Greater Washington Society for Clinical Social Work

Education ♦ Advocacy ♦ Community

September 2007

news & views

GWSCSW Dinner Meeting

Friday, October 5

Alfio's
4515 Willard Avenue, Chevy Chase, Md

6:30 PM … Cash Bar
7:00 PM … Dinner
8:00 PM … Speaker

Topic
Refugee Children in America:
A Personal and Professional Odyssey

Speaker: Louis Maier, MSW, PhD

(more information on page 5)

www.gwscsw.org
or call GWSCSW at 202-537-0007

Two American Mental Health Professionals Meet With the Only Psychiatrist in Bhutan

Ruth Neubauer and Richard Spector

I dedicate this lovingly co-written article to my dear friend and former supervisor, Richard Spector, LCSW, who died suddenly at 58 of a massive heart attack in May, 2007. Going to Bhutan was his dream trip. Thanks to Richard, we also had the rare privilege of spending an afternoon with Dr. Dorji, the only psychiatrist in Bhutan, who was trained in Sri Lanka and spent a year in Australia studying psychodynamic psychotherapy. This article is about that visit. As fortune would have it, Dr. Dorji is coming to the USA as a Fulbright Scholar this year and I will be planning an event for him to present his perspective to the psychoanalytic/psychological community in early 2008.

~ Ruth Neubauer

In and of itself, Bhutan is a remarkable, unusual, and very beautiful small country lying between India and China, as a pearl, in the chain of small countries in the Himalayas.

It is only as recently as 1974 that the first group of 200 tourists was permitted to visit. By 2005, the number of tourists had increased to 10,000 per year. Television and the Internet have been accessible only since 1999. Paro, at over 7500 feet above sea level, is home to the only airport in Bhutan, which now also has its own airline, although there is only one flight daily. As part of the Himalayan chain, Bhutan is mountainous and extraordinarily beautiful with its views of the high peaks. The Bhutanese appreciate the natural beauty around them and care a great deal about preservation and conservation of both animals and their natural surroundings. People are proud of their heritage, and their unique way of living and caring for each other. There is a general feeling of belonging and safety, and a sense that the government takes care of its people. Compassion is a universal topic. Kindness is practiced in everyday life.

We were in Bhutan for a cultural tour, and had the quite unexpected privilege of spending several hours with Dr. Chencho Dorji, the only psychiatrist in Bhutan. Well beyond our expectations of generosity, our meeting with Dr. Dorji inspired us to share our observations, insights, questions and explanations about mental health and mental illness as it reveals itself in this tiny Buddhist kingdom. We met with Dr. Dorji at the National Referral Hospital in Thimpu, the capital city, where his small office was rather difficult to find and his psychiatric clinic has no more than 8-10 inpatient beds. We had made contact prior to the trip, through a mutual friend, and were invited to telephone when we arrived in Thimpu, towards the end of our trip.

Just as Bhutan is informal, friendly, and generous in nature, each of these attributes was fully borne out by the generosity with which Dr. Dorji invited us to

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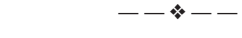
PO Box 3235, Oakton VA 22124
202-537- 0007



GWSCSW NEWS & VIEWS
Editors: Jennifer Kogan & Maya Godofsky
Margot Aronson, Rachael Fried, Erin Gilbert, Martha Horne, Joel Kanter, Shoba Nayar, Susan Post, Connie Ridgway, Diana Seasonwein, Mary Lee Stein, Ann Wroth

News & Views is published four times a year: March, June, September and December. The deadline to submit articles and advertising is the 20th two months prior to publication.

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

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

For advertising rates see page 39
Email ads to gwscsw@gmail.com

The next issue will be published December 2007 and the deadline is October 20.

Email articles to koganblackwell@verizon.net

President's Message

Susan Post

Hello to all our Society members. I hope your summer was a good one and that you greet the coming year with renewed spirit and energy. I am excited to be the incoming president and anticipate a rewarding and productive year.

A little history, both personal and institutional. Like so many others, I was a member of the Society but totally inactive for about 15 years—too shy, too lazy, too busy with other things. Plus, I hated meetings and making phone calls. So I paid my dues and let others do the work.

And work they did. Three years ago, when I decided to step out of my cocoon and take on a project I felt strongly about, I became a committee chairperson and thus a Board member. What I found was that the Society runs on the high octane but low cost fuel of those dedicated members who step up and become involved. Margot Aronson was president then, and when Margot stepped down after three years, Diana Seasonwein, our award-winning newsletter editor, stepped in. During their tenures, membership ballooned, our financial status became increasingly solid, the legal plan was recreated, and many new community connections were established.

Personally, I found the Board to be a group of totally down-to-earth and supportive individuals who considered issues thoughtfully and had a good time working together. I discovered that when meetings were interesting and productive, I didn't hate them. Email mediated my distaste for phone calls, making communication fast and easy. So I agreed to become vice president for Development when Tricia Braun stepped down, and now to take on the challenge of walking in Margot and Diana's big shoes.

It feels like each consecutive "tenure" has its own immediate challenges. We now have one of the largest membership bases in the country, a hugely successful continuing education program, an active mentoring program, and local, open study groups popping up in Virginia, Maryland and the District. These are all reflections of a well functioning, healthy Society.

What I see as the greatest challenge for the coming year is strengthening our leadership base and parts of our organizational structure. Legislative affairs at the national, state and city levels have taken on ever-growing importance to us as social workers, and we have created a new vice presidency for Legislation and Advocacy. Margot, who has worked for years to give us a respected voice in the legislative community, has agreed to pilot this position. We need to develop the legislative committees in our three jurisdictions so we can continue to play an important role in decision-making.

There is no obligation in a volunteer organization to take on responsibility, and we are all busy with work, family, and other institutional involvements. Yet the continued success of the Society and its ability to meet our increasingly complex needs are dependent on having a strong chain of active

members which reflects our rich and varied interests, experience, talents and practices. We need new blood to keep us fresh, creative and strong. Thanks to Melinda Salzman and her membership committee, we have a dynamic, large group of new members, many of whom are already taking on responsibility in a number of roles.

So my hope is that many of you reading this will volunteer to share your knowledge and energy with the Society by joining a committee, attending a membership gathering, writing an article for the newsletter, or simply joining the listserv, where much of our member dialogue, important dates and information is circulated. You can receive it in digest form, just one email a day. Call or email any board member or committee chair, or Jan Sklennik, our administrator, at 202-537-0007. Being involved doesn't have to be enormously time consuming, yet it enriches us all. ❖

The Grown Ups

About-to-Be, New, and 'Old' Retirees

Grace Lebow, LICSW

Our group has been meeting since September 2006 to study and discuss this retiree stage of our lives. Seven of us meet monthly at homes in Friendship Heights and Chevy Chase. We have read several books on retirement subjects and take turns leading the discussion, which is enriched by the many years of work and life experiences of our members. CEUs are given for each meeting.

Our next meeting is at my home on Wednesday, September 19 at 4:45 p.m. Newcomers are welcome. Call me for information at 301-652-4026. ❖

Treasurer's Report

Ted Billings

The Society continues to enjoy sound financial health as the fiscal year ended July 31. After meeting all of our obligations, we now have a small surplus. Membership dues continue to provide the bulk of our income with strong support from continuing education and conference activities. Our administrative expenses have increased a bit but the quality of the support we receive has been stellar. Board members and committee chairs have reported that having good support makes it possible for them to be more effective in their work with the Society. Members have found it easier to get information, sign up for courses and resolve issues.

Another accomplishment this year was setting up a separate bank account for the prepaid legal plan. It looks as if we are on track for the plan to be self-supporting and we've established a procedure for review and payment of bills from the law firm.

A quick request from me and Jan in the office: When you use a credit card to pay your dues or sign up for a course, please be very careful about providing the correct numbers. When you copy down the information, please double-check that the numbers are the right ones and that they are legible. We have had some problems with having charges declined and this causes the Society expense in bank charges and administrative time correcting the problem, and it causes extra work and sometimes embarrassment for members.

Last but not least, we now have assembled a finance committee which will help me develop additional policies and procedures for managing Society finances. Former treasurer Janet Dante, Board secretary Barbara Tahler, and member Ann McClung have agreed to help. I'll update you as our work progresses during the year. Please contact me with any thoughts or questions: Ted_billings@comcast.net. ❖

VOLUNTEERS!

GWSCSW needs you!

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

Please call GWSCSW at 202-537-0007

Free Ongoing Cancer Support Groups

Please take note of two valuable resources for people and families who are coping with a cancer diagnosis and treatment. All groups are free and open to the public, with Bethesda and Foggy Bottom locations.

The Wellness Community-Greater Washington, DC, 5430 Grosvenor Lane, Bethesda, MD

New Society member and Wellness Program Director, Barbara Shaffer, LICSW-C, OSW-C describes the center as a resource for individuals with a cancer diagnosis and their loved ones. The Wellness Community is part of an international network of non-profit organizations dedicated to providing support, education and hope to people with cancer and their loved ones. Through participation in professionally-led support groups, educational workshops, and mind-body classes, people affected by cancer learn vital skills that enable them to gain control, reduce isolation and restore hope, regardless of the stage of their disease. Newcomer orientations are held twice weekly. If you, or one of your clients, would like to attend an orientation to learn more about our programs and program philosophy, please contact Barbara Shaffer at 301-493-5002 or Barbara@thewellnesscommunity.org.

George Washington University, Ross Hall, 2300 I Street, NW, Washington, DC & GWU Medical Faculty Associates, 2150 Pennsylvania Avenue, NW, Washington, DC 20037

Located downtown in Foggy Bottom, GWU offers additional free resources for people with cancer and their families. Society member Ted Billings facilitates a Prostate Cancer Support Group the first Thursday of every month. A support group for caregivers of people with cancer is co-led by member, Jennifer Kogan and Rachel Balf, GWU Cancer Center Social Worker the third Tuesday of each month. Ms. Balf offers several other support groups at the Cancer Center. For a complete schedule of the groups, go to www.gwumc.edu/gwci/upcoming.cfm. ❖

VISIT OUR WEB SITE: www.gwscsw.org

GWSCSW Legislation & Advocacy Committee Dinner Meeting

Monday, September 24, 2007
Porter Street, Cleveland Park, DC
5:30 – 7:30 PM

An update on what's happening in DC, Maryland and Virginia… and how you can get involved!

This informal dinner meeting, open to all interested GWSCSW members, will focus on the current legislation and licensing issues in our three jurisdictions. Learn how you can work with the Society's committee to influence legislators on issues of special interest to you and your practice.

The meeting location is one block from the Cleveland Park Metro (Red Line). Street parking is available on Quebec Place.

For more information or to sign up,
call GWSCSW at (202) 537-0007

Greater Washington Society for Clinical Social Work
Education • Advocacy • Community

Refugee Children in America: A Personal and Professional Odyssey

Speaker: Louis Maier, MSW, PhD

Friday, October 5, 2007

Cash Bar at 6:30 PM • Dinner at 7:00 PM • Lecture at 8:00 PM

Alfio's at 4515 Willard Avenue, Chevy Chase (in the Willoughby Apartments)
Free Valet Parking Available • One Block to Friendship Heights Metro

Guests and Colleagues are Welcome • 1 CEU

Louis Maier, a distinguished social worker in the Metro DC area, will share his personal and professional experiences as both a refugee child and as a social worker assisting these children. Dr. Maier came to the United States from Germany with his sister prior to World War II and spent his adolescent years growing up in foster care in San Francisco. During the war, he returned to Europe as a soldier and learned about his parents' fate. Following his military service, he enrolled in the MSW program at Washington University where his dissertation research was a study of 30 refugee children. After receiving his MSW, he continued to work with these children in Jewish organizations. In the 1960s, Dr. Maier came to the DC area where he was Director of Group Work at Chestnut Lodge, a doctorate student at Catholic University, a staff member at the DC Institute of Mental Hygiene, and a private practitioner in Maryland. He has authored two books about his wartime experiences: *In Lieu of Flowers* (2005), and *From the Golden Gate to the Black Forest: The Odyssey of A New American in Search of His Parents' Fate* (Schreiber, 2007). These books will be available for purchase.

For more information, contact GWSCSW 202-537-0007 | email: gwscsw@gmail.com

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Louis Maier Dinner (October 5, 2007)

Name _____

Street _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

Guest _____

Guest _____

➤ Indicate your menu preference(s):

____ Eggplant Parmagiana ____ Veal Parmagiana ____ Veal Picata

____ Chicken Francese ____ Broiled Flounder

Cancellation Policy: 48 hours prior to event, you will receive GWSCSW credit. No refunds for cancellations less than 48 hours prior to event.

GWSCSW is an approved sponsor for Category I Continuing Education activities for Social Workers in Maryland, Virginia and the District of Columbia.

