response Network (DRN) is an American Psychological Association sponsored national volunteer membership organization composed of licensed psychologists and social workers. Locally, the District of Columbia DRN (DC-DRN) originated approximately seven years ago. DRN provides trained mental health volunteers to respond to various disasters and to meet people’s immediate emergency disaster-caused needs. It also assists those in our communities who are affected by a variety of traumatic situations such as workplace violence, fire fatalities, suicides, accidental deaths and the like. These situations may entail assisting the Red Cross in their procedures to address basic human needs such as food and shelter, and to provide health and mental health services. DRN also works with the DC government on emergency response in the District. It is partnered with the Capital Area Crisis Response Team (CACRT), which includes not only licensed mental health professionals, but also victim witness specialists, first responders, clergy, and others interested in helping their neighbors in need.

To be a “responder,” special training is required. DRN requires Red Cross training and training by the National Organization for Victim Assistance (NOVA). For example, to have served as a mental health responder to the Pentagon during the September 11 terrorist attacks, a licensed provider had to have completed both the Red Cross and the NOVA training.

Currently, the Disaster Response Network needs trained volunteers. If you are a licensed social worker and would like to be on the DRN call list, please email me at ibtybe@aol.com with your name, address, telephone numbers and email address. By being part of the Network, excellent opportunities for free and low cost training are available to you, often conferring as many as 16 CEUs. I will notify our membership via email of this training as it becomes available. Red Cross offers ongoing orientation to disaster services at their K Street office. Interested individuals should call there and make an appointment for this training now. (Sometimes training is offered via video.) This two to three hour orientation with the Red Cross is a prerequisite for any further Red Cross training.

Consider joining the DRN. Your help is very much needed at this time. ❖

Tybe Diamond is the GWSCSW liaison to the Disaster Relief Network.

Update: Health Insurance Portability & Accountability Act (HIPAA)

Joel Kanter

As the April 14 date for HIPAA compliance approaches, many members are greatly concerned about these new federal privacy regulations. Clinical social workers should be aware of two important facts. First, most clinicians in private practices are not covered by these regulations and second, there will be ample information available in time for all interested clinicians to comply. These regulations were only finalized in the last few months and an array of health care organizations (including the Clinical Social Work Federation) are scrambling to develop HIPAA materials. Our Society's approach is to gather materials available from other sources, distill them for our membership, and make them available at minimal cost for our members.

We encourage our members not to panic regarding HIPAA. Many of you will have received brochures marketing expensive materials or training sessions, which threaten dire consequences for non-compliance; in our view, there is no need to invest large sums in such materials or training programs. The basic elements of compliance are not excessively complicated, particularly for the small practice, and there is no need to succumb to this anxiety-provoking marketing blitz.

Who is "covered" by HIPAA?

Basically, clinicians have to comply with the HIPAA privacy regulations if they transmit information regarding patients via the Internet. This would include submitting claims or treatment plans via the Internet, completing treatment authorizations on MCO web sites, or using a billing service, which submits claims electronically. The majority of clinical social workers in small private practices who write out bills and insurance forms by hand (or even with your computer) and mail or fax them are NOT covered by HIPAA and do not need to be compliant with these regulations. Faxed information is not considered Internet transmission. (A good summary of these issues is available on the website of the New York Clinical Society, www.clinicalsw.org) HOWEVER, if you do submit even a single claim electronically after April 14, you are covered and will have to comply with these regulations.

HIPAA regulations and practices

Even if you are not covered by HIPAA, you should begin to familiarize yourself with the HIPAA regulations and practices. WHY??? Because it is likely that the HIPAA regulations will influence "standards of care" regarding privacy issues. However, in general terms, the current standard practices in our profession are stricter than HIPAA requires.

Besides technical requirements for transmitting electronic data (which will be largely addressed by software manufacturers), the HIPAA regulations primarily focus on informing patients regarding how their medical information is shared. This may be a very open approach to communication, such as a busy internist's office, which is continually sharing information with specialists, pharmacies, insurers and laboratories, or a more private model, which is generally desirable in psychotherapy. HIPAA does not dictate which model is preferable; it merely offers patients more information regarding the process used in each health care practice. Thus, each clinician has to adapt HIPAA materials suitable to the particular requirements of his or her practice.

HIPAA materials

Our Society is committed to offering all members access to HIPAA materials and training (designed for clinical social workers) at a reasonable cost. Nancy Reder and I, along with several other volunteers, have plans to sort through the HIPAA materials that are becoming available and distilling these for use by our members (after review with a local attorney familiar with MD, DC and VA laws). While complete materials were not available to us at press time, we already have observed considerable differences in the initial materials available from various sources. Some are not specific to psychotherapy, others focus on large medical practices, and still others are highly legalistic and technical. The Clinical Social Work Federation has prepared a manual (\$110), CD (\$125) and workshops (\$160) in Baltimore (March 14) and a dozen other cities; information about these efforts can be found at the CSWF web site (www.cswf.org). By the time this newsletter is mailed, the New York Clinical Society should also have very similar materials for HIPAA compliance available without charge on their web site (www.clinicalsw.org). Our Society will email and mail information about our available materials in early March.

HIPAA training

We are planning to have another HIPAA training session, which will offer more details regarding the process and forms (as compared to the November training); this is scheduled for Saturday, March 29. This training will be low cost "hands-on" workshop where clinicians can review the necessary forms and documents and consider how they want to adapt these for their own practice. If anyone comes across any useful HIPAA materials, web sites or other resources, please forward the information to Nancy Reder or me. Also, if anyone wants to join our HIPAA committee, please email me privately. ♦

Post-Traumatic Stress Disorder Research at NIMH

Susanna S. Sung, LCSW-C, Outreach Recruiter in the Office of the Clinical Director, NIMH

Recent national and world events have catapulted post-traumatic stress disorder (PTSD) to the forefront of the mental health landscape. This increased exposure highlights the continued need for advancing our knowledge base of etiology, predisposing factors, and treatment of PTSD. PTSD is one of the few psychiatric disorders where an external identifiable cause is related to the onset of disease.

The National Institute of Mental Health, National Institutes of Health, Department of Health and Human Services conducts research studies involving both individuals exposed to a traumatic event who develop PTSD symptoms, and individuals exposed to a traumatic event who do not exhibit symptoms. Fifty-six percent of women and 64 percent of men are exposed to traumatic events in their lifetime, but only 15 percent to 20 percent of those develop PTSD.

It seems as though trauma is necessary but not sufficient to cause PTSD. NIMH is currently enrolling eligible volunteers into a variety of inpatient and outpatient research studies at the Clinical Center in Bethesda, Maryland, to better understand and treat PTSD. Some studies are evaluative in nature and designed to better understand PTSD, while others are clinical trials. All procedures and medications associated with these studies are provided at no cost to participants, and NIMH offers transportation assistance. 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 protocol participation will continue therapy at NIMH while staff helps find aftercare or transition back to the referring clinician.

Serotonin Receptor Binding

This study will use a PET scan to increase our understanding of serotonin function in the brain in PTSD, and how the stress hormone, cortisol, affects serotonin receptor function. The secretion of cortisol is sometimes increased in PTSD. Serotonin binds to serotonin receptors that regulate sleep, emotion, anxiety, stress hormones, and other body functions that are disturbed in PTSD. This study also seeks to better understand genetics factors in PTSD. Adults over age 18 with PTSD may be eligible for this outpatient research study. Compensation is provided.

Neuropsychology & Imaging Study with Cortisol

The purpose of this study is to evaluate whether people who develop PTSD have increased sensitivity to the effects of the stress hormone hydrocortisone. Research

has shown the hippocampus is smaller in size in patients with PTSD. Increased levels of cortisol at the time of trauma may be one of the causes of the smaller hippocampal volume and memory difficulties seen in patients with PTSD. This study will compare the responses to hydrocortisone in people with PTSD to those who have experienced a significant trauma but did not develop PTSD, and to healthy people who have not been exposed to trauma. Adults ages 18–65 who have been exposed to a traumatic event may be eligible to participate in this inpatient and outpatient study. The inpatient visits are two overnight stays. Compensation is provided.

Cortisol Receptor Regulation

This study examines the differences in cell receptors involved in PTSD by comparing secretion of the stress hormone cortisol in people with PTSD, people exposed to trauma without PTSD, and people never exposed to trauma. Cortisol secretion appears to be impaired in PTSD, interfering with the body's ability to adapt to stress. The study will also compare the effects of certain medications that are known to affect cortisol. The study includes brain scans prior to and after three months of treatment with paroxetine (Paxil®). Upon completion of the study, participants are offered open-label standard

Schizophrenia

NIMH seeks healthy adults with schizophrenia and their family members to participate in research seeking to identify the genetic and environmental factors that may increase the risk of developing schizophrenia in families.

