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## Whatever Happened to the Revolution?

### *The Rise and Fall of Family Therapy Training for Clinical Social Workers in the Greater Washington Area*

*Jonah Green*

The development of family therapy revolutionized the field of mental health, which, before the 1950s, generally focused on treating patients in isolation from their families. In the 1950s and 1960s, several researchers and clinicians, including Gregory Bateson, Nathan Ackerman, Murray Bowen, Virginia Satir, and Salvador Minuchin began to challenge this approach, and to develop ways to heal people by treating the "family system." By the 1970s and 1980s, several schools of family therapy had developed, with the structural and strategic models at the forefront. The goals of the two approaches varied somewhat, with structural family therapy focusing on the use of organized principles of family structure and subsystems as a framework by which therapists could intervene and promote change within the family structure; strategic family therapy focused on effecting behavioral change by directly addressing presenting problems and symptoms. Both approaches demanded that therapists use their selves in a variety of creative ways to address family concerns.

The new models demanded a style of training quite different from what was practiced at existing therapy training institutes, most of which primarily utilized process recordings and individual supervision. Family therapists were using complex interventions such as enactments and paradoxical techniques (i.e., prescribing the symptom), even as they had to assimilate large amounts of data rapidly, and respond to constantly changing circumstances. A number of training institutes sprung up around the country to teach the new models. Supervisors at these institutes often watched their supervisees through one-way mirrors, and would frequently call them on the phone or even interrupt sessions to guide their therapeutic techniques.

The Greater Washington area became home to a number of such institutes. The Family Therapy Institute, based in Chevy Chase and headed by the late

*continued on page 6*

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Articles and letters expressing the personal  
views of members on issues affecting the social  
work profession are welcome and will be pub-  
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Signed articles reflect the views of the authors;  
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The next issue will be published  
September 2007 and the deadline is July 20.

Email articles and ads to gwscsw@gmail.com

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# President's Message

Diana Seasonwein



I can't believe that this is my last message as president. Three and a half years ago, I returned from living in Prague, Czech Republic. Before I had even moved into my house and unpacked my bags, I found myself agreeing to be the editor of the newsletter. Just as I was hitting my stride as editor, I was asked to run for president. I took on each of the challenges feeling uncertain about what I was doing. Now, two years as president have flown by, and I feel like I rather know what I'm doing. As I leave, I am reflecting on what I feel I've accomplished.

I've just reread what I wrote in my first President's Message, where I outlined my goals and vision for the Society. What I have learned is that while it is useful to have goals and a vision, events occur which are unforeseeable, but must be dealt with. First on my list was to see the membership grow—and grow it has, thanks to our wonderful Membership Committee, headed by Melinda Salzman. We number 547 members! And this committee is one of the most popular committees. Along with that was my wish to bring in new blood to assume leadership roles. And that we have, with Ted Billings as treasurer, and now as the new chair of the Education Committee. This committee is one of the pillars of our society, and it not only has a new chair, but new members as well. Our secretary, Barbara Tahler, a long-time member, was ready to become more active and has been plunged right into the thick of things. We have a revived Mentor Committee, headed by Sheila Rowny; a renewed Ethics Committee, headed by Judy Gallant; and last, but definitely not least, two new *News & Views* co-editors—Jen Kogan and Maya Godofsky—and Rachael Fried as special projects editor.

During the past two years, scope of practice has been an issue in all three of the jurisdictions: in Maryland, Virginia, and DC, we have made ourselves known to all three boards of Social Work Examiners. Our Society, represented by Dolores Paulson, Alice Kassabian, and Karen Welscher-Enlow, along with the Virginia Society and help from the Federation, succeeded in stopping a bill which would have undermined the licensure in Virginia. We also have become a presence on the Virginia Board of Social Work Examiners. Two of our members, Dolores Paulson and Susan Horne-Quatannens, are now on the board. Margot Aronson (who still doesn't sleep at night), organized a campaign in DC to protect our scope of practice there. This is an ongoing issue, but so far, we have prevailed. And, in Maryland, the battle to be considered as qualified to treat and diagnose mental retardation continues, again with Margot Aronson collaborating with the Maryland Society.

Shortly after I took office, we were able to hire Jan Sklennik as our administrator. She carries our institutional history. For many years, she has been responsible for the layout and printing of our newsletter, and I had the pleasure of working with her when I was editor of *News & Views*. Now, Jan is the person at the other end of the line when you call the Society. She

basically makes the trains run on time, and it is hard to imagine how I could have done my job as editor, and then president, without her.

We now have a prepaid legal plan with the law firm Feldesman Tucker, Leifer who have expertise with mental health care law. Sheila Cahill and I hammered out the contract with them, which went into effect on January 1 of this year.

I leave office with very mixed feelings. I am regretful about what I leave undone, satisfaction with what I have done, sadness that I won't be quite in the center of things, and relief that I won't be quite in the center of things! I am extremely full of gratitude and appreciation for the wonderful hard working team that make up the Executive Committee and the Board. Thank you all...I leave knowing that the leadership is in excellent hands. ❖

## Treasurer's Report

*Ted Billings*

The Society continues to be in strong financial shape. We should be able to end the fiscal year (through June 30) with a modest surplus. Membership, continuing education and conferences have continued to generate income, enabling us to support activities such as outreach and advocacy efforts in Maryland, the District and Virginia.

The decision to contract with Jan Sklennik of Print Matters to provide administrative support to the Society was clearly a sound one. Although expenses for office support have increased slightly, all the members I have talked with are very impressed with the quality of the service Jan provides. This is especially important for an organization like ours in which all the officers and committee members are volunteers and have busy professional and personal lives. Having someone like Jan around makes it so much easier to be an active member.

From a financial standpoint, the prepaid legal plan seems to be working well, with expenses averaging just over \$500 per month. The plan should be self-sustaining through the end of the calendar year.

Janet Dante and Barbara Tahler have agreed to serve on the Finance Committee which will provide guidance to the Treasurer and assist in developing a budgeting procedure. I am looking for another volunteer or two so if anyone is interested, please contact me at [ted\\_billings@comcast.net](mailto:ted_billings@comcast.net). ❖

## New Ethics Committee Forming – Your Help Is Needed!



*Judy Gallant*

As the new chairperson, I need your help in forming a new ethics committee within GWSCSW. We need volunteers to determine its goals and responsibilities and put them into place. Here are some

possible functions for the committee:

- Developing a resource page on our website pointing to various ethics statements and policies of local jurisdictions and professional organizations with which our members are affiliated
- Planning an annual symposium in conjunction with our education committee to address different ethical challenges we face in our practices

- Reviewing books or articles about ethics in social work

Your ideas and energy are essential to making this a successful working group. I would like to schedule an initial meeting before the start of the summer for anyone interested in this endeavor. Follow-up work can hopefully be done primarily via email and phone, to minimize the number of meetings necessary.

Please consider becoming involved with your Society in this important endeavor. We'll form new working relationships and friendships. Contact me via email or the phone numbers below. We'll all be glad you did.

Judy Gallant, [jg708@columbia.edu](mailto:jg708@columbia.edu), office: 301-587-2552, home: 301-680-015. ❖

# Joan Berzoff Speaks at Sunday Brunch Meeting

Rachael Fried

On Sunday, April 22, 2007, members gathered for brunch at Chef Geoff's in DC, to hear Joan Berzoff present *Theoretical Developments in Understanding Women's Development*. She discussed the history of feminism, and how each of the three waves of feminism have been shaped by the attitudes of society-at-large.

Dr. Berzoff began by discussing Freud, who believed that women were inherently inferior to men, and it was women's awareness of this deficit that caused them to envy men. However, beginning in the 1920s, theorists like Karen Horney and Melanie Klein began to hypothesize that women were not envious of men because of women's inherent inferiority, but rather because of the power that society awarded men. They believed that differences between men and women were socially, rather than biologically constructed.

The 1960s ushered in a new era of feminism that celebrated gender differences and relied heavily on Marxist perspectives. Theorists like Jessica Benjamin, Nancy Chodorow, and Dorothy Dinnerstein suggested that men were terrified of women's power, so men created and maintained rigid sex roles to keep their power.

Benjamin, Chodorow, and Dinnerstein believed that rigid sex roles perpetuated feelings of powerlessness and power for both men and women, and this dynamic would remain as long as women were the only caretakers of children.

The current wave of feminism suggests that it is difficult to understand gender outside of the context of power relationships, and that to try to classify gender as either male or female is too limiting. Today's feminist theorists have raised many questions that do not have clear answers, including, "Is gender a stable construct over time?" and "Is there a binary way to look at gender?" Dr. Berzoff also shared the limits of the current wave, including Peggy Macintosh's suggestion of a middle class bias, and the potential fragmentary nature for some people to think of gender as a varying construct.

Once again, GWSCSW members enjoyed a dynamic and thought provoking presentation from Dr. Berzoff. The information that she presented as well as the questions she posed provided members with an educational and enjoyable experience. ❖

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# Non-Verbal Communication

*Dalal Musa*

Words are a rich source of communication. Yet we say much more with our facial expressions and body movements, and most often we are not even aware of this. Being able to read and respond to non-verbal cues is essential in cultivating relationships and achieving success in many endeavors. Regardless of how intellectually or technically gifted one is, if he or she lacks a sufficient measure of what has come to be known as "emotional intelligence," an individual may struggle professionally and personally. But a person who is emotionally attuned can respond warmly and spontaneously to others, and, in turn, engender their affection and consideration.