I am a: ❑ GWSCSW Member
❑ Non-Member: Please send me info about membership in GWSCSW…❑

Early Registration = Faxed or Postmarked by 10/1/07

GWSCSW Members, MSW Students
Early: ____ Dinner @ $30 ____ Coffee & Dessert Only @ $10 $_____
Late: ____ Dinner @ $35 ____ Coffee & Dessert Only @ $15 $_____

Non-Members
Early: ____ Dinner @ $40 ____ Coffee & Dessert Only @ $15 $_____
Late: ____ Dinner @ $45 ____ Coffee & Dessert Only @ $20 $_____

❑ Check (payable to GWSCSW) enclosed $ _____

❑ Charge my Credit Card (VISA or MasterCard only) for $ _____

Print Name on Card _____

Billing Address _____

_____

Credit Card # _____–_____–_____–_____

Exp _____/_____

Signature _____

Mail this registration form with check made payable to GWSCSW to: GWSCSW, PO Box 3235, Oakton VA 22124
If paying by credit card, you may fax to: 703-938-8389

WASHINGTON SCHOOL OF PSYCHIATRY

Washington School of Psychiatry

Group Psychotherapy Training Program

announces the 6th presentation of the

NATIONAL GROUP PSYCHOTHERAPY INSTITUTE

The Institute offers a two-year program of six intensive group weekends, each focusing on one of the major modern approaches to dynamic group psychotherapy, and each offering multiple opportunities within the faculty/member community for didactic and experiential learning. The institute participants will explore these perspectives through readings, paper and panel presentations, observation groups, large and small group experiences.

The Institute is a lively forum for the study of groups and group culture. Learning occurs by observing and experiencing the formation of the group, sub-grouping and boundary issues, the role of the therapist, transference, counter-transference, resistance, acting out and racial and cultural differences.

Each conference provides 12 hours of continuing education credits including psychologists and social workers and also CME credits for psychiatrists.

WSP has been training group therapists since 1962. The NGPI was added in 1994 and has been supported by the AGPA through a grant from the Group Psychotherapy Foundation.

The Institute welcomes registrants for either the entire Institute Series, with assignment to an ongoing small group, or on a *per conference* basis, with assignment to a small group for that weekend only. Past NGPI participants and graduates of the Group Program are always welcome to return for individual conferences of interest or the entire series.

For more information contact WSP at 202-237-2700 or www.wspdc.org.

The Program

Webs, Tangled & Otherwise: Systems in Group Therapy & Elsewhere
Ayana Watkins-Northern, PhD, CGP
John Thomas, MSW, CGP
Co-Chairs
October 12-13, 2007

Love & Hate in the Group Setting: A Modern Analytic Approach
Ronnie Levine, PhD, CGP, FAGPA
Guest Presenter
Steven Van Wagoner, PhD, CGP, Chair
January 25-26, 2008

Evolving Subjectivity: Relational Theory & Group Psychotherapy
Molly Donovan, PhD, CGP
Mary Ann Dubner, PhD, CGP
Co-Chairs
April 18-19, 2008

The Group & the Other: Where is the Father in Today's Groups and Society?
Macario Giraldo, PhD, CGP, Chair
September 26-27, 2008

Fostering Regression: The Omnipotent Child Takes Center Stage
Stewart Aledort, MD, CGP, Chair
January 23-24, 2009

Beyond Theory: The Art of Group Psychotherapy
Bob Schulte, MSW, CDP, Chair
April 17-18, 2009

CSWA News

Richard Yanes

After six years as executive director of the Clinical Social Work Association (CSWA, formerly the Federation), Richard Yanes has announced his decision to move on. He will be returning to California and entrepreneurial endeavors. A lawyer by training, Yanes told us it was not an easy decision to leave behind so many good friends and such worthwhile work, "I will carry you with me in heart and head." He will be missed.

Kevin Host, president of the Association, praised Yanes particularly for his contribution to building processes and organizational structures needed as the loosely knit federation of societies changed to a direct membership organization. "His commitment to our mission, his clear thinking and respect for what clinical social workers provide to their clients is humbling," Host noted in a farewell article in *Access,* the Association's newsletter.

Although the Greater Washington Society is one of the Association's 16 affiliated societies, Society members are urged to consider individual memberships. Members receive quarterly reports on national-level advocacy issues by Laura Groshong, LICSW, director of Governmental Relations; quarterly issues of *Access* (Summer 2007 featured an article on new research on borderline personality disorder by our own past president Marilyn Austin, MSW, PhD); plus policy papers, clinical articles, up-to-date practice information, and, at no charge, a hotline (800-270-9739) for consultation about legal and quasi-legal questions.

The Association's administrative coordinator continues to be Linda O'Leary, who many of us remember for her years as our much-loved GWSCSW administrator. Email her at nfscswlo@aol.com for membership information.

Visit the Association's website at www.clinicalsocialworkassociation.org ❖

VISIT OUR WEB SITE: www.gwscsw.org

Fall New Member Gathering

"Old" members are welcome, too!

November 4, 2007
3:30 – 5:30 pm

at the home of
Susan Horne-Quatannens
in Alexandria's Old Town

Parking is available on the street

RSVP
GWSCSW Office
gwscsw@gmail.org or (202) 537-0007

Groups By and For Mental Health Consumers

Have you heard about these two non-profit organizations run by and for consumers of mental health services: Bethesda Beatniks (www.bethesdabeatniks.org) and the DC Mental Health Consumers' League (www.dcmhcl.org)? Boosting the standing of the mental health community and reducing stigma and discrimination against the mentally ill are the primary focus of both organizations. To achieve these goals, the two organizations host dinners, with lectures by experts in their fields (including social workers), stage arts festivals, coffee klatches, etc., as well as publish a very ambitious magazine.

Peter Warner, editor and publisher of *Newz and Viewz U Can Uze,* invites readers to receive this newsletter free. He describes it as the regional mid-Atlantic mental health magazine. It is edited by and for consumers of mental health services and is chock full of useful information. He goes on to say that "the magazine covers a wide range of mental health related topics, with articles written by MDs, PhDs, social workers, lawyers, clinical trial recruiters, non-profit executives, and others. It's perfect reading for waiting rooms."

To subscribe to this free publication, contact Peter at peterwarner2@mac.com. ❖

ADVOCACY & LEGISLATION

■ FEDERAL

According to Richard Yanes of the Clinical Social Work Association (CSWA), several bills of interest to clinical social workers are being examined on The Hill.

Senator Mikulski of Maryland has authored the Conical Social Worker Medicare Equity Act. This would amend the Medicare program to return to allowing clinical social workers to bill Medicare directly for services provided to residents of skilled nursing facilities. Previous legislation inadvertently disallowed such direct billing. The bill has been referred to the Senate Committee on Finance but has not yet been set for a hearing.

The Psychiatric and Psychological Examinations Act (S 110), authored by Senator Inouye of Hawaii, adds clinical social workers to the list of mental health professionals authorized to conduct examinations of federal criminal defendants to determine their mental capacity to stand trial and to determine the question of insanity at the time of the criminal offense. The bill has been referred to the Senate Judiciary Committee but has not yet been set for a hearing.

Proposed National Center for Social Work for NIH

Senator Inouye has also authored legislation (S 106) to establish a National Center for Social Work as an agency of the National Institutes of Health (NIH), as well as an advisory council for the Center. The Center would be authorized to conduct, support, and disseminate targeted research on social work methods and outcomes on problems of significant social concern. The bill has been referred to the Senate Committee on Health, Education, Labor, and Pensions but has not yet been set for a hearing.

Medicare parity

Representative Murphy of Pennsylvania has authored HR 1571, which would reduce the co-payment amount for Medicare outpatient mental health services from 50% to 20%. The reduction would take place over time and would be complete by 2013. Ultimately, co-payments would be equal to those required for medical services. The legislation has been referred to the House Committees on Energy and Commerce and the Committee on Ways and Means, and has not yet been set for a hearing in either committee.

The Keeping Families Together Act (S 382 authored by Senator Collins of Maine and HR 687 authored by Representative Ramstad of Minnesota) would allow the Department of Health and Human Services (HHS) to provide grants to establish state systems to treat and provide mental health services to both children in state custody and those who are at-risk of state custody. In addition, a task force would be established to examine the problems of mental health in the child welfare and juvenile justice systems, including access to such services and the role of federal agencies in promoting access to such services. The Senate bill has been referred to the Committee on Health, Education, Labor, and Pensions while the House bill has been referred to the Energy and Commerce Committee. Neither bill has been set for a hearing.

Finally, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, H.R. 1424, was introduced in the House on March 9, with Congressman Patrick Kennedy as prime sponsor. Details on this bill and S. 558, the Mental Health Parity Act of 2007, introduced by Senator Pete Domenici (R-NM), co-sponsored by Senator Ted Kennedy (D-MA) and Senator Michael Enzi (R-WY), appeared in the June 2007 GWSCSW News & Views (*see Advocacy & Legislation – Federal*). That newsletter issue is now online at www.gwscsw.org.

The CSWA Director of Governmental Relations, Laura Groshong, LISW, will alert the Society about the appropriate time for grassroots action. ❖

■ MARYLAND

Alice Neily Mutch

Overall, a kinder and gentler legislative atmosphere prevailed in the Maryland Assembly this year, with the supportive influence of the new Governor and the infusion of many new legislators whose participation was welcomed.

In his budget, Governor O'Malley conveyed that access to health care should be a right—not a privilege—and that health care should be affordable for all Marylanders. His budget took the first step in implementing the Administration's forward-looking plan to provide quality and affordable health care to all families. Despite current fiscal constraints, several Administration health priorities were proposed—including increased support for vulnerable populations, stem cell research, drug abuse treatment, senior prescription drug costs, and physician Medicaid payment rates.

At the same time, the legislature was criticized for not trimming more out of the budget: the bottom line is that next year will be one of the leanest budgets that the State will have seen.

A $1.5 billion gap to close

What is now estimated is a $1.5 billion gap between spending and projected revenue, and as a "first step," the Governor has directed his department heads to shave more than $200 million from their budgets.

Of considerable concern to clinical social workers is the news that the Department of Health and Mental Hygiene has been asked to make the largest reductions, cutting $46.6 million, or 1.26 percent of the agency's total budget. This will include reductions in Medicaid reimbursements and aid to nursing homes.

The work of the coalition of Clinical Social Work Societies

Last year, the focus of the Legislative Council (the coalition formed by the Greater Washington Society and the Maryland Society) was on grassroots action. This year, with so many new legislators and a new tone, our focus has been on the establishment of strong working relationships with legislators.

Thandi Irwin, our Howard University MSW intern, proved a fine asset this spring; in addition to meeting with a number of legislators, Thandi spent a day "shadowing" Prince George's County delegate Melony Griffith.

The Legislative Council tracked a variety of issues and advocated for causes most important to the wellbeing of clinical social workers and their clients. These included measures concerning access to health care, as well as reimbursement issues and health policy; details about these bills can be found on the GWSCSW website at gwscsw.org.

The passage of HB 358/SB 723, which broadens the LCSW-C, was a special victory for our Legislative Council, for NASW-Maryland, and for clinical social workers. Our thanks go to Senators Conway, Dyson, and Kelley, and to Delegates Donoghue, Mizeur, V. Turner, Pena-Melnyk, Oaks, Montgomery, and Nathan-Pulliam, who sponsored the bills.

What's Next?

First impressions will last for the next four to eight years. So think ahead: it will be crucial for clinical social workers to make an early investment - to be highly informed, visible, and communicative with legislators, thanking them for their efforts during this legislative session.

These simple investment acts will bring immense returns in the future four to eight years. Legislators need to know who and what clinical social workers represent so that when they consider policy change, they think first about the implications for you and your clients. ❖

Alice Neily Mutch of Capital Consultants of Maryland works with the Maryland Legislative Council of Social Work Organizations (our coalition of the Greater Washington and Maryland clinical societies), advocating in Annapolis for social work issues and guiding the Council's legislative and grassroots efforts.

Maryland Board of Social Work Examiners

Yvonne Perret, LCSW-C

As we look back on the 2007 Maryland legislative session and forward to 2008, I want to report on legislation that will affect social work licensing.

For the most part, 2007 legislation that concerned social workers did well. There were also some bills that we tracked that were not directly related to social workers or the Board of Social Work Examiners; however, they could affect us in the future.

continued on page 10

***Maryland Legislation** , continued from page 9*

SB723/HB358 Certified Social Workers – Clinical-Practice – Definition

Alters the definition of "practice social work" to authorize a LCSW-C to practice social work by evaluating, diagnosing, and treating specified mental and emotional conditions and impairments in addition to specified other conditions and disorders.

This bill addressed the issue of diagnosing mental retardation that came up in the last session. The Board of Social Work Examiners supported this bill.

HB 672 Petition for Guardianship of Disabled Person – Certificate of Compentency by Licensed Certified Social Worker-Clinical

Gives LCSW-Cs to the ability to sign and verify, along with a physician, a certificate of competency for guardianship purposes.

HB524 Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals

Creates a Mental Health Transformation Working Group, in collaboration with the Mental Hygiene Administration and the Office of Minority Health and Health Disparities to develop recommendations related to cultural competence. It is likely that the Board of Social Work Examiners will be asked to send a representative to this workgroup.

HB988 State Board of Dental Examiners – Program Evaluation and Licensee Protection

This bill reconstituted the Board of Dental Examiners. This type of legislation could affect social workers in the future. It is a lengthy and technical bill, but the significance is that the reconstitution included important changes in the way the Board can enforce its practice act.

SB47/HB237 State Government – Administrative Procedure Act – Scope of Judicial Review FAILED

This bill did not pass, which was helpful to us as it would have expanded court review of the work of the boards, making it difficult for us to move forward in decision-making and adding significant cost to the work of the board.