Compensation & travel assistance

Call: **301-496-5645**
(TTY: 1-866-411-1010)



National Institute of Mental Health
National Institutes of Health
Department of Health & Human Services

NIMH
National Institute
of Mental Health

treatment for up to three months while transitioning back to a community caregiver. There is an additional optional paroxetine (Paxil®) treatment portion of the study lasting 3 months. Adults 18-65 years old may be eligible for this inpatient and outpatient study. The inpatient visit is a two-night stay and may be available on the weekends. Compensation is provided.

PTSD & Combination medications

This study examines the safety and efficacy of combined treatment with paroxetine (Paxil®) and clonazepam (Klonopin®) to treat PTSD. Paroxetine reduces all symptoms such as flashback, nightmare, avoidance, insomnia, irritability and palpitations. However, it may take four to six weeks to take effect. Clonazepam treats anxiety and depression more quickly than paroxetine. The combination has never been studied for safety and effectiveness, although both are FDA-approved. Volunteers will receive either paroxetine with clonazepam, or paroxetine with placebo. Adults over age 18 with PTSD (but not combat related) may be eligible for this 12-week outpatient clinical trial. Upon completion of the study, participants are offered open-label standard treatment for up to three months while transitioning back to a community caregiver.

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

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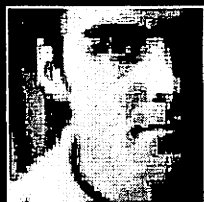
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CSWF

Clinical Social Work Federation

Richard Yanas

The Congress begins a new session with Republican majorities in both houses. Federal budgets for this year have not yet been adopted as the President hands Congress the budget for next year. Also, the fight for the passage of mental health legislation becomes more complex.

■ *The fight for funding*

The Federal Government began its new fiscal year in October 2002 without an adopted budget or approved appropriations. None of the 13 required appropriation bills were passed before Congress adjourned last year. Funded by Continuing Resolutions on a month-to-month basis, the new Congress is now completing this work as the fiscal committees of both houses negotiate and attempt to reach compromises. There are no guesses as to when a successful conclusion will be reached even though the President has delivered to the Congress next year's budget.

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

■ *Mental health parity*

Work is already going on to reintroduce this legislation. Two bills failed to pass their respective houses last year before the Congress adjourned. The House bill, authored by Rep. Roukema (R-NJ), had 214 cosponsors, almost enough for passage, while the Senate bill, authored by Sen. Domenici (R-NM), had 66 cosponsors. The Federation, along with many other organizations, is working at the grassroots level to bring those cosponsors back to this year's legislation. You can lend a hand by contacting your Congressperson and requesting that he or she cosponsor one of the bills.

■ *Patients Bill of Rights*

You may recall that 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. While last year's legislation had 200 cosponsors in the House and 40 in the Senate, the concern is that this legislation will be caught up in the fight over tort reform. (Tort reform, a high priority for the Administration and Congressional Republicans, limits the ability of harmed consumers to file lawsuits and recover damages.) Many mental health organiza-

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NASW

National Association of Social Workers

Barbara Strother

The DC Metro Chapter of NASW is moving into its final stage of planning for their conference, *Building and Refining Social Work Practice in a Global Society* to be held April 30 and May 1.

Six outstanding, cutting-edge tracks of intensives and workshops will provide information and CE credits for social workers whose practices range from seniors to adolescents, through justice systems, and working with victims of domestic violence and trauma. One track focuses two entire days of training on refining supervision skills.

Clinicians will be pleased that the conference includes a number of three-hour intensives which will provide training on new clinical concepts such as Christine Bertrand's session on *Evaluating and Treating Sexually Abusive Youth*, Joanne Lynch-Bachbauer's *Witnessing a Family's Soul*, and Dale Landry's sessions on *Building a More Just World, One Community at a Time*.

A special luncheon program on depression in the African-American community, *Guide to a Healthy Mind for African Americans: A Circle of Hope* is scheduled for April 30 and will include an NASW Sections reception, followed by a banquet, speaker, and entertainment.

Our Annual Awards Luncheon will be held on May 1. Check out our web site at www.naswmetro.org for updates and registration. ♦

Barbara Strother is chair of the upcoming NASW Metro Chapter annual conference.

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COP

Committee on Psychoanalysis

Audrey Thayer Walker

■ *NMCOP Study Group clinical supervision video*

Attendees at the NMCOP March 2002 Conference in Chicago viewed the inaugural presentation of a COP Study Group video that was produced in collaboration with the New York University Film Institute. Demonstrating the effectiveness of psychoanalytically informed supervision upon clinical social work practice, via clinical interviews utilizing NYU student actors, the video will be an extraordinary teaching tool. Indeed, the Council on Social Work Education is so impressed with the educational value of this film that it is distributing copies to schools of social work and interested academics. Since NMCOP has long tried to engage the Council in clinical educational issues, this level of interest and commitment is promising.

Joel Kanter, GWSCSW vice president and member of the national COP Study Group, will be presenting the video to local schools of social work (*see page 1*).

■ *Tarpley Mann Long: Psychotherapy and the Theater*

Psychotherapy and Acting: Capturing The Moment for Speaking is Tarpley Mann Long's topic for the joint COP/GWSCSW dinner meeting on Friday evening April 11 (note meeting date change). A member of both the Greater Washington Clinical Society and COP, Tarpley brings her interest and expertise as a social work psychoanalyst to the theater/acting genre. She is currently studying acting with the Studio Theater. Ms. Long will be presenting a paper reflecting these interests to the Washington Psychoanalytic Annual 2004 Symposium. The GWSCSW/COP April 11 event will be a less formal, interactive dialogue with fellow social work professionals.

■ *Danille Drake leads new study group*

Danille Drake is leading a newly organized COP/GWSCSW Study Group. The content of the group is in the process of being 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. Ms. Drake is a social work psychoanalyst and popular teacher/professor. Her courses with The Catholic University, School of Social Services, and the Society's Continuing Education Program reflect her talent and

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CSWI

The Clinical Social Work Institute

Carolyn Gruber

The Clinical Social Work Institute is pleased to report its selection of Noreen Honeycutt, PhD, to replace Judith Sheagren as Practice Chair effective this month. Noreen received her PhD from the University of Maryland, School of Social Work, Baltimore, MD in 1997. Noreen received her MSW in 1990 at the University of Maryland, School of Social Work, as well. She is in private practice providing psychotherapy for adults, adolescents, and children and providing psychoanalysis for adults. She is an Assistant Clinical Professor at the University of Maryland's Department of Psychiatry, and Adjunct Professor at the University of Maryland, School of Social Work, and is presently in psychoanalytic training at the Baltimore-Washington Institute for Psychoanalysis in Laurel, MD. We are very pleased to welcome Noreen to our core faculty.

A CSWI Open House for prospective students was held on Saturday, January 11. The turnout was good as ten interested social workers attended. As we go to press, a second Open House is scheduled for Saturday, February 8. Additional Open Houses will be scheduled, as will a follow-up meeting with attendees.

Three mental health professionals are auditing doctoral courses. They earn 16 contact hours for continuing education credit. On January 31, our Friday Night Lecture Series presented *The Impact of Repetitive Trauma on the Therapeutic Holding Environment: The Sniper Attacks of October 2002*. Speakers were Joan Medway, Robert Ursano and Tybe Diamond, with Mary Dluhy serving as group facilitator. More than 25 people attended; a grant from the American Group Psychotherapy Association helped underwrite the program. Special thanks to Joan Medway in this regard.

Two special offerings mentioned last month are about to be advertised. *The DSM-IV Made User-Friendly* will be offered on eight Wednesday evenings beginning March 12 and continuing through May 7. Mary Jean Kane is coordinating this course and will teach with Jon Frederickson, Faith Lewis and Jadeane Levy. It is being offered for 16 hours of CEU's at a cost of \$250. The workshop *Women and the Crisis in Hormone Replacement Therapy* is scheduled for Saturday, March 22, from 9:00 A.M. to 4:30 P.M. at the George Washington University Medical School, Ross Hall Auditorium (see the ad in this issue). Nine presenters will discuss topics ranging from current medical research on hormone replacement

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CSWF, continued from page 12

tions worry that the fight to pass a Patient's Bill of Rights bill will be tougher this year than it was last.

■ Medicare modernization

While Medicare is long overdue for an update, the Federation and many mental health care organizations are concerned that the Administration and Congressional Republicans will only address the program through their stated priorities, prescription drugs and privatization. There are two thoughts as to how this issue will develop. The first is that it will be a short and intense battle limited to the Administration's issues. The second is that it will be a more drawn-out affair with neither side gaining a decisive advantage until some unforeseen event intervenes. However it goes, it's going to be a tough year for Medicare reform.