Demonstrating the profound implications of empathy and intuition for relationships and procreation, researchers at the University of California at Santa Barbara have found that women instinctively assess a man's interest in, and ability to relate to, children by observing the man's facial expressions. The happier and more expressive his face, the more he was judged to be a good candidate for fatherhood. It follows that these men have more options in choosing mates.

Not all non-verbal communication is gender-specific. Men and women alike demonstrate arms crossed across the chest, poor eye contact, invasion of personal space (with consideration given to cultural differences), and loving stares. Our pupils dilate suddenly when we're angry, fearful, or suspicious. The face is capable of expressions which are very fleeting (especially when we consciously attempt to hide our feelings) yet trigger recognition and emotional reaction in another. Particularly when we see a person with a look of disgust, anger, or grief on his face, it affects us deeply, for these emotions are directly related to survival.

On occasions when we notice a disparity between what someone says and his or her non-verbal cues, it is wise to take the latter as what the person truly feels. We learn to tune in to and trust our intuition, and encourage our clients to do so as well. ❖

---

Dalal Musa, LCSW, has a private practice in Northern Virginia, in which she sees adults and adolescents. She specializes in working with adolescents, multicultural families, and individuals with chronic illness.

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**Grace Riddell, LICSW, LCSW**

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Jay Haley and Cloé Madanes, began in the 1970s and taught therapists a clear, problem-solving approach that featured very directive interventions. The St. Elizabeth's Hospital Division of Training began a training program in the 1980s that was largely structural in orientation. The Marianne Walters Family Practice Center taught an approach that grew out of the structural tradition, which emphasized building on family strengths, and attuned itself to issues of power and gender. All of these programs trained social workers, and all offered live supervision with one-way mirrors.

Today, however, there are no programs in the area, which are open to social workers or practitioners of other disciplines, which teach family therapy in the manner that these institutes once did. Certainly there is a lot of family therapy training: the Washington School of Psychiatry, the Institute for Contemporary Psychotherapy and Psychoanalysis, and the International Psychotherapy Institute all offer postgraduate training in couple and family therapy. These programs draw largely from the object relations stream of psychodynamic thought, which provides insight into family dynamics via an examination of the role of unconscious communication between family members. The therapy style that it teaches is far less active than the structural and strategic styles, and learning occurs primarily through supervision and process recordings.

Not all of the training in the area today is unambiguously psychodynamic. The Bowen Center in Washington, DC teaches a more systemic approach than the psychodynamic institutes. Still, the style emphasizes the use of educational and interpretive comments, and eschews the use of enactments or directives. The National Institute of Relationship Enhancement (NIRE) in Rockville offers a program that trains therapists to teach empathic, expressive conflict resolution and other skills to couples and families. The NIRE does use live supervision and one-way mirrors to train its clinicians.

In addition to these institutes, one can find seminars and workshops that present opportunities for studying family therapy. Eliana Gil in Alexandria, and Chesapeake Beach Professional Seminars in Annapolis give workshops on how to incorporate play into family therapy. The Jewish Social Service Agency (JSSA), the University of Maryland, the yearly Psychotherapy Networker (formerly known as the Family Therapy Networker as a case

in point) conferences, and the Virginia and Maryland chapters of the American Association of Marital and Family Therapy (AAMFT) offer one-day trainings on a variety of family therapy topics. The Maryland Center for Emotion-Focused Therapy in Annapolis provides training in a form of couple therapy that deepens the bond between partners by developing and heightening their experience of each other's emotions.

While the DC area does offer various opportunities to study family therapy, and is certainly a mecca for training in psychodynamic and Bowenian approaches, the question remains: what happened to the family therapy revolution? There are no longer any opportunities for social workers in the area to obtain live supervision in order to learn the interactive, directive techniques that have been the hallmark of family therapy.

Certainly, some of the reasons for the elimination of old institutes are idiosyncratic: the Family Therapy Institute ended around 1996 shortly after the divorce of Jay Haley and Cloé Madanes; funding dried up for the St. Elizabeth's program by the mid-1990s. NIRE's approach (its psychoeducational model) has gained particular popularity in recent years as it provides live supervision. Perhaps it can be seen as a "next generation" family therapy institute.

A further clue as to why opportunities for social workers to obtain training in more traditional forms of family therapy have dissipated may lie in looking at the opportunities that exist for *non*-social workers. Over the last several years, in consonance with the development of professionalization of the field of Marriage and Family Therapy, the Family Studies departments at the University of Maryland and Virginia Technical Institute have both developed robust training centers, complete with one-way mirrors and live supervision, for their degree candidates. It seems that the free-standing institutes have moved to the universities, where they are closed to already licensed social workers.

If so, that leaves a large hole in training opportunities for clinical social workers in what is otherwise an excellent region for postgraduate study. Without fail, the social workers whom I interviewed for this article spoke very highly of their training at the pioneering institutes. "It changed my whole way of working," said one. "The live supervision really honed my skills" said another. Perhaps the area is ripe for another revolution. ❖

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Jonah Green, LICSW, LCSW-C, provides therapy for children, families, and individuals in Kensington, MD.

# NMCOP Becomes AAPCSW

Joel Kanter

After an extended period of discussion, the National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP) decided to rename itself the American Association for Psychoanalysis in Clinical Social Work. The objectives of the AAPCSW include:

- To represent and protect the standing and advancement of psychoanalytic social work practitioners and educators
- To promote and disseminate the understanding of psychoanalytic theory and knowledge within the social work profession and the public
- To effect liaisons with other organizations and professions who share common objectives for social work and the advancement of psychoanalytic theory and practice
- To advocate for the highest standards of practice and for quality mental health care for the public

Activities of the AAPCSW include excellent national and regional conferences, a free online journal *BeyondtheCouch.org*, providing a social work voice in many psychoanalytic forums (including the publication of the *Psychodynamic Diagnostic Manual*), and advocating for excellence in clinical social work practice.

For membership information, see [www.aapcsw.org](http://www.aapcsw.org) ❖

Joel Kanter, LCSW-C, is GWSCSW VP for Education and monitor for the GWSCSW listserv. He maintains a private practice in psychotherapy and case management in Silver Spring.

## With Sympathy to Virginia Tech Victims and Families

As details surrounding the shootings began to emerge, Society members reached out to each other via the listserv for support and to share thoughts on this senseless tragedy. The editors of *News & Views* express their deepest sympathy to the family, friends and classmates of the victims of violence at Virginia Tech.

## Washington Center for Psychoanalysis INC.

(formerly the Washington Psychoanalytic Society)

### SEPTEMBER SCIENTIFIC MEETING

**Tuesday, September 18, 2007**

Title: *Controversy in Psychoanalytic Education*

Location: Women's Club of Chevy Chase  
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CME/CE: 1.5 hours

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# ADVOCACY & LEGISLATION

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## ■ FEDERAL

Congress is considering several bills that could be of importance to clinical social workers, according to Richard Yanes, executive director of the Clinical Social Work Association. Yanes urges us to support these measures actively by contacting our senators and representatives.

First, **S 61, the Clinical Social Workers' Recognition Act**, has been introduced by Senator Inouye of Hawaii (D), long a friend to social workers. This bill would amend federal workers' compensation laws to authorize the use of clinical social workers to conduct evaluations to determine work-related emotional and mental illnesses. There are no Senate co-authors, and there's no companion House bill at this time. The bill has been referred to the Homeland Security and Governmental Affairs Committee but has not yet been set for a hearing.

Next, **HR 1663, the Medicare Mental Health Modernization Act**, sponsored by Representative Stark of California (D), addresses inequities in mental health services of the Medicare program, including authorization for clinical social workers to directly bill Medicare for services provided to patients in skilled nursing facilities. The bill has not yet been scheduled for a hearing.

### Two Mental Health Parity Bills

The opportunity to expand mental health parity this year is better than it has been since the passage of the original Mental Health Parity Act of 1996, but separate bills present a problem.

The Senate bill, **S 55**, sponsored by Senators Kennedy of Massachusetts (D) and Dominici of New Mexico (D), passed out of committee on an 18–3 vote and now has 45 co-authors. It is currently on the Senate floor awaiting a vote. Further, following more than a year of negotiations by Senate staff, mental health organizations, business/employer groups, and insurance interests, the bill has the unqualified support of both business/employers and the insurance industry—interests which, in the past, have opposed and defeated previous parity legislation.

**S 558** is limited to financial and treatment aspects of health plans: medical necessity, denials of service, transparency, and individual plans are not addressed. The bill does require that financial restrictions for mental health services be no more restrictive than those provided for medical and surgical benefits (to include deductibles, co-payments, co-insurance, out-of-pocket expenses, and annual and lifetime limits), nor may the plan establish separate cost sharing requirements for mental health services.

The requirement for treatment parity covers the frequency of treatment, number of visits, days of coverage, and other similar aspects currently limited under existing federal and state parity laws; it does so without limiting such protections to a narrow list of diagnoses—an improvement over the approach taken by a great many state parity laws. Modeled on the experience of the Federal Employees Health Benefits Program (FEHBP) with 8.5 million beneficiaries, the bill includes substance abuse and chemical dependency services as well—components, which in past years, have spelled immediate defeat for parity legislation.

### Some Important Differences in the House Bill

Meanwhile, Representative Kennedy (D-RI) has introduced **HR 1424** in the House. This bill expands the 1996 legislation to require that those plans that provide mental health services do so on the same basis as medical and surgical benefits; as such it provides a “floor” whereas the Senate bill provides a “ceiling” on those aspects it covers. Like the Senate bill, this bill exempts businesses with 50 or fewer employees, individual plans, and contains the same cost exemption

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provisions. The bill does not prohibit states from establishing stronger requirements.

