

**Greater Washington
Society for
Clinical Social Work**

NEWS

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Winnicott Conference, May 1

Distinguished Speakers to Focus on the Winnicotts and the Facilitating Environment

A distinguished array of presenters from across the U.S. and England will be coming together at the GWSCSW conference on May 1, 2004, to examine the contributions of Clare and Donald Winnicott to social work practice.

F. Robert Rodman, author of the recent biography *Winnicott: Life and Work*, will deliver the keynote address. Other speakers include Olive Stevenson, a student and colleague of the Winnicotts and one of the leading figures in British social work; Jean Sanville, founding dean of the California Institute of Clinical Social Work and long-time editor of the *Clinical Social Work Journal*; F. Gerard Fromm, director of the Erik H. Erikson Institute for Education and Research of the Austen Riggs Center and editor of *The Facilitating Environment: Clinical Applications of Winnicott's Theory*; William Meyer, Duke University and past-president of the NMCOP; and Gerry Schamess, Smith College School for Social Work.

Working with evacuated children with special needs during World War II, the Winnicotts understood that the creation of facilitating environments was the central therapeutic intervention, more essential even than psychotherapy.

From our own Society, speakers include Joel Kanter, editor of *Face to Face with Children: The Life and Legacy of Clare Winnicott*; Jane Pettit, a supervisee of Clare Winnicott; and Martha Chescheir, a faculty member at the Clinical Social Work Institute and the Washington School of Psychiatry.

Co-sponsored by the International Institute for Object Relations Therapy (IIORT) and the Clinical Social Work Institute, *The Facilitating Environment* will take place on Saturday, May 1, at Catholic University.

The conference will feature plenary sessions with a historical focus, as well as breakout sessions addressing such contemporary topics as corrections, gender confusion, cross-cultural treatment, group treatment of adolescent mothers, and case management of severe mental illness. The day will conclude with a panel discussion of personal reminiscences about the Winnicotts.

Detailed program and registration information will be available by March 1 on the Society website, www.gwscsw.org. ❖

Under pressure, Oxford drops audit demands ~ see pages 4, 5

**GWSCSW
Quarterly Meeting**

Friday, March 19

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: Jill Scharff, MD
 Co-Director of the International Institute
 of Object Relations Therapy (IIORT)

**Topic: *The Woman Psychotherapist:
 Concerns and Challenges***

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

Greater Washington Society for Clinical Social Work, Inc.

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GWSCSW NEWS

Editorial Board

Adina Shapiro & Diana Seasonwein, Editors
Stephanie Aronson, Tricia Braun,
Susan Post, Melinda Salzman, Mary Lee Stein

The News is published four times a year: March, June, September and December. The deadline to submit articles and advertising is the first of the month prior to publication; late copy cannot be accepted.

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

Submit articles to GWSCSW. Email is preferred (gwscsw@juno.com). All hard copy must be typed and double-spaced and may be mailed to 5028 Wisconsin Avenue NW, Suite 404, Washington DC 20016.

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

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For advertising rates see page 23

**The next issue will be published
June 2004 and the
deadline is April 30.**

President's Message

Margot Aronson

With the presidency comes the privilege of representing the Society at various meetings around the area, and I often am asked about the Society: who we are, what we do, and why we exist. Sometimes that question even comes from a clinical social worker!

So, why *should* there be a professional society for clinical social work?

GWSCSW, like other societies around the country, was started (some 29 years ago) at a time when there wasn't licensing and certification for clinical social workers. Without licensing, our founders realized, clinical social workers had no professional status. The Society's files document the activism that won us licensing protection in Maryland, Virginia, and the District; officers and members alike participated in letter writing, phone calls, and in-person lobbying of legislators. It is in large measure because of their work that we stand with psychiatrists and psychologists as approved providers for insurance plans, and that no one can practice as a clinical social worker without a license certifying that requisite training and supervision standards have been met.

Current Challenges to Professional Status

There are ongoing challenges to our professional status. Most recently, legislators have proposed a requirement that family therapists be licensed, with recognition only through a "family counselors" certification process. Social workers have been at the forefront of family therapy since its beginnings: do we want to lose our right to call ourselves family therapists? Surely not!

Our Society lobbyists keep us informed as issues like these arise. They advocate for us in state assembly hearings; they let us know when we need to get out the grassroots support. And when issues that could ultimately affect us arise elsewhere, the Federation keeps us up to date. (An example of the usefulness of the Federation connection is our direct route to the New York Society to learn what was happening there when Oxford Health Plan made unreasonable audit demands. *See Oxford Audits, Act II, page 4.*)

Sometimes I'm asked why we aren't just part of the National Association of Social Workers—doesn't NASW represent us? The answer is "sometimes yes" and in some chapters "consistently yes." NASW does wonderful, important work, and many of us are members. Whenever possible, we team up with NASW to work on issues of mutual interest.

But we cannot expect NASW, with its many interests across the social work spectrum, to promote, consistently, the interests of clinical social workers among state legislators and regulators, mental health and health professionals, and consumers. An NASW-Maryland chapter leader recommended last August that we merge the Maryland and Greater Washington clinical societies under the NASW umbrella, then in the next breath scornfully labeled as a "non-starter" the idea of lobbying on managed care and other mental health issues important to clinicians. It is through the Society that our profession has visibility and a voice.

Collegiality and So Much More

Another measure of the Society's usefulness is the Society's network of collegial professionals. A few years ago, I left a wonderful treatment setting

where I was part of an extraordinary team of clinicians, to develop a solo private practice. I don't think I can express how grateful I am for the immeasurable help I received in starting out, and I relish the opportunity to develop friendships and to keep learning from this stimulating and caring group.

Further, with the Society I get up-to-date information on legislative, insurance, patient privacy, and other matters of interest to clinical social workers—the all-important reassurance that there isn't something out there that I need to know about, but don't.

Beyond support of our professional status, collegiality, and reassurance, there are close-to-home practical reasons for a clinical society.

Our Society's mission is to promote the highest standards of clinical social work practice, as well as the highest educational and training standards; to advance and disseminate clinical social work knowledge; to educate the public about clinical social work; and to work with other health care professionals on issues of common concern such as treatment of mental and emotional disorders. To those ends, GWSCSW committees put together...

- A variety of courses, conferences, and meetings, with continuing education credits at no extra cost;
- A vibrant membership e-list for the latest clinical and professional information;
- An annual membership directory for professional networks;
- A Referral Panel for professional visibility and referrals;
- A variety of study groups, peer supervision groups, and mentoring opportunities; and
- This wonderful newsletter, which brings us State and Federal legislative news, trends in managed care, notices of educational offerings, alerts about requirements for licensing and certification, and lots more.

As if all that were not enough, our Society's participation in the Clinical Social Work Federation gives us the opportunity to work with other state societies at the national level, and also gives each of our members access to consultation in professional ethics, standards of practice, managed care, and the law; to membership in specialty professional groups like the Committee on Psychoanalysis and the Family Practice Institute; to a reduced-rate subscription for the highly respected *Clinical Social Work Journal*; and to malpractice, comprehensive life, and disability insurance for self employed clinical social workers.

continued on page 8

Report from the Treasurer

Janet Dante

I have spent the last few treasurer's reports telling people that we are in good shape financially. That continues to be true, so this time I thought people might be interested in seeing where the money goes that you pay us through your dues.

We have collected approximately \$61,000 in dues this year. We have so far spent \$6,000 in operating expenses, \$7,200 on the newsletter, \$5,000 on lobbying, \$16,000 to belong to our national association of clinical social workers, \$6,000 to maintain our membership list and to print and mail the directory, and \$500 for our website. Some money also got used to underwrite conferences and educational offerings where income did not completely cover expenses.

The money GWSCSW spends on lobbying is NOT tax deductible on your income tax. For last year, 6% was spent on lobbying, which comes to \$9 for a Full member's \$150 dues. Thus, \$141 is deductible. ❖

A Note from the Editors

Adina Shapiro & Diana Seasonwein

As the new editors of the newsletter, we wanted to introduce ourselves and put out a few thoughts about its goals.