■ HIPAA

As you will recall, before finalizing the HIPAA Privacy Regulations, the Administration changed the provisions requiring the individual's consent to access and use protected health information (PHI) to what is referred to as "regulatory permission." That is, managed care companies, HMOs, et al, now have permission through the regulation to access and use PHI without requiring the individual's consent. Representatives Markey (D-MA), Waxman (D-CA), and Dingell (D-MI) are strongly opposed to this approach and introduced legislation just prior to Congress' adjournment last year to reverse this situation and restore the individual's right to control the use of PHI through consent. We are working to have the legislation reintroduced in this Congress.

As many of you are aware, the Federation recently launched a 13-state training program and comprehensive manual and CD to assist clinical social workers and mental health practitioners in complying with the new requirements of the federal HIPAA privacy regulations. All of the materials and the training have been prepared by practicing clinical social workers in collaboration with expert health care attorneys specializing in HIPAA compliance.

For more information including how to purchase the manual, the CD, or register for the training, visit the Federation website at www.cswf.org.

■ Freedom Commission on Mental Health

The Commission on Mental Health issued its interim report late last year, calling the existing mental health system "... an inefficient maze of private, federal, state and local government programs with scattered responsibility for services that frustrates both people with mental illness and providers of care" The Report went on to identify barriers to quality care and recovery, fragmentation and gaps in care for children and adults, as well as to cite encouragements that rewarded dependency through a mix of inadequate rehabilitation and disincentives to work. Perhaps its most critical comments were reserved for the failure to make mental health a national priority.

Established by Executive Order of the President for a one-year study of the system of delivery of mental health care in the United States, the Commission held hearings throughout the country and received testimony from a variety of national and local mental health care and service organizations including the Federation. For more information you can visit the Commission's web site at www.mentalhealthcommission.gov. ♦

Richard Yanes is the Executive Director of the Clinical Social Work Federation (CSWF).

Out & About

Tricia Braun

This new column, highlighting activities you are involved in outside the Society, is meant to aid you in identifying professional resources and enhancing networking opportunities. For each newsletter I will be soliciting your input on workshops you will be conducting, papers you will be presenting, articles you are writing for academic and popular publications, research you are conducting, or special volunteer projects you are involved with. So... here is what's happening:

Marilyn Stickle is presenting *Emerging Understanding of Connection Applied to Clinical Practice: Virginia Satir, Neuro-Biology & Quantum Theory* to the NASW Virginia Chapter 2003 Annual Continuing Education Conference on March 11, 9:00 A.M.-12:00 P.M. in Roanoke, VA.

Diana Seasonwein is presenting a workshop on Seasonal Affect Disorder to the staff and family members of The American Embassy in Prague, Czech Republic.

Laura George presented a case at the 14th Annual Conference of the Modern Perspectives on Psychotherapy Program at the Washington Psychoanalytic Foundation on February 1. The topic was *Whose Trauma Is It Anyway? Countertransference in the Face of Trauma*.

Elsewhere in the newsletter, read about recent activities by Nancy Nollen, Tybe Diamond, Joan Medway, Mary Dluhy, Danille Drake, Mary Lee Stein, Emily Brown, and Tarpley Mann Long. ♦

COP, continued from page 13

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 with the psychoanalytic community.

Study groups develop strong professional bonds and support increasingly sophisticated professional identity. This Study Group is almost full. If you are interested please contact Ms. Drake ASAP at 301-320-5659.

The original GWSCSW/COP Study Group completes its fourth year with membership presently closed. This year the Group built 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*, as well as other selected readings, frames these studies.

■ GWSCSW/COP Continuing Education Course: An Opportunity to Dialogue with Marilyn Austin, Katherine Brunkow, and Martha Chescheir

GWSCSW/COP brings three of our stellar members to Washington to present a three session seminar, *Clinical Practice in the Real World: A Dialogue with the Experts* this month. The discussions will be based on case writings published in the NMCOP Study Group's book, *Fostering Healing and Growth, A Psychoanalytic Social Work Approach*. Dr. Chescheir, who is a well known writer, lecturer, and professor (Catholic University, Washington School of Psychiatry, Clinical Social Work Institute) is honoring our Society and COP by coming from North Carolina to Washington to share her wisdom in form of a case study illustrating some of Winnicott's conceptualizations.

Marilyn Austin, our former GWSCSW president, will speak on trauma. Katherine Brunkow will discuss the use of dreams related to the treatment of a person in crisis. This Continuing Education program provides an opportunity to meet and dialogue with our clinical social work leaders in an intimate interactive setting. Copies of *Fostering Healing and Growth, A Psychoanalytic Social Work Approach* will be awarded to all seminar participants. Hopefully the success of these small interactive "salon" style meetings will generate similar occasions for education and discussion.

■ NMCOP 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 at 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 at 202-331-1547. ♦

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

CSWI, continued from page 13

therapy through the impact of menopause on relationships and loss. Cost is \$75 for social workers wanting CEU's and \$65 for the general public.

Carolyn Gruber contacted the Middle States Association of Colleges and Universities and was sent the Candidacy Handbook for Applicants. Carolyn will now begin to devote considerable time and energy to the task of self-study and documenting (lots of documenting!) to begin the accreditation process. ♦

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Legislative News

■ Virginia

Chris Spanos

The Virginia General Assembly convened on January 8 and is scheduled to adjourn on February 22. Over 3,000 pieces of legislation are before the Senators and Delegates. The major areas of interest to clinical social workers are health insurance legislation, practice and professional issues, mental health issues in general, public mental health and substance abuse issues, and Medicaid policy and reimbursement.

Health insurance legislation

Several new bills have been introduced that would affect health insurance laws, including Medicaid laws.

HB-2779, introduced by Del. Jim Dillard (R-Fairfax), would permit an insurance policy to be extended to a household member who is not a spouse or dependent child when the policyholder has an insurable interest in that household member. An insurable interest includes a lawful and substantial economic interest in the life, health, and bodily safety of the insured. This bill has not yet been referred to a committee, but probably will be referred to the House Commerce and Labor Committee.

HB-2803 was introduced by Del. Charles Carrico (R-Independence) and would require health insurance companies to provide a policyholder with a record of the policyholder's claims showing the actual amount paid for each claim (less discounts, deductibles, and services not covered), for the most recent available 24-month period. This bill also has not been referred to a Committee, but probably will be referred to the House Commerce and Labor Committee.

SB-1328. Sen. Richard Saslaw (D-Springfield) has introduced SB-1328 to prohibit the use of extrapolation in insurance audits of health care professionals. Extrapolation means insurers audit a proportion of claims paid to determine the amount, if any, of an overpayment to a provider; this amount is multiplied to obtain a projected overpayment on all paid claims, which the professional must repay. This bill would allow demands for repayments only for individual claims determined to have been overpaid. SB-1328 is in the Senate Commerce and Labor Committee.

SB-1315, introduced by Sen. Bo Trumbo (R-Fincastle), would change the composition of the Special Advisory Commission on Mandated Health Insurance Benefits to create proportionality in House and Senate representa-

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tion. This Commission is of interest to mental health advocates because it is charged with receiving information on the cost and benefits of mental health insurance parity, and making recommendations to the General Assembly related to this law. This bill is in the Senate Rules Committee.

SB-868. Sen. Toddy Puller (D-Fairfax) asked the Senate Education and Health Committee to strike her SB-868. This measure would have allowed those whose earnings are too high to qualify for Medicaid to pay a premium and receive Medicaid coverage. Presumably, during this tight budget year, the cost to the Commonwealth was prohibitive. While other Medicaid Buy-In bills remain alive, this action may be a predictor of their fate, too.

Practice and professional issues

HB-1764, introduced by Del. Dave Nutter (R-Christiansburg), passed the House unanimously. This bill would add professional counselors, clinical social workers, clinical psychologists, and marriage and family therapists to the list of health professionals eligible for a tax credit for donated services provided at a nonprofit clinic. The bill now has been sent to the Senate for consideration.

HB-2463, introduced by Del. John O'Bannon (R-Henrico), revises the patient records law to bring it into conformity with the requirements of the federal Health Insurance Portability and Accountability Act (HIPAA). This measure deals specifically with the legal provisions related to subpoenas for records. It is under consideration in the House Health, Welfare and Institutions Committee.

SB-799. Sen. Roscoe Reynolds (D-Martinsville) introduced SB-799 to clarify what must be done with patient records when a health care professional sells or relocates his or her practice. This measure is in the Senate Committee on Education and Health.

Mental health issues

HB-1499, introduced by Del. Scott Lingamfelter (R-Woodbridge), ran into some opposition in the House Health, Welfare and Institutions Committee and was referred to a subcommittee for a full hearing. This bill would require a professional to notify the parents of any child or adolescent when mental health or substance abuse treatment is provided to the minor, even though the law allows a minor to consent to that treatment as an adult. Many child advocacy and mental health provider organizations are opposing this bill as a barrier to minors receiving necessary care.