The bill also requires that information related to medical necessity criteria be available as well as the reasons for denials of benefits, whereas the Senate bill is silent on these points. And, unlike the Senate bill, HR 1424 mandates that, as a minimum, the health plan provide coverage for the same wide range of mental and addiction disorders that are currently covered by the health plan with the largest enrollment of federal employees.

**HR 1424** has the support of 263 coauthors, more than enough for House passage. However, previous House parity bills have also achieved this level of support only to fail to make it out of committee.

The national community of mental health organizations is split, according to Yanes. "The two bills present the classic political conundrum where we must decide whether to accept what seems possible or hold out for something greater," he says. "While the House bill seems to offer the better choice, the Senate bill is probably the only one with any chance of passage." ❖

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*Our thanks to Richard Yanes of the Clinical Social Work Association for providing the background for this article. Information on the Association can be found at [www.clinicalsocialworkassociation.org](http://www.clinicalsocialworkassociation.org).*

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## ■ MARYLAND

*Thandi Irvin*

My journey with the Maryland Legislative Council of Social Work Organizations officially began in January 2007. At that time, I had no idea that I was strapping in for quite a roller coaster ride. My first few weeks



*Alice Neily introduces Thandi Irvin to Maryland legislation.*

involved me getting acquainted with downtown Annapolis, the Maryland legislative process, state legislators, and last but not least, the clinical social work societies. These seemingly easy tasks became quite a challenge with the whirlwinds of session occurring simultaneously.

I must say that I entered this internship with some biases. I viewed politicians with some suspicion, as only looking out for their own agenda. However, through my experience with the Council, I came to realize that those prejudgments were incorrect. Most of the state legislators have open minds and are willing to pledge their support, as long as the seeking party has a strong case with all the relevant ducks in a row. Two delegates whom I had the opportunity to shadow were Melony Griffith and Shirley Nathan-Pulliam. I cannot begin to express how impressed I was with these two women. From their sponsoring of vital legislation to their chairing of and dedication to committees, I admire both their leadership and professionalism.

As for the clinical social work societies, they genuinely took me by surprise! The societies have a deep passion and commitment to their members and all things related to clinical social work practice. My attendance at the Maryland Society board meetings and at the annual meeting made this only more apparent. As a MSW student, I was constantly hearing about NASW and NABSW, but had never heard anything about the clinical societies. Even as a macro practitioner, it is evident to me that the societies offer infinite benefits to both members and to the profession. I feel that an injustice is being committed to all direct practice students who are not being made aware of this opportunity.

I would like to extend my gratitude and appreciation to the Council, the Greater Washington and Maryland Societies, and to Alice Neily, who guided my experience, for this opportunity. This venture was probably the most crucial experience in my journey towards becoming a macro social work practitioner. Although I faced many challenges and moments of uncertainty, the insight and experience that I have gained through this internship are the keys to entering the profession. So again, I say, "Thank you." ❖

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*This fall, the Maryland Legislative Council of Social Work Organizations (the coalition of GWSCSW and the Maryland Society) was approved by the Howard University School of Social Work as a field placement for a second year MSW student. With Betsy Amey, LCSW-C, as supervisor and lobbyist Alice Neily guiding her tasks, Thandi Irvin became our first intern.*

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## ■ DISTRICT OF COLUMBIA

*Margot Aronson*

Since the graduate schools of social work have oversight responsibilities for their student interns, based on Council of Social Work Education standards, is it necessary for the DC Board of Social Work to have oversight as well?

Must MSW student interns be supervised in their field placements by social workers at the highest (independent and autonomous) level of licensure? How, then, to deal with those placements where students working with the underserved have excellent learning experiences but where there is no LISW or LICSW—or maybe even no social worker at all—on staff?

Do social workers in administrative positions need to be licensed? What about policy makers? Or professors in schools of social work?

Reportedly, there are numerous ongoing vacancies for District social work jobs. Why not declassify these positions, so as to fill the vacancies with non-social work applicants?

There is a “common wisdom” that LGSWs in the District are choosing not to apply for advanced licensing, preferring to remain at the licensed graduate level throughout their social work careers. Can we find a

way to encourage advancement to the independent professional levels of LISW and LICSW?

Will the removal of the Board of Social Work from the DC Council Committee on Health—which oversees all of the other professional health licensing boards—affect our licensing?

Our GWSCSW legislative committee for the District is an active participant in discussions as these and other troublesome questions are raised at meetings of the DC Board of Social Work, at graduate schools of social work, and in the chambers of Council member Tommy Wells. Joining forces with NASW-Metro DC, we have argued for thoughtful decision-making based on careful research and open discussion among interested parties—including organizations like ours that represent broad social work community interests.

Our committee also looks at a variety of issues affecting access to mental health treatment and quality of care in the District, particularly for underserved populations. (See CareFirst Watch Coalition Update, page 11.) We write or sign on to letters, we visit Council members and testify at Council hearings, we join other organizations in special-issue coalitions. Members are urged to get involved. ❖

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*Margot Aronson, LICSW, GWSCSW immediate past president and former newsletter editor, is in private practice in the District of Columbia.*

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## New Treatment Authorization Form: How is it Working for You?

*Danille Drake*

By now, any of our members who practice in the District will have had some experience working with the new outpatient treatment authorization form, used by insurance plans. This form was approved by the DC Insurance Commissioner to uphold the DC Mental Health Act which strictly limits the amount of information we as practitioners are legally allowed to provide to third party payors.

If additional information beyond what is allowed on the form is required for reimbursement, your client may request an Independent Review.

The task force, representing the mental health community and insurance company medical directors, is interested in feedback.

Please contact Danille Drake at [ddrakephd@comcast.net](mailto:ddrakephd@comcast.net) if you have any comments about your experience with insurance companies' compliance in adhering to the use of the form to protect your clients' privacy. ❖

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*Danille Drake, PhD, is on the teaching faculty of the Georgetown University Medical School, the Baltimore Washington Institute for Psychoanalysis, and the Clinical Faculty of George Washington University's PsyD Program. She has a private practice in McLean and Bethesda.*

## Expanding Advocacy Efforts in the District

Mary Lee Stein

This month, at the request of the DC Applesseed Center for Law and Justice, GWSCSW joined in efforts on a District appropriations issue that could have a major impact on the District's ability to respond appropriately to the HIV/AIDS epidemic: the rider attached annually to the DC Appropriation prohibiting the District from spending local tax dollars to support needle exchange.

Congress did not even allow the District to count the votes when needle exchange was on the ballot a few years ago. But there is hope that the new Congressional leadership will be more understanding.

At the suggestion of Congresswoman Eleanor Holmes Norton, "the community" has sent letters to the relevant House and Senate Appropriations subcommittees— Representative Jose Serrano (D-NY) and Senator Richard Durbin (D-IL)—urging them not to add the rider to the '08 bill. Since substance abuse work is such an integral aspect of mental health treatment, GWSCSW has signed onto these letters, along with Applesseed and other organizations concerned with health and mental health issues. Mayor Fenty and the Council will send comparable letters. ❖

Mary Lee Stein, LICSW, represents GWSCSW on the CareFirst Watch Coalition steering committee. Mary Lee is in private practice in the District of Columbia.

## GWSCSW Appreciation Luncheon Held

Maya Godofsky

On March 2, the Society held an Appreciation Luncheon at Maggiano's in Chevy Chase, to honor and acknowledge those who have contributed their time and effort to the Society. Honorees enjoyed a delightful lunch, while making connections with veteran and new members. Members seemed to enjoy the opportunity to become acquainted with each other. The Society is grateful for the contributions members have made, thereby contributing to its success. ❖

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## ■ VIRGINIA

### **Greater Washington Society for Clinical Social Work Statement on Social Work Licensure Exemption in the Commonwealth Of Virginia**

Question: Do current exemptions from the requirements for licensure serve the best interests of citizens of the Commonwealth?

Title 54.1-3701 of the Virginia Code expressly exempts from its social work licensure requirement under subparagraph 4 "persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any Agency established or funded in whole or in part by any such governmental entity or of a private, non-profit organization or agency sponsored or funded, in whole or part by a community based citizen group or organization."

We oppose this exemption from the requirements of licensure as not being consistent with the *overriding stated purpose of the Virginia Social Work Licensure requirements designed to protect the health, safety and welfare of the public.*

We call to your attention that the model Social Work Practice Act states that there are *no exemptions from Social Work practice requirements*, except for students currently participating in an approved Social Work Program, when completing an internship, an externship or other social work experience requirement for such programs. Exempting any social worker or group of social workers from regulatory oversight is contrary to the purpose of the Act. (Model Social Work Practice Act, p 5.)

Section # 103 of the Model Act states as follows: "It is the purpose of this Act to promote, preserve and protect the public health, safety and welfare by and through the effective control and regulation of the practice of Social Work; the licensure of social workers; the licensure, control and regulation of persons, in or out of this State thru practice social work within this State." (Model Social Work Practice Act, p 4)

The Social Work Practice Act reflects the basic principles that a *Board must have full knowledge of the Social Worker practicing social work within its jurisdiction and must effectively protect the public through regulation.* (Model Social Work Practice Act, p 4)

In our view, the concept of licensure exemption is anti-professional. The exemption confuses the public perception of the otherwise high standards of social work

practice. All other professions require licensure with no exemptions for their practitioners. Exemptions to us appear to be unethical in that they adversely affect the health, safety and welfare of those receiving social work services.