SB258/HB361 State Board of Physicians – Subpoenas – Medical Records for Mental Health Services WITHDRAWN

This bill was withdrawn. This is another bill that would have delayed the ability of boards to move forward in their work. The withdrawal of this bill was an outcome that the board favored.

Anyone interested in looking at the complete bills can find them at www.mllis.state.md.us

Please be on the lookout for the next issue of the Board of Social Work Examiners newsletter. In it, we will be discussing the new procedures we are establishing for renewing licenses electronically. ❖

Yvonne Perret, LCSW-C, is chair of the Maryland Board of Social Work Examiners.

■ VIRGINIA

Board of Social Work

Meetings of Virginia's Board of Social Work are open to all; dates and times are posted on the Board's excellent user-friendly website.

At the most recent meeting, the Board voted for a recommendation changing the current regulation concerning personal relationships between social workers and their clients The limit in effect at present is that at least two years must pass from the time of services before a personal relationship can take place. The Board has sent forward proposed regulations making the lapse of time at least five years.

Changing licensing regulations is a slow and complicated process. After the Board has an open discussion during its public meeting, it votes on changes which are then sent forward for review by various departments and then to the Governor's office. Finally, the much reviewed and edited finished proposal is published for public comment. The process can easily take eighteen months or more.

In order to keep up with regulations, social workers are urged to check the Board's website frequently. Follow the "Virginia Regulatory Townhall" directions given at the bottom of the Board's home page for up-to-date information not published elsewhere about regulations being considered for change. ❖

■ DISTRICT OF COLUMBIA

Margot Aronson, LICSW

As chair of the Committee on Human Services, Councilman Wells has broad oversight responsibilities for youth, rehabilitation, child and family, and disability services, as well as for the DC Board of Social Work. This June, we received a call from Wells' office asking that the Greater Washington Society participate in a Committee on Human Services hearing focused on "Integrated Case Management." Councilman Wells, who has a background in both social work and law, was looking for models that would improve the delivery system for human services and the core service agencies.

Our testimony was presented by Joel Kanter, GWSCSW vice president for education. Joel's extensive case management experience includes years of working with complex clients with chronic mental illness; he has also provided staff training for District public mental health systems. His testimony, which was very well received, was focused on the diverse professional activities, skills and competencies needed in case management, and he provided the committee members with copies of his publications on the subject. The testimony and related articles can be seen at www.gwscsw.org.

Councilman Wells has expressed an interest in improving District social service worker retention rates, including exploring options such as changing the classification of positions and the requirements for licensed social workers. At our request, he and his social worker staff met with GWSCSW president Susan Post, past-president Diana Seasonwein, and me, along with Joyce Higashi, Jackie Richardson, and Ann Schneider from NASW-Metro DC. We discussed our concerns that de-classification of LISW and LICSW positions could lead to serious de-professionalization of much-needed complex services for a highly vulnerable population. We agreed that our two organizations will try to work with the Councilman studying reasons for high turnover rates. By the time of publication of this newsletter issue, we expect that several focus groups and a brown-bag forum will have been organized.

This summer, GWSCSW has also maintained a presence with the DC Board of Social Work, which meets on the second Wednesday morning of each month to consider various licensing issues. We are urging the Board to take a look at the overall social work law and regulations, as it seems that piecemeal changes over the years have left the law unclear and even contradictory in spots—and quite difficult for social workers and their supervisors to decipher so as to be in compliance. ❖

Margot Aronson, LICSW, is GWSCSW Vice P resident for Legislation & Advocacy. Her experience includes work in the international sector, in child protection, and in residential treatment; she is currently in private practice in the District of Columbia.

***Bhutan** , continued from page 1*

talk, watch him work, and explore our questions. It was obvious that each of us took great pleasure in being able to share the language of mental health practice. In addition, we were able to have extensive conversation about our mutual interest in healing and helping, and were able to share our concerns and questions regarding Bhutan's current introduction to the world of mental health. Trained in Sri Lanka, Dr. Dorji spent an extra year practicing in Australia before returning to Bhutan to assume his position at the hospital. Thus, he speaks perfect English.

General Philosophy of Mental Health and Psychiatry

In Bhutan, the mental health system is fully integrated with the general health care system of the country. The basic model is that of community-based mental health within a publicly owned health system, free of charge to all residents and visitors. There is no private medical sector, and therefore no private practice. In Bhutan, doctors are very "humble" members of society. They are considered servants who meet the needs of the public. Their pay is very low. They are very overworked and exhausted. All economic and social groups go through the public health system for their medical care, and all receive equal quality of care. This is socialized medicine with a health trust fund which also has private donations from organizations around the world, amounting to approximately twenty-four million dollars. Two-thirds of this money has been collected to purchase "essential drugs," namely, medicines for severe illnesses, vaccines, and anti-psychotic medications. These are mainly purchased from India where patent rights are less of an issue, resulting in reduced costs.

Some of the ways in which the integration of mental health care in Bhutan currently functions involves training doctors, nurses, and other primary health care workers throughout the country (even remote areas) in early detection, appropriate referral for mental health care, hospitalization, and the kind of aftercare and follow-up which may be needed for people who have received mental health treatment.

Cultural Factors

The Bhutanese culture does not tend to encourage thinking about life and its problems in psychological

terms. The behavioral symptoms of what we in the West consider mental health problems are not seen as illness. Rather, they are seen as madness. Madness is understood to be the result of demonic possession and/or punishment for bad deeds by persons, families, ancestors, community, or all of humankind. When defined in this way, the natural response is to seek help from traditional healers, not to go to medical practitioners. Thus, referral to mental health treatment is a last resort. Additionally, there is a cultural skepticism because the underlying assumptions of mental health treatment involve the intent to change. In Bhutanese culture, change and assertiveness is perceived as aggression, and aggression is seen as a negative expression. Assertiveness is especially a threat in a society where people do not feel confident to challenge the givens that they believe are predestined—the way things are meant to be. This makes sense when you realize that saying "NO" is not okay in Bhutan and there is an inordinate effort to avoid saying "no." For example, the gesture of frequently putting one's hand over one's mouth reflects a cultural norm, not an abnormal pathology. It expresses modesty, a concern for health, wanting to be sure one does not accidentally "spit in another's face" and also, importantly, to make sure that one does not express something one desires! If you want something—if you really want it—you don't express it directly. Thus, the gesture of the hand over the mouth. It is not all right to talk about your desires, fears or anger. The message is "keep it to yourself," "don't burden others," and "be compassionate." As Dr. Dorji explained to us, when any one of these cultural demands become inner conflicts, symptoms begin to appear. In Bhutan, the symptoms tend to show up in the body. Fifty percent of the presenting psychiatric problems show up as somatized symptomatology such as headaches, tingling sensations, or burning feelings. A family member having mental health problems resulting from any etiology places such a stigma on the family and/or community, that these problems are likely to be suppressed and later expressed physically.

Psychiatric Drugs and Traditional Medicine

There is a lot of "doctor shopping" in Bhutan, due in part to free services provided by the government, general lack of awareness of modern medicine, and because the stigma of mental health problems is so severe. Mental health professionals are usually the service providers people try when nothing else works.

Before seeking psychiatric help, traditional medical practices are the more common and important aspect of medical service and they are fully integrated with Western medical approaches in the public health system. Among the traditional approaches are the following: traditional doctors who make diagnoses based on the eyes and the pulse of the patient; visits to shamans; and astrologers. These are very important providers of mental health treatment, are highly respected and trusted by families and communities, and must be taken seriously by Western-trained mental health providers. They treat many presenting problems successfully, and the herbs and medicines they recommend to patients are generally not harmful in any way, and often help—whether due to a placebo effect or actual chemical result. In Dr. Dorji's experience, the herbs and medicines prescribed by traditional healers do not tend to interact negatively with psycho-pharmaceuticals. And, when educated about mental health, the traditional doctors and healers become a very helpful and highly-valued referral source for mental health treatment because people in the community trust the traditional healers so implicitly.

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Religious leaders are also often consulted by the general population for advice on how to solve problems that Westerners might consider mental health issues. Monks are so highly respected in their communities that they can be an important resource to families seeking help for their mentally ill loved ones. In fact, the Bhutanese Buddhist religious tradition is very open-minded, rational, and unthreatened by mental health problems. However, it is more common that the average monk has limited exposure, education, and understanding about scientific advances in the treatment of mental illnesses. Thus, at times, monks may not be fully cognizant that knowledge of mental health is needed to fully serve the people in their community.

When many traditional approaches have been tried without success and people are finally referred to the mental health providers, it is often very late in the course of the psychiatric illness, and thus all the more difficult to treat. On the other hand, by the time many of these patients reach the psychiatrist, they are so desperate for help that they are more motivated to respect and trust the mental health professional and have greater hope that psychiatry can be helpful.

Prozac is the most frequently prescribed psychotropic medication in Bhutan. People with more severe problems, such as psychotic depression, are frequently given Risperdal. There is no limit to the time the public system will supply medication to a patient who needs it.

Family and Sexuality

Prior to leaving on our trip, friends who had been to Bhutan for international development organizations had told us that norms for sexual behavior and partnering were somewhat different in Bhutan than in the West. This was confirmed by Dr. Dorji who explained that in the Bhutanese culture, sex is revered as the life force and is strongly encouraged philosophically and socially. Except among the most affluent (whose numbers are few), marriages are not celebrated formally mainly due to the costs involved, and ordinary men and women usually enter into a defacto marriage or informal relationship. They tend to partner in serial relationships, yet, at the same time, many participate in sexual activities outside these serial relationships. Although women are also sexually quite free, jealousy seems to be more common among men, which often leads to greater incidences of violence both between men and between men and women. This is amplified when alcoholism is involved.

Men also frequently present with depression due to what Dr. Dorji termed "semen syndrome." He believes this is rooted in a philosophy of sexual practices brought from outside his country and is not endemic to Bhutanese culture. As he described it, men fear that when they lose semen, they lose potency, and can become very depressed, even suicidal. The loss of potency is not only experienced as a loss of physical sexual potency and virility, but also as a loss of spiritual vitality and creativity.

For women, depression is often a symptom related to infertility. This is largely due to the fact that infertility is looked down upon. Women are seen as the problem, not men. "If a woman isn't pregnant, something is wrong with her." Men are simply not thought of as infertile.

Dr. Dorji also explained that owing to the collectivist culture of Bhutan, as well as to stay warm during the long winter nights, it is still possible to find entire families sleeping in the same room. Children may therefore, though inadvertently, hear and see sexual activity from an early age. They begin their own sexual activity with peers as they become interested in doing so. We

asked Dr. Dorji whether the early exposure of children to sexual behavior brings about any particular psychological problems. In Dr. Dorji's experience, he has not seen evidence that normal Bhutanese sexual behavior has a negative psychological impact on children or adults.

Depending on a particular culture's reactions and norms, these situations may, or may not, be considered as traumatic. It is relative.

There is no Department of Social Services in the hospital, and there are very few social services in the country at all. For this reason, family members are the main source of support, and are often admitted together with their relatives in the hospital. They provide additional food and other necessities to patients which are not provided by hospitals. A benefit of the family staying in the hospital and becoming involved in treatment is that they become educated about the nature of psychiatric illnesses and mental health treatment. They learn how to understand and respond to their family member's behavior which helps them detach from the stigma the culture places on mental illness. In addition, as family members witness other psychiatric patients receiving treatment and improving, they become more hopeful for their family member's recovery and their own ability to provide good aftercare.

Alcoholism in Bhutan

Alcohol is a huge problem, especially in the last thirty years, since there has been so much development. In addition to the traditional home brews, there are now more powerful alcohol products available from outside the country. In the past year, Dr. Dorji has treated fifty alcoholics in the small inpatient ward he runs. One man relapsed three times and had to be hospitalized each time. Alcoholism is the main cause of death in Bhutanese men. "There are 700 bars in Thimpu and only two libraries," Dr. Dorji commented. Government does not really address alcohol as a health problem in the way it does HIV and drug abuse. There are no self-help sobriety programs, and group treatment has a cultural stigma, as groups are seen as "self-centered cocoons." Support groups fly in the face of traditional ways of helping, as they are seen as creating an alternative community "distinct from the whole," and it is the whole from which all healing, support, and life emanates. Recovery is an ongoing process requiring ongoing support; without it, relapse is more likely to occur. If it does, help is needed. But asking for help is difficult and frightening. There is a fear that the psychiatrist, as an authority figure, will be more like a critical parent who will scold for drinking again. There are a few people just beginning to work on trying to get support groups off the ground. This will be very, very challenging because alcohol use is pervasive and is encouraged in the culture almost from birth. As part of normal daily life as well as religious ceremonies, children are given diluted alcohol as early as two years old or even earlier.

Only recently, in the past twenty years, has the culture seen significant changes of any kind. Prior to that, daily life was the same for hundreds of years. There were few changes to adapt to and life was lived on a day-to-day basis. There was little reason to think ahead about anything as roles were proscribed, the young took care of the old, and there was little change to prepare for. As a result, planning ahead was not necessary. But the ability to plan ahead is essential for mental health recovery, aftercare, and alcohol recovery.