HB-2310. Ken Alexander (D-Norfolk) amended his HB-2310 and saw it pass the House Committee by a vote of 14 to 5. As amended, this bill would require hospitals to provide information to maternity patients about the

incidence of postpartum blues and perinatal depression and a list of available treatment options. The bill now will be considered on the House floor.

SB-1079, which allows a court to order outpatient mental health treatment over the objections of the consumer, was passed by indefinitely in the Senate Education and Health Committee. This measure was sponsored by Sen. Henry Marsh (D-Richmond).

SB-1119. Sen. Louise Lucas (D-Portsmouth) asked that her SB-1119 be stricken from the docket in the Senate Courts of Justice Committee. This measure would have prohibited handcuffing, shackling, or otherwise restraining persons in emergency custody or subject to the involuntary detention or commitment process unless they presented a clear, immediate and severe threat to the law enforcement officer or others or to their own personal safety.

SB-1326. Sen. Bill Mims (R-Leesburg) introduced SB-1326 that will be considered in the Senate Courts Committee. This measure would remove the court's authority to order the withholding or withdrawal of a specific treatment or course of treatment for a mental or physical disorder when an adult patient is either incapable of making an informed decision on his own behalf or is incapable of communicating an informed decision due to a physical or mental disorder. Authority to order a specific treatment or a course of treatment is retained for the allegedly incapable adult person.

HB-2698 was introduced by Del. Phil Hamilton and will be considered in the House Courts Committee. This measure would require the Judicial Council to appoint a committee on civil commitment procedures to establish statewide policies and guidelines that identify the party or parties responsible for the safety and security of individuals who are the subject of involuntary detention and admission. This would assist the courts and other participating parties in the uniform and effective operation of the Commonwealth's civil commitment statutes.

Public mental health and substance abuse issues

SB-801. Several bills related to the Inspector General for Mental Health are making progress in the General Assembly this year. SB-801 introduced by Sen. Steve Martin (R-Chesterfield) has passed the Senate General Laws Committee and is on the Senate floor. This measure would require the Inspector General to make reports to the Joint Commission on Behavioral Health Care or any other legislative commission overseeing mental health issues in addition to making reports to the Governor and the General Assembly.

continued on next page

Legislation, continued from previous page

HB-2346, introduced by Del. Glenn Weatherholtz (R-Harrisonburg), clarifies the Inspector General's ability to conduct investigations of mental health and substance abuse treatment programs in state prisons. This bill has passed the House and is on its way to the Senate.

HB-2309, introduced by Del. Ken Alexander (D-Norfolk), passed the House Health, Welfare and Institutions Committee after it was amended. As amended, this measure would require the Department of Mental Health, Mental Retardation and Substance Abuse Services to ensure that residents of state mental health facilities have appropriate identification when they are discharged to the community. The bill applies only to those consumers who have been residents of a state treatment facility for more than one year.

Medicaid policy and reimbursement

The Governor and General Assembly are working to reduce Medicaid reimbursement for many services provided to recipients. So far, I think when the General Assembly adjourns we will have been successful in seeing no reduction in Virginia's Medicaid rate structure for reimbursement to licensed clinical social workers and other mental health providers. We have had to put off our efforts to seek an increase in Medicaid rates of reimbursement for mental health services due to the Commonwealth's fiscal situation.

■ Maryland**Stephen C. Buckingham**

Assuring adequate funding for vital programs is the highest priority for the Maryland Legislative Council of Social Workers this year. In lean economic times, however, this can be difficult to do without pitting important programs against each other for scarce resources. Our efforts must rely on educating lawmakers on the worth and value of various programs that address critical needs for Maryland residents, and urging them to find enough revenue to fund them properly.

Our success this session will largely depend on how well our new Republican Governor Bob Ehrlich is able to work with the Democratic leadership of the House (Speaker Mike Busch) and Senate (President Mike Miller). Unfortunately, they got off to a poor start when legislative staff noted that the numbers in the Governor's budget proposal did not add up. Ehrlich made good on campaign promises to fully fund mental health and Medicaid (see below), but he did it by seeking large transfers of funds from the Transportation Trust Fund and expecting around \$400 million from the sale of licenses for slot

machines (called "video lottery terminals") at selected horse racing tracks. When asked how he would repay the Transportation Trust Fund in order to afford another campaign promise to fund the Inter-County Connector (ICC) in Montgomery County, his Secretary of Transportation indicated that the Governor was expecting the General Assembly to raise the gasoline tax. As Senate Finance Committee Chair "Mac" Middleton (D-Charles County) has pointed out, Ehrlich expects the Democratic Leadership to act as "tax & spend liberals" to fill the hole in the Republican budget.

One House leader who sees this as an opportunity to close loopholes in the state's corporate tax policy is Sheila Hixson (D-Montgomery County). As Chair of the Ways & Means Committee, she is putting together a series of measures that would raise revenues in this way to meet the needs of the budget without approving slot machines and/or robbing the Transportation Trust Fund. Other lawmakers have introduced measures to greatly increase the excise taxes on tobacco or alcoholic beverages, while still others are proposing sales tax hikes or extending the sales tax to services. With opposition to slot machines gaining strength, one or more of these tax measures would be needed to avoid making almost \$400 million in additional cuts to the budget.

Money matters

Among the specific programs that the social work community is supporting this year are the following portions of the budget (HB 40 & SB 55), identified by their specific "object" number. To track these programs, sign onto our web site at www.marylandadvocate.com using a name and password you choose in the "Member Logon" area, then select HB 40 - [object number] or SB 55 - [object number]. Access to continually updated information is a benefit of your membership in your professional social work organization and is not available to the general public.

- **DHR Child Welfare (N00G00.03)** - Total appropriation: \$144,131,679. This includes the transfer of \$8.2 million from the Joseph Fund in lieu of using General Funds, contingent on passing additional legislation. Here, assuring adequate funding for caseload reductions is the top priority.
- **Department of Aging (D26A07)** - Total appropriation: \$49,791,662
- **DHR Adult and Community Services (N00G00.04)** - Total appropriation: \$43,796,002
- **DHMH Medical Care Programs Administration [Medicaid] (M00Q01)** - Total appropriation: \$3,772,637,624
- **DHMH Mental Hygiene Administration (M00L01)** - Total appropriation: \$527,925,485. Includes an addi-

tional \$30 million added to base expenditures per year for reimbursement of providers + \$6 million for FY '04 in anticipation of a 4.5% increase in people to be treated (Medicaid eligible). A deficiency appropriation of \$30 million is also included to make up deficits for FY '02 and FY '03.

- **DHMH Alcohol and Drug Abuse Administration (M00K02.01)** – Total appropriation: \$132,112,146
- **DPSCS Division of Correction (Q00B01)** – Total appropriation: \$29,776,533
- **DPSCS Patuxent Institution (Q00D00.01)** – Total appropriation: \$33,648,337

Related bills

In addition to the budget itself, several measures have been introduced that deal with funding of vital programs. The following measures are actively supported by the Council as important to adequate program support.

- **HB 130 & SB 91 (Del. Rosenberg & Sen. Kasemeyer) DHMH – Mental Health Services – Cost-of-Living Adjustment:** Requires that beginning in fiscal year 2004, the fees paid by the Department of Health and Mental Hygiene to a community mental health services provider for providing mental health services to eligible individuals be adjusted annually by the rate

of change in the consumer price index that may not exceed a 5% maximum rate.

- **HB 25 & SB 252 (Del. Hammen & Sen. Teitelbaum) Health Insurance – Task Force to Study Access to Mental Health Services:** Establishes a task force to study compliance by commercial health insurers and health maintenance organizations with the current mental health parity requirements of the law, examine the systemic barriers experienced by commercially-insured individuals when attempting to access community treatment, and make recommendations to ensure that commercially-insured individuals have access to medically-necessary mental health treatment. The report is due 12/31/03.
- **SB 209 (Sen. Hogan) Maryland Medical Assistance Program – Reimbursement for Outpatient Mental Health Treatment – Dual Eligibility:** For individuals eligible for both Medicare and Medicaid coverage, requires Medicaid to reimburse community based programs & individual providers the entire amount of the Medicaid fee for outpatient mental health treatment, including any copay.
- **HB 150 (Del. Morhaim) Acquisition of a Nonprofit Health Entity – Determination by Regulating Entity [CareFirst BlueCross BlueShield]:** Prohibits

continued on next page

PLAY THERAPY INSTITUTE

Chesapeake Beach Professional Seminars is pleased to announce 150 hours of training toward credentials as a Registered Play Therapist through the Association for Play Therapy in Fresno, California. Attend our training and increase your knowledge and skill in this specialized field.

For more information, please call 410-535-4942 E-mail: cbps@radix.net Website: www.radix.net/~cbps

The following is a list of the training we offer this cycle. Our training is year-round and continues after the sessions listed.

