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GWSCSW Prepaid Legal Plan is Ready for You

At long last we have a signed prepaid legal plan!

Many thanks to our member Sheila Cahill, who crafted our agreement with the law firm. Prior to becoming a social worker, Sheila was a practicing attorney.

We've had many requests for a new prepaid legal plan over the past months, during negotiations, and the development of an effective plan has been a priority for GWSCSW this year.

Having access to a lawyer who can provide prompt expert advice—and who is not prohibitively expensive—can provide peace of mind. In any practice, legal questions are likely to arise. Some of the obvious ones might be: How do I handle this subpoena? Is this a case I have to report to Child Protective Services? How long should I be keeping these records?

Our New Attorneys Specialize in Health Care Law

In more complex cases, the assistance of a lawyer who is not just familiar with HIPAA requirements and privacy issues, but is truly knowledgeable about the nature of our work potentially can prevent a clinician from being tied up by the demands of the legal system, thereby preserving those valuable clinical hours.

continued on page 9

Schools, Institutes invited to submit program information

Upcoming Feature: Annual Listing of Advanced Professional Programs

The March issue of *GWSCSW News & Views* will introduce what we hope will become an annual feature: a complete listing of the professional development programs in the metropolitan area. Our goal is to offer members an overview of opportunities for advanced clinical study, in time to make plans for the fall.

Schools, institutes, and professional organizations with formal programs enhancing clinical skills and/or leading to certification are invited to submit program information to the newsletter editors. Those interested in being included in

continued on page 11

GWSCSW DINNER MEETING

Friday, February 2

Location TBA

6:30 PM ... Reception

7:00 PM ... Dinner

8:00 PM ... Speaker

Topic: Perspectives on a New Model of Mourning

Presenter: George Hagman, CSW, LCSW

GWSCSW WORKSHOP

Saturday, February 3

Time & Location TBA

Topic: Childhood Parent Loss and Adult Psychotherapy

Presenter: George Hagman, CSW, LCSW

www.gwscsw.org

or call GWSCSW at 202-537-0007

(more information on page __)

Referral Panel Renewal/Application: page 29

Greater Washington Society for Clinical Social Work, Inc.

PO Box 3235, Oakton VA 22124
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— ❖ —

GWSCSW NEWS & VIEWS

Margot Aronson, Editor
Pat Driscoll, Rachel Fried, Erin Gilbert, Maya Godofsky,
Martha Horne, Joel Kanter, Shoba Nayar, Susan Post,
Connie Ridgway, Diana Seasonwein,
Mary Lee Stein, Ann Wroth

News & Views 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.

Articles and letters expressing the personal
views of members on issues affecting the social
work profession are welcome and will be pub-
lished at the discretion of the editorial board.

Signed articles reflect the views of the authors;
Society endorsement is not intended.

For advertising rates see page 35

The next issue will be published
March 2007 and the deadline is February 1.
Email articles and ads to gwscsw@gmail.com

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President's Message

Diana Seasonwein, LCSW-C



I just finished a very readable and engaging book called *On Being a Therapist*, by Jeffrey A. Kottler. One of his observations that struck home was that many of the skills that we have so finely honed as therapists are left behind when we leave our consulting rooms. He says, "There is often a major gap between the self our clients come to know and love and the self that we expose to the rest of the world."

We assist and encourage our patients to master skills that we have not yet mastered, and to confront problems that we have not resolved for ourselves. We give our full attention to our patients, being as patient as Job as we listen, being compassionate and respectful. But, do we listen attentively to our friends and family? Are we as patient, compassionate and respectful with them as we are in the consulting room?

I am reminded also of an instructor at an all day conference at University of Maryland School of Social Work, who described one of her patients wanting to be one of her children. She told us (I'm not sure if she also told the patient) that her patients get the best of her. Both of these observations resonated for me, although I like to think of myself as carrying my best self into the rest of my life.

Of course, we are all human and we all have our moments. One of my moments occurred the other day. I was parking my car in the District, in a 2-hour parking zone. I got out of my car and noticed that I was probably outside of where the sign indicated the space was. At the same time, I noticed a parking enforcement person writing a ticket across the street.

With no greeting or introduction, I yelled across the street "Do you think my car is okay here, or should I move it a little?" He said, "Do you always talk to strangers?" I was taken aback, but he came over to my side of the street and began talking about how often this happens to him. Basically, he was telling me that I had dehumanized and objectified him.

I thanked him for pointing this out to me, and commented that in the rush of daily living it is all too easy to forget our manners and our humanness with each other. He remarked that I must be a friendly person, and I said I tried to be. He then suggested that I move my car forward a little bit, which I did. He could see that I was in a rush and asked if I were going to a meeting. I said I was and that I was late, and he said, "You'll be fine for the two hours."

I thanked him for the reminder about human thoughtfulness, and walked away humbled.

A Resignation and an Appointment

On another note, I accepted with regret the resignation of **Deborah Newmark** as secretary. But, I am happy to say, **Barbara Tahler** has accepted the position of secretary. Barbara is bright, warm and an excellent clinician.

Barbara is a mid-life career changer. Before becoming a social worker, she taught high school English. She graduated from the University of Maryland School of Social Work in 1989, then worked for several years in an outpatient clinic. She is now in private practice in Rockville, Maryland.

Barbara is very excited about this opportunity to become more involved in the society. ❖

Treasurer's Report

Ted Billings, MSW

For the fiscal year which ended June 30, 2006, the Society's income from membership dues was up almost \$5,000 from the year before, to \$69,000. Income from educational events was still strong but down a bit for the last fiscal year due to the timing of some events. For example, the program on ethics featuring Frederic Reamer which earned just over \$7,500 for the Society (and the same amount for the event's cosponsor, the Clinical Social Work Institute) came later in the season and will be credited to the fiscal year ending in June 2007.

Expenses were up by about \$5,000 for the same period, with the bulk of that going to expenses associated with lobbying efforts in both Maryland and Virginia. Also, Federation expenses were up last year.

The Society continues to maintain reserves in a Capital Fund of \$25,000 but no additional money was added to that fund from July 1, 2004 to June 30, 2005. The Board had set a goal of growing the Capital Fund to \$75,000 which would almost cover operating expenses for one year. We will be working to add to the funds set aside this year. ❖

May 12, 2007

Annual Conference to Commemorate Bowlby Centennial

Commemorating the centennial of John Bowlby's birthday, the Greater Washington Society for Clinical Social Work (GWSCSW) will sponsor a day-long conference on May 12, 2007, exploring attachment theory and its application in social work practice.

Christopher Reeves, a child psychotherapist who trained at the Tavistock Clinic under John Bowlby's tenure and also studied with Donald Winnicott, will be coming from England to be our keynote speaker. Reeves was principal of the renowned Mulberry Bush School founded by Barbara Docker-Drysdale and was the editor of the *Journal of Child Psychotherapy*. He has recently coauthored *Donald Winnicott and John Bowlby: Personal and Professional Perspectives* (Karnac, 2005).

At the conference, we'll also be showing and discussing the classic documentary film *A Two Year-Old Goes to Hospital*, produced by Bowlby's social worker colleague James Robertson. An early illustration of attachment theory, this film transformed the practice of inpatient pediatrics and challenged an orthodoxy that had remained unchanged for over a century.

Along with these presentations, there will be an array of plenary and breakout presentations on applications of attachment theory to social work practice.

GWSCSW members interested in helping to plan or present at this conference should email Joel Kanter at joel.kanter@gmail.com ❖

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February 2 and 3

George Hagman to Present to GWSCSW

George Hagman, CSW, LCSW, from Connecticut and New York will be presenting at three GWSCSW events in February. One of the "breakout" speakers at our Winnicott conference in May 2004, Mr. Hagman is an excellent speaker, combining clinical acumen, theoretical depth and pragmatic "street smarts" in agency practice.

"Childhood Parent Loss and Adult Psychotherapy: Perspectives from a New Model of Mourning" is Hagman's topic for a Friday night dinner and Saturday morning workshop combination. At the dinner meeting, he will present his theoretical ideas on mourning, and the next morning will continue with a clinical discussion of issues of childhood parent loss. Members may attend either or both events; CEUs will be offered.

In addition, Hagman will be the presenter at the First Friday's lunch hour Psychoanalytic Case Conference that GWSCSW cosponsors with the Baltimore-Wash-

ington Psychoanalytic Society and the Green Door. His presentation will be a continuation of the talk he gave at the Winnicott conference, concerning a harrowing client: "Living with Sara: Recovering from Suicide and Borderline Personality Disorder."

George Hagman is the director of the Clinical Outpatient Services Department of the Southwest Connecticut Mental Health System in Bridgeport, Connecticut; he also has a private practice in New York City. He received his psychoanalytic training at the National Psychological Association for Psychoanalysis and continues to serve on its faculty. He is the author of many articles and book chapters in a variety of publications including the *International Journal of Psychoanalysis*, *Progress in Self Psychology* and the *Psychoanalytic Quarterly*.

Watch your mail for more information and registration forms. ❖

2007 NASW DC Metro Chapter Programs

Co-sponsored with
Metro Int'l Psychotherapy Institute

"The New Psychodynamic Diagnostic Manual: A Whole Person Approach to Diagnosis"

with

Nancy McWilliams, PhD

Author, Editor, President-Elect
of Division of Psychoanalysis, APA

Saturday, February 24, 2007

9:00 AM – 4:00 PM

Structure and Uses of PDM

Broaden and Enrich
the Diagnostic Process

Improve Comprehensive
Treatment Approaches

Continuing Education:
6 hours of CE Credit

"Finding a Weigh In: Clinical Work with Eating Disorders Across the Life Span"

with

Deborah Blessing, MSW &
Jeanne Magagna, PhD

2 Sunday Afternoon Sessions

2:00 PM – 6:00 PM

February 11, 2007

May 6, 2007

Infancy & Early Childhood

Childhood to Adolescence

Late Adolescence to Early Adulthood

Continuing Education:
8 hours of CE Credit
(4 per session)

"Ethics in Everyday Clinical Practice"

with

Patricia O'Donnell, PhD
Ethicist, Lecturer, Teacher,
Clinical Social Worker

Friday, June 8, 2007

9:00 AM – 4:00 PM

Ethical Principles Screen
in Social Work

Professional and Personal Values

Models of Ethical Decision Making

Confidentiality and
Informed Consent

Continuing Education:
6 hours of CE Ethics Credit

For more information and to register online: www.naswmetro.org

or call for registration: **202.336.8395**

NASW DC Metro Chapter is accessible by the Metro at Union Station (Red Line)

NASW Headquarters, 750 First Street NE, 7th Floor, Washington DC 20002

Clinical Social Work Association (CSWA)

Should I Join? Should I Wait and See?

With the arrival of the information/application mailing from the new Clinical Social Work Association (formerly the Federation), GWSCSW members have asked about the advantages of joining, noting that the dues are over and above our Society dues. We offer here two opinions for your consideration.

Why I Have joined

Margot Aronson, LICSW

I have joined the Association.

Two of the major Association benefits—liability insurance and use of the always-helpful Hotline—are open to everyone, with or without direct membership.

So, what do I receive in the way of benefits for my membership fee?

As a direct member I receive the Association newsletter *access* twice a year. I receive a quarterly report from Laura Groshong, the very knowledgeable Association government relations specialist who has been spearheading the movement for national licensing standards; her reports are focused on licensing issues, national standards, legislative concerns in various States, privacy issues, reimbursement issues, Medicare and Medicaid, tips for protecting and expanding scope-of-practice, and more.

I also receive periodic reports from Richard Yanes, the executive director, about proposed federal legislation, government reports on substance abuse and mental health and insurance, activities of mental health and provider coalitions at the national level affecting clinical social work practice, and news of what's happening in the Association's affiliate Societies.

As a direct member, I also receive national-level legislative email alerts plus a variety of discounts including the *Clinical Social Work Journal*.

Supporting the Profession at the National Level

Signing up as a member is, to me, a way to support an organization in which I believe, as it begins a new phase. When I was president of the Society, the Federation played a critical role in helping me see the bigger picture, and I can't speak highly enough about what

continued on page 7

Why I'm Planning to Wait and See

Joel Kanter, LCSW-C

It's a complicated time for organizational politics. The Clinical Social Work Federation (CSWF) decided to restructure itself as an association because it was having a lot of difficulty, based in part in its structure as a federation. Many state societies had withdrawn over the past five years, and in doing had taken with them more than three-quarters of the CSWF members.

The newly reconstituted Association (CSWA) is a national membership organization (similar to, though not the same as, the NASW structure), with the possibility of a loose affiliation agreement with state societies. State societies that affiliate make a minimal financial contribution; they will not have a say in the operation of the CSWA.

Competition from the ABE

Meanwhile, seeing a vacuum in our field, the American Board of Examiners in Clinical Social Work (ABE), who maintain the BCD credential, has decided to transform itself into a Center for Clinical Social Work which would also offer individual memberships and a similar sort of affiliation arrangement with the state societies.

ABE's Center is a few months behind the CSWA but, similarly, they will be contacting individual clinical social workers about individual membership. They have also already formed alliances with the New York and California Societies (the two largest) and are approaching other societies (including our own). Society affiliation with the Center, at least so far, is gratis.