First of all, we want to thank Cecilia McKay for the superb job she did with the newsletter last year. The addition of the "Out and About" and "Welcome New Members" columns did a lot to give the society a sense of community rather than an anonymous group of people. Sadly, Cecilia will no longer be the editor. Following in her footsteps will be tough!

We hope that the newsletter will continue to reflect the needs and goals of Society members, and give people a sense of community. In that vein, we invite you to contact us with your suggestions, thoughts and ideas. We are creating a "Letters to the Editor" column beginning with the June issue, in which you can voice an opinion on something you've read in the newsletter, or simply write about a topic of interest. We invite you to submit to the "Out and About" column anything pertaining to your interests outside of the field, such as any artistic endeavors. As usual, any professional accomplishments are also welcome.

We welcome assistance with the "nitty-gritty" aspects of the job. Anyone interested in editing and soliciting articles and ads is always welcome and should contact either of us. ❖

Managed Care Plan Drops Demands **The Oxford Audits, Act II**

Margot Aronson

In September 2002, 100 psychiatrists, 100 psychologists, and 100 clinical social workers in New York State and Connecticut received letters from an audit review service notifying them that they had been selected by Oxford Health Plans for a random audit. The auditors were demanding copies of medical records relating to provider services rendered Oxford members on specific dates of service going as far back as 1996. Both in-network and out-of-network clinicians were tapped.

“Inadequate” documentation led to demands for repayment of fees

Of the three hundred clinicians audited, about eighty therapists—or rather, their notes—were deemed inadequate by Oxford. In certain cases, the auditor decided that notes did not reflect a 45-minute session, but maybe only 20 or 30 minutes, and Oxford demanded a refund reflecting the shorter session. In others, Oxford wanted partial payments back from psychiatrists who had billed for “therapy with medication” but had not named the medication in each note. In all cases, auditors assumed that the notes for the audited session were a reflection of all of the provider’s records, and thus, where a problem was identified in one audited file, Oxford demanded refunds to cover *all* the provider’s Oxford cases. At no time had documentation standards been established, yet therapists were being dunned for thousands upon thousands of dollars.

The response of the New York State Society for Clinical Social Work (NYS-SCSW)—described in our December 2003 newsletter—was to negotiate with Oxford to mitigate audit requirements, and to provide social workers with as much information as possible on how to best handle the audits. NYS-SCSW was gratified that of the eighty whose records were faulted, only one was a social worker—but even with assistance and advice, responding to the audits required a huge investment of work, time, and emotional energy.

With ongoing pressure from the professional organizations, Oxford backs down

The NYS-SCSW legislative chair met with Oxford for months, as did representatives from the New York State Psychiatric Association and the American Psychiatric Association. Finally, on November 25, 2003, Oxford made the announcement: the aggressive auditing would end and the demand for refunds of fees would be dropped. Reimbursement would be required only from those “very few” clinicians whom Oxford found guilty

of outright fraud. Furthermore, Oxford asked the therapists’ professional organizations to work with them in the development of uniform standards for their documentation requirements.

Our congratulations to the New York Society, to the New York and American Psychiatric Associations, and to the American Psychological Association (which had not cooperated with Oxford, in the expectation of mounting a lawsuit) for putting on the pressure and getting Oxford to back off!

Given the bad publicity associated with the Oxford audits, it is unlikely that other insurance and managed care companies will want to risk aggressive audits. Nevertheless, if a therapist has billed insurance, or if a client has been reimbursed by insurance, the insurance company has the right to audit records relating to that service—irrespective of whether or not the therapist participates in the provider network. We all need to be aware of minimum documentation requirements established by regulations in our jurisdictions, as well as those set forth by the companies insuring our clients. ❖

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Ego State Psychotherapy	February 6/7
Using Imagery with Couples & Groups	March 12/13
EMDR and Ego State Therapy	Apr. 30/May 1
The Mind/Body Connection	June 4/5

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Can Oxford-Style Audits Happen Here?

Steve Buckingham

When Oxford Health Plans began conducting aggressive audits of hundreds of psychiatrists, psychologists and social workers in the New York metropolitan area, it alarmed many around the country. Without ever having set standards for documentation of treatment for its enrollees, Oxford began retroactively finding therapy notes inadequate and demanding repayment of thousands of dollars from providers. Even worse, many of the records audited were several years old and involved providers not under contract with Oxford for services to its enrollees. This also placed a huge burden on providers to provide copies of records while maintaining patient confidentiality.

At the request of the GWSCSW board, I researched the applicable Maryland law to see how such an auditing would be countered here. Although a carrier is generally authorized to audit records of treatment of its enrollees when it pays for such care, there are some important limitations existing in Maryland law.

Audits of Old Claims

While there is no specific provision allowing or prohibiting audits like the ones Oxford has conducted, there is a provision that significantly restricts the look back period for denials of claims after reimbursement (this is under the laws governing utilization review). It is found in the Insurance Article, Section 15-1008.

While the law allows carriers to retroactively deny older claims only for fraud, improper coding or duplicate claims, the Maryland Insurance Commissioner could interpret this loosely to allow carriers to engage in "fishing expedition" audits looking for fraud. However, this would be a departure from past practices and would incur the ire of every provider group in the State.

Disclosure of Non-Insured's Files

Maryland's medical records laws currently prohibit disclosure to carriers of records on patients who are not the carrier's insured. The provision is found in Health-General Article, Section 4-305.

With this law on the books, it is unlikely that a therapist would be required to disclose records of patients who are not enrollees of the particular carrier. Along with the limited look back period, this law would significantly limit the number of records any carrier could expect to receive from the provider. This should give some comfort to clinical social workers by minimizing an audit's impact on his or her practice. ❖

Attorney Steve Buckingham has served for more than a decade as GWSCSW lobbyist in Maryland. In the interest of space, we have not included his citations of the Maryland law. However, should anyone wish to read the Insurance Articles that Steve cites, they may have a copy from the newsletter editors upon request.



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**
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- **Public Relations Specialist**
for assistance with press, radio, TV and media issues and the professional image of clinical social work
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DC Confidentiality Committee Update

Danille Drake

Barry Landau, MD, and Elizabeth Hersh, MD, co-chairs of the DC Confidentiality Committee recently met with Lawrence Mirel, Insurance Commissioner for the District. The purpose of the meeting was to get a sense of the Commissioner's present stand on the round of discussions that have taken place between the representatives of our local mental health organizations and those of the insurance industry. As you may recall from the last update, we encountered difficulties in reaching an agreement over what type of information the law permits mental health professionals to disclose for routine claims review, under the heading of *Reason for Admission or Continuing Treatment*. Practicing clinicians maintained that the DC Confidentiality Law limits information that may be disclosed under this heading to a single word of the *Reason for Treatment*, such as "anxiety" or "depression." This may be refined by the specifiers: "mild," "moderate," or "severe." However, managed care representatives want to require that the clinician provide additional information about *Medication* (including the name of the prescribing physician), *Discharge Criteria*, and *Progress*. We clinicians believe that this exceeds the requirements of the DC law.

In the meeting with our Co-chairs, the Commissioner stated that he believed our understanding of the law was incorrect. He said that a reasonable person would interpret *Reason for Admission or Continuing Treatment* to include the categories of *Medication*, *Progress* and *Discharge Criteria*. He urged us to reconsider. The chairs of the Confidentiality Committees of the American Psychiatric Association and the American Psychoanalytic Association, as well as attorney James Pyles, believe that our position has merit and that there are national implications. Drs. Landau and Hersh have suggested that the presidents of our local organizations contact the leaders of these two national organizations to see if they share our view. If they do, it has been further suggested that all leaders meet with the Commissioner to further strengthen our case.

Another topic to be addressed in future meetings between clinicians and insurance representatives is the issue of independent review. It is necessary that we have a ruling by the Commissioner to ensure that an unbiased and fully qualified third party conducts reviews properly when a routine claim has been denied and the clinician or client requests the review. Currently, some so-called independent reviews are being conducted by companies contracted by the insurance companies, resulting in a potential conflict of interest. The Commissioner has not been willing to turn to the issue of the independent reviewer until the issues about routine claims review has been resolved.