March 29 & 30

Object Relations Approach to Children with Attachment Disorders
Helen Benedict, PhD., RPT-S

April 5 & 6

Play Therapy with Children of Alcoholics & Addicts
Mary Hammond-Newuman, MA, LPC, RPT-S

May 3

Grief and Loss Issues in Play Therapy
Duane Bowers, LPC

May 4

Sexuality Education Using Play-Based Techniques
Sonia Hinds, MSN, RN, CS-P

June 28

Use of Games in Play Therapy
Sonia Hinds, MSN, RN, CS-P

June 29

Teaching Social Skills Using Play-Based Techniques and Cognitive-Behavior Techniques
Helen Power, LCSW, ATR-BC, RPT-S

SUMMER INSTITUTE

July 21

Pediatric Psychopharmacology for Play Therapists
TBA

July 22 & 23

Parenting Skills for Play Therapists
Rosa Hood Herring, DSW

July 24

Use of Therapeutic Stories in Play Therapy
Marcella Marcey, PhD

July 25

Dare to be Creative in Play Therapy
Sonia Hinds, MSN, RN, CS-P

July 26 & 27

Sandplay Therapy, Level One
Dee Preston-Dillon, PhD

July 28

Play Therapy Case Conference
Shelby Morgan

July 29 & 30

Anger/ADHD Issues in Play Therapy
Maryanne Bongiovanni, PhD., RPT-S

July 31

Brain Gym/Smart Exercises
Paula Oleska, MA

August 16

Play Therapy for Large Groups
Barbara Gift, MA, NCC, RPT-S

August 17

Play-Based Techniques for Anger Management and Conflict Resolution
TBA

Legislation, continued from previous page

- a determination of an approval of an acquisition of a nonprofit health entity from taking effect until the last day of the next regular session of the General Assembly beginning after the determination date.
- SB 351 (Teitelbaum) **Health Insurance – Managed Behavioral Health Care Organizations – Expense and Loss Ratios and Reports:** Requires carriers that provide behavioral health care services to submit an annual report containing specific expense and loss ratios. Requires the Maryland Insurance Commissioner to establish a methodology by regulation for computing loss ratios. Requires managed behavioral health care organizations and carriers to perform an audit of data in the annual report.
 - HB 143 & SB 334 (Del. Busch & Sen. Teitelbaum) **Maryland Health Care Foundation – Maryland Medbank Program – Extension and Funding:** Extends the termination date of the Maryland Medbank Program administered by the Maryland Health Care Foundation from 6/30/03 to 6/30/06. Authorizes Program funds to be used to distribute medication to enrollees in addition to purchasing medications. Requires the Governor to include in the annual budget bill an appropriation of at least \$3,000,000 to DHMH for transfer to the Maryland Health Care Foundation for the purpose of making grants to entities to operate the Program.
 - HB 17 (Del. Donoghue) **Maryland Pharmacy Assistance Program – Eligibility:** Alters the asset test and income limits for participation in the Maryland Pharmacy Assistance Program. Assets cannot exceed the level set for Medicare beneficiaries (currently 150% of the Maryland Medicaid standard). Income level is raised from \$4,000 plus \$500 for each family member to 116% of the Federal Poverty Level.
 - HB 211 (Del. Bromwell) **Short-Term Prescription Drug Subsidy Plan – Enrollment:** Eliminates the limitation on enrollment in the Short-Term Prescription Drug Subsidy Plan currently at 30,000 individuals, requiring it to provide benefits to the maximum number of eligible individuals it can serve with the money in its fund.
 - HB 2 (Del. Busch) **Small Business Health Insurance Affordability Act:** Requires carriers to offer the Standard Health Benefit Plan to small employers (50 or fewer employees) in a format that clearly distinguishes it from other offerings of the carrier, indicates that it is the only plan required by state law, and specifies that all enhancements to the plan are not required by law. Lowers the maximum average cost of the SHBP from 12% to 10% of the average annual wage in the state, requiring the Maryland Health Care Commission to exclude or limit Plan benefits or expand cost sharing

by customers to keep premiums below the cap. [We oppose this bill.]

Other issues

Social workers are also active on other issues not related to budgetary concerns.

- **Child Abuse & Neglect**

SB 195 (Sen. Kelley) **Child Abuse and Neglect – Failure to Report – Penalty:** Makes it a misdemeanor, subject to a \$2,000 fine, for health practitioners, police officers, educators, and human service workers to fail to provide specified notice or make a report of suspected child abuse or neglect as required by law; and alters the time periods for making a report of suspected abuse or neglect to require an oral report within 24 hours and a written report within 48 hours.

- **Health Regulation**

HB 310 & SB 268 **DHMH – State Board of Social Work Examiners – Sunset Extension and Program Evaluation:** Continues the existence of the State Board of Social Work Examiners in accordance with the provisions of the Maryland Program Evaluation Act (Sunset Law) by extending its termination date to July 1, 2014; requires the Board and the Department of Health and Mental Hygiene to submit a report to legislative committees on or before October 1, 2003, on implementation of recommendations made by legislative staff in its sunset report.

- **Mental Health**

SB 273 (Sen. Grosfeld) **Mental Hygiene Administration – Emergency Evaluation – Standards and Content:** Modifies the standards for emergency evaluations of individuals with mental disorders so that the individual's danger to self or another no longer needs to be "clear and imminent". Authorizes physicians, psychologists, clinical social workers, professional counselors and peace officers to base the petition for emergency evaluation on personal examination or observation OR on other pertinent information they obtain. ♦

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in your society and your profession.*

SIGN UP FOR THE GWSCSW LISTSERVE

EMAIL YOUR REQUEST TO:

gwscsw@juno.com

Licensed Social Workers Exempt from DC Master Business License

Anna Taft

The DC Department of Consumer and Regulatory Affairs and the DC Department of Health have determined that any person licensed by the Department of Health is exempt from the Master Business License (MBL) requirements. Since the DC Social Work Board is part of the Department of Health, a licensed social worker need not obtain a MBL. Also, social workers, even if unlicensed but working as employees, do not need a DC MBL.

There may be some confusion, for a previous GWSCSW Newsletter article stipulated the need for social workers to apply for a Master Business License in DC. That article regarding the MBL regulation was written prior to the recent determination of social worker exemption. We hope this now clarifies the issue for all.

Although individuals practicing in DC need not obtain a MBL, the GWSCSW organization, as an entity doing business in Washington, DC, will have to apply for a MBL. Our treasurer will apply before the May 2003 deadline. ❖

Nancy Nollen to Represent Clinical Social Work on a National AARP Initiative

The American Association of Retired Persons (AARP) has embarked on an ambitious national initiative looking at issues in geriatric care in America. One high-level task group has already begun to explore end-of-life issues, and another, financial issues for the elderly. A third, concentrating on improving the quality of care in the home, assisted living programs, and nursing homes, is scheduled to have its first meeting mid-February.

GWSCSW Past President Nancy Nollen has been selected by the Clinical Social Work Federation to represent our profession in the third group; she'll be reporting to us on their progress on our e-list and in the newsletter. Since her graduate school days, Nancy has specialized in clinical work with the elderly. Her private practice is grounded in the concerns of seniors and their families: medical issues and their influence on patients' mental health, for example, and issues of loss and bereavement at the time of dying. Her work encompasses psychotherapy and case management, with visits to homes, nursing homes, and hospitals when needed.

Congratulations to Ms. Nollen for receiving this honor and taking on this new role. ❖

Celebrate Social Work Month!

Join other social workers and senior-serving professionals for an annual celebration that recognizes the work of social workers. Hear great speakers, enjoy wonderful refreshments, meet and network with influential professionals, and tour a brand new community!

THIS IS A FREE EVENT, NO RSVP NECESSARY!

Thursday, March 27 at 2 – 4 p.m.

SUNRISE OF MCLEAN

(Brand New Community!)

8315 Turning Leaf Lane • McLean, VA

For information: 703-383-1111 ext. 118

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DC Confidentiality Work Continues

Danille Drake, MSW and Barry Landau, MD

The GWSCSW and other mental health professional organizations are in dialogue with health insurance company medical directors over interpretations of the DC Mental Health Information Act, which is designed to protect the confidentiality of patients. The DC Insurance Commissioner, Lawrence Mirel, has directed the parties to reach consensus on exactly what information the law permits mental health professionals to provide third party payers with a valid patient authorization. The collaboration began two years ago when insurance companies were demanding that mental health professionals turn over entire records of treatment before claims for payment would be considered—clearly a violation of the DC Mental Health Information Act (DC Law) amounting to a demand that clinicians break that law in order to be paid for their patients' treatment. The subsequent work has been very complicated and the results have been mixed.