My own attitude is "wait and see." In my view, the Association has not demonstrated much organizational effectiveness over the past few years and the ABE is the "new kid on the block." The latter has more resources to bring to the table, and is better staffed.

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Washington Center for Psychoanalysis INC.

(formerly the Washington Psychoanalytic Society)

Saturday, January 6, 2007 (Register by December 18)

Title: *January Colloquium*

Location: USUHS-Uniformed Services University of Health Sciences,
Bldg A, Jones Bridge Road, Bethesda, MD

Time: 8:45 am – 4:30 pm

CME/CE: 6 hours

Friday, February 9, 2007 (Register by January 30)

Title: *Elyn Saks, JD and Christopher Keats, MD:
A Dialogue on Sanity and Madness*

Location: Embassy Suites Hotel, 1250 22nd St NW, Washington DC

Time: 6:30 pm Cocktails, 7:00 pm Dinner
8:15 pm Paper and Discussion

Cost: \$75 members / \$100 non-members

CME/CE: 1.5 hours

Friday, March 16, 2007 (Register by March 6)

Title: *Fifth Annual Raphling Memorial Lecture
Lewis Aron, PhD: Origin and Birth Fantasies*

Location: Ross Hall, Room 117, George Washington University

Time: 8:00 pm

Cost: FREE

Thursday, May 3, 2007 (Register by April 23)

Title: *A Day With Psychoanalyst and Neuroscientist Mark Solms*

Location: Continental Ballroom, Marvin Center, GWU

Time: 9:00 AM - 5:00 PM (to be confirmed)

Cost: to be confirmed

CME/CE: 1.5 hours

Friday, May 4, 2007 (Register by April 24)

Title: *Patrick Casement, PhD: Issues of Authority, Tact and
Timing in the Clinical Process*

Location: Embassy Suites Hotel, 1250 22nd St NW, Washington DC

Time: 6:30 pm Cocktails, 7:00 pm Dinner
8:15 pm Paper and Discussion

Cost: \$75 members / \$100 non-members

CME/CE: 1.5 hours

Prior Registration is Required

The Washington Center for Psychoanalysis, Inc.

4545 42nd St NW #309 • Washington DC 20016

(202) 237-1854 email: center@washpsa.org

www.washpsa.org

For the New, Old, and About To Be Retiree

"The Grown-Ups," a GWSCSW discussion and study program about the retirement stage of life, is welcoming new members. This group of retired social workers has been meeting monthly for more than a year. CEUs are awarded for each meeting.

The next gathering will be in Friendship Heights on December 20. The program will be a presentation and group discussion from the book *Another Country* by Mary Pipher.

For more information, please contact Grace Lebow at 301-652-4026 or gracelebow@cs.net.

Welcome New Members!

Full Members:

Leslie Ashman, Lisa Bernstein, Karen Block,
Claire Elaine Briscoe, Vena Darling,
Sigrid I. Dildine, Genevieve Finch,
Alexandra Frerotte, Alexandra Dickson Hartz,
Nicole Jalazo, Mila Kagan, Susan L. Lesser,
Judith List, Lindsey Markwood,
Ann McClung,
Christine N. Whitaker

Graduate Members:

Alisa Adamo, Laurence Letich,
Christina M. Maclsaac, Ly Vick-Johnson,
Mary (Molly) L. Work

Student Members:

William Amt, Kumba Baryoh,

Retired Members:

Barbara Glaser, Elaine R. Kirk,
Michael Ryan, Joan O. Weiss

Why I Joined, continued from page 5

I learned from hearing the experience of presidents of other societies. So many aspects of GWSCSW have flourished in the past few years thanks to the ideas and energy I brought back from Federation meetings!

I greatly value the friendships I've made across the country, but beyond that, I think the Society-to-Society friendships that I and other presidents before me have been able to forge have been (and will continue to be) invaluable to GWSCSW. The Association will continue to provide a venue for those relationships, as it provides "a national voice for clinical social work."

GWSCSW is an affiliate society of the Association, and so, while our members will not receive any direct benefits unless they sign up as individual Association members, our GWSCSW leadership will receive the same benefits as those I've mentioned above, and will pass along relevant information via the listserv and the newsletter.

I don't know how the new Association will fare, but I know I want to be supportive. And I believe I can do that best by joining up. ❖

WINTER NEW MEMBER TEA

Come • Network • Share • Learn

Find out how GWSCSW can help you develop your career in social work

Sunday, February 25, 2007

3:00–5:00 PM

Location TBA

Refreshments

Please RSVP by February 22
Melinda Salzman 301-588-3225

All Members Are Welcome

Why I'm Planning to Wait, continued from page 5

The involvement of both New York and California is a plus for ABE's Center, as these two Societies alone probably have twice the membership of all the other societies. Further, much of the professional and intellectual leadership in clinical social work has come from these two states. Still, this is a new "business" for ABE.

I'm hoping for a healthy competition wherein each group tries to outdo the other in order to recruit members and state society affiliations. Then, perhaps in a year or two, one strong national clinical social work organization, with the potential for truly effective professional support and advocacy, will remain. ❖



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- Definition of privileged communications
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Dreams in Psychotherapy: An Integrative Research Approach

Clara E. Hill, PhD, a professor of psychology at the University of Maryland known for her theory and research on dream work, will be the featured presenter at the fifteenth Annual Conference of the Consortium for Psychoanalytic Research on January 28, 2007.

The Greater Washington Society for Clinical Social Work (GWSCSW) is one of fifteen Baltimore and Washington member mental health organizations of the Consortium. Representatives to the Consortium meet monthly to investigate psychodynamic treatments using innovative and specific research instruments, and each year sponsor a day-long research conference.

This year's conference, titled *Dreams in Psychotherapy: an Integrative Research Approach*, will be co-chaired by Erminia Scarcella, MD and by Michele Schottenbauer, PhD; it will take place on January 28, 2007 at Sibley Memorial Hospital, Ernst Auditorium.

Evidence-based, Theory Neutral Methodology

Dr. Hill will describe the evidence-based, theory-neutral methodology she developed to study clinical technique (Consensual Qualitative Research, or CQR) and present the results of her research. She will be illustrating her concepts with clinical examples of dream work in psychotherapeutic treatment.

Discussants will include GWSCSW member Bonnie Gallagher, MSW as well as Claudia Johnson, PhD, Irene Gad, MD, PhD, and Joseph Merlino, MD. The confer-

ence will end with a "lab session" in which participants will have an opportunity to learn how to use CQR.

More information and conference registration forms can be downloaded from www.cprincdc.org.

Organizations in the Consortium include:

- American Society of Psychoanalytic Physicians
- Baltimore-Washington Institute for Psychoanalysis
- Clinical Social Work Institute
- Columbia Academy of Psychodynamics
- Greater Washington Society for Clinical Social Work
- Institute for Contemporary Psychotherapy and Psychoanalysis
- International Psychotherapy Institute
- Jungian Analysts of the Greater Washington Metropolitan Area
- New York Freudian Society
- Washington Psychoanalytic Society
- Washington Professionals for the Study of Psychoanalysis
- Washington Society for Jungian Psychology
- Washington Society for Psychoanalytic Psychology
- Washington Psychiatric Society
- Washington School of Psychiatry

At present, the position of GWSCSW liaison to the Consortium is currently vacant. To learn more or to express interest, contact gwscsw@gmail.com.

Thanks to Ann Aukamp, MSW, BCD, for the information in this article. A long-standing GWSCSW member, Ann served as Treasurer in 2001 and 2002. She currently represents the Institute of Contemporary Psychotherapy and Psychoanalysis (ICP&P) on the Consortium.

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Ruth Neubauer, MSW and Karen Van Allen, MSW
Registration and Information:
www.retirementorwhatnext.com

Joan Berzoff to Speak on “What Do Women Want?”

Joan Berzoff, MSW, EdD, who spoke in March to GWSCSW members on the processes of transformation and growth in grieving, will be coming again from Northampton, Massachusetts on April 8, 2007, for a GWSCSW Sunday morning brunch meeting. The working title of her talk is *Theoretical Developments in Understanding Women’s Development*.

Using Freud’s timeless question “what do women want?” as a starting point, Dr. Berzoff will discuss a wide variety of points of view and how one theory intersects with or builds upon another. Freud, Karen Horney, Irene Fast, Melanie Klein, Dorothy Dinnerstein, Nancy Chodorow, Jessica Benjamin, and Jean Baker Miller are among the theorists whose work will be examined in this framework.

One of our most popular GWSCSW guest speakers, Dr. Berzoff is co-director of the Smith College School of Social Work doctoral program and director of its End-of-Life Care certificate program. Author of *Inside Out and Outside In: Psychodynamic Clinical Theory and Practice in Contemporary Multicultural Contexts*, and co-editor of *Living with Dying: A Handbook for End-of-Life Healthcare Practitioners*, Ms. Berzoff is the recipient of a Social Work Leadership Award from the Open Society and has been recognized as a Distinguished Scholar by the National Academies of Practice. In addition to her research, writing, and teaching, she maintains a private practice in Northampton.

Watch for more information on this exciting program on the web at www.gwscsw.org. ❖

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**Ethics Seminar:
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Mary Alice Fisher, PhD., Alan McFarland, PhD.,
and Carol Schrier-Polak, JD, MSW

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Three CE credit hours will be awarded to participants This event
is FREE to members of ICP&P. Non-members may register by
sending a check for \$75.00, along with name, email address, post
address and phone number to: ICP&P, 3000 Connecticut Avenue
NW, Suite 108-A, Washington, DC 20008. For information, call
202-686-9300 ext 4

Prepaid Legal Plan, continued from page 1

We will be represented by the law firm of Feldesman, Tucker, Leifer Fidell. This is a large firm with a group of attorneys who specialize in health care law. (Many of us were privileged to meet Mary S. Pence, an attorney at Feldesman, Tucker, Leifer Fidell, when she joined GWSCSW member Karen Freed for an excellent presentation on Collaborative Divorce at our September dinner meeting.)

The plan will commence on January 1, 2007 and will cost each subscriber \$100 for the year. This entitles each subscriber to up to one hour of consultation, in any of our three jurisdictions. And, if you have a practice in more than one jurisdiction and need legal advice in each of them, you can split your time, for a total of one hour.

You will soon receive a brochure with the application. Please direct any questions to gwscsw@gmail.com or 202-537-0007. ❖



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**Work in the Parent-Toddler Groups
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February 24, 2007 • 5:00 – 6:30 PM

Baltimore Washington Center for Psychoanalysis

Marie Woods, will lead the seminar and
Justine Reeves, DPsych., will lead the discussion

**New Approaches to Working with Parents:
Applications and Techniques**

March 3, 2007 • 8:15-4:00 PM

Sheraton College Park Hotel

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Kerry Kelly Novick and Justine Kalas Reeves, D. Psych.

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March 23: “Men of Honor” • March 30: “The Return”

More information:

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On September 15, 2006, the Austrian Embassy joined with the four major psychoanalytic organizations of the United States to present a Symposium in honor of Sigmund Freud's 150th birthday. The event is described by Sarah Pillsbury on page 13, in her NMCOP update. Following is Audrey Walker's Symposium presentation, as she responds to the challenge of answering, in five minutes, the question "Can Psychoanalysis Help to Understand Modern Conflicts?"

Can Psychoanalysis Help to Understand Modern Conflicts?

Audrey Thayer Walker, MSS

Five minutes to discuss whether psychoanalysis can help to understand modern conflicts! A case vignette may well be a window into this exploration.

A guiding principle of social work training is "start where your client is." So here we are in Washington, DC the anniversary week of 9/11!

Five years ago on 9/11 at about 9:25 AM I looked out of my office window. I remember seeing the streams of people leaving offices, silently and relentlessly headed home.

I remember the smoke from the Pentagon across the Potomac, the waiting room radio blaring a shocked announcer's voice saying that the two hits (New York) had become three (the Pentagon) and another plane had crashed in Pennsylvania. It was headed, supposedly, for the White House... a few blocks away from my office.

Horror – numbness – fear – rage! What are we going to do? We dare not think!

Boundaries blurred: patients and therapists huddled together around the waiting room radio, immobilized, wanting to go home, but frozen. People left. A psychiatrist was staying—the George Washington University Hospital ER, across the street, might need him.

I had scheduled patients/clients all day and, interestingly, all kept their appointments.

Our clients who have experienced extraordinary physical and psychological assaults tend to disproportionately utilize their resources and energy for defensive purposes, and society has a tendency to do so, too. Can we face that our illusion of safety, mastery, and control in relation to the rest of the world is just an illusion? What will take its place? What will be the future destructive reenactments?

We in the psychoanalytic community know a great deal about such dynamics. We know that sometimes, in an

attempt to resolve conflict, we unconsciously, pre-consciously even, employ defensive psychic mechanisms that create that which we truly fear.

Our professions have taught us to ask questions. How did the US get into a war in Iraq? How did the assault of those four planes become the US attack on Afghanistan, Saddam Hussein, and Iraq and alienate the US from most of the Middle East and many of its allies? What were we thinking? What happened to our capacity to think and then to speak that which we think? Who are "we"—one amorphous whole—or many diverse subcultures, fractured, polarized, and/or unified? Where were and are the leaders? Who were they? Around whom did Society organize?