We remain hopeful that our need to protect client confidentiality will prevail. ❖

Danille Drake, PhD, represents GWSCSW on the DC Confidentiality Coalition.

New Certificate Program in Treatment of Trauma

Lisa Ferentz, LCSW-C, whose energetic and insightful keynote address on healing trauma galvanized this fall's GWSCSW annual conference, is taking the lead faculty position in a new continuing education certificate program, beginning this month at the University of Maryland School of Social Work.

Designated for experienced clinical social workers, this program will have at its core a strengths-based perspective for working with adolescent and adult survivors of trauma and traumatic stress. Emphasis will be on normalizing, de-pathologizing and reframing the inevitable symptoms of trauma, and on helping clients to effectively process their trauma narratives so they can begin to heal. A broad range of topics, including the neurobiological, emotional, cognitive, and affective consequences of trauma and post-traumatic stress disorder, will be explored didactically and experientially. Treatment issues such as managing transference and countertransference, dealing with self-injurious behaviors, and medication usage will also be covered. ❖

For more information about the program, call UMAB School of Social Work Office of Continuing Professional Education at 410-706-1839.



Tax Deductions:

The 1993 Revenue Reconciliation Act code disallows lobbying as a tax-deductible activity. Because GWSCSW engages in lobbying, 6% of your 2003 membership dues are not deductible as a business expense.

Bette Ann Weinstein Speaks on Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT) is a relatively new cognitive-behavioral treatment model developed by Marsha Linehan, PhD, specifically for persons who have difficulty controlling emotions and behaviors. Studies have shown the model to be particularly effective with borderline personality clients, especially in decreasing suicidal gestures, cutting, and other acting out behaviors.

Late in January, Bette Ann Weinstein, DSW, gave a GWSCSW talk on DBT and her experience facilitating a DBT Skills Group. Dr. Weinstein explained that Dialectical Behavior Therapy is based on a model that posits that (1) people with borderline personality disorder lack important interpersonal, self-regulation and stress tolerance skills, and (2) personal and environmental factors often both block and/or inhibit the use of behavioral skills that these individuals do have, and reinforce dysfunctional behaviors.

Dr. Weinstein discussed ways in which DBT combines the basic strategies of behavior therapy with eastern mindfulness practices, residing within an overarching dialectical view that emphasizes the synthesis of opposites. The fundamental dialectic in DBT is between validation and acceptance of the clients as they are, within the context of simultaneously helping them change.

DBT procedures for validating/accepting include training in mindfulness (e.g., attention to the present moment, assuming a non-judgmental stance, focusing on effectiveness) and a variety of validation and acceptance-based stylistic therapeutic strategies. Procedures to induce change include both behavioral analysis of maladaptive behaviors and problem-solving techniques which include skills training, contingency management (i.e., reinforcers, punishment), cognitive modification, and exposure-based strategies.

The five functions served by DBT are enhancement of behavioral capabilities; improvement of motivation to change; assurance that new capabilities generalize to the natural environment; structuring of the treatment environment in the ways essential to support client and therapist capabilities; and enhancement of therapist capabilities and motivation to treat clients effectively.

DBT is designed as a comprehensive treatment with four crucial components: individual psychotherapy, group skills training, phone consultation, and the therapist consultation team. Whether or not one is working in a structured DBT program, Linehan's conceptual framework and the various (and numerous) strategies to promote validation and change provide food for thought. ❖

President's Message, continued from page 2

So, do your colleagues a favor! Let them know why they, too, should be Society members.

More members equals more visibility, more respect, more program options

One of our members asked me why we should have a membership drive. "Maybe," he said, "about 450 is a good size for us." Here's why we want more members: the more clinical social workers we represent, the more effective our advocacy for improved mental health and health benefits, for Medicare reform, and for protection of our professional status. The higher our numbers, the more respect we command as we work with other professional organizations around issues of common concerns, legislative initiatives, and programmatic ventures.

With the involvement of each new member, our visibility as a profession becomes broader, our collegial network wider, and the professional help we can give students, new professionals, and each other more widespread and valuable.

In the next months, we will be encouraging you to help the Membership Committee in a membership drive involving several initiatives described by Charles Rahn on page 15. I hope you'll consider joining in the effort to reach out to our colleagues for the benefit of the profession.

Newsletter News

The bad Newsletter news is that Cecilia McKay, who has done a fabulous job as editor of the newsletter, is not continuing in that role. We cannot thank her enough—she set a standard of excellence that will be hard to match.

Luckily, there is also *good* news: Adina Shapiro and Diana Seasonwein are taking on the job as co-editors. They introduce themselves on page 3. Stephanie Aronson, Tricia Braun, Susan Post, Melinda Salzman, and Mary Lee Stein have volunteered to help on the editorial board.

More assistance is always appreciated. When we let a few individuals carry the whole load, there's a very high risk of burn-out. So, if you're willing to jump in, contact Adina (adinsh@aol.com) or Diana (dbseasonwein@yahoo.com). It's a terrific newsletter—let's keep it that way. ❖

*Be on top of what's happening
in your society and your profession.*

SIGN UP FOR THE GWSCSW LISTSERV

EMAIL YOUR REQUEST TO:

gwscsw@juno.com

Washington Psychoanalytic Society, Inc.

Scientific Meetings Winter/Spring 2004

Registration (Prior registration is required)

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.

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

April 23, 2004 (Register by Monday, April 19)

Place: Georgetown University Conference Center
3800 Reservoir Rd, N.W., Washington DC

Speaker: Steven Suomi, Ph.D.

Discussant: Joseph R. Silvio, M.D.

Topic: *Loyalty and Betrayal in the Life of the Family*

Objectives: 1) Understand human attachment through research investigating the attachment behavior of Rhesus Monkeys; 2) Explain the types of social interaction that facilitate secure attachments and which do not.

May 7, 2004 (Register by Monday, May 3)

TIME: 8:00 – 9:30 p.m.

NOTE: This is not a dinner meeting. Please call to register for the meeting. There is not a fee for attending.

Place: George Washington University Marvin Conference Center
800 21st St., N.W., Washington, DC 20052.

Speaker: Henry S. Smith, M.D.

Discussant: L. David Levi, M.D.

Topic: *The Analyst's Fantasy of the Ideal Patient*

Objectives: 1) Understand the essential countertransference configuration related to the clinician's preconceived notion of what makes for a good patient; 2) Assess the technical implications of the dialectic between an ideal form of free association, held uniquely by each clinician, and the "real" form uniquely presented by each patient.

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

Out & About

Tricia Braun

This column is meant to share news about members' professional accomplishments—publications, speaking engagements, seminars, workshops, graduations, volunteer projects and special interests or hobbies. Here is what some of our members have been up to...

The Society for Spirituality and Social Work has appointed **Marilyn Stickle** the new contact person for its Washington, DC chapter. Founded in 1990, Society members have been leaders in the resurgence of interest in spirituality. Representing schools of social work as well as practitioners, members have published the major text books used in academic programs and growing numbers of journal articles. The Society sponsors annual conferences and publishes a newsletter.

Jewell Elizabeth Golden taught two clinical social work code of ethics courses in Towson, Maryland, for Maryland Society for Clinical social Work this autumn.

In January, **Tally Tripp**, LICSW, ATR, and Richard Waugaman, MD, presented in a discussion group at the winter meeting of the American Psychoanalytic Association in New York City. The topic was "The Collaboration Between Analyst and Art Therapist in the Treatment of Dissociative Identity Disorder."

Joan Medway, PhD, is now vice-chair of the Board of Trustees of the Clinical Social Work Institute, and was on the faculty at the last Mid-Atlantic Group Psychotherapy Society conference. She is presently an adjunct faculty member at Argosy University, teaching group psychotherapy and family and couple's psychotherapy to students in the PsyD program. She is also presently co-chair of the Open Sessions Committee of the American Group Psychotherapy Association Conference Committee.