Determining the limits of confidentiality

Certain major issues have been clarified in favor of confidential psychiatric treatment. Commissioner Mirel has said, and the insurance companies have not contested, that for at least outpatient treatment, insurance companies cannot demand the entire record; they need to limit their request to the five items of information permitted by the DC Law:

- Administrative information
- Diagnostic information
- Status of patient (voluntary or involuntary)
- Reason for admission or continuing treatment
- Prognosis limited to the estimated time during which treatment might continue

Furthermore, the content of psychotherapy sessions, including "psychotherapy notes", personal notes or process notes can never be demanded. Early in the process, insurance company representatives redefined the very concept of confidentiality (i.e., to include the sharing of confidential patient data with them since they, too, "keep patient information confidential."). They also claimed that the independent review procedure, set by the DC Law to deal with situations where a more thorough review is needed, could readily be accomplished by sending patient information to their behavioral managed care company which could function as an "independent" reviewer. Again, much has been accomplished. Confidentiality still means that information is kept private between clinician and patient. And the behavioral managed care organization referenced above was determined to have too many

conflicts of interest to be an independent reviewer. However, the work goes on. The expression that "the devil is in the details" applies well in this case. One reason the details are so complex is that insurance companies are increasingly seeing themselves as "managing care". Confidentiality gets in the way of increasing amounts of information they require to manage care.

Minimum Necessary Practice Guidelines

Both the American Psychiatric Association and the American Psychoanalytic Association have published Minimum Necessary Practice Guidelines. These guidelines were specifically developed in response to the HIPAA Privacy Law. According to HIPAA, the maximum information allowable to disclose to a third party payer is the minimum necessary to accomplish the task of claims review. The Law clearly states that it intends "to be consistent with, and not override, professional judgment and standards". Our own Society and the Clinical Social Work Federation may also embark on establishing Minimum Necessary Practice Guidelines to specify what may and what may not be disclosed. Much work remains. To be successful, we will need to ask for much more in the way of support from the Society and its members, our national organization, and the mental health community at large. Each individual mental health professional needs to be very thoughtful and informed whenever asked to disclose information to a third party. As the quote from HIPAA above implies, it is ultimately WE who define patient confidentiality. Every time we are asked to disclose information we are contributing to the evolution of that definition. ♦

Subscribe to the *Clinical Social Work Journal*

The *Clinical Social Work Journal* is the official journal of the Clinical Social Work Federation. Unlike other social work journals, most articles are written by and for practicing clinical social workers and many have in-depth case discussions. Many of our members have written for this journal, and three, Martha Chescheir, Carolyn Gruber and Joel Kanter, serve on the Editorial Board. GWSCSW members can subscribe to the *Journal* at a group rate of \$35/year, at half the annual subscription cost. If you'd like to subscribe, send a check payable to "GWSCSW" to the GWSCSW office at 5028 Wisconsin Ave. NW, Suite 404, Washington DC 20016. Be sure to note "For CSW Journal Subscription" in the lower left corner of the check. ♦

Your Feedback Requested

Proposed Release Form

The model form for release of outpatient mental health treatment information below was presented to the Clinician's Working Group by representatives of managed care and insurance companies in response to a separate Review Form presented by the clinicians.

Your feedback about this form will provide vital help to the Clinician's Working Group in their negotiations with DC Insurance Commissioner Lawrence Mirel on behalf of confidentiality. Please relay feedback privately to ddrakemsw@aol.com.

As you may know, the DC law limits information which insurance companies may request of clinicians practicing in DC to the following five items:

- Administrative information
- Diagnostic information
- Status of client/patient—voluntary or involuntary (for hospitalized patients)
- Reason for admission or continuing treatment
- Prognosis limited to estimated length of treatment

The draft of the model release form is as follows (it will have a different visual appearance in its final rendition):

Release of Mental Health Information for Outpatient Treatment

Designated Third Party Payer _____

Client/Patient: First Name _____ Last Name _____ Member # or SSN: _____

Address: _____

Recommended Treatment Type (e.g., individual, group, medication management, CPT code(s)): _____

Frequency: _____

Medications Related to Treatment: _____ Prescribed by _____

Diagnosis (e.g., DSM code(s), ICD code(s)):

I: _____

II: (if relevant) _____

III: (if relevant) _____

IV: (or level of distress - mild, moderate, severe) _____

V: (or function status - mild, moderate, severe) _____

Reason for Admission or Continuing Treatment: _____

Discharge Criteria/Goals/Purpose of Treatment: _____

Progress: _____

Clinician's Name: _____ License # _____ EIN/SSN _____

Clinician's Address: _____ Phone _____

Clinician's Signature/Date _____

Client/Patient's Consent: I agree to share this information with the designated 3rd party payer. I also understand that, "The unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978. Disclosures may only be made pursuant to a valid authorization by the client or as provided in Titles III and IV of the Act. The Act provides for civil damages and criminal penalties for violation."

Client/Patient's Signature/Date _____

Book Review

A Beautiful Mind

Reviewed by Barbara Cristy

Sylvia Nasar, an economics correspondent for *The New York Times*, has written a thoroughly researched scholarly biography of John Forbes Nash, Jr., winner of the 1994 Nobel Prize in Economics. Nash was not an economist but a brilliant mathematician. He was awarded the prize for his dissertation written in 1950 when he was 21 years old.

By the time Nash was 30, he developed delusions and was diagnosed with paranoid schizophrenia. Nasar describes what a difficult young man Nash was, arrogant and unpleasant to many. He had a number of relationships with both men and women, a son with one woman, and another with his wife, Alicia. After being hospitalized a few times, he refused further admissions as well as any further medication.

Nash spent about 10 years wandering around the United States and Europe. During this period, Alicia divorced him. She did not, apparently, stop caring for him because she finally suggested he live with her in her small home in Princeton. He would wander the halls of Princeton University for the next 20 years where he came to be known as the "Phantom of Fine Hall".

This biography raises some intriguing questions about our psychiatric understanding of severe mental illness, the etiology of schizophrenia, the most appropriate treatment, and the relationship between genius and madness. Nash himself said about his thought disorder, "my ideas about supernatural beings came to me the same way my mathematical ideas did. So I took them seriously."

The GWSCSW Book Seminar on *A Beautiful Mind* will take place on Thursday, May 8, 7-9:00 P.M., in Silver Spring. See page 28 for information and registration. ❖

March 29-30, 2003 > FOR THERAPISTS ONLY

"Retirement" OR WHAT NEXT™



For women in their 50s and beyond

...who want to make the most of life; have concerns about "retirement;" wish to redefine "work;" long for meaningful self-expression; feel external pressures ("empty nest," illness of a spouse, divorce) or internal pressures

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REGISTRATION & INFORMATION

301-951-8630 Ruth Neubauer, LCSW

202-387-7931 Karen Van Allen, LCSW

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.

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. Keats, 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.

Reflections....

As the years and clients go by, our techniques and thinking constantly evolve (hopefully). We thought it would be an interesting and useful idea to share members' experiences in this regard. Our "Reflections" column does just that.

How has your work changed over the years? What new developments have been useful, or not useful? What has remained "tried and true"? If you are interested in writing about these and other questions, please contact a member of the editorial committee. We hope to make this an ongoing feature to give our newsletter a "personal touch."

Analytic Training: One Perspective

Martha Dupecher

In the March 2002 issue of the GWSCSW newsletter, Christine Erskine wrote an article on her decision to begin psychoanalytic training. In that tradition I thought a contribution about my own experience might be useful to anyone contemplating such a move. I am a fifth-year candidate nearing the end of my training process at the Washington Psychoanalytic Institute.

Let me first tell you about the three components of training: classes, supervised clinical work, and the personal analysis. During the first four years, classes take place on Saturdays. Some require a lot of reading (though there is a 50 page per week per class limit); for others, such as ongoing case presentations, there is no reading at all. Classes range from human development and psychoanalytic theory to technique and case conferences. A wide variety of theoretical perspectives, including ego psychology, object relations, self psychology, Kleinian and relational, are presented. The curriculum also includes a core writing component. With the help of the Washington Psychoanalytic Clinic, which provides reduced-fee psychoanalysis as a service to the community, I found analytic cases without much difficulty. My supervisors provided instruction, suggestions, and support as I tried to consolidate my identity as an analyst. By the beginning of the third year I had three patients in analysis and felt fully immersed in this new and challenging work. The personal analysis takes place concurrently with the clinical work, and it's a good thing! Analytic work awakens many conflicts within the analyst. One's own analysis functions as a place to process these feelings and resolve long-standing issues. It also gives us a window on our patients' experiences on the couch.