Psychoanalysis has taught us to talk, explore, think and even speak. DC psychoanalyst Justin Frank, author of the controversial *Bush on the Couch*, publicly shared thoughts informed by his psychoanalytic training and experience. Otto Kernberg developed his paper referencing the narcissistic and/or pathologically narcissistic leader.

Freud *also* had some thoughts. He said history and context are important: who is doing what to whom under what circumstances. He understood man's capacity to regress to primitive states under pressure. He understood that members of a group could project wishes and disavow aspects of themselves onto an idealized leader, could regress, and could allow that leader to think and/or act for them.

Freud also knew the capacity of man's mind to intellectualize, to rationalize, and to think (and to hope). He knew that limits, structure, and superego could be useful in channeling the primitive energy of affects into thinking, altruism, even sublimations. He understood that primitive affects push toward action and gratification, and that the tension between the impulse-seeking gratification and civilization (the external and institutionalized superego representing limits for the

supposed greater good) is necessary for survival and growth.

Several of Freud papers are relevant here: *The Future of Illusion* (1927); *Civilization and Its Discontents* (1930); *Totem and Taboo* (1912, 1913); and *Group Psychology and the Analysis of the Ego* (1921).

I am struck with the brilliance and insight of Freud's thoughts, especially within the context of his time, and how these insights are so relevant to today. He wrote of hope (life) as well as destruction (death). No wonder my social work profession and my own Smith College School for Social Work found such grounding in psychoanalytic theory.

The United States is at war, and it is a polarizing war. However, we in DC experienced the Pennsylvania plane that crashed on 9/11, the one where people came together collaborated and died, sooner rather than later, for the greater good... and we experienced this as heroism.

What would Freud say about this? ❖

Audrey Thayer Walker, MSS has long been active in GWSCSW as well as in the National Membership Committee on Psychoanalysis in Clinical Social Work. Audrey was presented in 2005 with the prestigious Day-Garret Award for Distinguished Service by the Smith College School of Social Work, and this year was inducted in the National Academies of Practice. She is in private practice in Washington, DC.

Fellowship Opportunity

The American Psychoanalytic Association (APsaA) awards a number of fellowships each year to mental health professionals at various levels of training and postgraduate work. Applicants must demonstrate an interest in psychoanalytic concepts and their application to clinical work, teaching, research, and interdisciplinary endeavors.

An APsaA Fellowship includes sponsorship to the winter and spring meetings of the Association, an assigned mentor in the Fellow's areas of interest, and an opportunity to present and discuss his/her work in a discussion group or seminar at the APsaA meetings.

The deadline for applications is ... 2007. For more information, see www.apsa.org/fellows.

Advanced Professional Programs, from page 1

the feature will be asked to respond to a questionnaire structured to assure that listings follow a consistent format. There will be no charge for these listings; we will, however, accept accompanying paid advertising.

Please call 202-537-0007 or email gwscsw@gmail.com to request the questionnaire or to alert us to programs that should be included.

Here is how you can include your program:

Deadline for submissions is January 20, 2007

All program information must be submitted in a Word attachment emailed to gwscsw@gmail.com.

Please adhere to the format below, and do not send additional information or brochures.

Note that this listing is not intended to be a calendar of events, but rather a description of the opportunities for the post-master's and post-doctoral social worker to engage in serious study to enhance clinical skills. Single-day programs are not eligible for inclusion.

Please put "Professional Development Program" in the Subject line.

Information to be included:

Sponsoring Organization

Address/ phone/email

Website? If yes, include.

Program/s name

Program Description (50 words or less)

Registration deadline

Course starting and ending dates

Form of completion recognition (certificate, academic degree, other)

Examination (yes/no)

Part of a more extensive curriculum? (yes/no; name of curriculum)

Questions should be addressed to
gwscsw@gmail.com.

NASW

National Association of Social Workers

Gail Woods Waller

NASW has launched a national Social Work Public Education Campaign to increase understanding of what social workers do, who they serve, and how much they contribute to every community. The theme of the campaign is "Social Workers. Help Starts Here." As part of this campaign, NASW has launched a new Web site: www.HelpStartsHere.org.

Other key elements of the campaign include print advertisements featuring stories of how real social workers have helped turn around the lives of their clients. These ads are appearing this fall in multiple issues of *O, The Oprah Magazine*, and are being placed in local publications to drive traffic to a new social work consumer Web site. Listed below are descriptions of the ads:

- September: Evelyn Montanez, DSW, put hope in the hands of Hansel Rodriguez with her Healthy Minds, Healthy Bodies Program in New York City.
- October: Alycia Hughes, LMSW, convinced Ivory Pete not to give up when faced with a second diagnosis of breast cancer--and to continue running her personal care home in Houston, Texas.
- November: Rick Selig, PhD, LCSW, helped veteran Chuck Ross put the Iraq war 6,800 miles behind him by helping him downshift his reactions from high alert to everyday life in Topeka, Kansas.
- December: Byung Tae Choi, MSW, reached out to Eun Joo Choi by speaking Korean and helped her re-connect with friends, family and community in Los Angeles, California.

New Social Work Postage Stamp

In addition, NASW commissioned a new stamp this September through an approved U.S. Postal Service vendor. The full-color Help Starts Here stamps are now available in sheets of 20 for \$12, plus a \$3 shipping fee, through the NASW national office. For more information about the social work stamps or to donate to the National Social Work Public Education Campaign, please visit www.SocialWorkers.org.

Gail Woods Waller is NASW's Chief Communications Officer.

Md BSWE

Maryland Board of Social Work Examiners

Yvonne M. Perret

As of January of this year, I began serving as Chair of the Maryland Board of Social Work Examiners. Since joining the Board, I have become more intimately familiar with the statute and regulations that govern the practice of social work.

Keep Current

Licenses should ensure that they keep up with the constant changes in the law and be sure to ask questions of Board staff when such issues arise. Licensees also must inform the Board of any changes (e.g., name, address), as renewals obviously cannot be sent accurately without such notification. It is the responsibility of the licensee to ensure that this information is sent and to pay attention to the expiration of one's license to ensure renewal.

Coming: Online License Renewal

Currently, the Board has a number of projects underway: We are beginning to work on a process for online renewal for licensees and are also compiling a Board procedure manual. As we move further in considering the budget in the next years ahead, we are focusing on ensuring the lowest renewal fees possible.

Clarify Statutes and Regulations

For clinical social workers, the attention to ethics and the changing demands of our practice make for unique challenges and situations. These can be especially true for clinicians in private practice, since this may be a solitary and especially challenging endeavor. While the Board staff cannot discuss particular situations or give legal advice, certainly any questions that relate to statutory and regulatory requirements are under the purview of the Board. That is, the Board is available to clarify its statute and regulations as much as possible.

I look forward to working with the clinical societies in the future and welcome any questions or concerns. You can reach me through the Board office at 410-764-4788.

Yvonne M. Perret, MA, MSW, LCSW-C is the Chair of the Maryland Board of Social Work Examiners.

NMCOP

National Membership Committee on Psychoanalysis

Sarah Pillsbury, PhD

A Symposium in honor of Sigmund Freud's 150th birthday was co-sponsored by the four major US psychoanalytic organizations—the American Academy of Psychoanalysis and Dynamic Psychiatry, the American Psychoanalytic Association, the American Psychological Association (Division 39, Psychoanalysis), and the National Membership Committee on Psychoanalysis in Clinical Social Work—and the Austrian Embassy on September 15, 2006. The event, focused on the significance of Freud's legacy in the twenty-first century, was a resounding success and a fine example of interdisciplinary respect and cooperation.

The evening presentations were open to the public, and an audience of several hundred (including a number of GWSCSW members) braved the rain to enjoy a lively discussion moderated by the Austrian Ambassador, Mme. Eva Nowatny, and a gracious Embassy reception.

The afternoon "by invitation only" portion of the Symposium consisted of four panels of five-minute presentations from representatives of each organization. Social workers were well represented. Judy Ann Kaplan, MSW chaired one panel. Golnar Simpson, PhD spoke on Freud's Legacy and Current Challenges in Treatment. Katharine Brunkow, MSW, illustrated the application of psychoanalysis in non-clinician domains by drawing on the richness of her consultation work with the Peace Corps and the growing problem of AIDS in their young volunteers. Miriam Pierce, MSW demonstrated how "Freud's Model of the Mind" continues to retain significance in contemporary life with a thoughtful clinical vignette. Finally, Audrey Thayer Walker, MSW eloquently spoke on, "Psychoanalysis and Society: Can Psychoanalysis Help to Understand Modern Conflicts?" Audrey's presentation is reprinted on page 10 of this issue of *News & Views*.

Sarah Pillsbury, PhD, is the GWSCSW liaison to NMCOP, an national organization that grew out of a committee of the Clinical Social Work Federation (now Association).

CSWI

The Clinical Social Work Institute

Golnar Simpson

We are back and busy with all the varied activities of our fall semester. There is a new sense of energy and commitment towards achieving our academic and financial goals and moving forward. Our students, faculty, the Board Members and the CSWI friends are all active in this process. Thank you all once more for your support of the CSWI this past summer. Your financial contributions, your expressions of appreciation for the value of our program and your words of encouragement meant a lot to all of us.

In this spirit of collaboration and support, we are glad that GWSCSW and CSWI could co-sponsor the successful Reamer Conference on ethics. This was a significant development in the history of the two organizations and quite a few members of the audience commented upon the feeling of "empowerment" that comes from working together. We look forward to future joint ventures in promoting excellence in clinical social work education and practice.

In addition to our usual academic work, so far this semester we have had a dissertation defense and graduation. We also have had two final case presentations. These presentations come after the completion of practice requirements and are demonstrations of our students' learning and expertise in combining the highest level of theoretical knowledge and practice skills in working with diverse clinical issues and populations. Case presentations are open to the larger professional community as continuing education programs.

I am pleased to announce the appointment of Mr. Joel Kanter, MSW to our CSWI faculty. Also, congratulations to both Alice Kassabian, PhD (CSWI Founder and current board member) and Joel Kanter, MSW for their induction into the National Academies of Practice as "Distinguished Practitioner in Social Work." The CSWI faculty was also well represented at the 150th celebration of Freud's Birthday Symposium: Audrey Walker, MSW; Katherine Brunkow, MSW; Michael Meagher, MD and Golnar Simpson, PhD were among the twenty nationally invited speakers.

Golnar A. Simpson, PhD, past president of GWSCSW and the Clinical Social Work Federation (now the Association) is dean of the Clinical Social Work Institute.



The Metro Washington
Center of the
International
Psychotherapy
Institute

and the

Metro Washington Chapter of NASW

announce a

One-Day Conference for Mental Health Professionals

The New Psychodynamic Diagnostic Manual: A Whole Person Approach to Diagnosis

with Nancy McWilliams, PhD

Saturday, February 24, 2007 • 9:00 AM – 4:15 PM

Until now, mental health professionals have reached for the DSM and the ICD as the prime references for diagnosing mental illness. These manuals are ultimately unhelpful in our clinical work; they reduce psychic disturbance to superficial listings of symptoms, and fail to address the full range and depth of human emotional experience. The new Psychodynamic Diagnostic Manual (PDM) offers a “whole person” approach to diagnosis. The result of a major scholarly collaboration between several psychoanalytic organizations, and based on the latest neuroscience and treatment outcome studies, the PDM broadens and enriches the diagnostic process by offering a multi-axial approach for understanding the richness of a patient’s subjective experience. This important new work is poised to refocus our profession on the complexity of human suffering, and to provide a much-needed framework for improving comprehensive treatment approaches. IPI Metro is pleased to host Dr. McWilliams for this exciting day of lectures and clinical presentations, in which she will introduce us to the structure and uses of the PDM.

About the Presenter:

Dr. McWilliams is Associate Editor of The Psychodynamic Diagnostic Manual (2006). She is also author of *Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process* (1994), *Psychoanalytic Case Formulation* (1999), and *Psychoanalytic Psychotherapy: A Practitioner’s Guide* (2004). She is the President-Elect of Division of Psychoanalysis (39) of the American Psychological Association, Associate Editor of the *Psychoanalytic Review*, and on the editorial Boards of the journals *Psychoanalytic Psychology* and *Contemporary Psychoanalytic Studies*. She has written widely on personality structure and personality disorders, psychodiagnosis, sex and gender, intensive psychotherapy, and contemporary challenges to the humanistic tradition in psychotherapy. Her books have been translated into twelve languages, and she has lectured widely, both nationally and internationally. A graduate of the National Psychological Association for Psychoanalysis, she is also affiliated with the Institute for Psychoanalysis and Psychotherapy of New Jersey, and the National Training Program in Contemporary Psychotherapy. She has a private practice in Flemington, New Jersey.

COURSE LOCATION: Offices of NASW Metro, 750 First Street, NE, 7th Floor Washington, DC

COST: Before February 1: NASW Metro/IPI Members: \$120; Non-Members: \$150
After February 1: NASW Metro/ IPI Members: \$150; Non-Members: \$180
NASW Metro MSW Student Rate: \$20 (or \$65 includes an Annual Membership)

CONTINUING EDUCATION CREDIT: 6 hrs

REGISTRATION: Register online at www.naswmetro.org, or by phone at 202-336-8395

MORE INFORMATION: Call Kate Scharff, Conference Chair, at the offices of IPI Metro: 301-951-3782

Co-sponsored by the NASW DC Metro Chapter and the International Psychotherapy Institute. The International Psychotherapy Institute (IPI) is approved by the American Psychological Association to offer continuing education for psychologists. IPI maintains responsibility for the program. IPI is recognized by the National Board of Certified Counselors to offer continuing education for counselors (provider #6017). IPI adheres to NBCC Continuing Education Guidelines. Continuing education credit for social workers will be provided by NASW Metro. Application will be made for continuing education credit for social workers.