Dr. Dorji tries, bit by bit, to alter this day-to-day approach to life for the alcoholics leaving the hospital, by encouraging them to structure and plan their daily activities for one month after discharge. He finds this easier with young people who are now learning to write, as writing and planning seem to be mutually supportive. Elderly people, on the other hand, tend to express themselves verbally and seem to do better with "scare" tactics. Dr. Dorji talks with them about the risks of continued drinking.

One of the privileges we experienced was to witness firsthand how Dr. Dorji works with his patients. He invited us to stay in the room quietly while he met with the people described below in treatment. He introduced us as his Western colleagues, and of course, asked the permission of each patient. Nobody objected.

Working with Patients

Mr. B. had been in boarding school in a very rural and poor part of the country. He became catatonically depressed over 3 to 4 months and remains severely depressed, though no longer catatonic. An unsubstantiated report stated that the young man had been assaulted at school. The patient's father brought him to the hospital from the countryside and was highly motivated to help his son. Mr. B. was being treated on high doses of anti-depressant medication and was

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improving little by little. He also attended the limited psychosocial day treatment program in the hospital. Dr. Dorji believes the young man will reach the point where he will be able to describe the events which took place at the school, which will then lead to his readiness for discharge. As part of the aftercare effort, Dr. Dorji is now coaching the father to speak with the school's principal on his son's behalf, to prevent any reoccurrence of the problem. It is understood that taking on the role of advocate is difficult for a parent, particularly with a school because professional educators are held in such high esteem. The psychiatrist and the hospital remain available to both the father and son for support and treatment in case there are lingering symptoms of post-traumatic stress or other troubling thoughts and feelings. At the time of Mr. B's interview, Dr. Dorji is ready to discharge Mr. B. However, we learn that the father is delaying the discharge because he would like Dr. Dorji to order x-rays to see if his son has any physical damage which may be causing the depression. Even though he has worked so hard with the father to see this as a psychiatric illness, Dr. Dorji takes in stride the father's adherence to more traditional ways of thinking and understands it to be part of the learning process.

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Ten years ago, Dr. Dorji introduced mental health services to people serving time in jail by training staff in mental health awareness. In the course of this, he noticed that certain cases were easier to treat in jail than in the hospital because the impact of the stigma of jail was far less than the impact of the stigma on mental illness. In other cases, Dr. Dorji has found that moving a patient back to jail from the hospital insures they will have aftercare that monitors their medication compliance. There is little financial support for a mentally ill person who has committed a criminal act to stay at the hospital.

As an example, Mr. T. is an 18 year old who killed a young cousin by slicing her neck. "I was mad," he said. "I heard voices that told me to do it." Dr. Dorji explained to him that he was having hallucinations and that medication would help him regain control of his thoughts. But Mr. T. refused to take his medication in the jail and there is no bed available for him in the hospital. So Mr. T. comes to the hospital on a regular basis for long-term injections and monitoring and continues to live in the jail.

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Ms. O. has a diagnosis of bipolar illness. Her family abandoned her due to her long-standing manic episodes. She was left to wander the streets of Thimpu. She was taken to jail and spent four years there before being hospitalized. In Bhutan, where mental health resources are so scarce, the required lengthy hospital stay for Ms. O, could not be approved. Dr. Dorji found a creative solution to help her. He got her a job in a section of the hospital where she could make bandages for other hospital patients. She was paid a meager wage to do this, while being treated with medication herself. She says to us that this was a great success. She had never been able to work or be valued by others because of her illness. After a while on the job, she was even given a pay raise. Although things were going well and she seemed happy, her happiness frightened her and triggered a very serious manic episode. Because she was still working in the hospital, she was able to receive treatment immediately. In addition, she was helped to understand that both positive and negative events can stimulate her illness. This understanding was intended to help her manage possible future episodes. She is now stable.

At the time Ms. O. disappeared from her family, she left a four-year old daughter behind. Now, Dr. Dorji and the hospital staff have just been successful in reuniting her with her 21-year old daughter.

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Summary and Conclusions

The greatest need for the mental health program in Bhutan is to increase awareness about mental health services and provide information and education about mental illness. This is needed both in the general population and within the medical community. Most general practitioners do not take mental health treatment very seriously and Dr. Dorji spends a great deal of time and effort promoting mental health awareness. He talks to the media and writes. He talks to teachers, monks, police, traditional doctors and community leaders. The traditional pharmacists mail him questions and he corresponds. This is crucial as these are some of the most important community "gatekeepers" who refer people to mental health services.

He is a one-man show, and he needs help. Burnout is the biggest danger. What if the psychiatrist works so hard that he breaks down? He may be so exhausted that he can't function at the level needed to do all he does. Although one more psychiatrist was being

trained in Bangladesh at the time of our visit, there are no others on the horizon.

There are several cogent reasons why the government does not actively support expanding mental health programs or the recruitment of volunteers from abroad. Mental health is a lower priority in overall governmental planning in a country where subsistence living and backbreaking labor are the norm. And, though the Health Ministry realizes that help is sorely needed, it is fairly skeptical about bringing in outside volunteers. This is because it takes a minimum of six months for meaningful volunteer assistance to have any benefit (with one to two years yielding more lasting results). As is true everywhere, trust and credibility must be established before the real work of mental health awareness can be implemented.

The initial steps towards social and economic development in Bhutan have led to increased numbers of people moving to the urbanized capital of the country, Thimpu, where they hope to have access to education, goods, medical services, and white collar jobs. Life in town is very stressful and much more competitive than most Bhutanese are used to. Unemployment is beginning to be of concern. As the dynamic of development rapidly grows and takes on its own momentum, the stresses expand like a bubble, and Dr. Dorji is concerned that it might—someday—burst.

There are many program needs at this delicate time for Bhutan as the pressures of development and technology are pressing. Specifically for mental health training, there is a need for books on counseling and psychotherapy and psychoeducational tools explaining mental illness and treatment.

An understanding and deep respect of traditional ways is essential in the process of bringing modern psychiatry to Bhutan. It is important to take seriously the cultural aspects of diagnostic validity. Thus there is a need for more study on the extent to which Western diagnostic categories are meaningful in traditional developing societies. Further, it is important to work within the political process as this is a kingdom moving toward democracy in the form of a constitutional monarchy. Dr. Dorji is a wonderful example of the kind of sensitivity and wisdom it takes to bring balance to the introduction of Western mental health practice and beliefs, while honoring the long-held traditional values which already exist.

Our afternoon with Dr. Dorji proved to be both educational and inspirational. We learned a great deal about Bhutan's enormous needs in the area of mental health. We also came away with deeper sensitivity regarding the delicate balance of implementing help in a precious culture on the verge of development. ❖

Ruth Neubauer, LICSW, has a private psychotherapy practice in Washington, DC. She is on the teaching faculty of the Washington School of Psychiatry, former president of Washington Professionals for the Study of Psychoanalysis, cofounder of "Retirement" or WHAT NEXT, (workshops for Women Over 50), and teaches courses at American University and Politics and Prose bookstore on psychoanalytic ideas for everyday living. Ruth has also worked and created programs in community-based mental health.

Richard Spector, LICSW, LMFT, was the Manager of The Mental Health Special Populations Program of the Fairfax-Falls Church Community Services Board in Fairfax, Virginia. He developed programs and managed staff in mental health services for the multicultural community as well as for older adults and their families. He had a private psychotherapy practice in Washington, DC, and spent many years as senior staff therapist and faculty member, at The Family Therapy Institute of Washington, DC. He was a former member of the Board of Directors of The Whitman-Walker Clinic in Washington, DC. He died in May 2007.

'Full Inclusion' or a Place to Feel Included?

The Struggle Over the Fate of the Secondary Learning Centers In Montgomery County

Jonah Green

Children who require special education services frequently experience great frustration when they are not in appropriate school settings. Their language and sensory processing deficits can make their social experiences difficult, and their academic struggles can generate anxiety, frustration, and problems with self-esteem. In contrast, caring, structured, and academically appropriate learning environments can help children grow and develop socially, emotionally, and academically.

Most of us who work with these children are aware of the importance of intervening at the family level. We frequently spend a great deal of our energy supporting the structured, nurturing atmosphere in these children's homes that is necessary to assist special needs children in their emotional and cognitive development, even as we strive to create atmospheres where families can also attend to the often-neglected needs of other family members.

Sometimes, we as clinicians can be less appreciative of the impact that school environments have on these children. Children with learning and developmental disabilities who are in inappropriate school placements often experience teasing, bullying, and social ostracism, as well as frustration due to their poor academic performance. Their negative experiences can contribute to a host of behavioral and emotional problems. Appropriate school placements can provide children with communities where they can feel included, develop social relationships, and build their confidence.

Recent developments in education on the national level have threatened the existence of school placements that nurture children with special needs. The No Child Left Behind Act, which made funding of school districts contingent on students' performance on standardized tests, has generated pressure on school districts to "mainstream" special education students, both to mitigate the impact of these students' poor test scores by dispersing them, and to give special education students greater exposure to curricula that would help them pass the tests. Nearly 60% of special education students now spend at least 80% of their time in regular education classrooms, as compared to less than 30% in the 1990s. While some special education students have derived benefit from more exposure to the regular education curriculum, many others have found that regular education students ostracize them, and teachers cannot adequately attend to them. Recent studies indicate that special education students who are mainstreamed frequently enter environments that do not have the proper staffing, teacher training, or resources to support them, and that many students develop behavioral and emotional difficulties shortly after entering the general education environment.

The most dramatic local example of the drive towards mainstreaming special education students is the effort of Montgomery County Public Schools (MCPS) to close the eight secondary learning centers (LCs) which serve 600 middle and high school students. MCPS established the LCs approximately 30 years ago following the Individuals with Disabilities Education Act that mandated that school districts offer free, appropriate education for children with disabilities. The LCs feature small class sizes, offer case management, and provide a coordination of services across classes. For many students who have previously experienced social and academic failures, the centers have been havens where children can develop their social relationships, grow emotionally, and challenge themselves academically.

Last December, Jerry Weast, the superintendent of MCPS, announced his intention to phase out the centers and implement "full inclusion" of the students at their home schools within three years. He proposed to use the money saved through closing the learning centers to implement "hours-based staffing" that would allocate teaching resources based on the needs of students. His proposal lacked specificity or details about how he would implement his staffing plan. He cited three main arguments for closing the centers: that those special education students who were not in the learning centers scored higher on standardized tests; that learning centers served a disproportionate number of African-American and Hispanic students; and that the State was requiring that the County implement full inclusion for more of its special education students.

These reasons struck many parents and teachers as disingenuous. The criteria for placement in the learning centers meant that these students were more severely disabled than other students, and were therefore bound to perform more poorly on standardized tests. The racial argument struck many as particularly cynical. Said one parent, "Is MCPS saying it was racist in its placement decisions? If so, how would closing the learning centers address this critical issue?" When pressed on which state mandate the County was referring to, the MCPS administration was unable to point to one. One parent of a child in a learning center spoke for many when she said, "It sounds as if the real motivation is the desire to protect the test scores of schools that have learning centers."

Fearing that the children in the centers would return to environments where they had felt mistreated and been unsuccessful, many parents and teachers voiced opposition to the proposal. They became very vocal at a number of meetings with MCPS administration officials, staged several sidewalk protests, and led an 800-plus-petition drive. The Montgomery County Coalition of Parents and Teachers came out against the proposal in early January. Even as the activists fought the closing of the learning centers, they generated several proposals to make inclusion work for the students who could benefit from it. They insisted that MCPS budget and plan for the staffing, materials, training, and accommodations that have been so lacking in inclusion plans throughout the country.

The efforts of the special education advocates have yielded mixed results thus far. In January, Weast revised his proposal so that MCPS would phase out the learning centers in six years instead of three, allowing students who were currently in the centers to graduate from them. Still, that meant no children currently in elementary school could enter the learning centers. In February, the MCPS Board passed Weast's revised proposal. In May, as many special education advocates had predicted, the Montgomery County Council passed a budget that contained far fewer resources to mainstream the LC students than had been promised in the original "hours-based staffing" proposal.

The battle goes on both to save the centers and to make inclusion work for those students who do return to their home schools. A group of 12 parents are presently appealing the decision to close the centers to the Maryland State Board of Education, and have stated that they plan to file a federal lawsuit if their appeal fails. After it became apparent that the original hours-based staffing would not be fully implemented, even the Maryland Coalition for Inclusive Education has come out against the closing of the LCs. Meanwhile, MCPS is proceeding with its plan. As many children move from environments where they have felt nurtured and achieved academic and social success to less supportive environments, those of us who work with children and families in Montgomery County may see the effect of MCPS's plan very shortly. ❖

Jonah Green practice therapy for children, families, and individual adults in Montgomery County. He specializes in working with families that include children with special needs.

Online Marketing Website

Fun Opportunity for Creative, Energetic People

Pat Garcia Golding and Eileen Ivey, the current co-chairs of the online marketing website (Referral Panel) are retiring from the committee after over a decade of combined work on it. We leave the committee with a handsome, interactive and user-friendly website (www.metropsychotherapy.info) which provides web pages for nearly 100 of our members and got over 2500 hits in the first four months of this year.