The criminal case involving the Commonwealth of Virginia vs. Asher Benjamin Levin reported by the Circuit Court of the City of Alexandria in 2001 is a tragic case in point. In this case a three year old girl, Katelyn Frazier, was fatally injured by "blunt impact head trauma" on December 29, 2000 after being returned to her natural mother's (Penee Marie Frazier) home from her foster home. Three months after she was moved from foster care and transitioned to her mother's chaotic, abusive home, Katelyn died of fatal injuries for which her mother's live-in boyfriend, Asher Benjamin Levin, was charged. The mother was also charged and both were convicted of felony child abuse and neglect.

The City of Alexandria Welfare department had legal custody of Katelyn during the transition to her mother's care due to her prior family history of abuse and neglect of her four children, all under six years of age. In addition, the mother suffered from a dual diagnosis of substance abuse and bipolar disorder. Furthermore, the mother's boyfriend had been convicted and re-arrested on theft charges. The family lived in squalor and chaos. Multiple bruises on Katelyn's body were noted by witnesses and social workers, from September 2000 until Katelyn was killed on December 27, 2000, according to newspaper accounts.

The Child Welfare League of America was commissioned by the City Manager of Alexandria to review the City Agencies involved in this loss of life of a three year old child due to abuse and neglect. The League's initial report was not made public (though it was seen by the Washington Post); reportedly it was revised by the City Manager to look more favorable. Based on the initial League report, the Post stated that "in their visits, [the social worker's] observations were focused on the living conditions rather than the physical safety and well being of three year old Katelyn Frazier who was fatally injured in her mother's apartment in Alexandria." (*Washington Post*, Wednesday, August 8, 2001)

The *Post* further wrote:

Although Katelyn's case received intense scrutiny, social service providers made more than 30 visits to the home in the three months after she was returned to her mother – the bruises and condi-

tion of the home at the time of her injuries are prompting concerns among some authorities and experts about the quality of oversight the Frazier family was receiving and whether warning signs were ignored.

Many experienced social workers have expressed concern about the effect of Virginia licensing law's exempt status on the quality of services, making the argument that while DHS caseworkers are referred to as social workers, they may actually not be social workers in terms of education and training. Virginia's licensing law exempts those employed by public or non-profit agencies from social work licensing. Because DHS "social workers" need not be licensed, there is no requirement for *graduate training, supervision or continuing education*.

There are thirty social workers on the Child Welfare Staff. Only twelve of them hold Masters of Social Work degrees, and only one holds a state license. Of six supervisors, three hold MSWs and one has a Bachelor of Social Work degree. In a highly educated, well-to-do city, we have somehow been slow to professionalize a department whose personnel are asked to support, assist and sometimes make life altering decisions for children and families. Katelyn's story teaches us that this state of affairs can no longer be tolerated. There is no absolute guarantee against tragedy but there are measures that we can take to guard against a child ever being again abandoned while in the care of the system.

S. Randy Sengel, Commonwealth Attorney of the City of Alexandria who prosecuted Katelyn's mother and her boyfriend, decided against filing criminal charges against the two city workers in the case. He called his decision not to prosecute them "a close call." Sengel said: "I certainly believe that the social workers who were responsible for Katelyn were careless, but this carelessness did not rise to the level of criminal negligence." Should they have known that Katelyn was being abused? "Yes." Should they have known that leaving her in that home would result in death? "Not necessarily." (Washington Post, February 21, 2003)

In a recent communication with Sengel, he had this to say, "It is essential to increase the level of social workers' training. Anything we can do to increase training and education for social workers and police in recognizing child abuse and neglect would help prevent these terrible tragedies." He had no knowledge of the exempt

status for social workers. When he heard this, he said, "They need to be licensed like other professionals."

The two social workers involved in the Katelyn Frazier case were the caseworker and her supervisor in Alexandria DHS. The case worker was a LSW but her VA license had expired in 1999 and is no longer in the system. Her supervisor was not in the system at all according to the Virginia Board of Social Work; there was nothing to indicate licensure.

These social workers were not sanctioned by the VBSW *because they were not licensed*. Exempt unlicensed practice compromises the main purpose of VBSW's task of fully protecting the public health, safety and welfare of the citizens of the Commonwealth of Virginia. The VBSW needs to have authority over *all practice of Social Work*.

Thank you for your consideration of these remarks in your discussions about what we view as negative impact of exempt status on the ability of VBSW to fully protect the public.

We thank you for you for your commitment and work toward the goal of protecting the health safety and welfare of the public. ❖

Alice Kassabian, PhD, LCSW  
Member of Focus Group  
HB 1146 Subcommittee  
Legislative Committee, GWSCSW

Margot Aronson, MSW, LICSW  
Chair of Legislative Committee, GWSCSW

Former GWSCSW president Alice Kassabian, PhD, LCSW, presented this testimony to the Virginia Board of Social Work in March. Alice is chair of the Virginia legislative committee.

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# New Research: Borderline Personality Disorder

Marilyn A. Austin

The journal *Social Cognitive and Affective Neuroscience: Developmental and Clinical Perspectives* is publishing a special issue titled *Brain and Cognition*, which is now in press. This special issue will contain a research article authored by Marilyn Austin, Todd Riniolo, and Stephen Porges, on "Borderline personality disorder and emotion regulation: Insights from the Polyvagal Theory."

This research was sparked by observations of suspected neurological problems among those whose emotional expression is mercurial or hair-triggered, and marked by strong attachments and equally strong disengagements when the object has disappointed the subject. The prevailing theoretical perspective is based on problematic attachments with primary figures in a person's early life. Several authors have attempted to prove that people with borderline personality disorder (BPD) are "made" by sexual trauma or other abuse, but there were always too many other factors not taken into consideration to give much validity to those assertions.

It is currently much more widely accepted that human beings are shaped by the interaction of the biological/genetic with environmental factors. Therefore, we sought out biological markers that could be found influential in the development of someone with BPD. Typically, there is the inability to self-soothe and difficulty being alone. There is a lack of internal security, and the relation to attachment theory is apparent.

Others have proposed that the affective instability of the BPD may be linked to certain types of noradrenergic and cholinergic activity, as well as serotonergic factors. Minimal brain dysfunction has also been considered. Various biological mechanisms are involved in the manifestation of temperament. Some of the early work of Stephen Porges showed that certain individual differences in temperament may be accounted for by differences in the balance between the activities of the sympathetic and the parasympathetic nervous systems. This homeostasis may be seen as a component of the functioning of the central nervous system.

Homeostatic processes operate on the basis of neural feedback mechanisms. A central part of this system is the vagal system, which, via afferent and efferent pathways, provides a communication link between visceral

organs and the brain. The vagus nerve afferents terminate in the medulla, primarily into the nucleus of the solitary tract which projects to the central nucleus of the amygdala, and other areas including the frontal regions. The vagus nerve can be said to be closely related to the experience of emotion through the various afferent feedback mechanisms.

Without going into all the neurological activities and connections, we skip to the results of the study. Porges devised an instrument to measure the activity and reactivity of the vagal system, which is considered to be an indicator of the functioning of the parasympathetic nervous system as it counters the reactions of the sympathetic nervous system and maintains the physiological homeostasis necessary to the growth and well-being of the individual. These characteristics, which can be detected in infancy, have been shown to persist into late childhood.

The statistical analysis of the study supported the hypothesis that persons with BPD have a physiological problem with regulating expression of mood. This factor, when combined with the results of a parental bonding inventory, showed with amazing accuracy, that by using these characteristics, the authors could discriminate the control group from the BPD group with an overall accuracy of 94.74 percent (Binomial  $-d = 3.6757$ ; Lambda  $-p = .89$ ). These results support the view that BPD develops from an interaction of a physiological characteristic and parental attachment issues.

Neurological research is essential to our growing understanding of the human being. Everything psychological is physiological in that we are made up entirely of electro-chemical reactions. Once we understand the physiological underpinnings of our "conditions," we will be better able to understand how to address the painful problems with which we are often confronted in our work. ❖

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Marilyn Austin, MSW, PhD, is a psychodynamic psychotherapist in private practice. Her practice is in Olney, Maryland, and she treats a variety of people and life-problems. Marilyn also teaches psychology at Howard Community College and likes to keep up on neurological research.

# CLINICIANS & MONEY

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## Prosperity for Social Workers

Peter H. Cole

We social workers are people who care intensely about social justice. We care about relationships and psychological development. We tend to look for cooperative solutions to problems. Most of us would be willing to pay more in taxes if those taxes were to help improve the human and natural environment.

It is really no wonder that social workers can feel alienated from the world of money and investing as it is portrayed in the media. The financial media tends to put its emphasis on finding hot stock tips and consumerism, valuing competition over cooperation, and valuing profit over social responsibility.

However, there is a natural home for social workers who want to succeed with their investments. The values that social workers hold are actually ideal for successful investing based on a powerful model known as Modern Portfolio Theory. Nobel prize-winning economist, Harry Markowitz, is the originator of Modern Portfolio Theory. Modern Portfolio Theory looks at the market as a whole, rather than focusing on individual stocks. Individual investments are analyzed statistically, looking at their long-term return rate and their short-term volatility. More volatile stocks are equated with risk. The goal is to identify your acceptable level of risk tolerance, and then find a portfolio that matches that level of risk.

The beauty of this approach for social workers is that it gives us a way to invest in which investing is not seen as a competitive struggle. By finding your risk tolerance at any given stage of your life, and assigning an appropriate asset allocation for your investments, you have now greatly simplified the whole process of investing. Now you can turn your attention to the things that you really care about.

Social workers have an investing advantage: we are interested in our own psychological development. The Modern Portfolio Theory approach allows us to focus on our own wealth-building behavior rather than on the competitive marketplace. We turn the focus to our own values and goals, working to align our present

behavior with the outcomes we envision for our lives. Wealth building becomes an activity that fits with our values.