IPI Metro • 6917 Arlington Road, Suite 224 • Bethesda, Maryland • 20814 • 301-951-3775 • www.ipimetro.org

ADVOCACY & LEGISLATION

■ FEDERAL

A hopeful heads-up: Representative Patrick Kennedy of Rhode Island indicated that he will introduce a bill for comprehensive mental health parity if the House is able to achieve a Democratic majority!

HR 4157

Bill H.R. 4157, the Health Information Technology Promotion Act of 2006 sponsored by Representative Nancy Johnson of Connecticut is designed to implement standards for electronic medical records but goes far beyond that goal and represents a threat to the privacy of mental health records. It would rescind the right of states to apply a higher standard of privacy to medical records than HIPAA requires, which many states now do.

Lowering of privacy standards would almost certainly contribute to the threat of intentional or unintentional release of medical records. The President's own cyber security task force has concluded that existing electronic information systems are highly vulnerable to intrusions, that those intrusions are growing at the rate of 20% per year, and that they cannot be effectively addressed with current technology.

The Clinical Social Work Association (CSWA) will continue to work with other organizations and privacy work groups at the national level to strike this section of H.R. 4157, and will alert us when grassroots efforts are needed.

Proposed Cuts in Medicare/Medicaid Rates

Last March the Center for Medicare and Medicaid Services (CMS) proposed cuts in the reimbursement rate for clinical social workers, among other groups, including psychologists. With clinical social workers already being reimbursed less than psychologists and psychiatrists, making the gap wider is unacceptable. Thanks to our note on the GWSCSW listserv in response to an Association call for action, more than thirty GWSCSW members sent emails protesting the cuts.

Our thanks to Richard Yanes, executive director of the Clinical Social Work Association, Laura Groshong, the Association's legislative specialist, and Margot Aronson, GWSCSW legislative chair, for the information in the article.

■ MARYLAND

Alice Neily

It is interesting to write a newsletter the day before an election not knowing the results- but also knowing that part of the process is predictable: the grinding of teeth over what "should have" or "could have" been!

For most public officials with careers dependent upon the outcome of the fall election, the summer was campaigning, campaigning, campaigning. The State Legislature was relatively quiet and, with Governor Ehrlich running for a second term, no substantive policy action took place. Once the legislative session begins in January, things will change!

The Legislative Council, which represents the Greater Washington and the Maryland societies (GWSCSW and MSCSW), has prepared well for the upcoming session, making contact with every legislative candidate running in a state-wide race. Each was asked his or her views on specific policy issues which promise to affect the future of the profession and the ability of the legislators' constituencies to access quality, cost-effective services.

Whether candidates won or lost, you can be assured that they heard about the issues of clinical social workers, and will not forget—especially if we continue to remind them.

Letting Legislators Know Who We Are

We will be contacting those who lost, to thank them for their participation in the process, reminding them that the clinical social work community is a thoughtful, caring and very involved resource. As you and they know, both winners and losers will continue to affect policy in their communities.

We will also be contacting those who won, to congratulate them and offer our support during the next four years. These will be the decision-makers affecting our immediate future.

Now, for the most interesting component of this plan: candidates' responses (or lack thereof!) will be on the GWSCSW and MSCSW websites for the next four years. Those who didn't respond initially will be offered a

continued on page 16

renewed opportunity to register their thoughts—with those of their colleagues—for the benefit of clinical social workers who practice or live in their districts.

(If you haven't seen the questionnaire and responses, just go to your Society's website or link to www.gwscsw.org/legislation/legupdate-md/index.htm. This website information will form the basis for ongoing communication with each legislator in the coming four years.

What Can You Do Now?

In late November, the newly elected legislators will begin their orientation to the General Assembly. You will have an opportunity to meet them in your home districts. I promise you that if you will take the time to write a personal letter and ask to be invited to their offices to discuss issues of importance to their citizens, you—and your societies—will find the doors open to you in the next four years.

During the first year of any four year term, I suggest caution in moving forward with potentially controversial initiatives. New legislative bodies are reluctant to make broad policy changes until their "feet are wet". Put under pressure to take action, most will defer to a more conservative position, against a change. Then, they are unfairly "on record" as opposing an initiative. It's best not to put them in such a position but instead to spend our energies on educating them for the future.

Clinical social workers who make "getting to know you" contacts in the first year will find a friendly response when new initiatives are considered later in the four-year term. Use my website www.capitalconsultantsofmd.com as well as your own as a resource. Do not hesitate to call me personally if you have a question.

Remember, there is no one better than you to be the resource for a legislative policymaker. He or she is given responsibility to act on vast numbers of issues that affect your future profession and the care of your clients. He or she will do it with or without your input and if it is without your input, it will be with someone else's. ❖

Alice Neily of Capital Consultants of Maryland was honored this year as one of the 100 Top Women of Maryland. Lobbyist for the Maryland Legislative Council of Social Work Organizations, a coalition representing GWSCSW and MSCSW, Ms Neily can be reached at 410-353-3861 or alice@capitalconsultantsofmd.com.

■ VIRGINIA

Christopher J. Spanos

The Virginia General Assembly will convene on January 10, 2007 for forty-seven days. Since the State Capitol is under restoration, meetings of the full Assembly will take place in temporary quarters in the Patrick Henry Building on the South side of Capitol Square in Richmond.

At this point there are no overriding legislative issues "on the table" for clinical social workers. The legislative committees of GWSCSW and the Virginia Society for Clinical Social Work (VSCSW) will work together to monitor all legislation filed; they will be responding to—and alerting members to—issues of potential interest to the membership.

Concerning the Practice of Social Work

During the 2006 Regular Session the General Assembly passed and the Governor signed House Bill 1146, increasing the membership of the Board of Social Work from seven to nine. This summer, the Governor appointed Dolores Paulson, PhD, and Susan Horne-Quattanens, MSW—both long-standing GWSCSW members—to the Board.

An enactment clause in Bill 1146 provides that the Board of Social Work shall consult with relevant stakeholders, including educators, professionals, and appropriate agencies and organizations, to determine (i) if current education and training requirements for social workers are adequate to assure the public of professional competency and (ii) whether current exemptions from the requirements for licensure best serve the citizens of the Commonwealth.

The State Board of Social Work has adopted a work plan for a study of social work as required by House Bill 1146. The work plan contains a public participation process, including focus groups. A report is scheduled to go to the Governor and General Assembly in 2007. Mark O'Shea, chair of the Virginia Clinical Society's Legislative Committee, is the point person on HB 1146. Alice Kassabian, Greater Washington's legislative chair for Virginia, will keep members informed through the GWSCSW listserv. ❖

Chris Spanos, government and public affairs counselor for the Spanos Consulting Group, is the lobbyist for the coalition of GWSCSW and VSCSW.

■ DISTRICT OF COLUMBIA

Larry Goldes, LCSW-C

As the new chair of the DC Legislative Committee, I am pleased to be able to announce that we are taking on some important issues on behalf of our membership and our clients.

I consider myself primarily a “clinical” clinical social worker, so I have been scratching my head, wondering what I am doing in this advocacy role. I’ve explained it to myself as follows:

- In our therapy sessions, we take for granted the existence of a holding environment, consisting of agreed-on financial arrangements and responsibilities, fixed times, a private setting, a therapeutic orientation that puts the needs of the patient first, and the like. Without this structured and caring environment work could not proceed safely and productively.
- Our practices also need a secure framework of support from the community, demonstrated in the following ways: laws and regulations that promote sound professional practice; providing insurance and benefits for everybody in need of them so that clients are able to access our services; recognition of the unique skills and training of social workers and demonstration that those skills are valued by the community through equitable compensation commensurate with skills and training.

Without the clinical social work legislative advocacy which created and now monitors the conditions for our practice, the profession as we know it would not exist.

So, what exactly are we up to?

For one thing, insurance reform is high on our list. We are concerned with the fate of citizens who are uninsurable either because they are not poor enough to qualify for government benefits yet cannot pay for medical care or insurance themselves, or because they have “previously-existing conditions”. We have been participating in discussions with other advocacy groups, such as Families USA and the DC Appleseed Center for Law and Justice to develop strategies for addressing this problem.

As you will see in the CareFirst update (page 20), there is growing pressure on CareFirst to be transparent and

accountable in fulfilling its charitable obligations under the law as interpreted by the DC Attorney General, and we have been involved in advocating for a DC Council bill that would help do just that.

Although scope of practice has not of late been a serious issue in DC of late, there has been a proposed change in the scope of practice of DC LISWs; if you have been following the listserv, you know that we want to be sure that any changes will have adequate review to ensure that they are in the best interests of clients and our membership. I would say this was somewhat of a “stealth” proposal in that we were given little notice of it. (See *Proposed Amendment to DC Social Work Licensing Law, page 18*)

Finally, I want to say thank you to colleagues who have put me, an advocacy novice, in this role, and to ask for people who are interested in these and other issues to seek involvement with our committee. I am sure you will find it interesting and rewarding. ❖

Larry Goldes, LCSW-C, chair of the DC Legislative Committee, resides in Washington, DC, and is in private practice in Bethesda, Maryland.

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Remember: It's Your Life and Your Legacy

#82559

Health Policy Advocacy Internship Approved

Howard University has designated the Legislative Council for Social Work Organizations (MD-LCSWO) as a potential field placement for its second year MSW Macro students. MD-LCSWO works with the Maryland General Assembly to advance the legislative interests of its member organizations with particular emphasis on promoting greater access to quality health and mental health care and services to meet the needs of Maryland citizens and protecting clinical social work scope of practice and licensure.

The student intern will work in Annapolis in health policy advocacy, under the "task supervision" of Alice Neily, lobbyist for the Council. Betsy Amey, LICSW, co-chair of the Council and legislative vice president of the Maryland Society for Clinical Social Work, will provide field instruction for the coming year. GWSCSW is providing a stipend to cover the student's travel expenses.

The internship is designed to provide professional development for MSW students in a context of hands-on service learning. Among the program goals are:

- To prepare students for a highly politicized professional environment;
- To teach analysis of public policy;
- To provide opportunities for students to learn about government, politics, democratic processes, cultural diversity, public administration, the making of public policy, and the nature of power;
- To provide hands-on experience in grassroots and collaborative advocacy
- To provide an opportunity for in-depth understanding of health and mental health treatment/service issues
- To provide the opportunity for students to become aware of licensure and scope of practice issues
- To enhance the University's relationship to the legislature through skilled and well-prepared interns. ❖

Proposed Amendment to DC Social Work Licensing Law

The following change to the District of Columbia Social Work licensing law has been proposed by the DC Board of Social Work:

Amend paragraph (b) to read as follows:

A licensed independent social worker ("L.I.S.W.") may perform any function described as the practice of social work in this chapter (including diagnosis and treatment of psychosocial problems) in an autonomous, self-regulated fashion, in an agency setting or independently, and may direct other persons in the performance of these functions subject to the limitation that the practice of psychotherapy, performed solely by the licensed independent social worker, shall be under the supervision of a licensed independent clinical social worker licensed in #3-1208.04.

GWSCSW Reacts to the Proposal

The proposed amendment was published in the DC Register this fall and was included, along with the proposed changes to the licensing laws of other health professions in the District, in an omnibus bill (Bill #16-772) titled the Health Occupations Revision Act of 1985 Amendment Act of 2006.

GWSCSW members were alerted to the proposed change in late October, on the GWSCSW listserv. Online questions and discussion ensued. The DC Legislative Committee also consulted with members of the Maryland, Virginia, and DC social work boards, and with Laura Groshong, legislative consultant to the Clinical Social Work Association.

At the public hearing on November 13, called by the Councilman David Catania's Committee on Health, GWSCSW testified in opposition to the proposed change. Margot Aronson and Larry Goldes represented GWSCSW. Joyce Higashi, executive director of the NASW DC-Metro chapter, also testified in opposition to the proposed amendment. Thanks to this intervention, the amendment is being reviewed.

The Society will keep members informed about the outcome through the GWSCSW listserv.

The testimony presented to the District of Columbia Council's Committee on Health by GWSCSW follows.

Testimony Before the DC Council Committee on Health

The Greater Washington Society for Clinical Social Work (GWSCSW) opposes the amendment to the social work licensing law proposed in the Health Occupations Revision Act of 1985 Amendment Act of 2006.

The proposed amendment:

- 1) Puts the public at risk by allowing unqualified social workers to diagnose and treat mental health clients.
- 2) Disregards the training required to be able to diagnose and treat mental health clients.
- 3) Mistakenly makes comparable two levels of social work licensing that are very different.
- 4) Is being put forth without having been vetted in the social work community.

GWSCSW represents more than 500 licensed clinical social workers practicing in mental health clinics, family service agencies, psychiatric hospitals, medical facilities, and private practice in the metropolitan area. GWSCSW is an affiliate of the national Clinical Social Work Association.