We also leave the job more streamlined and easy to administer than ever. With the website directly meeting the referral needs of most clients, we no longer have to provide daily coverage of the call-in line. Also, starting this fall, we will be combining the marketing website renewal process with the fall membership renewal to make it easier and clearer. Hopefully, this will eliminate the need to write separate checks and will reduce potential confusion about whether one has completed one process or the other.

The major task for the volunteers who follow us will be to use their enthusiasm and creativity to market the website, the remaining frontier. Remember, that as you market it, you will be enhancing your own practice. While sophistication about ad words and marketing would be a plus, willingness and energy are the real prerequisites. Whoever steps up to complete our transition into the 21st century will also find willing mentors and advisors as we pass the mantle! Call or email us: Eileen Ivey (e.ivey.lcswc@verizon.net) or Pat Garcia Golding (goldgar202@aol.com). ❖

Exciting JSSA Career Opportunity!

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Fairfax

The Jewish Social Service Agency's Northern Virginia office announces an immediate opening for a full-time clinician with the following attributes:

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- Familiarity with ADHD, social skills training, and cognitive behavior therapy
- Master's degree and Virginia licensure in Social Work

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GWSCSW Continuing Education 2007–2008

Greater Washington Society for Clinical Social Work

Education ♦ Advocacy ♦ Community

The following two pages describe the 2007–2008 selections being offered by the Continuing Education Committee of the GWSCSW. Considerable attention has been given to insure that the topics meet the needs and interests of the clinical social work community. The program's focus is clinical. Non-clinicians will be admitted to classes at the discretion of the instructor.

■ **FEES** Some courses have small additional fees for educational materials. Please note, fees are reduced by 50% for GWSCSW Graduate members. Some scholarship funds are available.

GWSCSW members are entitled to substantial discounts on registration fees. If you are considering joining GWSCSW, please do so prior to registering for a course; discounts cannot be applied retroactively. Download an application form from www.gwscsw.org or call the office at 202-537-0007 for more information.

■ **CEUs** Participants will be issued a Certificate of Attendance at the conclusion of each course which will document the hours attended.

■ **REGISTRATION** Many of the courses fill up quickly. Priority in registering is given to GWSCSW members. In the event that a course is being offered for the second time, preference will be given to first time registrants. Please register at least one week prior to the beginning of the course in order to be included on the class list.

■ **REFUNDS** Cancellations made prior to 48 hours before the first day of the course will receive GWSCSW credit. There are no refunds for cancellations made less than 48 hours prior to the course.

■ **QUESTIONS** If you have any questions regarding a particular course please contact the instructor. Please call the Chair for scholarship information.

Ted Billings, Chair
Continuing Education Committee
(202) 232-2001

Register Your Study Group with GWSCSW for CEUs

Study Groups promote ongoing social work education, collaboration, peer leadership, and the exploration of a wide range of clinical interests. The GWSCSW Continuing Education Committee has developed procedures to make it possible for GWSCSW members in Study Groups to be granted Continuing Education Units (CEUs).

A study group can be a wonderful resource for Society members, since no fee is charged for participation and members themselves can establish the size, time, place, frequency, content and learning objectives of the group. Generally these groups are led by peers, though they may be leader-led. Group discussion may utilize resources such as books, articles, films, case examples, or even call upon relevant outside expertise.

The chair of the Continuing Education Committee and the vice president for Educational Affairs are available for consultation if needed.

Each study group should select a coordinator to record attendance and document educational content for each session.

Complete the following information about your Study Group:

1. Learning objectives
2. Education content, including a bibliography
3. List of participants
4. List of attendees for each meeting
5. Evaluation forms from each attendee at the end of the academic year.
6. A check for $15 per person, payable to GWSCSW.

Submit all materials to Ted Billings. The appropriate number of CEUs will be awarded to each Study Group member.

For more information, contact Ted Billings, 202-232-2001.

Greater Washington jurisdictions renew every two years:

Virginia (June 30, 2009): 30 Hours, 2 Hours of Ethics

Maryland (October 30, 2007 or 2008): 40 Hours, 3 Hours of Ethics

DC (July 31, 2009): 40 Hours, 6 Hours of Ethics

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

For questions, call 202-537-0007 or email gwscsw@gmail.com

■ Guided Imagery and Psychotherapy

Social workers can use guided imagery to expand our ability to bring our bio-psycho-social orientation into the therapy room. The body/mind interface can connect us to the client and deepen our understanding of the client's needs and inform the treatment. We will explore using our own body signals as a way to help clients learn from an inner journey. This way of doing guided imagery is much more client-centered because it uses the client's own images instead of using a script to be read.

Connie Ridgeway
4115 Wisconsin Ave NW #203
Washington, DC 20016
202-966-8230

Friday, October 5
10:00 AM – 1:00 PM
Member: $45 / Non-Member: $75
3 Hrs.

■ Kabbalistic Healing: Uniting the Psycho-Social and the Spirtual

Social work has begun to see spirituality—broadly defined—as an important part of practice. This didactic and experiential workshop offers an opportunity to explore the work of healing and spiritual awakening known as Integrated Kabbalistic Healing (IKH), which provides a paradigm to connect the psychosocial and the spiritual. Kabbalistic Healing integrates the universal wisdom of many traditions including Jewish mysticism, Buddhism, and modern psychology.

Marilyn Lammert
5117 Manning Drive
Bethesda, MD 20814
301-951-9645

Friday, October 5
10:00 AM – 1:00 PM
Member: $45 / Non-Member: $75
3 Hrs.

■ Classical and Contemporary Views on Gender, Psychodynamic Theory and Aspects of Female Development

Psychodynamic and feminist theories have commented extensively on the nature of gender difference and its influence on our cultural, political and psychic structures. This course will provide an historical framework for analyzing feminismís ongoing dialogue with psychodynamic theory and practice. The focus will be first on locating the conversation between feminism and an understanding of gender, then examining classical and contemporary perspectives on female identity development and mothering. This course provides opportunities to study classic and feminist discourses and central constructs of feminist and psychodynamic thinking.

Caroline Hall
3113 N. 9th Street
Arlington, VA 22201
703-812-0963

4 Sundays: October 14, 21, 28, Nov. 4
3:00 – 5:30 PM
Member: $150 / Non-Member: $250
10 Hrs.

■ Enhancing Your Sexual IQ

This course will provide an opportunity to increase your skills and comfort level in dealing with sexuality with your clients and to recognize the interplay of sexual, relationship and intrapsychic issues. Discussion will include the sexual dysfunctions, taking a sexual history, common beliefs and myths about sex, cultural and religious influences on sexuality. It will include case discussion and video (explicit content).

Sheila Rowney (301-365-5823)
Naomi Greenwood (301-530-9563)
5654 Shields Drive
Bethesda, MD 20817

Friday, October 26, 2007
12:00 – 3:00 PM
Member: $45 / Non-Member: $75
3 Hrs.

■ Homecoming as Safe Haven or the New Front: Couple Therapy and Combat Trauma

This five-hour course addresses the trials and stressors that warfighters and their families face as they reunite following tours of duty in a combat zone. Research data suggest that certain protective factors fortify a soldier's resilience, serving as an inoculation against severe mental health outcomes. On the other hand, disturbing reports of high rates of symptoms associated with mental health problems have been reported recently by returning soldiers from Iraq and Afghanistan. Not only do we need to focus on ways to facilitate recovery for a traumatized veteran, careful attention must also be paid to all family members who may be synergistically affected by the hurtful effects of secondary trauma. This course focuses on a phase-oriented couple/family therapy practice model that is grounded in a synthesis of social and psychological theories and designed to serve culturally diverse client populations. Topics will include: neurobiological effects of trauma and affect dysregulation; victim-victimizer-bystander relationship scenario; and the role of secondary trauma for family members and clinicians. Lunch is included.

Kathryn Basham
Location TBD
202-537-0007

Saturday, November 10
9:00 AM – 3:30 PM
Member: $100 / Non-Member: $150
5 Hrs.

■ Clinical Consultation Related to Dilemmas and Impasses in Couple Therapy

This three-hour workshop provides the opportunity to discuss specific dilemmas and impasses faced in couple therapy practices. This is a follow-up to the workshop offered on November 10 (above) so that participants will have the chance to discuss their actual clinical dilemmas. Although a focus will be maintained on the phase-oriented couple therapy model explicated by Dr. Basham in her text, co-authored with Dr. Dennis Miehls, *Transforming the Legacy: Couple Therapy with Survivors of Childhood Trauma,* clinicians who are treating couples presenting a broader range of issues are welcome to attend as well. This workshop aims specifically toward responding to the questions and struggles of clinicians who have previous clinical experience with couple therapy.

Kathryn Basham
Location TBD
202-537-0007

Sunday, November 11
1:00 PM – 4:15 PM
Member: $45 / Non-Member: $75
3 Hrs.

■ Emergency Coverage of Your Practice: Practical and Ethical Considerations

If you suddenly were to become incapacitated, due to injury, illness or death, who would contact your clients? Just as it is important for an individual to write a Will to protect personal assets and provide for his or her dependents, it is also prudent for a clinician to prepare for an untimely or unanticipated inability to carry out their functions at work. The purpose of this course is to help clinicians anticipate the needs of their clients and their business or the organization where they work, should such an emergency arise. The goal of the course is to enable participants to identify individuals who could step in if needed, write instructions for their backup personnel, and distribute these instructions. Qualifies for 4 Ethics credits.

Melinda Salzman
8830 Cameron Street, Suite 503
Silver Spring, MD 20910
301-588-3225

4 Fridays, January 11, 25 & Feb. 1, 8
10:00 AM – 12:00 NOON
Member: $120 / Non-Member: $200
8 Hrs.

■ Empowering Remarried Families: Assessment and Intervention

Increases in life expectancy and divorce have led to an explosion in the number of marriages wherein at least one partner has previously been married. Both adults and children within these complex family systems face special challenges as well as opportunities. This course will assist clinicians in assessing and working effectively with remarried families. Specific topics will include: types of remarried families; characteristics, tasks and assessment of the remarried family system; strengthening the remarried family system; supporting stepparents and birth parents; and assisting children and stepchildren.

Jonah Green
3930 Knowles Avenue, Suite 200
Kensington, MD 20895
301-466-9526

Sunday, January 28, 2008
10:00 AM – 1:00 PM
Member: $45 / Non-Member: $75
3 Hrs.

■ New Directions for Therapists: Couple & Family Work in the 21st Century

This two-session course will explore the specific needs of the 21st century family and how therapists can help couples with children navigate life's challenges. Using *Couples on the Fault Line* (edited by Peggy Papp) as our primary resource, we will outline new directions for therapists. Participants will be encouraged to share examples from their practice as we explore partnerships in the new millennium.

Jen Kogan (202-215-2790)
Nancy Markoe (202-494-6840)
Tenleytown, Washington, DC

2 Thursdays, March 27, April 3, 2008
12:30 – 2:30 PM
Member: $60 / Non-Member: $100
4 Hrs.

■ The Supervisory Relationship

A two-day workshop for those who supervise or who are considering supervising, with a focus on the relational dynamics between supervisor and supervisee. The underlying assumption is that this relationship is the most significant medium through which clinical social work is taught to practitioners. The primary elements of the supervisory relationship include the use of power and authority, and the development of trust and shared meaning. The process of supervision is seen as one of accountability and the goal is that of insuring competent service to clients. All of this takes place in a larger context, which includes the agency, the community, funding sources and credentialing bodies. Lunch is included both days.

Tamara L. Kaiser
Location TBD
612-825-8053

Friday/Saturday, February 8 & 9
8:30 AM – 3:30 PM
Member: $230 / Non-Member: $350
12 Hrs.

■ Issues and Interventions in the Treatment of Grief and Loss

Because loss is a universal phenomenon, practitioners need to be equipped to address it, whether the client is talking about a recent loss or one that occurred earlier in life. This course will familiarize practitioners with the dynamics of mourning and typical patterns of grieving. With increased understanding, practitioners will be able to more skillfully help individuals and families. Qualifies for 4 hours towards ethics requirements.

Melinda Salzman
8830 Cameron Street, Suite 503
Silver Spring, MD 20910
301-588-3225

2 Fridays, May 2 & 9, 2008
10:00 AM –12:00 NOON
Member: $60 / Non-Member: $100
4 Hrs.

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Talking About Food

Ann Turner

When I was in graduate school and visiting a college friend, I noticed that she had a tendency to remove items from a list of foods that she allowed herself to eat. She also kept a running list of items that she wouldn't allow herself to eat—from a particular type of junk food to cheese and pasta. I remember commenting that I thought she had a strange relationship with food, systematically denying herself foods that she previously enjoyed. And her response was, "Don't you think that every woman has a strange relationship with food?" At first I thought what she said was a sweeping overgeneralization. Then I realized that I could not come up with any fact or example that negated her point. In college, for example, we all had issues with food, from one of our closest friends suffering from anorexia to numerous friends regularly binging on junk food. Everything I read suggests that issues with food have only gotten more prevalent and complicated in the US on college campuses as well as throughout society.