What are the benefits of analytic training? I have experienced them in two main areas: clinical and interpersonal. At the clinical level, reading papers and discussing cases with colleagues has opened my mind to a greater range of seeing and thinking. In-depth work with analysts has enabled me to better intuit what might be happening at deeper levels with those I see less frequently in psychotherapy. Additionally, supervision and my own analysis have helped me become aware of and use my countertransference. Thanks to analytic training, I find more satisfaction in my clinical work because

my understanding now comes with a greater degree of complexity and texture. At an interpersonal level, psychoanalytic training has greatly increased my opportunities for meaningful communication with like-minded colleagues, be they other candidates, teachers and supervisors, or other clinicians. Often these relationships have grown into friendships. As a result, I feel more connected to the people around me in a multilayered way. People interested in analytic training always want to know about the time and money involved. There is no doubt—it does take time. The finances are less of an issue now than they used to be, as caps for supervision fees and sliding scales for analytic fees are now in place. Clearly, there is a lot to think about regarding a major undertaking like this. Anyone who would like to know more is welcome to contact me at 202-824-0677. ♦

The Washington Psychoanalytic Society and Institute

cordially invite social workers to an

Open House for Prospective Candidates Interested in Psychoanalytic Training

Sunday, March 23, 2003

1:00 – 3:30 P.M.

at the home of

Elizabeth Hersh

3214 Newark Street, NW

Washington, DC

Ample Street Parking Available

Reception: 1:00–1:45 P.M.

Focus Groups/Discussion: 1:45–3:30 P.M.

RSVP by March 14, 2003

Call: 202-237-1854

Fax: 202-237-1856

Faculty members and candidates will be present.

COMMITTEE REPORTS

Annual Conference

Kimberly Satin Kubler

As 2002 came to a close, the Conference Committee wrapped up the financial and logistical details of last fall's "Hidden Baby" conference. The Committee hopes that the extra time spent on de-briefing will allow this year's planners to avoid unnecessary bumps in the road, and plan an even more successful event.

With that goal in mind, the Committee hopes to get plans for the 2003 conference underway as soon as possible. We are currently looking for new volunteers to join in our efforts. If you have been thinking about becoming more involved in the Society, this is a fun and exciting opportunity to do so. Working on this event is a great way to network, while offering a valuable service to the local community of social workers.

Continuing Education

Dolores Paulson

There are still a few spaces left in our Continuing Education course offerings for the spring semester. Please check the listings on page 28 of this newsletter. All are excellent courses. Our book seminar for this quarter is *A Beautiful Mind*, led by Barbara Cristy and reviewed on page 24. The committee is in the process of planning next year's course offerings. If you have suggestions for new courses or if there is a course you would like to teach, please contact me at 703-790-0786.

Directory

Constance Hendrickson

In February, you received your 2003 Directory—reflecting many

hours of work. The job of arranging the geographical breakdown of practice information for the Directory fell to the Directory Committee Chair, who, with the help of Marilyn Austin and Margot Aronson, sorted our DC neighborhoods. (For Northern Virginia and the Maryland suburbs, zip codes match neighborhoods; thus the sort was easy for Jan Sklennik, who maintains our database and does typesetting and layout for our newsletter and Directory. In the District, however, the zip codes overlap from one neighborhood to the next, so that the sort must be done manually, checking each address, map in hand.) Once all the practices were located in neighborhoods, volunteer Kirsten Hendrickson took on the onerous job of organizing the list in Microsoft Word—and Jan took it from there.

If you have feedback about the usefulness of the geographical breakdown, or suggestions for changes in the neighborhoods identified, please let me know at 202-322-0134.

Membership

Charles Rahn

The Membership Committee has completed its annual membership drive. During the last two months all members who had not initially renewed received a follow-up call. In most cases those who had not renewed did so immediately and were grateful for the reminder. We now have a total of 438 members! Of the total, 400 are full members, 7 are graduates, 6 are affiliates, 6 are students, 8 are retirees, and 11 are emeritus.

Recruit...Recruit...Recruit! If you know of any potential new members, please have them contact the GSWCSW office at 202-537-0007 to

receive a GSWCSW brochure and application form. New members will receive a welcome packet with the latest newsletter and directory. For membership questions contact Charles W. Rahn at 301-493-6841.

Newsletter

Cecilia McKay

We are delighted to welcome our newest committee member, Stephanie Aronson. She will be managing the billing for advertisements.

The Newsletter Committee continues to identify goals for the Society's newsletter. Our overarching goal is to expand the newsletter to meet the needs of all our members. If there is something you would like to see in the newsletter, please let me know.

In this issue we continue our new "Reflections" column with Martha Dupecher reflecting on her experience in psychoanalytic training over the past several years. A new feature this issue is our "Out and About" column. This feature will succinctly capture what our members are doing.

As always, volunteers for writing articles are welcomed. If you have recently written a paper or given a presentation and would like to share it with Society members, please email me at ccmckaymsw@erols.com or call at 301-802-4126.

Public Relations

Tricia Braun

The Public Relations Committee has been working with the Membership Committee in developing ways to increase outreach to prospective new members, including social work graduate students. Our

Committee and the Referral Panel Committee have been collaborating on ways to publicize GWSCSW to increase referrals for our clinical social work services.

The Committee has initiated the "Out & About" column in the Newsletter to communicate to members what our colleagues are doing in the broader community. We hope that this will provide us with new resources within our own membership and will provide another way to network. Often projects you are engaged in can be turned into a third party ad or public service announcement for the media. In addition, we have further worked with the Newsletter Committee to develop strategies for soliciting new advertisements.

The Public Relations Committee has also begun work on the idea of a consumer brochure that will focus on improving the public image of clinical social workers. The objectives of this brochure will be to define the nature of our services as clinical social workers and to communicate the value contributed by our profession to the general public. Furthermore, it will advertise and promote our Referral Panel. Another idea to promote our Referral Panel

is to participate in local health fairs and to advertise speakers for community events. The ability to increase our members' visibility by this kind of indirect marketing exposure depends on your participation in implementing these projects. If any one of these ideas interests you, please call me at 301-258-9444 (o) or 301-948-4506 (h) or email me at clbraun@erols.com.

Referral Panel

Eileen Ivey

The referral panel coordinator is wrapping up the review and compilation of this year's applications for the referral panel. At present, approximately 63 members have completed applications (somewhat down from last year) and approximately \$900 in fees have been collected. The Board will be considering how much additional money to allocate for advertising the referral panel and how such funds should best be spent. We are looking for your ideas about marketing our services. Please call Eileen Ivey at 301-652-1030 with your thoughts and recommendations about how to get the word out there. ♦

Welcome New Members!

In the past several months, we have enrolled eight new members in our Society. They are:

- | | | |
|----------------------|-------------------|-------------------|
| Full Members: | Stephanie Aronson | Don Chiappinelli |
| | Susan Marks | Jean Senseman |
| | Addison Ullrich | Patricia Williams |
| | Nancy Wilson | |
| Graduate: | Claire Engers | |

We welcome you!

For All Members

Call the Federation Hotline

(800) 270-9739

your link to our...

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

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Membership

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Latest information on
our competitive
Malpractice Insurance

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Everything NON-clinical
that clinicians need to know!

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ALL CALLS ARE CONFIDENTIAL

GWSCSW Course Offerings 2003

☆ 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
Barbara Kane, MSW, LCSW-C
4400 East West Highway
Bethesda, MD 20814
(301) 657-4329

Fridays, 2:00 – 3:30 PM
3 sessions: March 28, April 4, 11, 2003
Members: \$70
Non-members \$115

📖 *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
1015 Spring Street, #201
Silver Spring, MD 20910
(301) 565-0021

Thursday, 7:00 – 9:00 PM
1 session: May 8, 2003
Members: \$30
Non-members \$50

■ 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
7643 Leesburg Pike
Falls Church, VA 22046
(703) 437-4840

Monday, 7:30 – 9:00 PM
2 sessions: April 7, 21, 2003
Members: \$45
Non-members \$75

☆ 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
4416 Q Street, NW
Washington, DC 20007
(202) 331-1547

Fridays, 3:00 – 5:00 PM
3 sessions: March 7, 14, 21, 2003
Members: \$90
Non-members \$150

☆ Indicates a course 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.

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

FOR ALL MEMBERS

Call for...

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Information on
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that clinicians need to know!

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Managed Care Specialist

for advocacy, information and assistance with managed care and insurance

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for consultation regarding clinical social work and the law

Public Relations Specialist

for assistance with press, radio, TV and media issues and the professional image of clinical social work

New Clinicians Specialist

for mentorship, advisement and other issues for new clinicians

Call the Federation Hotline
(800) 270-9739

ALL CALLS ARE CONFIDENTIAL

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

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

Name _____

Remove Office: located at _____

Home Address _____

Add Office:
Address _____

City/State/Zip _____

City/State/Zip _____

Home (_____) _____

Office (_____) _____

Home Office (_____) _____

Other: _____

Fax (_____) _____

E-Mail _____

Fax to: 202-364-0435

**Mail to: GWSCSW
5028 Wisconsin Avenue NW, #404
Washington, DC 20016**

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

ALEXANDRIA: Intersection of 395 and Seminary Rd (Southern Towers Complex). Spacious first floor corner office, well furnished, in 2-office suite with shared waiting room, kitchen and bath. Excellent parking. Available FT/PT. Call 703-750-3647.