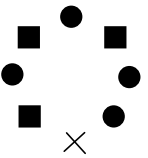
In order to find the asset allocation that is appropriate for you, it may be wise to sit down with a financial advisor. Alternatively, there are tools on a variety of websites to help you ascertain both your tolerance for risk and to help you with specific asset allocation models. Money.msn.com, finance.yahoo.com, and fool.com all have excellent resources.

Remember, the best time to start investing is ten years ago. The second best time is now. Good luck, and please feel free to contact me with questions. ❖

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Peter Cole is an LCSW, Chartered Financial Consultant and director of Insight Financial Group<sup>1</sup>. He specializes in financial planning<sup>2</sup> for psychotherapists throughout California. He is the author of *Mastering The Financial Dimension of Your Practice: The Definitive Guide to Private Practice Development and Financial Planning* available through Amazon.com. Peter's new book *True Self – True Wealth: The Pathway to Prosperity* will be coming out in the fall of 2007. Peter can be reached at (800) 426-1399; [www.insightfinancialgroup.com](http://www.insightfinancialgroup.com).

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# OUR ONLINE SOCIETY

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

**Topic:** We are three therapists in Northern Virginia who met two years ago through this listserv at a weekly coffee gathering and still meet regularly. Over time, we have noticed two things about the listserv: (1) Northern Virginia practitioners do not have much of a presence; and (2) the psychoanalytic perspective is well represented, often to the exclusion of other perspectives.

**Where are the cognitive-behavioral therapists, the EMDR therapists, the hypnosis practitioners, the family therapy practitioners, the solution-oriented brief therapist, the mind-body practitioners, Gestalt experiential therapists, those who use meditation, the addictions experts, sand-tray therapists, Jungian therapists and creative arts therapists?**

**We would like to hear more ideas about alternative clinical perspectives in the way of educational programs, trainings, discussions on the list-serve, articles and supervision groups.**

... I just wanted to contribute another voice from the hinterlands. I am a Certified Gottman Method Couples Therapist, and I hope that the Gottmans' keynote address at the Networker Symposium piqued your interest in their method. I find it to be extremely effective with couples, and very comfortable for the therapist because you have a clear roadmap for what needs to change and how. I will also be going to Ottawa in June for advanced training with Sue Johnson in Emotionally Focused Couples Therapy which makes use of attachment theory in working with couples. Despite the fact that neither method appears to have a large following in this area, one of the things I really like about both methods is that they are based on research and have been empirically tested. I will be glad to provide more information on either method for anyone that is interested.

... Thank you so much for raising this issue! As a Gestalt, family systems, Imago Relationship Therapist, EMDR and Voice Dialogue practitioner, as well as Certified Psychodramatist – I couldn't agree more. The heavy emphasis on psychoanalytic thought and training has kept me from being more connected with the Clinical Society for years. Clearly, all of the approaches men-

tioned and much more are predominant in the psychotherapy field.

... Re this discussion of the influence of psychoanalytic thinking and practice in the GWSCSW, I think there are several good reasons why this perspective has a significant influence:

1) From a purely numerical perspective, psychoanalytic training programs, organizations, conferences, journals, etc, simply outnumber, by far, the opportunities for professional development of any other model, especially in the Washington Metro area.

2) Psychoanalysis, more now than ever, has an openness to ideas from a wide range of sources. In my view, this was historically the case in DC, where Sullivan and the Washington School of Psychiatry invited an exchange of ideas with anthropologists, sociologists, political scientists, philosophers, and other scholars in the humanities, etc.

In contrast, some of the alternative models have themselves become "closed systems." Several (Imago, EMDR, etc.) are explicitly copyrighted, and training materials are closely guarded (and inaccessible for study by colleagues unwilling to sign up for intensive training courses). And others (DBT) are narrowly focused on particular diagnoses.

This is not a pitch for everyone to become psychoanalysts or psychoanalytic psychotherapists. Just an acknowledgment that psychoanalysis has become a very "big tent," both organizationally and intellectually, which now welcomes a great diversity of ideas, voices and clinical experiences.

... This discussion of the merits of and the degree of inclusiveness of analytic ideas is interesting, but it does not seem that it is addressing the concerns that we heard from the the three members. As I understand it, they feel left out, "in the hinterlands," as it were, and they want to be more included. I believe that it is important that we validate their feelings and perceptions, and further explore why they may want to feel more included. Perhaps then we can do something about it, and strengthen the Society in the process. I can't imagine why they would have written the email if they didn't want to feel more included and become more involved.



... Good point. How can we try to build and foster a sense of community with people who work in many different ways? As a relatively new member, I started off feeling somewhat isolated because my training is in family systems. I did notice that getting more involved with the society has really made me feel more of a part of this group

... This has been a useful dialogue. We definitely need to have more society training from different perspectives. The fact that there is so much analytic training in this area means the Society, which is not explicitly analytic, should have more training from other perspectives. The answer, or one answer, is to get involved with the education committee and scope out presenters from all the different areas. This will help to potentially expand the membership and involve people more. It could lead to an even better dialogue. I say this as one identified with psychoanalytic ways of listening and intervening. To a hammer, everything looks like a nail; we should all try to be aware of our biases.

... To all those who have written about or are concerned with the place of Northern Virginia and various theories of psychotherapy within the Clinical Society:

These issues are extremely valid and worth examining. We are trying to hold more meetings and continuing education workshops in Virginia, the problem being that it is hard to find venues which do not demand exorbitant minimum rental fees for gatherings such as dinner meetings. If any of you No VA members know of restaurants or other places that would be available for meetings at reasonable rates, let Joel Kanter know; he is always looking!

Historically, the Society was pretty psychoanalytically oriented, but that has changed enormously. Many of us who were turned off by that emphasis have become steadily more involved, and find that the current mood is quite open to all approaches to clinical practice, and we are trying to incorporate more variety in the continuing ed offerings.

PLEASE do not avoid becoming more active in the Society. It is only by having members with a wealth of backgrounds represented on committees and in the leadership that we will be able to broaden our base to include and promote learning in the rich range of theories and practices available to us. Most members practice a range of approaches, and there are many schooled in family, group and other therapies.

There is a constant need for more members to be active in the Society, and it is so easy to become involved and have a voice. First, there is this listserv: keep sharing ideas and any information you may have on training and continuing ed opportunities. There is the newsletter, which welcomes articles. Jen Kogan and Maya Godofsky are the co-editors, who became active right away as new members. There are numerous committees which need more volunteers.

In order for the Society to become increasingly inclusive, it is vital that members speak up and show up. Find a committee which interests you (information is included in every newsletter) and get involved! ❖

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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# GWSCSW BOOK CORNER

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Our Book Corner celebrates the works of GWSCSW authors. Please contact us at [jenniferkogan@verizon.net](mailto:jenniferkogan@verizon.net) or at [maya\\_beth@yahoo.com](mailto:maya_beth@yahoo.com) with information about your publications.

Erin Gilbert

## Mom, Can I Move Back In With You?



Linda Perlman Gordon, LCSW-C, MEd

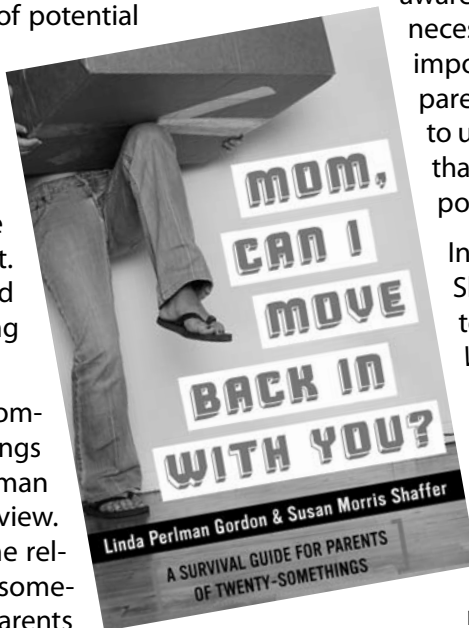
During your hectic morning, you notice that your daughter, who is away at college, called your cell phone. You return the call, mindful of potential emergencies. Your worst fears

are confirmed—she is frantic. “Please! I need your help!” Your heart rate increases and you just manage to catch the end of her statement. “Look up my class syllabus online and tell me what is due today! I’m walking to class and need to know.”

Nowadays, such requests may be commonplace for parents of 20-somethings due to “adulthood,” Linda Perlman Gordon explains in a recent interview. She uses this phrase to describe the relatively new phenomenon of 20-somethings who remain dependent on parents at a time in their lives when past generations were already self-sufficient. Gordon states that she first noticed adulthood both in her personal life, and in her clinical work, and eventually she and Susan Morris Shaffer wrote *Mom, Can I Move Back In With You?* an in-depth exploration of the concept of delayed adulthood.

Gordon states that she and her co-author had several goals in writing *Mom, Can I Move Back In With You?* including identifying and describing the phenomenon of delayed adulthood. In addition, she stresses that she would like to normalize adulthood for parents who may be wondering why their 20-somethings did not become self-sufficient automatically upon leaving home at 18 years old. The book lists characteristics of the new adulthood, a necessary task, since past notions of adulthood may not be relevant for today’s 20-some-

things, and she urges parents to measure adulthood not by demographic transitions, but by these qualities instead. Also, she explains that parents should be aware that new methods of parenting are necessary in this often unanticipated but important final stage in the process of parenting, and she encourages parents to use these new methods to help rather than hinder 20-somethings at this crucial point in their lives.