Please send information about your accomplishments to Tricia Braun at gwscsw@juno.com. Notices of upcoming events should be directed to the classified page, in care of the newsletter editor, at the office address.

CSWF

Clinical Social Work Federation

Abbie Grant

CSWF is working on formatting an easy-access "members only" link on our web page (www.cswf.org), to be available to all state society members. It will contain information pertinent to clinical social work including ethical and legal issues, as well as papers or educational articles coming out of our committees, and should be completed by the end of February.

Lawsuit is "on hold"

Since claims are currently being negotiated, we remain "on hold" in terms of the lawsuit against the Office and Professional Employees International Union (OPEIU) in the matter of the failed health insurance plans. Our attorney continues to be in contact with the OPEIU attorney and the Texas Department of Insurance, and we continue to monitor the process as closely as possible, given somewhat limited access to information. We retain the option to file the lawsuit should the settlement fail or should our harmed members not have their claims resolved appropriately. This remains a complicated issue with a lot of feeling on all fronts. If you know of any harmed members whose providers have not been contacted, please put them in touch with me right away at aagrant@aol.com.

CSWF Executive Director to resign

It is with great sadness that I inform you that Richard Yanes has notified me he does not intend to renew his contract as CSWF executive director in March. He has agreed to extend his time with us until the end of June 2004.

The Federation spent about 28 years trying to work without an executive director even when they realized this was needed. In May of 2000 they took the bold step of budgeting from a zero base in order to hire someone. Anne Segall chaired the nominating committee and through her excellent efforts we brought Richard on Board in February 2001.

Since that time we have all done some adjusting as we have started learning to rethink and rework our approaches to our profession and our organization. I believe we have only begun to tap the wealth of information and expertise Richard brings to us as we continue on this journey. We have a long way to go.

The Federation has been through some very difficult times in the past few years. Richard's legal background and his willingness to hear all sides of an issue have been helpful, whether working with committees, the

continued on next page

CSWI

The Clinical Social Work Institute

Carolyn Gruber

With three more students nearing completion of their dissertations and an outstanding roster of lectures and courses, CSWI is increasingly comfortable in its role contributing to the clinical social work community.

Alice Kassabian, Lamis Jarrar, and Salman Akhtar are recent presenters; still to come this April are Golnar Simpson (*Hope and Dread in Voluntary Immigration: A Developmental Perspective*) and Tereza Carvalho of Durham, North Carolina (*The Meaning of Relationships for Migrant Women*). Also this spring, our great team of Mary Jean Kane, Jadene Levy, Faith Miller, and John Frederickson will be offering a repeat of *The DSM-IV Made User-Friendly*. This popular course, which is particularly helpful to social workers new to the mental health field, brings new members of the community into our orbit.

Our partnership with GWSCSW is treasured. We share space with GWSCSW, and are joining the Society in co-sponsoring the May 1 conference on the Winnicotts. (We were also co-sponsors of the Consortium for Psychoanalytic Research conference with Otto Kernberg.)

May 21 is the date for our annual Spring Reception at St. Columba's Church. Stay tuned to see who will be honored this year.

Are you thinking about a clinically relevant doctoral education that puts your own expertise to use? Join us on March 27 from 10:30 to noon for an open house for prospective students. ❖

Carolyn Gruber, DSW, is the dean of the Clinical Social Work Institute.

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NASW

National Association of Social Workers

Joyce Higashi

NASW Metro Chapter will present *Movin' in de Spirit*, a fund raising concert in support of the Maryland Coalition Legislative Council of Social Workers, on March 7, 2004, at 4:00 P.M. Writer and vocalist Ivy Hylton, LICSW and president of the NASW Metro Chapter, has woven together a medley of traditional spirituals and original operatic scenes, with conversation, dance, audience participation, and monologues made famous by Paul Robeson, the Fisk Jubilee Singers, and Marion Anderson (Ms. Hylton's great aunt). An artistic expression of the roots of social systems from Africa across the middle passage to the southern shores of American soil, the performance will also draw on materials from the Oprah Winfrey documentary *Former Slaves*. A reception featuring exhibits by social work authors will follow.

Co-sponsored by the African American Music Association, *Movin' in de Spirit* will take place at Harmony Hall in Fort Washington, Maryland. Tickets are \$25 for members and \$30 for non-members. Call NASW Metro at 202-336-8395, or see www.naswmetro.org, for more information and directions. ❖

Joyce Higashi, LICSW, is executive director of NASW Metro Chapter.

CSWF, continued from page 14

Board, or the Management Committee (MANCO). With his help and assistance we were able to carry out a successful HIPAA project which succeeded in increasing our revenue. There are many other promising projects and ideas that have yet to be put into place. Without the help and expertise of paid staff these will be virtually impossible to accomplish.

In his letter of resignation, Richard stated: "At its October 2003 meeting, the Board reaffirmed its commitment to the concept of state sovereignty as an essential component of the organization. I do not share this philosophy and, consequently, believe that the Federation will be better served by someone who more closely reflects the Board's perspective. I have enjoyed my work with the Federation and consider myself fortunate to have made the acquaintance of so many of those who give so much of their expertise and time. I wish you success in the future."

We have greatly appreciated Richard's time and efforts, and reluctantly will be beginning the process of finding a replacement. ❖

Abbie Grant, LCSW, is president of the CSWF.



The Wordsworth Center for Poetry Therapy Training

2004 Summer Intensive

Friday, July 16 - Monday, July 19

Bon Secours Spiritual Center in Marriottsville, Md.

The Wordsworth Center's annual, 4-day program presents the theories, principles, and practices of applied language arts in developmental and clinical work. Suitable for personal and professional enrichment for practicing poetry therapists and other lovers of words contemplating or beginning training, the intensive is approved for 30 hours of CEUs for social workers.

Last summer's exploration of *The Odyssey* inspires this year's adventure with *A Midsummer Night's Dream*, Shakespeare's celebration of human sublime and ridiculous complexity. The seminar offers peer experience, group supervision, collegial interaction and discussion.

Wordsworth also offers two 2-year educational programs consistent with the training and supervision requirements for credentials conferred by the National Federation for Biblio/Poetry Therapy. One meets monthly in Potomac, Maryland, the other bi-weekly in northwest DC.

For information about intensives and/or training programs, please contact us:

Peggy Osna Heller, PhD, RPT 301-983-3392 PegOHeller@aol.com	Kenneth Gorelick, MD, RPT 202-232-4338 KenGorel@erols.com
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**RACE AS SOCIAL CONSTRUCTION:
POSTMODERN AND RELATIONAL PERSPECTIVES**

Adrienne Harris, David Eng, Shinhee Han, and Janice Gump

Saturday, April 17, 2004

8:15 AM - 5:00 PM

PRE-CONFERENCE WORKSHOP

(Sponsored by ICP&P's Psychoanalytic Training Program)

ETHNIC FACTORS IN EXPLORATORY PSYCHOTHERAPIES

Joseph Lichtenberg

Friday, April 16, 2004

4:00pm - 6:00pm

Conference and Pre-Conference at the
Key Bridge Marriott
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Conference (April 17)

Members: \$125 (\$140 after 3/26/04)

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GWSCSW's Kanter edits Winnicott papers
Face to Face with Children: The Life and Work of Clare Winnicott

Susan Post

The contributions of the social worker Clare Winnicott have remained largely unknown, subsumed by the prominence of her psychoanalyst husband, D.W. Winnicott. Joel Kanter's new book, *Face to Face with Children: The Life and Work of Clare Winnicott* (Karnac, 2004), offers a compilation of her papers, lectures and letters with an extensive biographical introduction. Kanter uncovers Clare's career in child welfare, social work education, and psychoanalysis, and explores the collaboration between the Winnicotts which has informed the theory and practice of psychotherapy for over half a century.