Having now been a therapist for 16 years, I think my friend was right all along. I don't have that many clients who say that their presenting problem is an eating disorder. And, even upon diagnosis, they usually have other overriding issues (e.g. depression). However, I find that even if most clients don't have a diagnosable eating disorder, they do have issues with food. The most common issue that I see is the use of food to deal with stress, whether the stress is from work, caring for an elderly parent, or parenting a teenager. This phenomenon was recently illustrated by the Georgetown University study of rats which became obese because they were eating unhealthy foods while under stress.

So what do we do about it? Well, the first step is talking about it out in the open. There is usually a great deal of guilt and shame regarding one's eating behavior. So providing a place where the client can talk about their relationship with food and with their bodies is the beginning of their recovery. Also, because I was trained in family therapy, I always ask about their family of origin and its role in shaping the client's view of food and weight. For example, was food a reward for good behavior, was it a way that their mother expressed her love or both? The next step is to try to decrease the stress that may be causing the overeating and giving the client suggestions for healthy ways to deal with the inevitable stress that comes with living in cities like Washington DC, within families where the adults are constantly working or coping with their busy lives. For example, if a client is overwhelmed with caretaking responsibilities, we would talk about how she can get more support and how she might need to, in some instances, assert herself with other family members who may not be carrying their share of the caretaking burden. And, finally, I try to help the client replace the unhealthy eating habits with those that are healthy.

As all of the readers of this article know, this whole process is a lot easier said than done, but the effort is still worthwhile because the stress reduction and physical and mental health benefits of effective action can be substantial. A client once said that, unlike alcohol addiction where you can avoid alcohol when you're in recovery, with eating problems you can't avoid food, so the individual has to establish and live out an entirely new relationship with food and make the decisions that help one lead a healthier life. ❖

Ann Turner, PhD, LCSW-C, CEAP has a private practice in Chevy Chase, MD. She also provides employee assistance counseling to Sibley Hospital employees.

Malpractice Insurance Coverage to Change

Those of you who obtain your malpractice insurance coverage through Philadelphia Indemnity Insurance Company (the company with whom CSWA partners), should take note that the company has eliminated the option which provides $2 million for each occurrence and $4 million aggregate.

This is the highest level of coverage, and might be available by special request, depending on individual circumstances or where required by state law or regulation. The other two options are still available: $1 million / $3 million and $1 million/ $5 million. These two are less expensive than the option that was eliminated.

We were told that most people in other societies have not been concerned about this change, and that in fact, there has been only one inquiry in the seven months since this change has been announced.

We were unable to determine what was meant by "special circumstance." Richard Yanes, the executive director of CSWA at the time this was learned, suggested that it would be the type of practice or an exceptional level of assets that would be put at risk.

More information can be obtained by contact CPH & Associates, Philadelphia's brokers at 800-875-1911. ❖

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GWSCSW Membership Renewal!

Center for Training in Psychotherapy Integration

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Four Powerful Models of Psychotherapy Integration

Class meets the third Sunday of each month
September 16, 2007 – December 16, 2007

Class Location:
2325 Glenmore Terrace
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Check Website for Syllabus:
www.centpi.com

24 CEUs
will be awarded for attending all of the sessions

Participants will be exposed to:

- Psychotherapy theories and techniques from orientations other than your own (i.e., psychodynamic, cognitive-behavioral, humanistic-experiential, systemic).
- Four powerful, systematic models of integrative psychotherapy.
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Goals include:

- Help students appreciate the distinction between eclecticism and a systematic approach to integrative psychotherapy.
- Learn the specifics of each of the four models of psychotherapy integration.
- Learn how a systematic integrative therapy can be developed from different starting points: Psychodynamic; CBT; Experiential Therapy.

Fee: $600
Registration requires a $100 deposit.

Barry E. Wolfe, PhD
President, CTPI

For more information and registration
email: barwolfe1@comcast.net
Phone 301-424-3832 Fax 301-424-0995
www.centpi.com

Guided Imagery as a Dynamic Process

Connie Ridgway

What do you think of when you hear guided imagery? Is it a script that describes a relaxation exercise followed by a journey that the client takes, usually in order to let go of stress?

That is the way I *had* thought of guided imagery. It was something written out, maybe by someone else who knew better than I about this process. It was mostly a tool for relaxation.

Then I began to let imagination, intuition and experience in body-based centering guide me in working with clients through guided imagery. What if I were in touch with my own center, and thus able to tune in to the client? What if the clients' own awareness of themselves and their body-based responses could be the key to the unfolding of the journey?This was a much more exciting process, and more rewarding for the client.

So, taking this process step-by-step, it might look like this:

- Begin the exercise by talking about issues, and using the salient issue as a starting point.
- Use a centering exercise for self and client to become fully present (see my article in September 2006 newsletter for one way of centering).
- Or, let the client shift awareness by closing eyes and doing a simple relaxation exercise such as focusing attention and breath on each part of the body from head to toe.
- Ask the client to identify areas in the body where they feel comfort and ease, where they feel at home. Let this be the home base they can return to, especially when they feel overwhelmed.
- Then work with an area of discomfort in the body-this is most likely connected to the original issue. Ask the client to describe it in physical and visual, or even sound/smell terms, for example, how big does it feel? What is the shape/consistency/density/color/sound/smell? Is there an image or memory connected? Does it have a name or title or phrase to describe it? Does it want to say something?
- What does my intuition say about what to do next? Instead of thinking of intuition as a hunch out of the blue, use your body awareness to sense what is going on—for instance, if you start to feel as though you are not even in your body anymore, or somewhere out of the room even, there is a good chance your client has gone there too. Get centered yourself, then gently bring the clientís awareness back to the body.
- Once you are centered, you can more easily know what is going on in a client's experience. You can guess where the focus of attention might be. Where does your felt sense tell you to focus in the person's body? Trust your hunch. You might say it aloud, or you might use this awareness to help keep the focus of the exercise. Ask questions to help direct attention back to an area of focus.
- This process might take you into old or newer memories, dreams, or present-day conflicts. The key is to stay body-based—the body, your own and the client's. This will tell you which path to take.
- If a client becomes overwhelmed, slow down or stop for a while. Let the client focus back on home base, or open their eyes and look around. With practice, the therapist can hold both spaces-the outside world of externals, and the client's inner world of images.
- The client will signal when s/he is done; it's up to the therapist to be tuned in to the cues.

So in this model, intuition is not a disembodied hunch, but a very embodied one. It is based on the therapist's own body awareness, and ability to then sense the client's state through his or her own.

When one is centered and present in the body, then one can be more spontaneous, a crucial prerequisite for intuition.

I am a cranio-sacral therapist as well as a psychotherapist. In any form of bodywork, a good therapist will not just go by the book and do a standard massage routine, but will let their hands and their body-based awareness inform the next step. In cranio-sacral work, we tune in to the client through gentle touch, monitoring the rhythms, and arcing to where the problem seems to be. John Upledger, a well-known cranio-sacral therapist and osteopath, coined this term "arc"

to describe the intuitive *and* scientific process of knowing what area to treat. (See *Somato-Emotional Release and Beyond*, p.33–4.)

This takes practice. But most of all, this means I must stay centered myself in order to stay present and know what is going on. It is not necessary to touch a client in order to tune in to their physical and emotional state. But it does take focus, trust in one's ability to notice and name what's going on, and the ability to stay tuned in to one's own body.

If you are a skeptic, consider this: our heart rates affect the heart rates of those around us to about four feet (see www.HeartMath.org, which shows research on heart rate variability). That means that our "force field," if you will, goes at least four feet outside of our body. These more subtle forms of energy can now be perceived not just as the domain of psychics and palm-readers but as a way to validate our thoughts about intuition and see it, possibly, as a more subtle level of information that is constantly being transmitted from everyone's energy fields.

So, back to guided imagery—you might try this on yourself before using it with a client:

- State to yourself (vocally or in writing) an issue you want to explore.
- Then tune in—notice how the naming of the issue affects your physical state. Describe it in terms such as above.
- Let your imagination take you to the next steps-make sure to stay in tune with your physical reaction, because that will keep you focused in the present and able to flow with spontaneity.
- Notice when it is time to end.
- Write about your experience. Notice when you were able to focus, when you could not, what worked for you, what did not.

There are many forms of guided imagery. Another in which I have been trained is the Bonny method of guided imagery with music. In this method, the practitioner helps the client induce a relaxation response. Then a piece of music is played. The Bonny Institute has many tapes of compiled music that have been researched and developed for this purpose. Each tape has a theme, and part of the training is in learning how to use the tapes. The client goes on a journey and the practitioner's task is to follow along with the client (they talk aloud during the journey) and record it for the client to take home. The practitioner then processes the journey with the client, through talk and through artwork.

Whichever form of guided imagery you choose, the practice of being centered and based in the body enhances the focus (and, I believe, the compassion) of the therapist, and allows the client to be their own teacher.

References:

HeartMath.org.

Upledger, John. *Somato-Emotional Release and Beyond*. Palm Beach Gardens, FL: UI Publishing, Inc. 1999.

A 3-hour GWSCSW workshop on this topic will be offered this fall. Refer to the GWSCSW Continuing Education brochure for more information. You may also contact me at FullCircleCreativeHealing.com. ❖

Connie Ridgway, LCSW, LMT, is a licensed clinical social worker and a licensed massage therapist in Washington DC and Alexandria VA. Her practice, Full Circle Creative Healing, integrates mind and body therapies, encouraging our national state of wholeness. She has been a member of GWSCSW since 1992.

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

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

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

The Role of Intuition in Clinical Excellence

Marilyn Stickle

Intuition, as defined for psychotherapy, is an analytical tool of understanding. It supports assimilation of the most important facts patients present into recognizable and treatable patterns.

Research over the past ten years has supported understanding of this aspect of clinical process and is giving us the language to discuss it from a scientific perspective. Two best selling authors, Daniel Goleman, in *Working with Emotional Intelligence* and Malcolm Gladwell in *Blink* have reviewed some of the impressive research on intuition.

Psychologist and writer Daniel Goleman references findings that intuition plays its most important role when working with people. Two studies are particularly interesting, one on corporate executives, and a second on teachers' proficiency.

In the first study of 3,000 top executives in a wide range of fields in corporations, a distinguishing characteristic of the group was that they were the executives most adept in incorporating intuition in decision making. In the second study at Harvard, students were asked to watch thirty-second clips of teachers giving a lecture and were able to identify a teacher's proficiency with 80% accuracy.

Malcolm Gladwell defines intuition as thinking without thinking, or "thin-slicing," by focusing on the salient factors. Gladwell reviews the work of psychologist John Gottman who has studied more than 3,000 married couples and can predict whether a marriage will last. Gottman can make these predictions with ninety percent accuracy by observing them for as little as fifteen minutes. He does this by using a coding system that he established consisting of twenty categories of emotion. While we may not be interested in the kind of exercise Gottman performs, he does demonstrate the science behind his intuitive acumen.

In clinical practice we use intuition regularly, though it usually operates in the background outside of conscious awareness. There are exceptions. Particularly gifted people have learned to trust the inner voice of intuition because it speaks so loudly it cannot be ignored. For most of us, however, the research helps us to find language with which to understand intuition and helps us define the process. Intuition, like all forms of self-knowledge takes time to understand, nurture, and apply effectively in our clinical practice. The ability to process the right information in the appropriate time frame is central to a dynamic and transformative practice of psychotherapy.

As a faculty member of the Clinical Social Work Institute, I have been deeply impressed by the students who make talented use of their intuition, whether referenced or implied. In either case, the intuitive capacity demonstrated by our Ph.D. candidates speaks to our future as a profession led by gifted clinicians who understand the importance of intuition as a tool of understanding.

Practicing allowing what emerges from our unconscious process to guide us in therapy practice builds our trust in the quiet internal information system waiting to be tapped. This is a small step for those of us who have been in psychotherapy or psychoanalysis. My personal experience has followed this course of development. Upon concluding psychoanalysis, my learning interests moved to the intuitive aspects of practice. The free associative approach to therapy is grounded in an understanding that if we do not block what is there for us to know we will be richly rewarded. Patterns of unconscious structure will manifest if we allow them to do so. Trusting unconscious process one step further by going outside any particular theoretical perspective takes work, but it is richly rewarded in the depth and quality of understanding that emerges.

The use of intuition as a tool in psychotherapy is supported by research as well as our personal experiences. In my experience, an understanding of intuition provides an area of learning that enriches my experience as a therapist and has had a positive effect on patient satisfaction and treatment outcome. ❖

Marilyn Stickle, LCSW, BCD is in private practice in Virginia. She is also on the faculty of the Clinical Social Work Institute in Washington, DC.

It's Time to Renew!

GWSCSW Membership Renewal forms will be in the mail the first of September. This year we are attempting to make things easier for our members by offering a one-stop, all-in-one renewal form.

On this year's form you can:

- Renew your GWSCSW membership
- Make any changes to your membership directory entry
- Join or renew your personal home page in the GWSCSW Online Marketing Website (Referral Panel)
- Enroll in the 2008 GWSCSW Prepaid Legal Plan
- Join the popular GWSCSW Listserv
- Join a GWSCSW committee

You can pay for all of the above with one check or credit card transaction.

But, PLEASE — watch the deadlines. Once the deadlines have passed for the Referral Panel and Prepaid Legal Plan, there will not be another opportunity to join until next year!

We hope to get the membership directory out earlier this year, so if y ou are late renewing you will miss the directory.