In addition to this book, Gordon and Shaffer have written two other books together: *Why Boys Don't Talk and Why We Care* and *Why Girls Talk and What They're Really Saying*. Information about these books is available at the authors' website: [parentingroadmaps.com](http://parentingroadmaps.com).

When asked about plans for a new book, Gordon states that she currently is occupied with speaking engagements, though she may write something in the future on the topic of grandparenting. ❖

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GWSCSW member Erin Gilbert is a residential counselor with the Board of Child Care of Maryland.

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## Out & About

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

**Patricia Gibberman** was recently certified by the Gottman Institute in Seattle, WA as a Gottman Method Couples Therapist. Patti is the first certified Gottman therapist in Virginia and one of only 75 worldwide.

**Joal Ann Bennett-Stenzel** had an article published in January in the December 2006 issue of the international journal, *Ad Hoc Bulletin of Short-Term Dynamic Psychotherapy – Practice and Theory*. The article, "The Girl Who Played 'Perfect' for Her Father" is an actual transcript, with commentary, of a therapy session demonstrating how the moderation of anxiety, the restructuring of defenses, and the undoing of the punitive superego led to a breakthrough of her murderous impulse, guilt, grief and an unlocking of the patient's unconscious.

On February 24, 2007, **Hani Miletski**, MSW, PhD, an AASECT Certified Sex Therapist, presented an hour and a half workshop titled "Reawakening Venus: Reclaiming and Embracing Your Sexual Self" before more than 120 Survivors of breast cancer, at the 7th Annual Conference for Young Women Affected by Breast Cancer, in Crystal City, Virginia.

**Sue Stevens** represented the Clinical Society at a Job Fair on March 29, 2007 at Catholic University. The event was very well attended and included MSW students from Catholic and Howard. Our booth, which featured cupcakes as well as information, attracted many students. They seemed responsive to the benefits of membership and the idea that "we social workers have to stick together." ❖

Send your information for Out & About to newsletter co-editors, Jen Kogan or Maya Godofsky.



The International Psychotherapy Institute (IPI)  
presents...

## The Unconscious Shared Phantasy in the Couple: A One Week Summer Institute

The International Psychotherapy Institute's 2007 Couple, Child and Family Summer Institute will be dedicated to the study of the concept of "shared unconscious phantasy." We will study how the analysis of the unconscious shared phantasy helps to simultaneously analyze transference and countertransference issues; mutual projective and introjective identifications; and the level of Oedipal or Pre-Oedipal functioning in the couple. The frame of work will follow David E. Scharff and Jill S. Scharff's parameters of Object Relations Couple Psychoanalytic Psychotherapy.

As background to our study we will read Elizabeth Bott Spillius on Freud and Klein's concept of Phantasy; Neville Symington's ideas on how phantasy affects that which it represents; and Ronald Britton's papers on *The Missing Link and Sharing Psychic Space*.

As usual, all presentations will include clinical material. Sufficient space will be provided for the participant's own case material and small group discussions, and each day will devote time to two effective learning groups.

### Faculty:

Yolanda de Varela, PhD, David Scharff, MD,  
Jill Scharff, MD, Carl Bagnini, LCSW, BCD,  
Kate Scharff, MSW

### Continuing Education:

Approximately 32 hours CE credit

Registration Fee: \$960  
(\$920 if postmarked by May 31, 2007)

### More information

e-mail: [theipi@mindspring.com](mailto:theipi@mindspring.com)

(301) 215-7377



## MEMBER SPOTLIGHT

### Melinda Salzman, MSW

*Jennifer Kogan*

"I am proud to be a clinical social worker, because we consider both the person and the milieu,"

says Melinda Salzman, chair of GWSCSW's membership committee. She expresses equal pride in the Society: "Over the years, the Society has done so much to strengthen our identity and our skills as social workers, and to make the community aware of our professionalism." A member since 1986, Melinda served earlier on the public relations committee. She is well aware that members move in and out of taking a more active role with the society. "I get so much more out of the society when I'm active. I meet more people, and realize how much the society is doing. I get to know and appreciate the talents and skills of other members by working with them on specific projects."

Melinda earned her master's degree in social work at Smith College in 1979. She then worked with children and families at the Jewish Board of Family and Children Services in Brooklyn, NY. In the mid-'80s, she relocated to Washington after her husband found a job in the area. At that time, Melinda was pregnant with her first child. As a wife, a mother, and a social worker at home with young children, Melinda became interested in the challenges of balancing work and home. She also decided she no longer wanted to do play therapy, she wanted to "work with people who could talk!" She started working part-time for a private group practice, and for many years was affiliated with the St. Francis Center (now the Wendt Center for Loss and Healing). She also began to lead support groups for mothers with young children. "With parenting, you are constantly learning more, often the 'hard way,' and after the fact. It's so frustrating you have no opportunity, then, to do it over, do it right! In the mothers groups I had a chance to share my hard-earned wisdom."

Nowadays, Melinda sees adults, elders, and occasional teens in her private practice. Her practice focuses primarily on grief and loss, couple therapy, and sex therapy. Where earlier in her career she found working with

couples could be overwhelming, she now welcomes the challenge. As she has grown and developed as a clinician, she has come to believe that "marriages can go awry in so many different ways. But they can also be successful and amazingly transformative. Working with couples is very exciting to me." Melinda also provides clinical consultation to LGSW social workers at the Washington Hospital Center. Recently, she has also been working with individuals with end-stage kidney disease who are either on dialysis or have organ transplants.

Melinda's grief specialty extends to the National Fallen Firefighters Foundation where she and some thirty other facilitators lead groups each Fall for family members and co-workers of fallen firefighters. "The world of firefighters and emergency medical service personnel is almost a culture of its own, and often whole families are involved. In these grief groups, it is very meaningful to the participants to be talking with other the individuals who know this culture and have experienced a similar loss." She has spoken on grief topics to community groups and trained other professionals to work in this area. A highlight was teaching educators about grief issues at the International Institute for Peace Education, held in Rhodes, Greece.

Outside of social work, Melinda has a lifelong love of dance and she has resumed taking classes. This past January, she had an opportunity to perform with the Jane Franklin Dance Company, at the Dance Place, in Washington, DC. She found it exhilarating. She also plays tennis, enjoys singing, and takes yoga. While her weeks are filled with work, family, and exercise, she explains that she gets much more out of the society when she "puts the hours into it." She encourages other members to do the same. "Life gets so busy. You might not want to take on another 'job,' but I really encourage everyone to get involved on a committee or with a project." ❖

Jennifer Kogan, LICSW, LCSW-C provides therapy for children, families, and individuals in Friendship Heights, DC. Her special interest is in supporting families who have children with special needs.

# More Advanced Clinical Training at a Glance

Rachael Fried

We have heard from two more programs that offer advanced clinical training for social workers.

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## Washington School of Psychiatry

5028 Wisconsin Ave., NW  
Suite 400  
Washington DC 20016

**Phone:** 202-237-2700

**Email:** [Info@wspdc.org](mailto:Info@wspdc.org)

**Web:** [www.wspdc.org](http://www.wspdc.org)

The WSP offers courses from one to three years in length in a group of psychotherapy disciplines. These include Advanced Psychotherapy Training, Central Concepts in Psychodynamic Therapy, Child and Adolescent Psychotherapy, Clinical Program on Psychotherapy Practice, Family and Couple Therapy Training, Intensive Short Term Dynamic Psychotherapy, and Observational Studies with Parents and Babies/Young Children.

**Registration deadline:** Summer

**Course starting and ending dates:** September through May.

**Form of completion/recognition:** Certificate of Completion

**Examination:** No

**Part of a more extensive curriculum:** Yes, various Study Groups, the National Group Psychotherapy Institute and the Attachment and Human Development Center are part of WSP's activities.

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## Bowen Center for the Study of the Family/ Georgetown Family Center

4400 MacArthur Blvd. NW #103  
Washington, DC 20007

**Phone:** 202-965-4400

**Email:** [kbkerr@thebowencenter.org](mailto:kbkerr@thebowencenter.org)

**Web:** [www.thebowencenter.org](http://www.thebowencenter.org)

Excellence in Training in Bowen Theory and Its Applications

The Program provides assistance dealing with the complex challenging situations in today's clinical climate; presents a coherent comprehensive theory that applies to all problems, focuses on the background processes underneath all symptoms; challenges thinking about helping relationships, and assists in aiding individuals' ability to learn and take responsibility for self.

**Registration Deadline:** July 1, 2007

**Program Starting and Ending dates:** September 18, 2007 to June 17, 2008

**Form of Completion/Recognition:** No

**Examination:** No

**Part of a More Extensive Curriculum:** No, but the Bowen Center offers many other opportunities for learning.

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## Welcome New Members!

**Full Members:** Mary Ann Foster, Flora Ingenhousz, Wendi Kaplan, Stephanie Lebow, Jane Morse, Adele Natter, Erika Neil, Kamakshi Sankar, Barbara Shaffer, Patricia Simmons, Ruth Ann Stoltzfus

**Graduate Members:** Sheryl Aaron, Sophia Lenk, Emily Randall, Jessica Roth

**Student Members:** Chioma Ahanihu, Julie Corwin, Anthony Estreet, Kirsten Hall, Thandi Irvin, Mary Keane, Hannah Lindsay, Lissa Mantell, Sandra Milivojevic, Nicole Pascua, Alexis Robinson



The Metro Washington  
Center of the  
International  
Psychotherapy  
Institute

## **TRAINING PROGRAMS FOR THE ACADEMIC YEAR 2007-08**

### ■ **The Contemporary Dynamic Psychotherapy Program**

A one-year course offering weekly classroom instruction and supervised clinical work; for beginning clinicians or those new to psychodynamic therapy.