Clare's work took into account internal and external realities. In Jeremy Holmes' foreword, he notes that for Clare "'support' and interpretation were not...mutually exclusive but mutually reinforcing.... Her view of the psyche and of social life was essentially dynamic in that she saw both as a resultant of a balance of forces: on the one hand those that tend towards individuation, authenticity, and maturation; on the other, the stress, disruption, and loss that challenge the self with disintegration and false accommodation to a traumatic reality.... [Her writing] conveys a sense of being instinctively professional.... At the same time she is utterly herself, calm, warm, encouraging, playful, funny, and able to be surprised by what her clients can teach her."

Holmes suggests the relevance of Clare's work to contemporary issues. Her collaboration with Donald was mutually influential and complementary, an example of a sphere in which "men and women can exchange their intrinsic attributes without feeling depleted." The Winnicotts worked with child victims of war. "Today's social work clients are casualties of family breakdown in an increasingly fragmented, ever-changing, regression-inducing, global society...With the help of this volume...D.W.W. and Clare's complementarity becomes clearer and shows the way for the much needed revival of partnership between psychotherapy and social work. Without that mutual support and understanding, *the whole picture*—the integration that is the hallmark of the authenticity Donald and Clare strove for—will remain forever elusive." ❖

VISIT OUR WEBSITE:
www.gwscsw.org

On the Contribution of the Winnicotts

Joel Kanter

Perhaps the most important contribution of the Winnicotts was their unparalleled leadership in developing an approach to social work practice that integrated intrapsychic functioning and the social environment. Working with evacuated children with special needs during World War II, the Winnicotts understood that the creation of facilitating environments was the central therapeutic intervention, more essential than psychotherapy. Yet, complex and multifaceted as that was, even more was needed: effective social work at the same time required an ongoing sensitivity to the inner world of children.

The Winnicotts' focus on a genuine integration of the inner and outer worlds continued through the rest of their careers. Clare went on to a distinguished career in social work education, government service in child welfare and a private practice of psychoanalytic psychotherapy. And Donald largely abandoned the practice of child analysis, instead focusing on a "therapeutic consultation" model where he supported the efforts of caregivers in a wide array of agencies and organizations.

Although both were strongly influenced by the work of Melanie Klein, Clare and Donald emphasized that effective psychotherapy required careful attention to environmental factors, the "holding environments" inside and outside of the consulting room.

The GWSCSW conference on May 1, 2004, will explore the contributions of the Winnicotts to social work practice, and address the widening chasm between psychological and environmental interventions in contemporary social work. ❖

GWSCSW vice president Joel Kanter, LCSW-C, is editor of the recently published Face To Face with Children: The Life and Work of Clare Winnicott.

From the GWSCSW Listserv

Members write our Listserv with questions, requests for referrals, and hints such as the following: *Anyone who is struggling unduly with an insurer over an unpaid claim should remember that we have an independent advocate in the state insurance commissions. I just had a gratifying win after turning to the insurance commission to investigate two insurance claims, each a year old and the source of untold gray hairs. It was amazing how quickly I got paid once the insurance company was notified of the complaint.*

Email gwscsw@juno.com to sign up for the GWSCSW Listserv. ❖

Presidential Profiles: *Marilyn Stickle*

Tricia Braun

Marilyn Stickle assumed the presidency of the Greater Washington Society for Clinical Social Work from Fran Thomas who served from 1981–1983. Fran was the chairperson for the Social Work Health Care Providers Coalition, which was responsible for the development of the three level licensure law passed in the District of Columbia. It was modeled after the best licensing laws across the country and, according to Marilyn, was a “masterful” piece of work and a remarkable feat. Marilyn says that Fran was a social work role model for organizing, engaging people, and working toward a common goal.

Marilyn became involved with the Society from her own political activist roots. She and her husband had helped elect a Congressman from Indiana, and returned to Washington with him after she received her MSW. The combination of political activism and social work was compelling because she felt committed to advancing the profession. At the time, the Society had two main thrusts: 1) to support individuals in private practice through licensure and vendorship laws and 2) to support educational initiatives reflecting the highest level of practice. It was Marilyn’s first exposure to dynamic social workers committed to both clinical and legislative excellence. She was impressed with how well members worked together and with their ability to rise above individual agendas to work effectively for the field of social work. The quality of collaboration was high and it was exciting to meet the licensing and vendorship challenges that helped to secure a respected professional identity.

The second thrust of the Society, to support the highest level of clinical education, resulted in the establishment of the Clinical Social Work Institute.

After a decade of hard work by many dedicated Society members, the idea of a clinical social work PhD became a reality. The first class graduated in June 2003.

During the Society’s evolution over the past 30 years, Marilyn has taken active leadership roles at very different times in its history. She participated in its early years when the Society steadily grew with legislative crises and educational initiatives. She was active as the Society became known throughout the Washington, DC, area as **the** leader across the board in clinical practice issues. And she was there through the years when the Society struggled to adapt to a shifting mental health and volunteer world. The complexity and harsh winds of managed care with its innumerable variables and stakeholders undermined the sense of stability and security in which the Society and the mental health field operated. It became a growing challenge to support all the committee and legislative work that had developed. In the years 1997-

2001 major steps were taken to revise strategies, structures, and processes to come to grips with a changing world. An organizational consultant suggested during that time that the Society think of itself as a forest with a natural cycle of growth, death and regeneration. The analogy was helpful but it was difficult to conceptualize how to create regeneration. Our near-death experience created the necessary conditions. In the end, the Society was able to sustain and re-create itself because of sound organizational values and timeless purposes. We now have a structure that works, again.

Marilyn believes the Society continues to play an important role for clinical social workers. The founding vision remains this: clinicians having the choice of practice venue while providing excellent treatment services. She has developed abiding relationships with fellow Society members and is grateful for the opportunity to work and grow together as a community. The Society has provided major leadership in the advancement of social work in the Washington Metropolitan area. Social workers are now licensed and have parity with other mental health professions. After decades of being trained by

continued on page 21

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Reaching Out for New Members, New Directions

Charles Rahn

The Membership Committee is starting several initiatives this spring, with hopes of making this a full-blown Society effort. First, we will be reaching out to clinical social workers in agency settings. Our plans include contacting agency workers, letting them know about what our society can offer them and finding out what we might develop that would be useful to them.

The second initiative is outreach to clinical social work students in training in our local schools of social work. We will be making contacts and developing an overall approach.

Finally, spurred on by a challenge put forth by the Clinical Social Work Federation Membership Committee to bring at least ten members into the Society between early December 2003 and mid-May 2004, we will be undertaking a two-pronged membership drive. One part will involve outreach to non-member colleagues, sharing with them our reasons for being in the Society, and inviting them to join us at Society events. The second part will focus on lapsed members, and will begin with a mailing to former members, followed up by phone calls designed to find out why they dropped out. Of course, we hope to bring as many lapsed members back into

the Society as possible, but the purpose of the calls is to learn about what we need to do, or to do differently.

We encourage you to join in this effort. The Membership Committee is small, and needs more hands. There are different tasks available—perhaps you could meet a friend for lunch and spend a few minutes focusing on the value you place on your Society membership. Or you might make a few phone calls (a letter lets folks know the call is coming, and there’s even a script!). Maybe you’ll just want to jump in and contact a colleague who you know was a former member.

We’d like your feedback and your thoughts on how to increase our membership. We need help from as many of you as possible to make this drive work. Please write Membership chair Charles Rahn at *charlesrahn@yahoo.com* or call 301-493-6841 with your thoughts and concerns. Thanks in advance for your help and suggestions. ❖



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Legislative News

■ VIRGINIA

Chris Spanos

As this is being written, the Virginia General Assembly is into the third week of the 2004 Session. Facing the Assembly members is a deadline for all bills to be considered: on February 18, the House of Delegates may take up only Senate bills and the state Senate may take up only bills originating in the House of Delegates.

GWSCSW has a seat on the Virginia SCSW Board. At the January meeting, GWSCSW was represented by president Margot Aronson and former legislative vice president Karen Welschler-Enlow. Decisions were made with regard to support for the following pending legislation:

- **Support Senate Bill 44** to remove the sunset clause from the mental health parity law. (This was passed by the Senate on January 23 by a vote of 39-0)
- **Support with amendment SB-93** which would allow employer discretion in hiring employees with a criminal background for adult substance abuse treatment programs; urge that an amendment be adopted to add a layer of protection to children.