Our Society has great respect for the Board of Social Work; we recognize the Herculean job the members of the Board perform in our behalf. We have no doubt that the amendment at issue has been proposed in good faith.

At the same time, we fear that the proposed change, which would result in a dramatic expansion of the Licensed Independent Social Worker (LISW) scope of practice, puts the public at risk of diagnosis and treatment by well-intended but unqualified social workers.

It is useful to keep in mind that there are three Master's level categories of licensed social workers in the District. They are:

- Licensed Graduate Social Worker (LGSW), who operates under supervision;
- Licensed Independent Social Worker (LISW), who may operate independently, with the exception of diagnosis or treatment (including psychotherapy) of psychosocial problems; and
- Licensed Independent Clinical Social Worker (LICSW), whose scope of independent practice includes diagnosis and treatment of psychosocial problems (including psychotherapy) and the supervision of LGSWs doing psychotherapy.

LICSWs practice diagnosis and psychotherapy, but only after having, in the words of the law, "satisfactorily completed the examination process at the independent clinical level, and [having] at least 3,000 hours of post-master's or postdoctoral experience participating in the diagnosis and treatment of individuals, families, and groups with psychosocial problems, under the supervision of a licensed independent clinical social worker over a period of not less than 2 years or more than 4 years."

The proposed change in the law would authorize the LISW to

- "perform any function described as the practice of social work . . . (including diagnosis and treatment of psychosocial problems) in an autonomous, self-regulated fashion, in an agency setting or independently, and may direct other persons in the performance of these functions. . . ."
- "subject to the limitation that the practice of psychotherapy, performed solely by the licensed independent social worker, shall be under the supervision of a licensed independent clinical social worker. . . ."

It has been argued that as the current law permits an LGSW to practice psychotherapy under the supervision of an LICSW, the same privilege should also apply to an LISW. There are two flaws in that argument.

First, the proposed amendment goes much further, authorizing LISWs to diagnose and treat clients without any supervision by an LICSW, so long as any "psychotherapy" is practiced under such supervision.

The second flaw is that the circumstances of the LGSW and the LISW are different: the LGSW is widely recognized as a beginner, whereas the LISW carries autonomous authority. This raises a potential issue of consumer protection: individuals seeking treatment from an LISW would likely be misled about the licensee's clinical qualifications.

It has also been argued that there are not enough licensed clinical social workers to treat the critical mental health needs of the District's citizens. Yet surely this problem is not solved by lowering the qualifications for clinical practice.

The requirements for the privilege of making diagnoses must continue to be rigorous, as the stakes are so high. Diagnosis directs treatment; diagnosis is used to determine level and kind of services; diagnosis is relied upon in court proceedings; diagnosis makes a permanent record, forever following the client in employment records and permanent insurance files. LGSWs are not authorized to diagnose, and LISWs ought not to be granted such authority without being clinically qualified.

We feel strongly that it is premature to make statutory changes before there has been discussion involving the social work community. We must define the problem to be solved, and find a remedy that has, at its core, the safety and welfare of our citizens.

Our Greater Washington Society for Clinical Social Work - and the National Association of Social Work joining us here in opposition to the proposed amendment - offer our assistance to the Council Committee and to the Board in the review of problems of the current legislation and the crafting of a clear and responsive legislative solution.

Diana Seasonwein, President
Larry Goldes, Chair, DC Committee
Margot Aronson, Chair, Legislation and Advocacy Committee

Update: Carefirst Watch Coalition

Mary Lee Stein, LICSW

Although the Coalition itself has been inactive for several months, there has been a good deal of activity surrounding the question of the charity obligation of CareFirst/GHMSI*.

In March of 2005, the Attorney General of the District of Columbia found that under District law and under the common law, the assets of GHMSI "belong to the public"...as "...unlike a for-profit company GHMSI exists to serve the public." The Attorney General has said that because it is a charitable health insurer, GHMSI has a public health mission in addition to an obligation to operate on a non-profit basis. In his opinion, he said that under its charter, "GHMSI must operate as a charitable and benevolent institution, consistent with operating for the benefit of its present and future subscribers" and it must "devote its entire operation, directly or indirectly, to serving the purposes for which it was chartered."

It probably comes as no surprise that GHMSI denies that it has any obligation to provide community benefits, whereas, it is the conclusion of the Attorney General that the company has an obligation not only to make the promotion of public health the bottom-line purpose of the health insurance operations, but also to devote its entire operation to that purpose.

In his March, 2003 decision denying CareFirst's request to convert to for-profit and sell itself to an outside buyer, Maryland Insurance Commissioner Steve Larsen said that "From 1997 to the present, CareFirst management retreated from, and ultimately abandoned, its mission as articulated in the Articles of Incorporation and assumed all the operating characteristics and corporate goals and mission of a for-profit company."

With this background of concerns about the intentions and the behavior of CareFirst and its refusal to embrace its role as a charity which exists to serve the public health needs of this community, DC Councilmember Jim Graham has introduced, and will soon be holding hearings on the Medical Insurance Empowerment Act of 2006. This law would amend the Hospital and Medical Services Corporation Regulatory Act of 1996 to (1) require the Mayor to determine the percentage of annual premium revenues the GHMSI must spend on community health reinvestment; (2) define what activities constitute community health reinvestment; (3) require the Mayor to establish the sufficient surplus operating range for a corporation; and (4) require GHMSI to justify the accumulation of surplus in excess of the upper limit of that range, or divest itself of the excess surplus through community health reinvestment.

As a member of the CareFirst Watch Coalition, GWSCSW will offer testimony in support of Councilmember Graham's act at this Council hearing. ❖

*Mary Lee Stein, LICSW, represents GWSCSW on the CareFirst Watch steering committee. *GHMSI (Group Hospitalization and Medical Services, Inc.) is the CareFirst affiliate serving the District, Northern Virginia, the close-in Maryland suburbs, and Delaware.*

Hope for Treatment-Resistant Depression

A preliminary study at the National Institute of Mental Health recently reported on a preliminary study in which subjects with treatment-resistant depression experienced relief in as little as two hours with a single intravenous dose of ketamine, a medication commonly used as an anesthetic.

In contrast to most antidepressants, which take days to weeks to take effect, the single, very low dose of ketamine acted almost immediately and continued to show benefits over the next seven days; none of the subjects of the study experienced serious side effects.

NIMH researchers caution that the results only point to what may be a new direction and not a new medication. For more information, go to www.nimh.nih.gov/press/ketamine.cfm.

Our thanks to Richard Yanes, executive director of the Clinical Social Work Association, for this information.

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CLINICIANS & MONEY

Roth Individual 401(k) for Private Practitioners

Peter H. Cole, LCSW, ChFC

The Federal Government has made available a new option for tax advantaged retirement savings that merits serious attention for those in solo practice: the Roth Individual 401(k).

If you work in an agency, than you likely have a tax advantaged retirement investment plan you can contribute to through work. For solo private practice, SEP IRAs, SIMPLE IRAs and Profit Sharing Plans have provided excellent structures for tax advantaged investing for many years.

While 401(k)s have been around for many years for large and small businesses, they only became available to solo practitioners in 2001. The advantage of the Individual 401(k) over the other plans is that it has higher contribution limits in most circumstances.

How is a Roth 401(k) Plan Different?

There are two basic varieties of tax-advantaged contributions: Traditional and Roth. In a traditional contribution you invest with pre-tax money—and then pay ordinary income tax on the money you withdraw in retirement. Roth contributions are just the opposite, since you pay into the retirement account with after-tax money, and then never have to pay taxes on this money again—neither on the principal nor the growth. Although Roth contributions have been available for many years with IRA's, as of 2006 they now available in 401(k) accounts as well.

A Roth contribution to your Individual 401(k) is similar to a Roth IRA, except that the contribution limits are much higher. In 2006 you can contribute only \$4,000 to a Roth IRA, but \$15,000 to a 401(k) with a Roth contribution. (Those age 50 or over can contribute up to \$20,000.)

Another advantage over the Roth IRA is that Roth 401(k) does not impose income limitations on your eligibility to participate. In contrast, the Roth IRA starts to phase out if your individual income is over \$95,000 or married income is over \$150,000.

If you are in solo practice, you are considered both the employer and the employee. As the employer, you can make pre-tax contributions to your Individual 401(k) above and beyond the Roth contributions you have made, up to a total of \$44,000 for total contributions (or \$49,000 if you are over 50).

The advantage of Roth contributions is that you do not need to pay taxes on the contributed money, its gains or dividends in retirement. It therefore provides a source of tax-free retirement income. In order to take money out with its tax-free status intact, you must attain the age of 59½, and the contribution must have been made at least five years prior to when the money is withdrawn.

Some investors prefer making Roth contributions (pay taxes now, but not in the future) over traditional contributions (defer taxes now and pay them when you take the money out in retirement) because they think that tax rates will go up in the future. If you think that tax rates are going to rise, then it might be wiser to take your tax hit now, and take your Roth money out in the future, without the worry about future taxes.

There is one caveat to all of this. The Roth 401(k) program began this year, 2006, and currently is scheduled to expire after the tax year 2010. Of course there is no telling what Congress will do in the future, but at least for the next five years, this is a very interesting program worthy of consideration.

One further note: 403(b) plans now have the option of providing Roth contributions as well. Not all plans will offer them, but the IRS does allow them as of 2006. If you work for an agency with a 403(b) plan, check out your options with your plan administrator.

Remember, the best time to start your tax-advantaged retirement investing is ten years ago. The second best time is now.

Peter Cole is an LCSW, a Chartered Financial Consultant, director of Insight Financial Group, and the author of Mastering The Financial Dimension of Your Practice: The Definitive Guide to Private Practice Development and Financial Planning. His website is www.insightfinancialgroup.com.

**Clinical Social Work Journal
Discounted
Subscription Rate for
GWSCSW Members**

The *Clinical Social Work Journal* is known for its stimulating articles, often illustrated with evocative case material, and its thoughtful book reviews. It is the only professional journal devoted exclusively to clinical social work theory and practice. Unfortunately, a prohibitively high subscription price of \$80 a year has prevented many clinicians from taking advantage of this excellent scholarly resource.

Discounted price for members

Thanks to the efforts of GWSCSW Vice President for Education Joel Kanter, GWSCSW members are being offered a discounted rate of \$40/year for subscriptions to the quarterly *Journal*.

To subscribe to the *Clinical Social Work Journal* in 2007, send a \$40 check by December 20, 2006, made payable to **GWSCSW**, with **Journal** on the memo line, to our office at GWSCSW, PO Box 3235, Oakton, VA, 22124, with a note indicating your mailing address and interest in the *Journal*.

All journal subscriptions are tax-deductible educational expenses.

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in your Society and your
profession.*

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GWSCSW BOOK CORNER

.....

Our Book Corner celebrates the works of GWSCSW member authors. Please contact us at gwscsw@gmail.com with information about your publications—and those of your too-modest colleagues.

Erin Gilbert, MSW

**Therapy Demystified: An Insider's Guide to
Getting the Right Help, Without Going Broke**

Kate Scharff, LCSW-C, LICSW

How do people view psychotherapy and how can they find the help they need? Kate Scharff explained in our recent interview that the inspiration for her book, *Therapy Demystified: An Insider's Guide to Getting the Right Help, Without Going Broke*, was a conversation overheard between her eight-year-old daughter and a friend. Her daughter smoothly described what Scharff does for a living—"She's a psychotherapist. She helps others with thoughts, feelings and problems by talking to them." Scharff, however, observed that she had awaited her daughter's response with some apprehension: though both her parents are therapists, she realized that she still feels uncomfortable when talking about her work with others outside the field.

Scharff said that this discomfort highlighted the need for clear, common sense language in the field. She saw a fog of uncertainty cloaking the field of therapy that would not be accepted in other helping professions. Scharff avowed that educating consumers about therapy would alleviate the feeling that treatment involves "falling down a rabbit hole." She asserted that while parts of the therapeutic process might resist explanation, therapy is not a mystical experience, and the areas that we do understand should be discussed with clients.

Professionals might be able to garner different insights from *Therapy Demystified* than consumers. In particular, Scharff explained that *Therapy Demystified* will give professionals a clearer conception of the work that they do and a motivation to develop shared language to talk about work with clients in a lucid way. Some professionals have kept the book in their waiting rooms, and it has proven to be a great springboard for discussion about therapy and the process of change.

Scharff currently is working on a book about high-conflict divorce.

***Therapy Demystified: An Insider's Guide to Getting the Right Help, Without Going Broke* is available for purchase on www.amazon.com for \$14.95. ❖**

GWSCSW Book Corner author, Erin Gilbert, LGSW, is a school social worker with the Family Support Center. Erin can be reached at gilberel@hotmail.com.

DID YOU KNOW... A purchase from Amazon.com made through the GWSCSW website results in a contribution to your Society! Go to www.gwscsw.org and click the Amazon button!

Sister Project Evolves Into Book on Sibling Relationships

Jennifer Kogan, LICSW

Who are we in relation to our siblings?