Online Marketing (Referral Panel)

www.metropsychotherapy.info

The GWSCSW Referral Panel is open to Full members of GWSCSW.

In 2005, with growing demand from institutions and individuals, the Referral Panel went online! The result has been increased visibility and referrals. Now, through the Referral Panel website, we can offer the community—those in search of a therapist, as well as those making referrals—direct access to easy-to-use listings of Referral Panel participants, each of whom has an individualized web page describing his/her practice.

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

Application

A copy of the 2008 application is printed on the next page. You can also download it from the GWSCSW website (www. gwscsw.org) or have one sent to you by contacting the office (gwscsw@gmail.com or 202-537-0007).

New Referral Panel Members

If you are joining the online Referral Panel for the first time, and have never paid the $95 start-up fee, fill out the entire Referral Panel application and mail it with your check and the other required documents, to the office.

Renewing Referral Panel Members

If you are currently a member of the Referral Panel, you may renew for 2008 by checking one of the two renewal boxes.

To change your personal web page, check the appropriate box, print a copy of your web page, mark the changes you want made, and mail it with your check and the other required documents.

If you have no changes, check the appropriate box and and mail it with your check and the other required documents.

All panel members (new and renewals) must include a photocopy of their malpractice insurance face sheet and current license(s) from the jurisdiction(s) in which they practice. Mail to the office at PO Box 3235, Oakton VA 22124.

Save time—make your payment with your Society membership renewal and mail your application and supporting documents with your renewal.

The deadline to join the 2008 Referral Panel is October 31, 2007. The next opportunity to join the website will be in 2009.

Prepaid Legal Plan

Recognizing the need for expert advice when legal questions arise, GWSCSW offers a Prepaid Legal Plan to help you in your clinical practice. The plan will enable you to get legal advice quickly, easily and affordably, with the services of a team of skilled professionals serving as your representatives. We have retained the law firm of Feldesman Tucker Leifer Fidell LLP, with lawyers licensed in Maryland, Virginia and the District of Columbia.

Our legal plan provides legal advice and representation to members of the Greater Washington Society for Clinical Social Work in the basic areas of the law which affect all of us: subpoenas, duty to warn, recordkeeping, expert witness testimony, abuse reporting requirements, client confidentiality, licensing board issues, managed care issues, or peer review issues.

This plan covers consultation related to and arising out of the subscriber's practice of clinical social work and includes up to one (1) hour of legal consultation during the subscriber's year of coverage under the plan. The law firm will track consultation time in intervals of quarter-hours for the attorney's time. After the initial hour has been used up, covered legal services are available at the most favorable rate offered by Feldesman Tucker Leifer Fidell LLP, plus necessary and reasonable expenses.

Cost to subscribe to the Plan is $100 which covers January–December 2008. Please indicate on your membership renewal if you wish to join for 2008, and include the fee with your membership dues.

The deadline to join the 2008 Prepaid Legal Plan is October 31, 2007. We cannot accept late enrollments.

Join a Committee!

Joining a GWSCSW committee is a great way to meet your colleagues and enrich your professional life. Please indicate on your renewal the GWSCSW committees that interest you. Someone will contact you to give you more information about that committee and how you can get involved.

Renew by October 1, 2007

Please return your renewal on time to be included in the upcoming Directory!

If you have *any* questions about your membership renewal, please call the office at

202-537-0007

GWSCSW 2008 WEB MARKETING (REFERRAL PANEL) APPLICATION

For current and new applicants – this form must be submitted each year. Deadline: October 31, 2007.
PLEASE – Read carefully and follow directions. PRINT LEGIBLY.

➤ Are you currently a FULL MEMBER of GWSCSW? ❑ Yes ❑ No *If no, stop here; only current full members are eligible. To join or renew, call 202-537-0007.*

❑ **RENEWAL ($20) -** For current members of the Referral Panel. **If you wish to make any changes, go to your entry online, select "Printer Friendly Page," print the page, neatly mark your changes and attach the page to this form.**

❑ Renew w/ NO CHANGES ❑ Renew w/ changes marked on ATTACHED page *(DO NOT use New Member form below)*

❑ **NEW ($95) -** Not currently a member of Web Marketing (Referral Panel). ***Fill out form below.***

Name _____

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

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

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

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

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

Signature _____ Date _____

➤ **INCLUDE WITH YOUR APPLICATION:**

- ❑ A copy of each state license where you wish to list an office
- ❑ A copy of your current malpractice liability insurance policy showing a minimum of $1,000,000 coverage
- ❑ If renewing w/changes, a copy of your personal web page with changes clearly marked.

PAYMENT:

- ❑ Check enclosed (payable to GWSCSW) in the amount of $_____
- ❑ Payment is included with Membership Renewal.

➤ **MAIL THIS FORM WITH ALL SUPPORTING DOCUMENTS TO:**

GWSCSW
PO Box 3235
Oakton VA 22124

(NO FAXES)

Questions?
202-537-0007

▼ NEW REFERRAL PANEL MEMBERS ONLY ▼

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

Street Address _____ Phone _____

City / State / Zip _____ Fax _____

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

Include a link to your personal web site: _____

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

Office Hours: ❑ Day ❑ Evening ❑ Saturday ❑ Sunday ■ ❑ Handicap Accessible

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

Population: ❑ Child ❑ Adolescent ❑ Adult ❑ Geriatric ❑ Developmentally Challenged

Modalities: ❑ Individual ❑ Group ❑ Family ❑ Couple

Services: ❑ Consultation ❑ Case Management ❑ Supervision (check here if you meet Md. standards for Supervision: ❑)

Specialties: ❑ Alcoholism/Substance Abuse ❑ _____ ❑ _____

Ongoing groups _____ Foreign Language(s) _____

Theoretical Orientation(s): ❑ Cognitive ❑ Cognitive/Behavioral ❑ Eclectic ❑ Family Systems ❑ Integrative ❑ Psychoanalytic ❑ Psychodynamic ❑ Other _____

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

_____

_____

List all insurance panels from which you accept referrals _____

What to Do When the Process Server Shows Up

Melinda Murray, Esquire

You rest secure in the knowledge that the patient-therapist privilege cloaks the communications between you and your patient, as well as the notes you take. The privilege belongs to your patient and it is up to the patient to waive the privilege. Then one day an official-looking document from the court shows up commanding your appearance, and your records, at a proceeding that has your client's name in the caption. Since the privilege exists, can you just ignore the subpoena?

The short answer is no. Even though the Supreme Court has recognized the psychotherapist-patient privilege in Federal court and Maryland, Virginia, and the District of Columbia recognize the privilege by statute, there are exceptions to the privilege. You may still have to testify.

One of the most common reasons for requesting your testimony or records is that your client has put his/her mental health at issue by making a claim or raising it in the defense of a criminal prosecution and the other side wants to understand the extent of the claim or defense. Before you delve into whether the privilege applies, your first steps should be:

- Look for the date on which you are expected to give testimony or produce documents to make sure you have time to respond.
- Determine whether it is your testimony, your records, or both that are the subject of the subpoena.
- Determine whether you are being requested/commanded to testify at a deposition or appear in court.
- Look for an authorization signed by your client.

First, timing. If the subpoena requires your appearance the next day and there is no time to contact the attorney whose name is on the subpoena, just show up and tell the parties or the court that you are asserting a privilege. If you have sufficient time to respond, or can reach the attorney who tells you that the criminal case the next day is not likely to go to trial and you can be "on call," then consult with your own attorney and call your patient to make sure that the patient knows about the subpoena.

Second, what is requested? Issuing a subpoena for your appearance at a deposition or trial is the only way that the opposing attorney in litigation can obtain records, unless the two sides agree to turn the records over. If the subpoena asks you to bring your records, it is called a subpoena duces tecum. Many times, the subpoena will be accompanied by a cover letter that tells you if you provide the records, you do not need to testify. As you know, the same psychotherapist-patient privilege attaches to the records, as it does to your appearance. You will have to oppose your appearance and the production of the documents. You can do that by filing your own motion in court. But practically speaking, if your client is involved in litigation and has not waived the privilege, then most likely his or her attorney will oppose the production. Furthermore, if your records are requested, you do not have to turn over your personal notes. Personal notes are defined a little differently in each jurisdiction, but essentially consist of confidential information about the client, such as your mental impressions, analysis and speculations that you maintain separately from the record.

Third, is the document a court order or subpoena? Both documents issue from the court, but a subpoena is sent by the lawyer requesting your testimony, while a court order is entitled "Order" and is sent from the judge. A court order must be obeyed. A subpoena may command your appearance at a deposition or at a trial or other hearing. You would usually know if your testimony or records may be the subject of a court order, but in the case of an appointment of a guardian ad litem for your patient, for example, the court may order you to disclose the records to the guardian.

Fourth, your patient may already have waived the privilege by signing an authorization. But that authorization must be specific as to the information and the person to whom and by whom the information is to be disclosed. If a subpoena is to be enforced by the issuing party, it must certify that the person whose mental health information is being sought has been notified of the request so that he or she has an opportunity to object. That certification will appear at the back of the subpoena and Notice to take deposition.

You will still have to read the subpoena and accompanying documents carefully to see what the scope of

the request is, especially if you have seen the patient for many years and perhaps for a variety of issues. It is advisable to talk to the patient and, with authorization, to the patient's attorney, to determine if the scope of the records requested is overly broad. For example, if your patient has been consulting with you about childhood sexual abuse and the lawsuit involves claimed mental suffering from a car accident, the opposing party may not be entitled to mental health information about the abuse. The patient's attorney or your own attorney can then file a motion to quash the subpoena or a motion for a protective order. The two sides in the lawsuit may also mutually agree on a protective order.

One final note: you cannot be forced by your patient to be an expert witness if you do not want to be. An expert witness is someone who voluntarily gives opinion testimony based on a given set of facts. So if your patient wishes you to express an opinion as to his or her suitability as a custodial parent in a divorce case, for example, you may or may not agree to serve as an expert on that issue. If you do agree to serve as an expert, you are entitled to be paid an hourly rate for your time, both in preparation and in testimony.

In summary, the psychotherapist-patient privilege protects you and your patient against disclosure of confidential mental health information, but the privilege is not absolute. You should not ignore any document from the court, but you may be able to limit its scope. ❖

Melinda Murray, Esquire, was associated with Feldesman Tucker Leifer Fidell LLP, the firm that provides legal services for the GWSCSW Prepaid Legal Plan.

Attachment and Human Development Center
Washington School of Psychiatry

Presents

Attachment Theory: Basic Concepts and Clinical Applications in Work with Individuals, Couples and Children

A Four Day Intensive Short Course

Fridays, January 11 & 18, 2008
Saturdays, January 12 & 19, 2008

Morning sessions: Theory, 9am to 12pm
Afternoon sessions: Clinical Applications, 1:30 – 4:30 pm
Registration: 8:30am

Faculty

Elizabeth Carr, MSN, Director, Institute of Contemporary Psychotherapy and Psychoanalysis
Mauricio Cortina, MD, Director, Attachment and Human Development Center
Betty Ann Kaplan, PhD, Clinical Director, Lourie Center
Beth Levine, LCSW-C, trained in emotionally focused couple therapy
Patricia Petrash, LICSW, Graduate, Psychotherapy Training Program, Psychoanalytic Training Program, Institute of Contemporary Psychotherapy and Psychoanalysis

Location

Washington School of Psychiatry
5028 Wisconsin Avenue, NW
Washington, DC 20016 – 4118

To Register

Mail $600 or call with your credit card information
Lisa Head, Washington School of Psychiatry
(address above)
202-237-2700
Please indicate registration is for the Attachment Theory Four Day Intensive Course
Space Limited

Course Objectives

At the end of the four day intensive training, participants will learn: 1) the basic concepts of Attachment Theory, 2) how to identify clients' attachment patterns, 3) how to apply the basic concepts in clinical work with individuals, couples, and children and their families

Questions? Please call Lisa Head at (202) 237-2700

CLINICIANS & MONEY

Financial Empowerment Begins at Home

Peter H. Cole, ChFC, LCSW

Peter Cole

I would like to discuss consultation I've been doing with a social worker in private practice, because the issues are common to many clinical social workers. "Mary" works at an agency, serving a low socioeconomic status population in a 75% position. Although she loves her job, she does not make enough money to meet her financial needs. Therefore, she fills in the financial gap with a private practice. One of the problems we worked on was her exhaustion. She was charging below-market fee for her private practice, and was working many hours to generate enough income for herself.

We began a process of "unpacking" her thoughts, feelings, values, fears, and hopes about her private practice. A large part of our work was differentiating her values from her fears. That is to say, the conscious value was to keep her fees low as a statement of her social values. However, when we explored the feelings surrounding this, issues around her professional self-worth came to the surface. The conscious side said, "I believe in setting low fees, it is part of my identity as a social worker." The other side of the coin said, "I am not someone that people will pay full fee for, therefore I do not deserve a full fee." This ambivalence around the fee was further accentuated by the fact that many of her private-pay clients were high-income couples, who happened to have plenty of discretionary income. When she examined the issue in more psychological depth, it became more interesting, more complicated, more accessible, and more available to change.