(Substance abuse treatment advocates are concerned about the impact prior criminal convictions have on future rights and employability, since the likelihood of committing a crime during successful recovery is no more than for any other person. The Substance Abuse and Addiction Recovery Alliance (SAARA) asked Senator Devolites (R-Fairfax) to introduce **SB-93**, and this measure passed the Senate unanimously in late January.

- **Oppose HB-381** to require notification of parents when a minor seeks mental health, substance abuse or other kinds of care he could legally consent to as an adult. (This bill is now in the modification phase, being redrafted to accommodate concerns of a host of child advocacy, mental health, substance abuse and health organizations.)
- **Monitor HB-322**, which would prohibit an insurer or HMO from retroactively denying payment of a claim unless the specific claim is noted in writing. (This bill would effectively eliminate the ability of insurers and HMOs to use extrapolation to seek a refund. Providers have long thought that extrapolation is an unfair tool.)
- **Monitor HB-284** and **HB-285**, which would provide tax credits to health and mental health professionals who volunteer their services.

- **Monitor HB-875, HB-876, HB-877, HB-878, HB-879, and HJR-134** which bring state confidentiality of health care records into compliance with federal law and regulation.
- **Monitor HJR-157, SJR-25**, which commission a study of racial and ethnic disparities in mental health care.

Contacting Your Virginia Legislators

By Web: You can find out who represents you in the Virginia Senate and House of Delegates on the Internet at: <http://conview.state.va.us/whosmy/constinput.asp>. This website also will give you all the contact information for your Senator and Delegate, and will allow you to send them an e-mail from a hotlink.

By Phone: When the General Assembly is in session, the House of Delegates and Senate of Virginia jointly operate a toll-free, intrastate telephone message center to accept calls from citizens of the Commonwealth wishing to express an opinion on legislation. The messages are received by the center and will be relayed to the members' offices as requested. You may call the Constituent Viewpoint operators at 800-889-0229 (outside Richmond) or 804-698-1990 (Richmond area) to express your opinion on a legislative issue. When the General Assembly is not in session, you may call 804-698-1500 for the House of Delegates Legislative Information Office and 804-698-7410 for the Senate Legislative Information Office.

By Mail: During the General Assembly session, Delegates and Senators can be reached at their offices in the General Assembly Building in Richmond. When the General Assembly is not in session, Delegates and Senators can be reached at their district offices. Address mail as follows:

The Honorable (Delegate/Senator's First and Last Name)
910 Capitol Square
Richmond, Virginia 23219

E-Mail: If you e-mail your legislator, be sure to include your address in your e-mail. Many legislators do not pay as much attention to contacts from people who are outside their districts. ❖

Government and public affairs counselor Chris Spanos represents GWSCSW and the Virginia SCSW on legislative matters in Richmond. He is with the lobbying firm Spanos Consulting Group.

■ MARYLAND

Stephen C. Buckingham

As required by the Maryland Constitution, lawmakers convened at noon on the second Wednesday in January (the 14th) for another 90-day session. For the first few days, there were the usual round of briefings and updates followed by the introduction of Governor Ehrlich's budget on January 21.

A major bill under consideration was House Bill 753 which included tax measures passed by the General Assembly to balance the State's budget. Although the Governor vetoed it in order to prevent any higher tax burdens on Maryland citizens, the bill actually only raised taxes on corporations, closed some major corporate tax loopholes, and *repealed the exemption for HMOs from the insurance premium tax*. The Governor's veto made it necessary to further reduce expenditures by State agencies after the legislature adjourned, and he did so by sequestering funds and obtaining Board of Public Works approval for permanent cuts. The House of Delegates, by a vote of 96-44, decided to postpone its decision on a veto override until April 5, 2004, the 83rd day of the session and the deadline for passage of the budget. In so doing, the House retains the power to implement the corporate tax increases if it decides that the Governor has not agreed to a better bill that balances the budget.

When the Governor introduced his budget for Fiscal Year 2005, he had to make up for a deficit of \$991 million, which he helped create by vetoing the corporate tax changes that would have addressed in large measure the continuing difference between revenues and expenditures. And like last year's budget, this one also relies for a solution largely (69%) on one-time cuts in expenditures and fund transfers. Only 31% of the Governor's budget solution consists of permanent reductions in expenditures or revenue enhancements (largely increased user fees). What this means for the future of vital public programs is uncertain, since no long-term solution for chronically under-funding programs has been attempted.

When Secretary of Health & Mental Hygiene Nelson Sabatini outlined his initiatives for the coming year, he prefaced it with his belief that the current Medicaid system is no longer sustainable, costing as it does now more than Medicare. He stated that the Maryland Medical Assistance Program has grown faster than all other state Medicaid programs except one, and cautioned that this year's program does not include the type of changes needed to fix the system. Among the proposals he is making for this year are:

- Continuing to charge a premium to families at 185%–200% of the Federal Poverty Level in the Maryland Children's Health Program for now, but

moving to tiered premiums, based on number of family members, and removing the cap on premium levels for 200%–300% FPL.

- Eliminating the guaranteed eligibility for 6 months (TANF eligibility will not be affected).
- Imposing a provider tax for nursing homes (except for those in Continuing Care Retirement Communities) and Developmental Disabilities facilities, to leverage more federal dollars.
- Using mail order pharmacies in the fee-for-service sector of Medicaid in order to reduce costs.

Secretary Sabatini concluded by stating that he believes his most important responsibilities are to provide access to health care for the poor as a "right", and to provide the most efficiently run programs he can.

In addition to budgetary matters, several health issues are also the subject of legislation this session. Although proposals to overhaul the health care delivery system (like the "Health Care for All" proposal) are unlikely to pass in the current economic climate, there are several bills to keep health coverage affordable. Some would try to cut benefits in the small group market (employers with 1–50 workers) below those currently required, while others would allow exclusions for pre-existing conditions or increase out-of-pocket costs for consumers. Other bills would alter the legislation passed last year to return Care First Blue Cross Blue Shield to its nonprofit mission, now that its attempt to sell out to a for-profit venture has been rejected by the Maryland Insurance Commissioner. Also, there will be attempts to strengthen the mental health parity law so that private insurers will stop dumping their patients onto the public mental health system by denying coverage for various types of treatment.

On a personal note, this will be my last session representing social workers in Annapolis. I have accepted the position of executive director of the Hospice Network of Maryland, and I have already started there on a part-time basis. While I will continue to fulfill my obligations to you until the Legislature adjourns in April, I have made arrangements with your organization to assure that you will be well represented during and after this transition. Long-time health lobbyist Alice J. Neily is working with me on your behalf and will assume my responsibilities after session. I have had the pleasure of working with her on many issues over the years, and I have found her to be a knowledgeable, ethical and tenacious advocate. For more information, see her web page at www.capitalconsultantsofmd.com. After having the honor of being your eyes, ears and voice in Annapolis for the past 12 years, I do not think I could leave you in any better hands. I am proud of the work we have done together and know that you will achieve even more with her in the future. ❖

COMMITTEE REPORTS

Continuing Education

Dolores Paulson

Five courses are being offered in the spring semester (see page 22). Note that the date has been changed to March 19 for *Understanding Goddess Mythology's Implications for Clinical Social Work* with Bonnie Damron, to avoid conflicting with the Psychotherapy Networker Conference. Adina Shapiro's course, *Using Transference and Countertransference in Therapy*, is being offered for the second time this year (March 5 and 19). *Ethical Dilemmas, Issues in Termination and Attachment Issues in Couples* round out the course list. As of this writing, space is still available in all five classes.

Please call me if you are interested in teaching in the Continuing Education Courses program or if there is a course you would like to see offered in the program. Your ideas and participation are welcomed.

Directory

Constance Hendrickson

The Directory went into the mail on January 16, so even with the snow days and the slow delivery of bulk mail, all of you should have your copies by now!