### ■ **Introductory Child and Adolescent Psychotherapy Training Program**

A one-year course offering weekly classroom instruction; for clinicians at all levels.

### ■ **The Clinical Seminar Program**

A series of nine monthly seminars focusing on in-depth study of central Object Relations concepts and their clinical applications; for clinicians at all experience levels.

### ■ **Clinical Supervision**

A series of nine monthly seminars exploring the central concepts of clinical supervision; open to all mental health professionals.

### ■ **Master Teacher Series**

A series of seminars offering the opportunity to study directly with eminent theoreticians/clinicians at the leading edge of the field.

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### **Watch for these events...**

#### **September 7-8, 2007 – Sexual Attitude Reassessment**

A two day experiential workshop giving participants the opportunity to examine their sexual values and attitudes in a confidential setting, and to share their thoughts, feelings, and experiences with professional colleagues.

#### **November 3, 2007 – Psychotherapy, Sex and the Internet**

A half day conference for mental health professionals

#### **February 16, 2007 – The Body in Psychoanalytic Psychotherapy**

A one day conference for mental health professionals

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For more information, contact

Kate Scharff, Director of Training IPI Metro: 301-951-3776

IPI Metro: 6917 Arlington Rd., Suite 224, Bethesda, Maryland 20814

[www.ipimetro.org](http://www.ipimetro.org)

# Summer Out of the City

*Rachael Fried*

As clinical social workers, we are likely to spend time with our clients discussing various forms of self-care. Analyzing our clients' strengths and needs, we help them create their own self-care rituals. So, knowing the importance of this, how do we take care of ourselves?

One significant way that we nurture ourselves is to take time away from the office. As we head into summer, I decided to learn what some of our Society members are doing this season to rejuvenate themselves and their practices. Using the GWSCSW listserv, I posed the question, "How do you plan to relax this summer?" and received a variety of responses. While the stereotype is that therapists do not work during the month of August, my informal sampling found that plan to be the exception, not the rule.

Many of the respondents plan to combine business with pleasure. For example, Jonah Green will be going to Cape Cod for a week-long training program studying the treatment of attachment problems, using a family centered approach to treatment.

His family will travel to Cape Cod with him, and they will spend their afternoons and evenings together, as well as both weekends surrounding the conference. Traveling even further north, Patti Gibberman plans to attend training in Canada on Emotionally Focused Therapy. She shared that even though it is technically a continuing education trip, she feels that the combination of learning something new, staying in a hotel, and only taking care of herself will feel like a vacation.

Nancy Meyer plans to go to a Buddhist/organic farm in California. Going at least once a year, Nancy finds several things about her experience there restful and rejuvenating, including the views of the ocean, the smell of trees, homemade vegetarian meals, and close proximity to the beach. Terry Ullman enjoys a yearly ritual, as well. She has a beach house, and she usually stops accepting new clients in February. This allows her to have many four or five day beach weekends and still see her clients on a weekly basis.

Audrey Thayer Walker also enjoys the beach and she spends August there. She began her tradition of taking a month off each year many years ago, when her supervisor in an agency setting insisted the employees do so. Hesitant to use all her leave at once, she found the time quite refreshing. In private practice now for several years, she now looks forward to her August reprieve and believes it helps her from feeling burned out.

Gloria Mog has two big trips planned for this summer. The first will be two weeks in Brazil with her husband, their two sons, and their daughters-in-law. Her children live far away, and they try to take a family trip every year. This trip enables them to have family time while exploring new places. A few weeks later, Gloria and her husband will spend two and a half weeks biking and barging along the Danube River and then soaking in the sun in a villa on the Croatian Coast.

Beverly Magida plans to spend two and a half weeks in Europe with her husband, daughter, and son. She does not usually travel so far for so long, but her daughter will be in Madrid for a study abroad program and it is a good fit for her family. Beverly shared that traveling enhances her work in several ways. Besides anticipating feeling invigorated from being away from work, being with her family, and spending time outdoors, Beverly trusts that traveling will increase her awareness of different cultures and enhance her sensitivity to her clients.

Hopefully, this article has piqued your interest about how our members take a break from work. Perhaps you have your own plans to look forward to, and have some new ideas for the future, as well. ❖

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Rachael Fried, LICSW, LCSW-C, provides psychotherapy to children and adolescents at House of Ruth in Washington, DC. She also recently joined Metropolitan Counseling Associates in Bethesda, a group practice that provides comprehensive psychotherapy and educational services for children, adolescents, and adults. She plans to do yoga and spend time at the beach this summer.

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VISIT OUR WEBSITE:  
[www.gwscsw.org](http://www.gwscsw.org)

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# COMMITTEE REPORTS

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## Continuing Education

The Continuing Education Committee met in May to review proposals for courses for the 2007–2008 cycle. We are very excited that instructors from the current year and several newer members have indicated an interest in teaching courses for us. We are expecting to repeat the very popular ethics class, enabling attendees to meet either the three- or six-hour requirement needed for license renewal. We also hope to add a course on supervision that will fulfill the Maryland requirement of 12 hours on specialized instruction to be eligible for certification. The committee is working with the Clinical Social Work Institute to offer courses taught by the Institute's doctoral students (or recent graduates) that will highlight their research or cutting edge clinical work issues.

Jonah Green has agreed to join the continuing education committee and is interested in helping to develop courses offerings focusing on clinical issues from a family therapy orientation. We hope to recruit several other new members to the committee as well.

Watch your mailbox for the flyer announcing all the course offerings this summer and please do contact us if you have an idea for a future class or interest in teaching.

## Legislation & Advocacy

This newsletter issue should give members an idea of all that the legislative committee has been up to: we've worked hard on issues in

all three jurisdictions and there's considerable need for more help.

Alice Kassabian has joined Mark O'Shea of the Virginia Society (VSCSW) in actively participating in Work Group meetings and hearings of the Virginia Board of Social Work, as it conducts a full review of the State's social work licensing laws at the behest of the Assembly. Alice and Karen Welscher-Enlow attend the bi-monthly VSCSW meetings, where they and the VSCSW legislative committee meet with lobbyist Chris Spanos to plan legislative action. Call Alice at 703/242-0896 to get involved.

In Maryland, we need members who are constituents to help convince State Senators and Delegates that clinical social workers are interested in and willing to speak up about problems in the mental health system...and not just reimbursement issues (though that's our reputation in some quarters), but the array of serious problems in Maryland around access to quality treatment. If we're to be taken seriously about reimbursement, we need to be visible and active when reimbursement isn't the central issue.

From now until the next session begins, we should be calling and visiting our representatives in their home counties, with thanks for their efforts and our recommendations for the future. We have an excellent lobbyist to guide us, a student intern from Howard University, and a great working relationship with the Maryland Society. Nancy Cedar Wilson represents us on access to health care issues. But we need Marylanders from Mont-

gomery and Prince George's counties to step forward! Please call me at (202) 966-7749 to learn more and to volunteer.

In the District of Columbia, there are several storms brewing, as you will see on page 10. With a strong DC committee, we can make a difference. Can you help? Please call me at (202) 966-7749.

## Membership

The Membership Committee is having fun brainstorming ways to attract new members, and welcoming those who have joined. Our most recent tea had to be postponed because of snow, but we gathered a couple of weeks later at the home of Sue Stevens. We enjoyed delicious treats and had a chance to get to know each other better, personally and professionally. We are now planning meetings with students at Catholic, VCU and Howard, to introduce the students and newly graduated seniors to the society.

Melinda Salzman, Chair, Carolyn Dozier, Joan Fishbein, Joyce Harrison, Susan Marks and Sue Stevens.

## Mentor

On March 23, the Mentor Committee sponsored a panel discussion called "Getting Started in Private Practice." The Friday afternoon session was graciously hosted by Dorothy Wine at her home near Tyson's Corner. The four panelists were Helen Power, Judith Wentworth, Joel Kanter, and Sheila Rowny. These experienced social workers described their professional



journeys into private practice, and answered questions about promoting their clinical specialties as well as practical considerations of running a business.

This event was well-attended and received positive feedback from the participants. Thank you to everyone who came.

The committee will consider holding another similar workshop in the future. Please let us know if you have an interest in attending, or presenting your own experience in private practice.

We have also made new matches for GWSCSW members who are seeking a mentor. As graduation nears, there has been an increased interest in obtaining mentoring services, from newly "hatched" social workers who are entering the job market.

If you would like a mentor, or are interested in volunteering as one, you can download an application from the GWSCSW website ([www.gwscsw.org/mentoring.htm](http://www.gwscsw.org/mentoring.htm)), or contact me, 301-365-5823, [srownny@aol.com](mailto:srownny@aol.com)

## Referral Panel

The Referral Panel has now had an online presence for the last year and a half. We have seen a steady increase in the number of hits the site ([www.metropsychotherapy.info](http://www.metropsychotherapy.info)) is receiving, as well as a continuing decline in the number of prospective clients who access us by phone. The referral panel coordinators and the Board have made a decision to put less emphasis on the phone line and more on marketing the website.

Covering the phone line has been labor intensive for the many vol-

unteers who check it three times a day for messages, as well as for the coordinators who make sure someone is assigned to each of 52 weeks per year. At the same time, more and more of our clients are Web-driven. Our website gives prospective clients an interactive source of information, including insurance panels, location, specialties, and therapeutic style. As a result, we are changing our phone message to direct clients first to the website and then, only if that is not appropriate or sufficient to their needs, to our office administrator who will then give them the number of an on-call member of the panel.