This question occurred to clinical social worker Vikki Stark when she heard her daughter say, "No matter who I'm with, I always feel like a little sister." These words resonated with Stark who also felt the same way in her own relationships. In her twenty years in the field, Stark had also often been struck by the intensity of the sister bond. Inspired, she asked some friends about their own sister dynamics and birth order. Everyone she talked with was eager to discuss the subject and passed along a few names of other sisters they thought she might like to meet. The Sister Project was born.

An Idea Gels into a Project

As the project continued, Stark interviewed hundreds of women, teens, and girls from all over the world. The youngest was four years old and the oldest were ninety-five year old identical twins. As the project grew, an in-depth email questionnaire was posted online for people to complete. Stark marveled at how many people took the time to fill out and submit their input for the study. The results examined how a person's perception of their own role as a sister (whether it be closely bonded or conflictual) makes an imprint onto their identity. She also looked at the traits of younger, older, middle, or twin sisters.

Patterns in Sister Relationships Emerge

Using the anecdotal material, Stark was able to note certain patterns. Sisters seemed drawn to specific types of careers based on their hierarchy within the family. Younger and older sisters tended to be in the helping professions while middle sisters often selected jobs in business or engineering. Many of the respondents who were middle sisters described themselves as being the "clown" of the family. Stark says that this was because the middle sister was often looking for a role to fulfill within the family. The comedian role was often up for grabs and provided a way to stand out.

Stark also found that a hierarchy even exists within twins based on which twin is older.

Bonded or Conflicted?

Approximately ten percent of the respondents reported having closely bonded relationships with their sisters while ten percent reported having seriously conflicted relationships. Sisters who were very close often reported talking ten to fifteen times a day via cell phone. While most participants talked about the ups and downs of having a sister, they took comfort in the fact that, no matter what, a sister is with you "for life."

In her book, *My Sister, Myself: Understanding the Sister Relationship That Shapes Our Lives, Our Loves, and Ourselves*, Stark writes about her relationship with her own sister, Nikki, who was the older daughter and often displayed a dominant personality. She wonders if it could partly stem from the fact that when she was born they named her Vikki, which sounds a lot like Nikki.

Stark notes that little has been written about conflicted sister relationships which can often make women feel guilty. Friends or family may encourage a woman who does not get along with her sister to "just make up and get along."

In addition to reports from sisters worldwide, the book also provides coping techniques to improve a charged relationship. While you may not be able to change your sister's actions, ultimately, Stark advises, you do have control of your own.

Project into Practice

When asked about how the project and book have changed the way she works with clients, Stark said, "People don't talk so much unless you ask. So I started asking more about their sibling relationships." It can be helpful for clients to explore their own sibling role and also look back at their own parents to see where they may fall in their own sibling constellation. Stark

continued on page 24

DID YOU KNOW?

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Getting Them Sober, Vol. 1, by author Toby Drews, and the **Getting Them Sober television series on video**, are available to social workers at no charge (or shipping cost) from the non-profit Getting Them Sober Foundation.

To receive the free book-video package, email your request along with your name, title, mailing address, and zip code, to tdrews3879@aol.com. (This information will not be shared, rented, or sold.)



For a guide listing **therapy groups for children, teens and parents** in the greater Washington metropolitan area, go to the website www.groups4kids.com.

Local psychologists Sylvia Stultz and Mary Alford compiled the listing, noting how difficult it is to match appropriate groups and families. The Guide is their attempt to assist professionals in the process.

The information about each group is general; professionals using the guide should contact the listed therapists directly before making decisions about specific referrals. Those who list groups pay for the privilege; Stultz and Alford do not endorse any groups, but attempt to keep the information as accurate as possible. ❖

Sister Project, continued from page 23

said that this can take some of the sting out of a difficult relationship.

Future Endeavors

At this time, Stark is beginning a brother-sister project collecting stories and information online. Interestingly, she reported that so far she has only heard from sisters.

To learn more about the book, you can visit the website: <http://mysister-myself.com/index.html>. ❖

Jennifer Kogan, LICSW is in private practice in Friendship Heights, DC where she works with individuals and families. She has special interest in working on parenting issues and with families who have children with special needs.

MEMBER SPOTLIGHT

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Susan Horne-Quatannes Appointed to Virginia Social Work Board

Rachel Fried, LCSW

Susan Horne-Quatannes, MSW, was one of two long-time GWSCSW members appointed this summer to the Board of Social Work of the Commonwealth of Virginia. (Dolores Paulson, PhD, was featured in our September issue.)

Horne-Quatannes sought the Board of Social work position to make a difference in the social work profession, and to continue her long history of service in the public interest. She was very appreciative that her application for the position was endorsed by the Greater Washington Society for Clinical Social Work and many colleagues, as well as her entire delegation to the state legislature.

Years of Experience and a Past GWSCSW President

Horne Quatannes brings many years of experience to the Virginia Board of Social Work. After receiving her Masters in Social Work from the University of California, Berkeley, she worked as a clinician in the public sector before opening a private practice more than thirty years ago. Since that time, she has expanded her knowledge base and clinical expertise by completing the Washington School of Psychiatry's Family Program and the Advanced Psychotherapy Training Program.

A GWSCSW board member for twenty-five years and president of the society from 1991 to 1993, Horne Quatannes has remained active in the Society and also served on the board of Virginia's NASW chapter.

Horne Quatannes plans to pay particular attention to the thoroughness and inclusiveness of social work's licensing law. Initially, she will be serving on both the Disciplinary and Regulatory subcommittees. She is not sure what her responsibilities will be, but looks forward to the task. ❖

Rachael Fried, LCSW, has a psychotherapy practice in Falls Church primarily with children and adolescents; she has a special expertise with trauma survivors.

National Substance Abuse Directory

The *National Directory of Drug and Alcohol Abuse Treatment Programs 2006* provides information on nearly 11,000 alcohol and drug treatment programs.

Produced by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Directory is organized into a state-by-state listing of public and private facilities, all licensed, certified, or otherwise approved by substance abuse agencies in each state. Included is information on location, nature of the programs and services provided, level of care provided, service specialties, long and short-term residential treatment facilities, and facilities that provide residential beds for clients' children.

For a free copy of the Directory, call (800) 729-6686, or download from www.findtreatment.samhsa.gov.

Our thanks to Richard Yanes, executive director of the Clinical Social Work Association, for this information.

Staff Social Worker

The Counseling Center at The Catholic University of America in Washington, DC seeks a Part-time Staff Social Worker (9 month, 20 hours/week)

Duties: Individual and group counseling and supervision of social work and psychology graduate students. Interest in campus outreach helpful. Other duties as assigned by the Director.

Qualifications: LICSW with 5 years post clinical licensing experience, 2-3 years supervising graduate students.

Application: Call Dorothy Van Dam at (202) 319-5765 or visit <http://humanresources.cua.edu/positions/>

Please submit applications to Dorothy Van Dam via email at vandam@cua.edu, via fax at (202) 319-5570, or via mail at Catholic University Counseling Center, 620 Michigan Ave, NE, 127 O'Boyle Hall, Washington, DC 20064.

Out & About

This column shares news about members' professional accomplishments – our publications, speaking engagements, seminars, workshops, graduation – as well as our volunteer projects and special interests or hobbies. Here is what some of us have been up to...

Beginning in the November-December 2006 issue of the new magazine *Northern Virginia*, **Dalal Musa, LCSW** will have a regularly featured monthly health column. Her column will address various mental health issues from an intrapsychic perspective, and may evolve into a Question & Answer format. Her first offering will be on Holiday-Time Depression.

Jon Frederickson, MSW, reviewed *Major Theories of Personality Disorder, 2nd Edition*, edited by Mark Lenzenweger and John Clarkin, in the fall 2006 journal of the Washington School of Psychiatry (*Psychiatry: Interpersonal and Biological Processes, Volume 69, Number 3*). His thoughtful and thorough review covers various theories of the formation and functioning of personality.

Joel Kanter, MSW, and **Alice Kassabian, PhD**, were inducted as Distinguished Practitioners in Social Work into the National Academies of Practice on November 4, 2006. The Social Work Academy is limited to 150 members; the addition of Joel and Alice brings to seven the number of GWSCSW members so honored: Mary D. Dluhy, MSW, BCD; Jon Frederickson, MSW; Golnar Simpson, DSW; Carolyn E. Gruber, DSW; and Audrey Thayer Walker, MSS. More on the National Academies can be found at www.napnet.us.

Ruth Neubauer, MSW, is teaching "Psychoanalytic Ideas for Everyday Living" this fall at The Institute for Learning in Retirement at American University in the District of Columbia.

Grace Lebow, LICSW, will present a seminar for NASW DC-Metro Chapter's Hot Topics for Lunchtime Seminars for Social Workers, on December 15, 2006. The two-hour seminar is titled "Coping With Difficult Older Parents: How Social Workers Can Help".

Bonnie Gallagher, LICSW, will be the speaker at the January 5, 2007, First Fridays Psychoanalytic Case Conference at the Green Door. She will speak on how clinicians can use developmental and psychoanalytic theory to inform effective prevention practices.

Marilyn Austin, PhD, played a flute solo, *Syrinx* by Debussy, at St. Marks Episcopal Church in Highland, Maryland for an event raising funds for a new organ. Marilyn has also begun teaching two sections of a course in psychology at Howard Community College.

Our thanks to Pat Driscoll, LICSW, for compiling and editing Out & About. Pat has long been active in the Society and most recently served on the Board as a GWSCSW Advisor.

REFLECTIONS

As years and clients go by, our thinking about our practices evolve; we encourage members to share in our occasional "Reflections" column. Here a member shares his thoughts on peer supervision, and ends with an invitation...

Patrick Gleason, MSW

I've been in private psychotherapy practice for over fifteen years, a social worker for thirty, and gay as long as I can remember. When I started thinking recently about joining a peer supervision group, I quickly decided I wanted to be in a group with other therapists from the Gay-Lesbian-Bisexual-Transgender (GLBT) community. I started looking around to see if I could find or start such a group.

The search itself has taken me outside my office, and inside myself, in ways I hadn't expected.

Many of my clients are gay, but not most. I do what I can to keep that mix. Working with clients who differ in many ways from one another as well as from me keeps me from getting too confident. Every day, I'm confronted with how much I don't know. The curiosity and discomfort that causes helps me to keep learning. I'm sure that makes me a better therapist.

I feel differently about a peer supervision group. I want to be with other people more like myself, my gay self.

Although I've been "out" for decades, I've never been very active or involved in the GLBT community. I don't think that has much to do with my feelings about being gay, or about the community. It's because I'm an introvert. The same thing that makes me so uncomfortable in gay clubs, parades, and organizations makes me comfortable in private practice. I think a peer supervision group could help

me with some of the clinical challenges I face every day. The idea of being in a GLBT group mitigates the anxiety I feel about being in any group.

I decided to post a note on the clinical society listserv to ask if anyone was interested in forming a GLBT peer supervision group. Not many responded. Of those who did, most were more interested in figuring out where and when a new peer supervision group might meet than in its being a group made up of GLBT therapists. The respondents started communicating back and forth among each other in the open listserv. Soon, a few decided they could all meet at a certain time in a certain place, but that they would drop the GLBT designation. I guess I could have become a part of that group, but I felt excluded.

Trying to think of a way to keep my momentum, I reminded myself I'm not only gay. I'm also a social worker. The private practitioner in me loses sight of that sometimes. I sent an email to the NASW DC Metro chapter office to ask about GLBT peer supervision groups in the area. Joyce Higashi, the executive director, responded. She didn't know of any such groups, but volunteered a brief history of the interactions between the chapter and GLBT social workers. (It turned out I had been a part of those interactions many years ago when I first joined the Metro chapter.) When Joyce suggested I write an article for their newsletter, I felt included.

I ended the article in the NASW chapter newsletter with a closing line expressing my ongoing interest in hearing from anyone interested in joining such a group. One person responded.

Now, I'm coming full circle, writing *this* article, and I'm learning more about myself as I go along. Two Society members who had responded to my inquiry told me the listserv reaches only about half the Society members, and suggested I try the GWSCSW newsletter, where an article would be read by all members.

Editor Margot Aronson responded with encouragement and insight when I asked her if the article could be published in this newsletter. We talked about my feeling excluded in a brief, but illuminating conversation.

I'm increasingly understanding how my feelings both of exclusion and inclusion help me navigate life as gay person in a mostly straight world, and how that, in turn, affects my work as a therapist.

That's the kind of experience I'm hoping to find in a peer supervision group. I know peer supervision members don't have to be gay, lesbian, bisexual or transgender for me to get the peer input I feel I need, but that's still what I'd prefer. ❖

Patrick Gleason practices on Capitol Hill. Anyone interested in joining a peer supervision group for GLBT therapists can contact him at Gleasonpm@aol.com or 202-543-4205.

OUR ONLINE SOCIETY

This column reports on questions that have been raised on the GWSCSW listserv, with some of the responses.

Topic: Expert Witness Testimony: I've recently been asked to be an expert witness in a custody trial. I won't be meeting the children involved, I'll be speaking in general terms about trauma and grief and how being cut off from family members could be harmful to them. To those of you who have done this before, I have two questions: how are you usually compensated? And what kind of questions do you get on cross examination?

... I do this frequently for political asylum cases and immigration cases. The case argument often is about "undue suffering and hardship" to the child if the parent is deported.

...I charge my usual hourly fee for preparation, travel, and time in court, and I pass on the parking fees.