We will send out the first addendum (with new members and other changes that have come in since the deadline) soon. Addenda will be included periodically in mailings about upcoming events; they're designed to be clipped or stapled to the inside back cover of your Directory. Please send any changes in your information to the Directory at gwscsw@juno.com.

Ethics

Janet Dante

An ethical dilemma: When money clouds the issue. A member of our society had a patient who was having trouble prioritizing therapy. This patient often missed sessions, which the therapist understood as a symptom of the same issues that caused the patient problems in the rest of her life. The patient did not object to paying for the missed sessions as was the agreed upon policy.

The therapist came to believe that the frequency and regularity of the absences was making therapy impossible. She decided that she had a responsibility to encourage termination under these circumstances. She recognized that she had not always made the same decision in other similar circumstances; and wondered how often she had used her own need/desire for money to cloud her clinical judgment of the therapy.

This is an example of the many ethical questions that we struggle with as therapists. The GWSCSW Ethics Committee, through conferences and this column, has two main functions. The first is to provide information about what is considered ethical by our society and profession. The second, perhaps more important function, is to keep us thinking about ethical considerations in our work.

The committee consists of myself (chair), Marilyn Austin, Charles Rahn, Joyce Smith and Jackie Urow. If you have a question or concern, you can contact me (Janet) by email at janetdante2000@yahoo.com or by telephone at 301-428-0808.

Membership

Charles Rahn

The Membership Committee focus this Spring is on the membership drive described on page 15. Please contact us with your thoughts and your questions, and then jump in and help the committee with this very important project.

Newsletter

Adina Shapiro & Diana Seasonwein

As you will read in our letter from the editors on page 3, we are the new co-editors of the newsletter. Our thanks to Susan Post, Tricia Braun, Mary Lee Stein, Stephanie Aronson and Melinda Salzman for volunteering to assist with the production of the newsletter. There's always room for more help! Please contact Diana at 202-244-0794 if you are interested.

Public Relations

Tricia Braun

The Public Relations Committee is available to all other committees of the Society in both the role of communications consultant and in the role of active publicist. The mission of the committee is to improve the public image of the clinical social worker by establishing a high profile in the general community which will make the community-at-large, as well as potential consumers, aware of our services.

In addition, the committee has expertise in organizational dynam-

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ics, strategic planning, meeting process, and partnership development that committee chairs may utilize to enhance their overall functioning and to increase the quality of decision-making.

As always, we welcome additions to our team, and with spirited volunteer support, much can be accomplished! Please call Tricia Braun 301-258-9444 if you are interested in volunteering.

Referral Panel

*Eileen Ivey &
Patricia Garcia Golding*

The Referral Panel co-chairs are in the midst of the busiest part of the annual cycle, reviewing applications and assigning phone rotation weeks to those who requested them. It appears that we will have nearly as many people on the Referral Panel as last year. One innovation this year will be to send the list of referral panel members to all referral panel members and not just those handling the phones. Hopefully, this will give all of us more ownership and more opportunity for cross-referring. We've noticed how well-used the list serve is for finding referrals; don't forget to use the referral line (301-530-4765) as well.

Once the annual administrative part of our work is done, we plan to focus on brainstorming regarding marketing our panel. Some ideas we may pursue are community colleges and hospitals searching for aftercare therapists. Call us with your ideas and your offers to get involved! ❖

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Welcome New Members!

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| March 26 | Jean Shinoda Bolen, MD | <u>Lecture: Spirituality, Synchronicity, and the Sacred Feminine</u> |
| April 16 & 17 | Anne Pickup, Alan Friend
Rosanne Shepler, Polly Armstrong | <u>Lecture & Four Half-Day Workshops:</u>
<i>Introducing Four Local Jungian Analysts</i> |
| May 14 & 15 | James Hollis, PhD | <u>Lecture & Workshop: Creating a Life</u> |
| June 4 & 5 | Aryeh Maidenbaum, PhD | <u>Lecture: Jerusalem: Archetype and Living Symbol</u>
<u>Workshop: Mid-life and Beyond: Reviewing Life and Career Choices</u> |

WSJP

The achievement of personality means nothing less than the optimum development of the whole individual human being... It is an act of high courage flung in the face of life, the absolute affirmation of all that constitutes the individual, the most successful adaptation to the universal conditions of existence coupled with the greatest possible freedom for self-determination. To educate a [person] to this seems to me no light matter. It is surely the hardest task the modern mind has set itself.

~ C. G. Jung, *The Development of Personality*

Just as the great personality acts upon society to liberate, to redeem, to transform, and to heal, so the birth of personality in oneself has a therapeutic effect. It is as if a river that had run to waste in sluggish side streams and marshes suddenly found its way back to its proper bed, or as if a stone lying on a germinating seed were lifted away so that the shoot could begin its natural growth.

~ C. G. Jung, *The Development of Personality*

The **WSJP office and library** are located in the education building of the Palisades Community Church
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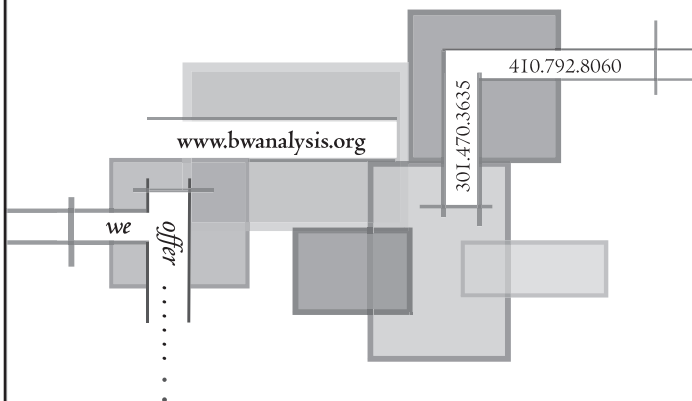
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Presidential Profile, continued from page 13

other disciplines, clinical social workers are now taking their place both at the Clinical Social Work Institute and other institutes as leaders and teachers. The Institute will continue to support the advancement of clinical training for decades to come and will have a profound impact on the options and roles of clinical social workers in the twenty-first century.

Technology and globalization have shrunk the world, and Marilyn believes understanding diversity is key to working holistically and productively. The Society can serve as the place where social workers can come together with their unique identities and listen to disparate voices with curiosity and openness. Differences can become generative through reflection and integration. "We are all so connected," Marilyn notes. She is interested in questions such as: "What role can social workers play on the world stage?" "How can we move in a more important way?" "How can we as individuals be more at peace within ourselves, so that we can be at peace with others?" "What role can we play as bridges—bringing people together, seeing all levels of connectedness—family, community, world?" "How can we take our work on the individual level and apply it to larger contexts?" We need to think about new ways to use our potential, to find new challenges and be prepared to perceive unexpected opportunities.

Marilyn is currently in private practice in Arlington, Virginia and is chairperson of the Board of Trustees of the Clinical Social Work Institute. She also is the contact person for the Society of Spirituality and Social Work for the Washington DC Chapter, periodically teaches continuing education courses for the Society, gives talks nationally and internationally, facilitates meditation groups, and runs seminars four times a year on the integration of spirituality in clinical practice. ❖

GWSCSW Phone Numbers

202-537-0007

Fax 202-364-0435



GWSCSW Address:

5028 Wisconsin Ave., NW
Suite 404
Washington, DC 20016

GWSCSW Course Offerings: 2004

■ Ethical Dilemmas

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

Constance Hendrickson, DSW, LICSW Friday, 10:00 AM – 1:00 PM
 3000 Connecticut Ave NW, #201 1 session: March 5, 2004
 Washington, DC 20008 Members: \$45
 (202) 332-0134 Non-members \$75

■ Understanding Goddess Mythology's Implications for Clinical Social Work

This course will increase the student's knowledge of the metaphorical and symbolic value of ancient goddess mythology. Students will experience the power of Inanna, the Sumerian goddess of heaven and earth, by reading aloud from the text. This new knowledge will be applied to clinical material students bring to the class. Students will become aware of how some patients develop a conscious attitude in which the feminine archetype is embodied creatively in their everyday lives.