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.).

BETHESDA: Office available FT for sublet. Shared waiting room & kitchen. Near Metro. Free client parking. 301-986-1479.

BETHESDA: Great location. Free parking. Newly renovated office with window available FT in suite with other psychotherapists. Attractive waiting room, kitchenette and bathroom in suite. Please contact Diane Daum at 301-230-3168.

CLEVELAND PARK METRO: Attractive, bright, newly decorated office; part-time (some full days), flexible scheduling; reasonable rates. Call 202-363-4459.

CONNECTICUT AVE. & VAN NESS METRO: Attractive, windowed office in psychotherapy suite, two blocks from Metro. Kitchenette, waiting room. Great location, secured building with workout room, morning coffee in lobby. Available Mondays, Fridays, Saturdays. Call Judy Mullan, MSW, at 202-244-9242.

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: Office available 2 days/week, Wednesdays and Fridays. First floor in beautiful building. Away from the noise of Conn.Ave., yet close to Metro, shops. Charming office, waiting room and bathroom. Call Susan Lieberman at 202-299-0059.

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

MCLEAN, VA: Office for sublet. Nice location. Separate waiting room. Parking. Available mornings before 10:00 a.m. and every afternoon/evening after 3:00 p.m. except Thursdays. Available Saturdays. Call 703-448-0696.

MCLEAN, VA: Attractive, bright, spacious office to share with psychiatrist in McLean. Call 703-821-0761.

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 depending 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.

OLD TOWN, FAIRFAX CITY: Modern, attractive office suite available in Fairfax. Congenial group of independent therapists (psychiatrists, LCSWs, LPCs & RNCS) currently occupy the office space. A copier and fax machine are available to all renters. The office is 12' x 13' with vaulted ceiling and was recently painted. The office complex is beautifully landscaped with plenty of patient parking and is convenient to Bus & Metro. Please contact Karen Welscher-Enlow, LCSW at 703-691-8572 or Katherine Ferguson, MD at 703-273-0218.

TENLEY AREA: Office for rent, 2 blocks from Metro. Beautiful suite (with 3 other social workers). Easy parking. Call 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, VA: Beautiful windowed walkout 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.

OFFICE SPACE WANTED

DUPONT CIRCLE: Office space wanted full-time, single office or own office in suite with other therapists. Any leads appreciated. Donna Oberholtzer, 202-466-5858, donna.ober@verizon.net.

DUPONT CIRCLE/WISCONSIN AVENUE: Seeking hourly office space in Dupont Circle or Wisconsin Ave. Metro areas. Email Sally Whitlock, LICSW, sallyw22@comcast.net or call 703-931-0453.

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.

CLINICAL SOCIAL WORKER: The Women's Psychotherapy Institute is seeking a licensed clinical social worker to provide psychotherapy services to adults. BCBS Provider or eligible. Dupont Circle. Fax CV to 410-730-4881 or mail to 1429 21st St. NW, 20036.

GROUPS

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

ADULT PSYCHOTHERAPY GROUP: Spaces available in ongoing psychotherapy groups of long duration. Prefer that clients remain in their individual Rx and combine this with group Rx. Focus on personal and professional growth. Contact Tybe Diamond, MSW, BCD, CGP, Chevy Chase, 301-907-6722; ibtybe@aol.com.

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 PROGRAMS sponsored by the BALTIMORE-WASHINGTON SOCIETY and/or INSTITUTE FOR PSYCHOANALYSIS, Inc. Call for details and directions, 410-792-8060 or 301-470-3635.

Baltimore Film Series – The Baltimore Museum of Art, Fridays, 7:30 p.m.

March 21 – *Dangerous Lives of Altar Boys*, Discussant, Leon Levin, MD

March 28 – *Secrets and Lies*, Discussant, Joseph Bierman, MD

April 4 – *The King of Masks*, Discussant, Robert Lessey, MD

April 11 – *Mulholland Drive*, Discussant, Barbara Young, MD

April 26, 2003 – Speaker, Carla Neely, Ph.D., *Profits of "Working Through" in the Analysis of an Adolescent Girl*, Discussant, Earle Baughman, MD, 5:00–6:30 p.m.

THE IMAGERY TRAINING INSTITUTE announces its spring 2003 weekend imagery workshops. Topics include: *Imagery with Couples and Groups*, February 28/March 1; *Cancer and Imagery*, April 4/5; *The Mind/Body Connection*, May 2/3; and *EMDR and Ego State Therapy*, June 7. For information and a brochure, please call 703-821-0761.

The Institute of Contemporary Psychotherapy & Psychoanalysis presents THE 9TH ANNUAL ICP&P SPRING CONFERENCE. *Clinical Applications of Attachment Theory: Two Contemporary Views*, with Peter Fonagy, Joseph Lichtenberg, and Mauricio Cortina. Saturday, April 12, 2003. 8:15 am – 4:15 pm. Includes continental breakfast and lunch. Key Bridge Marriott, 1401 Lee Highway, Arlington, VA. Members \$125 (\$135 after 3/28/03), Nonmembers \$150 (\$160 after 3/28/03), and Students \$65 (some scholarships available). To register, send name, address, phone number and check payable to ICP&P to 3000 Connecticut Ave, NW, #108A, Washington, DC 20008 or call 202-686-9300 x4.

SERVICES

NEED COMPUTER HELP? Computer giving you fits? Disk drive on the fritz? Avoid the headache and give us a ring. No job too big or small. We do house calls! Hodari McClain, LLC, 202-270-1101.

THE CLINICAL SOCIAL WORK INSTITUTE

PRESENTS

**Women and the Crisis in
Hormone Replacement
Therapy**

Topics will include:

- The pros and cons of hormone replacement therapy
- Alternative medications for mood swings and sleep disturbance
- An understanding of how hormones affect emotions
- The influence of menopause in dealing with family relationships and experiences of loss
- Dietary strategies for dealing with the loss of estrogen
- Using Yoga to deal with osteoporosis
- Using meditation for spiritual and emotional well being

All day Saturday, March 22, 2003

(Healthy foods will be served for continental breakfast)

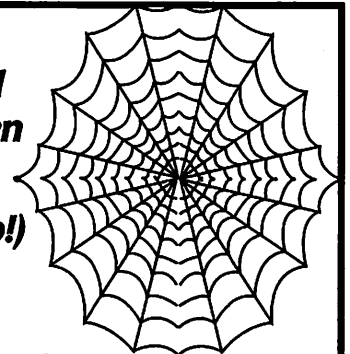
CEUs will be given to social workers

To register, or for more information, call the Institute at

(202) 237-1202

Email: cswi@mindsping.com

**"Oh, what a tangled
web we weave, when
first we practice..."
(and later on, too!)**



**Help get yourself
UNTANGLED!**

**Visit the Clinical Social Work Federation
website at:**

www.cswf.org

- Legislative Alerts • Social Work Schools
- Managed Care News • Committee Activities
- Social Work Chat • Membership Directory
- Clinical Resources • State Society Pages
- Hyperlinks to Other Sites

GWSCSW UPCOMING EVENTS

(CEUs will be awarded for all the following events)

- Friday, March 14** **CSWF Training – HIPAA and the Impact on Your Practice**
Time: 8:00 A.M. – 4:30 P.M.
Location: Baltimore – Sheraton Inner Harbor Hotel
Info: www.cswf.org or 703-522-3866
6 CEUs
- Saturday, March 29** **GWSCSW HIPAA Hands-On Workshop**
Time/Location: TBA
- Saturday, April 5** **GWSCSW Discussion Group**
Topic: Emotional Impact of Local and World Events
Time: 10:00–11:30 A.M.
Location: 3201 Porter Street NW, Washington DC
Info: page 22. Call Adina Shapiro at 703-761-3939 to register.
- Friday, April 11** **GWSCSW General Membership Meeting (cosponsored with NMCOP)**
Speaker: Tarpley Mann Long, LCSW
Topic: *Psychotherapy and Acting: Capturing the Moment for Speaking*
Time: 6:30 P.M. cocktails; 7:00 P.M. dinner; 8:00 P.M. lecture
Location: Chef Geoff's, New Mexico Avenue, Washington DC
1 CEU; or combined with February 21 event, 3 Category I CEUs
- Saturday, May 10** **GWSCSW Ethics Workshop**
Speaker: Dr. David Phillips
Time: 10:00 A.M. – 1:00 P.M.
Location: TBA
3 CEUs will fulfill Ethics requirement for licensing

**Greater Washington Society
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