A software program which allows us to monitor traffic on our website yields some interesting statistics:

- In one week in mid-March there were 403 visitors to the site; most were first time visitors.
- On April 16, for some reason (tax anxiety?) a heavy day of use, 35 visitors, 29 of them first timers, viewed 140 pages.
- Large spikes of traffic occurred in August 2006 and January 2007.
- In 2006, during the seven months we had the tracking system, there were 2,400 visitors, viewing 11,000 web pages.
- In less than four months so far in 2007 there have been 2,500 visitors, visiting 9,000 web pages within the site.

Many people who market through the Referral Panel website have concluded that clients find them initially through their insurance companies or other referral sources, then use an Internet search engine and find the website. Clients then say things like "your specialties looked like they would be a good match for me." Some people have been making the initial approach

to their prospective therapists by email, which also may indicate that they found them through the website.

Lastly, on an administrative note, starting this year, we will be combining the marketing website renewal process with the fall membership renewal in an attempt to make it joining and renewing easier and clearer.

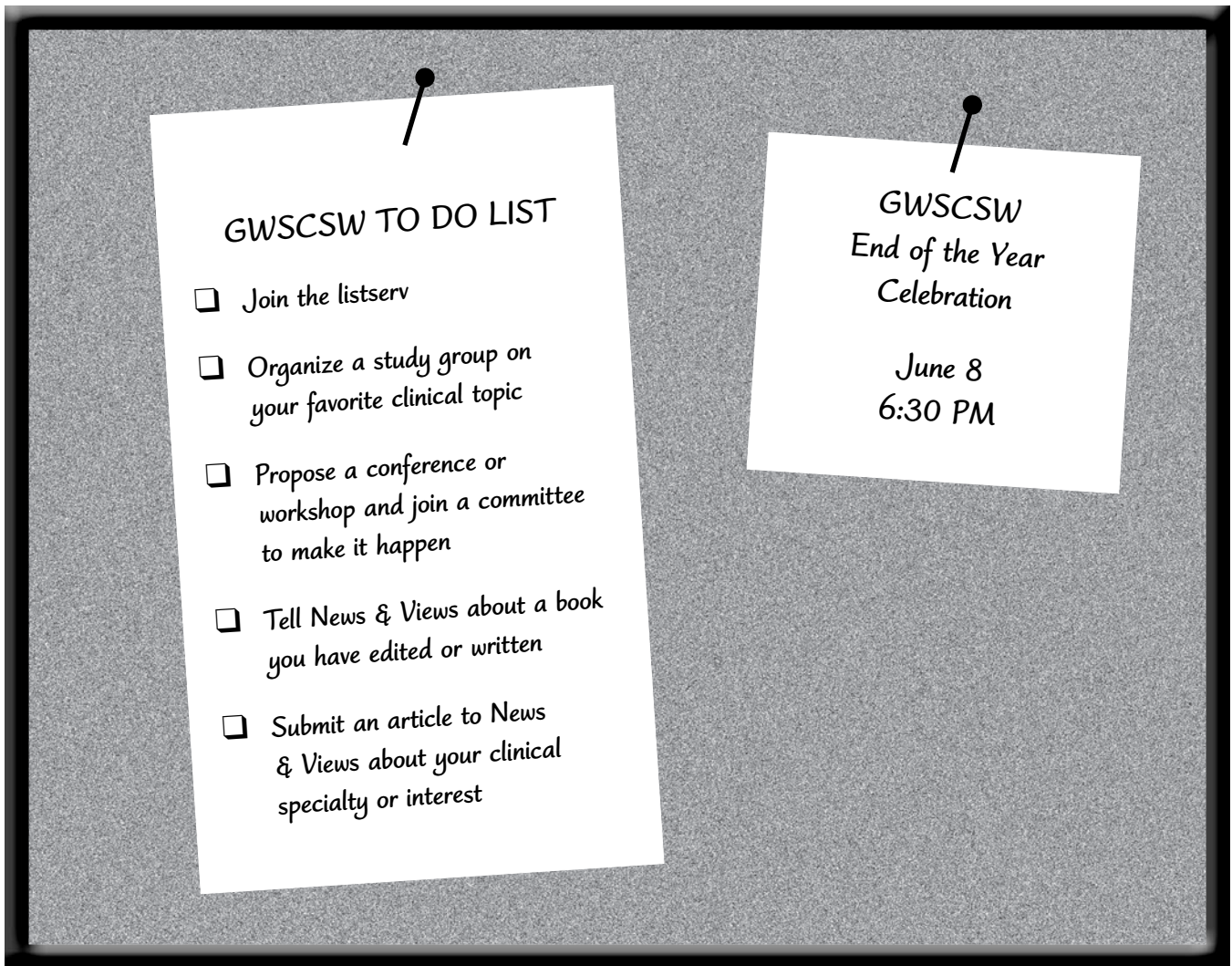
Please contact us to join the referral panel committee: Eileen Ivey, [e.ivey.lcsw@verizon.net](mailto:e.ivey.lcsw@verizon.net); Pat Garcia Golding, [Goldgar202@aol.com](mailto:Goldgar202@aol.com).

## Newsletter

As you have read this issue of *News & Views* you probably noticed a few more pictures in the newsletter; we hope to add more in coming issues. Getting to recognize who's who is a good way for members to connect. Another way is to write about what you do and how you do it. We really want to hear from you about your clinical specialties and interests. The newsletter exists to represent all members and all points of view.

This June issue has been an expansive one for us editors. We are pleased to have received contributions from Jonah Green, Dalal Musal, and Marilyn Austin. We so appreciate the wealth of knowledge and expertise from Margot Aronson as we continue to learn about the process of editing this newsletter. Thanks also to Rachael Fried for her special projects, and to Jan Sklennik for her astute and steady support.

Please contact us via email with any ideas and/or articles you might have. Jen Kogan at [koganblackwell@verizon.net](mailto:koganblackwell@verizon.net) or Maya Godofsky at [maya\\_beth@yahoo.com](mailto:maya_beth@yahoo.com). ❖



**GWSCSW TO DO LIST**

- Join the listserv
- Organize a study group on your favorite clinical topic
- Propose a conference or workshop and join a committee to make it happen
- Tell News & Views about a book you have edited or written
- Submit an article to News & Views about your clinical specialty or interest

**GWSCSW  
End of the Year  
Celebration**

June 8  
6:30 PM

**■ 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

## ADVERTISEMENTS

Advertisements, accompanied by full payment, must be received by the GWSCSW by the first of the month preceding publication. Material should be sent to GWSCSW, 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

GEORGETOWN: Office for rent, by hour, day or half-time. Sunny, elegant, spacious; kitchen and bathrooms in suite. Call S. Resnick, 202-337-3100.

NW DC: Attractive office for lease in DC, in long-standing suite with three other psychotherapists (multi-disciplines); shared waiting-room and bathroom, reserved parking. Rent, cleaning and supplies shared equally. Located on Connecticut Avenue in secure, primarily residential, lobbied building near the VanNess/UDC metro stop, Red line. Available now. Call Dr. Ruth Reynolds, 202-244-0307 or e-mail reynoldsruths@msn.com.

BETHESDA: Office space for rent on Mondays. Parking space is available and office is handicap accessible. Please contact Sara Lieberman, LCSW at 301-718-8531.

BETHESDA: Large, bright, attractively furnished office in 3 office suite. Two blocks from Bethesda metro on East West Highway. Available Mondays, Fridays, Saturdays by the day or by time blocks. Call Kathleen Kenyon at 301 654-3461.

ARLINGTON: Office space available for sublease in internists office with private consultation room and a separate private entrance and waiting area suitable for Psychiatrist, Psychologist or LCSW. Space is in a five story medical office building in Arlington. Parking garage is located adjacent to the building at 611 S. Carlin Springs Rd. 703-379-5757.

FAIRFAX CITY: Attractively furnished part-time office available in well established psychotherapy practice in Fairfax City. For information call, Sandra Wilbur at 703-591-8092.

McLEAN: Attractively furnished, bright, spacious office to share with psychiatrist in McLean, Virginia. Call 703-821-0761.

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-Cvilikas, LCSW, Impresent@aol.com or 703-478-5383.

TYSONS – Windowed ground floor office in suite of independent psychotherapy practices. Great Tysons location. Rent \$750. Contact Bill McLaughlin at 703-448-8450.

### 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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*One of the most popular benefits of GWSCSW membership...*

## The GWSCSW Listserv!

The listserv has become our primary up-to-date method of communication about dates to remember, meetings, gatherings, continuing education seminars, deadlines for renewals of membership, legal plan, and other participatory activities.

The listserv is also a valuable resource for sharing information on issues related to ethical dilemmas, insurance, referrals, private practice issues, educational resources, and just about anything else you may want to know.

You can choose to receive the listserv emails one-by-one or as a digest which comes as one email per day and includes all postings.

**To join the LISTSERV, email: [GWSCSW@gmail.com](mailto:GWSCSW@gmail.com)**



You are invited to attend the  
**GWSCSW**  
**Annual End-of-Year Celebration**  
(aka Annual Meeting)

**Friday, June 8, 2007**

6:30 PM

at the home of Janet Dante  
5207 Hampden Lane, Bethesda, Maryland

**Buffet Dinner**

Please bring an appetizer, salad, or dessert to share. The main course will be provided

**Entertainment & Door Prizes!**

RSVP to 202-537-0007 or [gwscsw@gmail.com](mailto:gwscsw@gmail.com) to let us know what you are bringing



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