Bonnie L. Damron, MSW, PhD, LCSW Friday, 10:00 AM – 2:30 PM
 600 Roosevelt Blvd., G-2 1 session: March 19, 2004
 Falls Church, VA 22044 Members: \$60
 (703) 538-4289 Non-members \$100

■ Using Transference and Countertransference in Therapy: A Modern, Practical Guide

This course is aimed at helping the social work clinician negotiate the therapeutic relationship, especially when impasses occur. It will give students a practical, thorough understanding of transference and countertransference as an attempt at adaptation from a contemporary perspective; integrating different approaches. Topics to be covered include establishing the relationship with an eye toward the future, understanding and resolving "resistance" and its various behaviors, and managing strong reactions in the clinician. This course is especially useful for work with "difficult" clients.

Adina Shapiro, MSW, LCSW Fridays, 11:00 AM – 12:30 PM
 4501 Connecticut Ave NW 2 sessions:
 Washington DC 20008 March 5 & 19, 2004
 (703) 761-3939 Members: \$45
 Non-members \$75

GWSCSW courses meet requirements for VA, MD and DC licence renewal and board certification renewal.

■ The Role of Attachment and Attachment Injuries in Couples

This workshop will focus on couples from an attachment perspective. It will discuss the four primary attachment styles, how to determine an individual's attachment style as well as a couple's, and how a particular style (both within the individual and the couple) drives relational interactions. It will also identify the newly defined concept of attachment injury as it is manifested within the couple. Through the depiction of attachment injury incidents and suggestions for resolution, therapists will be able to identify and treat such injuries and the impasses that accompany them.

Eileen Stanzione, MSW, LCSW-C Mondays, 12:00 – 2:00 PM
 3000 Connecticut Ave, NW, Suite 201 2 sessions: March 22, 29, 2004
 Washington, DC 20008 Members: \$60
 (301) 293-6999 Non-members \$100

■ Why Do I Have to Say Goodbye Again? Issues in Termination

Termination is both a phase of therapy and a definition of the process. The end of therapy involves all the major psychodynamic issues. This course will focus on the implications of termination from the point of view of countertransference and the therapeutic frame. The work will include clinical material, readings and film.

Ruth Neubauer, MSW, LCSW-C Saturdays, 10:00 AM – 12 NOON
 3301 Woodbine Street 3 sessions: April 3, 10, 17
 Chevy Chase, MD 20815 Members: \$90
 (301) 951-8630 Non-members \$150

GWSCSW COURSE REGISTRATION FORM

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OFFICE SPACE AVAILABLE

DUPONT CIRCLE: Part-time office space available in beautifully renovated old building. For further information, call Barbara Larremore, 202-483-2971.

FRIENDSHIP HEIGHTS METRO: Congenial, sunny, well appointed office. Available immediately. Full time and/or part-time sublease. Waiting room and kitchen; copier and fax on site. Call 202-237-8873 or 301-873-0217.

SILVER SPRING: Office to sublet. Spacious therapy office with waiting room to share in downtown Silver Spring. Convenient to public transit and handicapped accessible. Large enough to hold groups. Welcome to mingle your furniture with mine. \$275 for half-time use, or available in blocks of 4 hours. Call Kathi Kopacz at 301-704-3546.

TYSONS CORNER: Individual windowed office in ground floor suite available FT. New paint, carpet. Call Bill McLaughlin, 703-448-8450.

TYSONS CORNER: Windowed walkout office; bright, beautiful. Convenient to NOVA/Tysons area on Route 7, inside the Beltway. Prime location. Plenty of free parking. Call 703-790-0786.

POSITIONS

LICENSED CHILD AND FAMILY CLINICAL SOCIAL WORKER: Outstanding opportunity for LCSW with at least five years' experience working with young children (ages 2-6) with regulatory/emotional disorders or developmental delays. Specialized practice in Reston, Virginia, is seeking well-rounded, dynamic therapist who is intellectually restless and can warmly engage both children and parents. Rich opportunities for professional growth. Please email cover letter explaining interest, relevant experience and resume to: familycompass@aol.com

GROUPS

MEDITATION GROUPS FOR CLINICIANS: Groups meet twice monthly from 10:00-12:00 PM on Monday or Friday mornings. Meetings include a guided meditation, silent meditation, and discussion. Please contact Marilyn Stickle at 703-790-0232 or by e-mail at mbstickle@aol.com for further information.

ADOLESCENT THERAPY GROUPS: 12 ongoing psychotherapy groups for adolescents. Call Britt Rathbone, LCSW-C at 301-230-9490. www.rathboneandassociates.com. Effective Quality Treatment.

PROGRAMS & EVENTS

BALTIMORE FILM SERIES: The Baltimore Museum of Art, Fridays, 7:30 p.m.

April 23 - *Frida*, Discussant, Joseph Bierman, MD

April 30 - *The Hours*, Discussant, Barbara Young, MD

May 7 - *Eyes Wide Shut*, Discussant, Allan Gold, MD

May 14 - *One Hour Photo*, Discussant, George Gallahorn, MD

Sponsored by the Baltimore-Washington Institute for Psychoanalysis Inc. www.bwanalysis.org or call 410-792-8060 or 301-470-3635

THE INSTITUTE OF CONTEMPORARY PSYCHOTHERAPY AND PSYCHOANALYSIS invites your participation in an interactive program: *Conversations About Contemporary Psychoanalytic Thinking and Psychoanalytic Training*. Saturday, March 20 and May 1, 2004, 9:30-11:30 AM. For further information, call Elizabeth Carr at 202-822-8371. Free admission. To be held at ICP&P, 3000 Connecticut Ave, NW, Suite 108A, Washington, DC 20008.

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.

THE GREATER WASHINGTON SOCIETY FOR CLINICAL SOCIAL WORK

The Facilitating Environment: The Contributions of Clare and Donald Winnicott to Social Work Practice

May 1, 2004

9:00 AM – 5:00 PM

Catholic University of America, Hannon Hall

Keynote Speaker: F. Robert Rodman, Author of *Winnicott: Life and Work*

Featured Presenters: Jean Sanville, Olive Stevenson, F. Gerard Fromm, William Meyer, Shoshana Ringel, George Hagman, Gerard Schames, Martha Chescheir, Joel Kanter

Complete program and registration information available by March 1 at www.gwscsw.org

Cosponsored by the International Institute for Object Relations Therapy and the Clinical Social Work Institute

UPCOMING EVENTS & IMPORTANT DATES

March 11–14 NMCOP Conference

Speakers: Judith Wallerstein, Patrick Casement,
Francine Cournos and others
Topic: *Psychoanalysis: Changing in a Changing World*
Location: Marriott Financial Center Hotel, New York City

March 19 GWSCSW Quarterly Dinner Meeting

Time: 6:30–9:00 PM
Speaker: Jill Scharff, MD
Co-Director of the International Institute
of Object Relations Therapy (IIORT)
Topic: *The Woman Psychotherapist:
Concerns and Challenges*
Location: Chef Geoff's in AU Park

May 1 GWSCSW Conference

Co-sponsored by the International Institute
for Object Relations Therapy (IIORT) & the
Clinical Social Work Institute (CSWI)
Speaker: Author F. Robert Rodman and others
Topic: *The Facilitating Environment and Social Work
Practice: The Contributions of Clare and Donald
Winnicott*
Location: Catholic University

June 11 GWSCSW 2004 Celebration and Annual Membership Meeting

Time: 6:30 PM
Program: Potluck Dinner, Introduction of Officers,
Collegiality and more
Location: To be determined

Looking forward to 2005...

April 8 Ethics Seminar

Speaker: Frederick Reamer, PhD
Chair of the national task force that
wrote the *NASW Code of Ethics*
Will fulfill both Maryland and Virginia ethics
requirements for license renewal

**For more information on these events,
call GWSCSW at 202-537-0007
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