...Your lawyer should prepare you by providing you with a list of questions about the relevant concepts, the case and your qualifications; discuss your responses with him/her before you testify. Also, submit your report to the attorney for review and suggestions for modifications or clarifications, as soon as you write it. The attorney will need this to prepare his/her questions for your testimony. The [appropriate] parents appreciate reviewing what you are going to submit to the court, and often more information comes forward once you share your report with them.

...Your attorney can help you anticipate the questions you might receive on cross examination. Some of the questions will seem absurd to you, but remember, the opposing lawyer represents the other side; it's his/her responsibility to try to poke holes in your argument.

Topic: I once had a copy of a great book on ADD which was a compilation of techniques that people with ADD had found useful—often simple—ideas which helped them be more organized, etc; that's what the entire book was about. Does anyone know the title and author of that particular book?

... It is hard to know exactly which book you are referring to. One of the best books I have used for adults with ADD is Sari Solden's *Women with Attention Deficit Disorder*.

... Is it called *ADD-Friendly Ways to Organize your Life?* This book is by Kathleen Nadeau and Judith Kolberg, and is very good.

Topic: Can anyone recommend a good book on grieving for a widow who recently lost her husband?

...The *Mourning Handbook* by Helen Fitzgerald is an excellent resource for someone who is grieving the lost of a loved one. Also, *The ABCs of Healthy Grieving* is helpful. Both provide compassionate insight in brief, easy to read and absorb text.

...I also like Theresa Rando's *How to Go on Living when Someone You Love has Died*. ❖

Ann Wroth, LCSW-C, works at NAMI, the National Alliance for the Mentally Ill. A member of the newsletter editorial board, she compiles and prepares Our Online Society for each issue.

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Referrals Increasing with the Advent of the Referral Panel Web Site

Patricia Garcia Golding, LCSW-C & Eileen Ivey, LCSW-C

It has been an exciting year, with the long-awaited interactive Referral Panel website finally in gear. The response to the website has been enthusiastic. Members have been reporting increased referrals directly from their individualized web pages. Please visit the website if you haven't already done so, at www.metro-psychotherapy.info.

New specialties like supervision have been added in an effort to make the site more "user friendly." Just enter the criteria into the interactive site and you instantly have access to the needed information.

About the Referral panel

In 1979, GWSCSW established the Referral Panel to provide educational and referral information to the community. Individuals could leave a message on a call-in line at 301-530-4765 and have a same-day personal

reply and referral from the volunteer on phone rotation. That service continues today.

A few years ago, the annual listing in booklet form used by the Panel volunteers was made available to requesting mental health professionals working in employee assistance programs (EAPs), psychiatric hospitals, and social service agencies. Their response was positive: they were very happy to expand their referral bases to include our Referral Panel clinicians.

Last year, with growing demand from institutions and individuals, the committee instituted a technological upgrade: the Referral Panel went on line! The result has been increased visibility and referrals. Now, through the Referral Panel website, we can offer the community—those in search of a therapist, as well as those making referrals—direct access to easy-to-use listings of Referral Panel participants, each of whom has an individualized web page describing his/her practice.

In addition to the listings, the Referral Panel website has pages informing potential clients about social work, the meaning of licensing, and other relevant information. The Referral Panel home page is linked to the Society home page, providing an additional source of information for the user, who can, for example, click through to our code of ethics and other search areas.

How and When?

How? It's easy! Just complete the application on the next page and send it to the address indicated on the form, along with a photocopy of your malpractice insurance face sheet, your current license(s) from the jurisdiction(s) in which you practice, and a check.

There is a \$95 one-time start-up fee for members new to the online panel. For those who have paid the initial start-up fee in either 2005 or 2006, there is a low operating fee of \$25 per year.

When? Starting now! New and existing members can apply using the application on the next page. The deadline for applying is February 1, 2007, but there's no need to wait! ❖

More than an office...

BETHESDA: A perfect spot—minutes off the beltway and metro, across from the NIH and with free parking. Situated in a doctors park, which looks like a group of cute little townhouses. My office is a sunny, interesting space; patients almost always comment on how nice it feels. Even better, my office comes with a suitemate, Dr. Mark Mollenhauer, an excellent Hopkins-trained psychiatrist. We share cases and refer to each other often. I'm retiring January 1st, and we hope to find someone who would like to build/expand a practice here. Part-time or hourly renters can also apply. Many of the office furnishings can be left, if you wish.

Sue Walen
(301) 365-5959 or suewalen@aol.com

GWSCSW 2007 REFERRAL PANEL APPLICATION

For current and new applicants – this form must be submitted each year. Deadline: February 1, 2007.

- Are you currently a FULL MEMBER of GWSCSW? Yes No *If no, stop here; only current full members can be placed on the Referral Panel. To join or renew, call 202-537-0007.*
- Renewal (\$25)** - For current members of the Referral Panel. If you wish to make any changes, go to your entry, select "Printer Friendly Page," print the page, *neatly* mark your changes and attach the page to this form. **Skip to the last section of this form!**
- New (\$95)** - Not currently a member of the Referral Panel. **Fill out both parts of the form below.**

Name _____

Office Address *Note: If you wish to list more than one office, you must submit a separate application for each location.*

Street Address _____ Phone _____

City / State / Zip _____ Fax _____

Email link, enabling clients to contact you. Use this email address: _____

Include a link to your personal web site: _____

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

Office Hours: Day Evening Saturday Sunday Handicap Accessible

Adjustable Fees: Yes No Do you have a student rate? No Yes

Population: Child Adolescent Adult Geriatric Mental Retardation

Modalities: Individual Group Family Couple

Services: Supervision Consultation Case Management

Specialties: Depression/Affective Disorders Anxiety/Phobia Alcoholism/Substance Abuse Loss/Bereavement

Divorce/Separation/Transitions Other _____

Types of ongoing groups _____ Foreign Language(s) _____

Theoretical Orientation(s): Cognitive Cognitive/Behavioral Eclectic Family Systems Integrative

Psychoanalytic Psychodynamic Other _____

A brief (**only the first 50 words will be included**) description of your practice/orientation for prospective clients:

List all insurance panels from which you accept referrals _____

INFORMATION BELOW MUST BE FILLED IN BY BOTH NEW AND RENEWING MEMBERS:

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

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

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

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

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

Signature _____ Date _____

► INCLUDE WITH YOUR APPLICATION:

- A copy of each state license where you wish to list an office
- A copy of your current malpractice liability insurance policy showing a minimum of \$1,000,000 coverage
- A check:
 - \$25 for renewing members (*if you have already paid in 2005 or 2006*)
 - \$95 for new members

► PHONE ROTATION

I would like to volunteer for a one-week phone rotation for the Referral Panel

- Anytime (except: _____)
- Sometime, but my schedule is complex; call me to discuss (_____) _____

► MAIL THIS FORM W/SUPPORTING DOCUMENTS TO:

Eileen Ivey
5480 Wisconsin Ave., Suite 227
Chevy Chase, MD 20815

Questions?
301-652-1030

FAXES WILL NOT BE ACCEPTED

NEW REFERRAL PANEL MEMBERS ONLY

NEW & RENEWING MEMBERS

WWW WANDERINGS

Joel Kanter, LCSW-C

On my desk in my private practice office is a computer with a high-speed internet connection. In a variety of situations, it has been a useful tool as part of my clinical practice. Some examples:

- ◆ A family member with a mentally ill relative asks about the procedures for involuntary commitment. I access the website of the Maryland Chapter of the National Alliance for the Mentally Ill (NAMI) and print out their useful pamphlet about these issues. Together, we review these procedures and consider a course of action.
- ◆ Treating older latency or young adolescent children (ages 8–13) reluctant to verbalize their concerns, I may allow them to show me their favorite websites or work on a puzzle or game online. For many children today, the computer and the internet has become their “playroom.” They can demonstrate a sense of mastery which is highly reassuring or share something about their interests and concerns.
- ◆ Some clients who lack home computers can benefit from access to email to contact family or friends. I have helped them establish free email accounts which they continue to use at libraries or other public venues.
- ◆ A client recovering from severe mental illness wants to move from his parent’s home into a rented room or shared apartment and complains about the difficulty finding such housing. I access the websites of the Montgomery Gazette, Washington City Paper, and Craig’s List and together we review the options. As we go through this, I cut and paste the appropriate listings into a word

document which is printed out for the client to make calls after the session.

- ◆ Occasionally, clients raise concerns which have been usefully addressed in articles available via the internet (i.e. often the sort of materials shared via the GWS listserv). In a minute, I access the article about family relationships, a psychiatric diagnosis, or a new treatment and print out a copy for the client. Invariably, clients experience this sharing of information as empowering.

These are just a few examples of how a computer can be a useful feature in the consulting room, offering assistance within the clinical hour as well as help with practice management. ❖

Joel Kanter, LCSW-C, is GWSCSW vice president for education and monitor of the GWSCSW listserv. He maintains a private practice in psychotherapy and case management in Silver Spring, Maryland.

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and

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Phase Two, Part 1 Training

Friday pm, Dec. 8 to Saturday, Dec. 9, 2006

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gwscsw@gmail.com

GWSCSW CONTINUING EDUCATION COURSES

■ Borderline Personality Disorder Revisited

(Rescheduled from October 2006)

Borderline Personality Disorder has been diagnosed in various ways with differing theories and etiology. This course will attempt a thorough study of history, research and theories about BPD. Case presentations are encouraged.

Marilyn Austin, PhD, LCSW-C
3000 Connecticut Avenue NW
Washington DC 20008
(301) 570-9143

Fridays: Jan. 12, 19, 26, Feb. 2
12:30 – 2:00 PM
Member: \$112.50
Non-Member: \$187.50
7.5 Hrs.

A Home at the End of the World

Michael Cunningham's 1990 novel beautifully portrays the adolescent friendship of Bobby and Jonathan and later, as adults, the unconventional "family" they establish with Clare. Using the relationships Cunningham has carefully constructed, the group will discuss traditional and contemporary thoughts on marriage, family and divorce and their impact on the development of the individual throughout the life span. Group members will also explore how debates on current topics such as gay and lesbian marriage and the effects of divorce on children influence how we practice clinical social work.

Kathryn Chefetz, MSW, LICSW
and Ted Billings, MSW, LICSW
4612 49th Street, NW
Washington, DC 20016
Falls Church, VA 22043
(202) 362-4938, (202) 232-2001

Friday, March 16, 2007
1:00 – 3:00 PM
Member: \$30 / Non-Member: \$50
2 Hrs.

■ Children and Adolescents in Separating and Divorcing Families: Needs, Tasks, Assessments and Treatment

Children and adolescents in separating and divorcing families must navigate the same developmental tasks as the children of "intact" families. They also carry the extra burden of doing so through the disruptions and losses associated with the rupture of their parents' marriages and the consequent split of the primary bond to the parents. This course will consider the impact of separation and divorce on the developmental journey of children and adolescents. It will then address our roles as professionals in the assessment and treatment of emotional and behavioral problems that may occur in the context of separation and divorce.

Diane Rainey, PhD, LCSW
7700 Leesburg Pike, Suite 425
Falls Church, VA 22043
703-734-1103

Friday, April 20, 2007
11:00 AM – 2:00 PM
Member: \$45 / Non-Member: \$75
3 Hrs.

■ Ethics

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 Association's Code of Ethics. Students are encouraged to bring into class ethical questions they encounter. THIS COURSE MEETS THE VIRGINIA, MARYLAND, AND HALF OF THE DC LICENSING REQUIREMENTS.

Carolyn Gruber, PhD, LICSW
6129 31st Street NW
Washington DC 20015
(202) 686 2139

All classes meet on Tuesdays
12:00 NOON – 3:00 PM
Member: \$45 / Non-Member: \$75
3 Hrs.

Choose one: May 8, 2007
May 15, 2007
May 22, 2007

Greater Washington jurisdictions renew every two years:

Virginia (June 30, 2007): 30 hrs, 2 hrs of Ethics
Maryland (October 30, 2006 or 2007): 40 hrs, 3 hrs of Ethics
DC (July 30, 2007): 40 hrs, 6 hrs of Ethics
GWSCSW courses meet requirements for VA, MD and DC license renewal including Ethics and board certification renewal.

GWSCSW COURSE REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Office Phone (_____) _____

Email _____

Social Security No. _____ - _____ - _____

Years in Practice _____ GWSCSW Member

Courses:

_____ \$ _____

_____ \$ _____

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

Please return to:
GWSCSW
PO Box 3235
Oakton VA 22124

Questions? Call 202-537-0007

COMMITTEE REPORTS

Continuing Education

Dolores S. Paulson, PhD

It has been my pleasure to serve the Society as Continuing Education Courses Committee chair for more years than I am willing to count, and I am now moving on to other endeavors. This Committee has served as a strong center post and unifying force for the Society since its inception almost 20 years ago. Only two chairs preceded me: Marion Usher and Anita Bryce.

As I move on to other responsibilities, I would like to thank the Society for entrusting this important position to me. Many people—students, faculty, administration, and an exceptional committee—made my tenure a joy. Committee members were always mutually supportive while challenging, stimulating and collegial. We all looked forward to committee meetings, eagerly anticipating the hard work we would do to produce the year's curriculum. Our enthusiasm was often fanned by a hearty bowl of soup on a cold winter day and always Irish coffee during St. Paddy's season.

Committee members, throughout my tenure, include Alice Kassabian, Audrey Walker, Connie Hendrickson, Marion Usher, and Diane Rainey. Others who served during these years include Nancy Nollen, Kathryn Chefetz, Stacia Super, Anita Bryce, Chip Fenton, Elizabeth Thomas and Ted Billings. A beautiful side benefit to the hard work of this committee has been developing deep and abiding friendships born out of mutual respect. Thank you, all!

Courses are in full swing! The ethics classes were again filled to capacity and received rave reviews. Carolyn Gruber will teach three more ethics seminars in the spring. Kathryn Basham traveled from North Hampton, MA, to teach "Transforming the Legacy: Couple Therapy with Survivors of Childhood Trauma," filling Audrey Walker's living room with a capacity crowd that included local Smith students as well as Smith alumni.

Most classes still have some space available. Please note that the complete class schedule is included in this newsletter. Your registration is invited.

Legislation & Advocacy

Margot Aronson, LICSW

The Legislative Committee has been active in all three jurisdictions this fall, as you can see by the reports starting on page 15.

In the District, Mary Lee Stein continues her involvement on our behalf in the CareFirst Watch Coalition, and Larry Goldes is getting an enthusiastic DC committee activated.

Alice Kassabian chairs the committee on the Virginia side, working in concert with the Virginia Society (VSCSW) and lobbyist Chris Spanos to protect the Virginia social work license and advocate for quality mental health practices available to all in the state.

As for Maryland, members have the opportunity to work with an exceptionally informed and effective lobbyist (Alice Neily) known

for her mentoring skills, and participate in our exciting agenda for the coming legislative session. Nancy Cedar Wilson and I need a few more spirited Marylanders to share the load!

Membership

Melinda Salzman, LCSW-C

New members and current members alike enjoyed our Fall New Member Gathering, held on November 5, 2006. We want to thank Sue Stevens for hosting. We will continue to hold new member events throughout the year, in place of the Ambassador program we offered last year. Mark your calendars for the New Member Tea, February 25, 2007, which should be a very festive event.

We continue to see a vibrant show of interest in the society, with new members joining each month. If you have questions about any programs or benefits, or about volunteering on a committee, we encourage you to call one of us. All phone numbers are in the directory, or you can get contact information from the GWSCSW office.

The Membership Committee includes Melinda Salzman, Chair, (301-585-7352); Carolyn Dozier, Joyce Harrison, Susan Marks and Sue Stevens.

Mentor Committee

Sheila K. Rowny, LCSW-C

The purpose of the Mentor Program is to link an established member of our profession with

a social worker who may be new to the area, a recent MSW graduate, or someone re-entering the field. The program is open to all GWSCSW members.

Mentors can provide advice on a range of career-related issues including resumes, job adjustment, supervision or agency issues, licensure, and establishing a private practice. Mentoring is neither psychotherapy nor supervision. It is time-limited and can be provided in person, by phone or email, or in groups.

In the past two months, the program has received five requests from mentees, who have been matched with mentor volunteers based on interests, experience and/or geographical location. After posting a request for mentors on the GWSCSW listserv, I received a very rapid and enthusiastic response from fifteen Society members.

Dorothy Wine has graciously agreed to coordinate an effort to organize support groups for mentees. If you would like to participate in a group, as a mentee or mentor, please contact Dorothy at 571-723-6424 or dawine@aol.com.

I hope that our experienced members will offer time and wisdom to the "next generation" of clinical social workers. If you wish to participate in one-on-one mentoring, contact Sheila Rowny at 301-365-5823 or srowny@aol.com.

You can also download a mentor or mentee application from the Society website: www.gwscsw.org. Please send the completed application to me by email or snail mail.

Newsletter

Margot Aronson, LICSW

We are delighted to have articles in this issue that are more "views" than "news," written by Audrey Walker, Patrick Gleason, and Jen Kogan. Please help us continue this trend toward more clinical material by reflecting on your professional expertise, indulging your creative side, and submitting articles.

A number of new members have indicated an interest in the newsletter, and you can expect to see some new bylines over the course of the year. We are particularly appreciative of the major role that Jen Kogan and Maya Godofski have taken in editing this issue.

Once again, Ann Wroth, Rachael Fried, Erin Gilbert, Sarah Pillsbury, and Joel Kanter have given us informative articles; Susan Post and Pat Driscoll have pulled together the Committee pages and Out & About; Shoba Nayar and Martha Horne have caught the typos on the galleys for us.

To join the committee or discuss/submit articles, contact me at 202-966-7749 or malevin@erols.com.

Outreach

Tybe Diamond, LCSW-C
Susan Post, LCSW-C

The Outreach Committee spent several years working with great hope and enthusiasm on a project to provide *pro bono* psychotherapy services to returning soldiers at Walter Reed Army Medical Hospital. We spent many hours at the hospital meeting with two consecutive Chiefs of Psychiatry and numerous service chiefs. There

was enormous enthusiasm on their part to have our members provide clinical services to individuals, groups and families. Many society members took the time to fill out a fairly complex "interest" questionnaire, and eventually there were six members ready and willing to devote half a day per week working at Walter Reed. Each submitted a recent resume, and these were sent on to the Chief of Psychiatry at the hospital for distribution to service chiefs.

Sadly, the retirement of one Chief of Psychiatry and the daunting red tape of the military and the hospital eventually took their toll on the effort to implement this volunteer program, and it has languished so long that at this point we have to admit defeat. We have found that while it is possible for social workers to provide volunteer services at WR through the Red Cross, they are not able to provide clinical services as we had wished to do. It has been a "learning experience," as they say, and we are the wiser for it.

At the same time, it has been a heartening experience for us to meet the devoted, energetic and determined staff that provides round the clock treatment for our soldiers returning from Iraq and Afghanistan, and to hear about the intensive and comprehensive services provided to them. Staff talked about the patients with enormous respect and admiration, and impressed upon us that most of them remain mentally strong and determined to move on with their lives despite horrendous injury (multiple amputations; severe head wounds and trauma; fractures and internal injury). While many of the patients suffer from

continued on page 34

Committees, from page 33

some secondary emotional trauma, the number with primary psychiatric disorders, including PTSD, is in the minority. Spouses and children come from all over the country to be with the soldiers while in the hospital, and family and child services are an important part of the program there. Eventually, the soldiers move on to rehab and to home, and are followed through the VA system and at local military bases. By all accounts (and according to several of our members who have been volunteering at the hospital on their own initiative) the soldiers are remarkable individuals who band together in mutual support and work hard to continue living productive lives. It is our loss, probably more than theirs, that this effort at collaboration did not come to fruition.

We will move on to other projects, wiser from our experience but determined that the Society have a positive presence in our community. We hope very much to enlarge our committee as we reevaluate its mission; all members, new and old, are encouraged to contact Tybe at ibtybe@aol.com or Susan at rspost@speakeasy.net.

Referral Panel

Pat Garcia Golding, LCSW-C
Eileen Ivey, LCSW-C

Referral Panel news appears on Page 28.

Don't forget to apply for inclusion in the referral panel. The application appears on page 29 of this newsletter. The deadline for 2007 is February 1. Remember, the application to the GWSCSW society

membership does not make for automatic inclusion in the referral panel.

Please consider contributing some of your energy and ideas for marketing our website and referral panel. It's the volunteers who make the referral panel such a vital and valuable asset. Contact Pat at 301-907-788 or goldgar202@aol.com or Eileen at 301-652-1040 or e.ivey@verizon.net with questions, suggestions and offers of help. ❖



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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, PO Box 3235, Oakton VA 22124 or gwscsw@gmail.com. For questions about advertising, call 202-537-0007.

Classified Ads: 75¢ per word	Display Ads: Full page 7 x 9¼ \$300	Half page \$175
Minimum price \$15 (20 words)	Quarter page 3¾ x 4½ \$100	Horizontal: 7 wide x 4½ high
	Eighth page 3¾ x 2¼ \$ 50	Vertical: 3¾ 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 (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

FRIENDSHIP HEIGHTS: Attractive, handicapped accessible office. Two blocks from Metro, parking in building. Available evening, daytime and weekend hours. Three hour block minimum, \$12/hour. Shared bathroom and waiting room. Call Eileen Ivey at 301-652-1030.

METRO/FRIENDSHIP HEIGHTS/DC: Seeking 4th professional to fill large, bright office with adjoining waiting room, in suite kitchen and lavatory. Sublease options available. Contact 202-237-8873 for details.

RESTON: Fully furnished therapy office space with other established respected therapists available for rent by the hour or by the day. Office for rent is large and bright with operable windows on two sides. It is large enough to hold groups. Conveniently located off of Sunset Hills Rd, by Wiehle Ave in the Sunset Hills Professional Center. Office has a large waiting room, 2 bathrooms and a copy/file room. For more information please contact: Melanie Miller-Civilikas, LCSW, Impresent@aol.com or 703-478-5383.

ROCKVILLE: Sublet, day, part-time or full-time in suite in Professional Center in Shady Grove area. Free parking, convenient location, attractively furnished. Also furnished office in BETHESDA, near Metro, available on Saturdays and Sundays. Please call Susan Levin at 301-299-1387 or Dr. Pamela Feeley at 301-648-6300.

TYSONS: Beautiful, large windowed office located inside Beltway on Rt. 7 between 495 and I-66 in Tysons area. Plenty of parking. Please call 703-790-0786.

TRAINING

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.

GROUPS

ADOLESCENT THERAPY GROUPS: Ongoing psychotherapy groups for adolescents 11-22. Call Britt Rathbone, LCSW-C, 301-230-9490. www.rathboneandassociates.com.

FREE PEER SUPPORT GROUPS: For children or adolescents who have experienced significant loss (death, divorce, other separation) in Silver Spring. Call RAINBOWS MD/DC Chapter at 301-495-0051.

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CAREER COUNSELING AND COACHING: Accepting referrals for career counseling and coaching. Two assessment tests used, Myers Briggs and Strong Interest Inventory. Assistance with resumé and interviewing skills. Coaching during process of career change or seeking employment which can be very isolating and stressful. Located in Fairfax, Virginia but much of the process can be done over the telephone and through e-mail and US mail. Face-to-face session for test results can be scheduled on the weekend. Contact Dr. Patricia A. Morgan, PhD, LCSW, (703) 273-9216 or visit www.adultfamilycareer.com.

■ 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 Phone (_____) _____
Home Office (_____) _____	Other: _____
Fax (_____) _____	_____
E-Mail _____	_____

Fax to: 703-938-8389 or Mail to: GWSCSW, PO Box 3235, Oakton VA 22124 ■ Email info to: gwscsw@gmail.com

UPCOMING EVENTS & IMPORTANT DATES

December 1 First Fridays: Psychoanalytic Case Conference
Boundaries and Ethics in Case Management, The Transitional Participant in Community Practice: A Relational Perspective Part II

Presenter: Joel Kanter, MSW
Time: 12:45–2:15 PM (brown bag lunch)
Location: The Green Door, Taylor Street NW, Washington DC

January 5 First Fridays: Psychoanalytic Case Conference
How Can Clinicians Use Developmental and Psychoanalytic Theory to Inform Effective Prevention Practices

Presenter: Bonnie Gallagher, MSW
Time: 12:45–2:15 PM (brown bag lunch)
Location: The Green Door, Taylor Street NW, Washington DC

January 28 Consortium for Psychoanalytic Research Conference

*Dreams in Psychotherapy:
An Integrative Research Approach*

Presenter: Clara E. Hill, PhD
Time: 8:30 AM - 4:00 PM
Location: Sibley Hospital auditorium, Washington, DC

February 2 First Fridays: Psychoanalytic Case Conference
Living with Sara: Recovering from Suicide and Borderline Personality Disorder

Presenter: George Hagman, MSW
Time: 12:45–2:15 PM (brown bag lunch)
Location: The Green Door, Taylor Street NW, Washington DC

February 3 GWSCSW Workshop
Childhood Parent Loss and Adult Psychotherapy: Perspectives from a New Model of Mourning

Presenter: George Hagman, MSW
Time: 8:30 AM – 12:00 PM
Location: TBA

February 25 GWSCSW Winter New Member Gathering

Time: 4:00–6:00 PM
Location: TBA

March 16 A Home at the End of the World

Time: 1:00 PM – 3:00 PM
Location: 49th Street NW, Washington, DC
Presenters: Kathryn Chefetz, MSW & Ted Billings, MSW

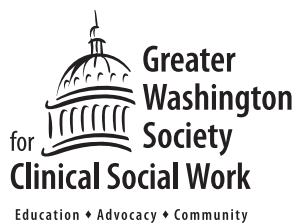
April 8 GWSCSW Brunch Meeting

Theoretical Developments in Understanding Women's Development
Time & Location: TBA
Presenter: Joan Berzoff, MSW, EdD

**May 12 GWSCSW Annual Conference:
Attachment Theory and Social Work Practice**

Commemorating the Bowlby Centenary
Presenters: Christopher Reeve and others
Time: 8:30 AM – 4:00 PM
Location: TBA

See page 31 for more information about GWSCSW continuing education courses.
For information, call GWSCSW at 202-537-0007 or go to www.gwscsw.org



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