Now we were in a process of making more conscious choices about her fees. She allowed that charging a low fee to a professional couple, both of whom were charging many times her fee in their own work, did not feel very good. It made her feel "less than" and "undervalued." Further, the paperwork grind with managed care was also demoralizing. We set a goal of increasing the proportion of her private-pay clients in relation to the number of her managed care clients. She also set a full fee that is competitive with other therapists in her area, so that she is no longer the "discount" therapist. This new full fee helped her feel "like a grown up therapist … a real professional."

With her full fee raised, and her private-pay clients increased, Mary is now able to meet her financial needs with fewer clinical hours. Also, she has taken on a new pro bono case. This client is seeing her weekly, at no fee. She feels good about this, because she is not exhausted from working too much. She feels that she has given herself enough resources that she can readily, and without resentment, give back to the community by working intensively with a client who does not have the resources to pay for therapy.

As social workers, many of us care for the poor and underprivileged. However, caring for the poor should not be confused with giving our services away to privileged clients at a discount price! We are not the Wal-Mart of mental health services. Financial empowerment begins at home—valuing ourselves, our profession and our skills allows us to enjoy our professional lives more, and protect ourselves from getting exhausted and demoralized. Finally, and perhaps unexpectedly, taking better care of ourselves financially allows us the energy in our professional lives to take on pro-bono cases. ❖

Peter Cole, LCSW is a Chartered Financial Consultant, director of Insight Financial Group[1] and Clinical Professor of Psychiatry with UC Davis School of Medicine. His book, *Mastering The Financial Dimension of Your Practice: The Definitive Guide to Private Practice Development and Financial Planning* is available through Amazon.com. His new book, *True Self True Wealth* is due to be published in October. Peter can be reached at (800) 426-1399; www.trueself-truewealth.com

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GWSCSW BOOK CORNER

Our Book Corner celebrates the works of GWSCSW authors. Please contact us at jenniferkogan@verizon.net or at maya_beth@yahoo.com with information about your publications.

Erin Gilbert

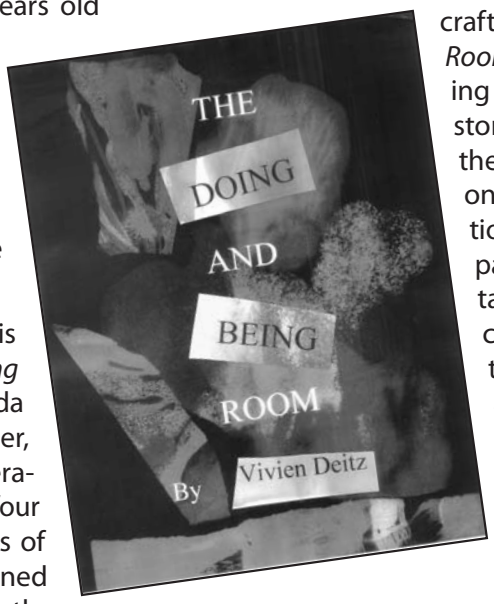
The Doing and Being Room

Vivien Deitz, LCSW-C, BCD

Vivian Dietz

Vivien Deitz, LCSW-C, BCD, stated that her imaginary friend, Mr. Neethnawther, was a constant companion in her life when she was four years old. She noted that her family moved when she was eight years old and afterward Mr. Neethnawther did not visit her—that is, until about four years ago, when Deitz was at a clinical seminar. Deitz explained how Mr. Neethnawther surfaced in her mind in time to play a role in a story she developed that day.

In a recent phone interview, Dietz said that this story ultimately became *The Doing and Being Room*, a book she created with the aid of Linda McIntyre Mansy, art editor and interior designer, and Tineke Noordegraaf, contributor and therapist. Dietz described how the book, targeting four to eight year olds, considers the early stages of connection to oneself and others. She explained that *The Doing and Being Room* explores how the imagination deals with the issues of childhood loneliness and fear, and is a testimony to the spirit and resilience of a childís imagination. Specifically, Aviva, a little girl living in the Sahara Desert, wishes for a friend as she gazes into the night sky. She hears a noise in the next room and eventually discovers that Mr. Neethnawther traveled from a star to be her friend.



Deitz discussed how she crafted *The Doing and Being Room* over four years, working intermittently until the story felt complete. She then focused her attention on the need for illustrations, and she described a party at which she read the tale to her young grandchildren prior to inviting them to create artwork to accompany the text. She stated that the illustrations are fairly general in scope, allowing readers to exercise their own imaginations.

Both an individual and group practitioner, Deitz affirmed that she has used the book in her clinical work, particularly with children, whom she might ask to draw or discuss reactions to the story depending on age. She stated that the book would be valuable with more imaginative and open-minded adults when using techniques such as guided imagery.

Deitz confirmed that she is endeavoring to publish *The Doing and Being Room;* in the meantime, she is selling copies for $20. Orders or questions may be sent to her email address, vivdeitz@mac.com. ❖

GWSCSW member Erin Gilbert is a social worker with the Linkages to Learning Program through Kensington Wheaton Youth Services.

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…

Bill Amt recently obtained his MSW from Catholic University. The day after graduating, he traveled to Philadelphia to attend the 5-Day Cognitive Therapy Workshop at the Beck Institute for Cognitive Therapy and Research. Judith Beck was one of the trainers, and workshop participants were able to watch Aaron Beck conduct a live consult and discuss it with him.

Margot Aronson has been appointed Government Relations Representative for the Clinical Social Work Association; she will be participating in meetings of the Mental Health Liaison Group, an ad hoc coalition of more than 50 national organizations representing professionals, providers, advocates, and consumers. Margot is a GWSCSW past president and is currently vice president for legislation and advocacy.

Tybe Diamond, member of the Couples Faculty for ICP&P, was interviewed by Dr. Pamela Brewer for her 60-minute show, MyNDTALK about couple issues and couple therapy for the Pacifica Radio Network, WPFM–89.3. The show was aired for the first time on August 3; it is now available online, and will be aired again this month.

Jonah Green spent a week in New York City at the Minuchin Center where he received supervision from experienced family therapists such as Ema Genijovich, Wai-Yung Lee, and George Simon, among others. The supervision included role-plays as well as one way mirror training. The students he studied with included psychologists, social workers, nurses, and marriage and family therapists from all over the World, including several from the far East.

Naomi Greenwood was a guest lecturer on 6/28 at the University of Maryland undergraduate class on Human Sexuality. Her topic was *All You Wanted to Know About Sex Therapy.* Naomi has a private practice in Bethesda, Maryland with a major emphasis on sex therapy.

Hani Miletski, has a new book: *Mother-Son Incest: The Unthinkable Broken Taboo Persists,* which is an updated and revised edition of an earlier book, published by the Safer Society Press in 1995. The book is available on Amazon.com and on her web site (www.DrMiletski.com).

Ruth Neubauer, will be teaching this fall at American University's Osher Institute for Learning in Retirement. The course title is: Psychoanalytic Ideas for Everyday Living. This will be her third class at the Institute. Ruth and Karen Van Allen, are also planning several weekend workshops this fall for Women Over 50. See www.retirementorwhatnext.com for schedule in Washington, DC and Denver, Colorado. ❖

Send your information for Out & About to newsletter co-editors, Jen Kogan (koganblackwell@verizon.net) or Maya Godofsky (maya_beth@yahoo.com).

VISIT OUR WEB SITE: www.gwscsw.org

NEW MEMBER SPOTLIGHT

First in a series of articles profiling our new members.

Paul Delgrosso, MSW

Rachael Fried

Paul Delgrosso

Paul Delgrosso never planned to become a clinical social worker. He was a writing major in college and worked for a brief period for Public Broadcasting Service (PBS). In 2004, after several different freelance writing jobs, he decided that his true interest lay in the therapy field. Graduating in 2006 from Catholic University with a Master's in Social Work, in November 2006 he decided that High Road Upper School (HRUS) of Washington DC would be a strong fit for his interests and goals.

HRUS is a private high school that works with emotionally disturbed adolescents whose academic needs cannot be met in a DC Public School. Paul has three primary roles: he provides individual therapy, group therapy, and helps classrooms diffuse crisis situations. Most of the children have several forms of abuse and trauma in their backgrounds, and many are currently experiencing difficulty with the law and/or have become parents as teenagers.

Paul also works part-time for a private therapy practice in Tenleytown. His work there centers around adults and families. Most of his clients are struggling with anxiety around various life transitions. The clients in his private practice are usually self-referring; he feels that their motivation helps them make progress more quickly than at HRUS. Although he is quite busy with his two jobs, he finds the variety between the two places invigorating.

While in graduate school, Paul never thought that he would be spending the majority of his working hours with adolescents. Initially drawn to the job because he knew he would receive good supervision, he found that he enjoys the challenge of building therapeutic relationships with an age group that is known to be working towards differentiation from parental figures. Although he is a white male working with a population that is one hundred percent African- American, Paul has found that being the only male therapist in the school has helped him form alliances with the male students. Many of the students with whom he works will approach him to discuss school-related problems and concerns, but he finds that when he tries to engage them in conversations about their communities, they often shut down.

Paul anticipates many exciting and challenging activities in his future. Beginning this fall, he will undertake the ten-month post-graduate training program at the Bowen Center for the Study of the Family in Georgetown. In the future, he would also like to receive training in Cognitive Behavioral Therapy and Psychodynamic Group Therapy. His employment interests have expanded from his pre-graduate school days. In addition to his goal of having his own private practice, he would also entertain the idea of doing clinical work in a psychiatric hospital setting, as well as being a counselor with an employee assistance program. Wherever he practices, he plans to be an eclectic therapist, using a variety of different therapeutic models depending on the needs of his clients.

Paul has enjoyed his membership in the Society. He has met with a mentor whom he found helpful, and he also attended this year's annual meeting and dinner. He values the listserv as an online community, and in the future plans to use it to help him meet his professional goals. He can be reached at paul_delgrosso@yahoo.com. ❖

Rachael Fried, LICSW, LCSW-C, provides psychotherapy to children and adolescents at House of Ruth in Washington, DC. She also belongs to a group practice, Metropolitan Counseling Associates in Bethesda, which provides comprehensive psychotherapy and educational services to children, adolescents, and adults.

OUR ONLINE SOCIETY

Topic: I am thinking of posting some recommended books on my website. My web designer just emailed me that Amazon has an affiliation program where if a user clicks on the book link on your website and does buy the book on Amazon site, you get a small referral fee. Does anyone have any advice for me regarding the ethics of signing up for this program?

…Beyond whether it is allowed, I have to think that it would compromise your relationship with your patients… it seems like it would be opening a door that should not be opened.

…I am much more concerned about social workers (and other professionals) who accept free meals—and free CEUs—from a drug company which sponsors a continuing education activity which subtly or otherwise pitches a certain drug.

…The ethical principle (not as in NASW Code of Ethics, but in terms of ethics writ large) is the seemliness of a professional selling books on his website.

…Comparing this to grosser ethical violations doesn't mean there is no ethical issue here.

Topic: Many social workers received a letter in early May informing us that we may have been on a hard drive that was used by an employee of the Birmingham Veterans Affairs Medical Center that went missing. Many of us have since received a second letter from the VA saying that we have been identified as being on that missing hard drive, and that we should subscribe to an identity protection service offered by the VA which will be offered to us for free for one year and then at cost thereafter…I was told by the VA that the information they had on me that went missing was given to them by the…DC Licensing Board as part of some sort of quality review study …

…someone at the VA reconfirmed that the data on the stolen computer did come from the Center for Medicare and Medicaid physician provider locator. Medicare/Medicaid apparently shares data as part of its mandate to monitor quality assurance within our health system—she could not say what, beside the VA, might be "within the health system." She is not allowed to send the notice from which she was reading (about the source of the info). If anyone wants to pursue this further, they would have to call the Federal Trade Commission.

…This is way beyond our specific concerns as a social work group, and is related to the issue of privacy and safeguarding personal information generally in our technological world. And we thought computers were supposed to make things easier! ❖

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

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EMAIL YOUR REQUEST TO:
gwscsw@gmail.com

THE INSTITUTE OF CONTEMPORARY PSYCHOTHERAPY & PSYCHOANALYSIS

presents

Reflections on the Moving Along Process: Appreciating the Implicit and Explicit Aspects of Therapeutic Interactions

with

Jacqueline Gotthold, PsyD & Dorienne Sorter, PhD

Saturday, September 29, 2007

8:30 am to 12:30 pm

Bethesda Pooks Hill Marriott

Three CE credit hours will be awarded for full attendance of the program. ICP&P is approved for continuing education credits for psychologists, social workers, and nurses. Please see website for further information concerning our accreditation: www.icpeast.org.

Fees: Free for members / $90 for non-members

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Washington, DC 20008

For information, call 202-686-9300 ext 4

COMMITTEE REPORTS

Continuing Education

Ted Billings, MSW
Ted_billings@comcast.net

The 2006–2007 cycle of continuing education courses is now complete. Evaluations show that the courses were well received—content was useful and instructors were knowledgeable and communicated well. In keeping with the initial conceptualization of the continuing education program within the Society, the program offered an opportunity for clinical social workers to learn from other clinical social workers about theory and practice.

The course schedule for the 2007–2008 Continuing Education Program is almost complete. We were delighted with the proposals submitted to us and think we will have an outstanding lineup for you to consider starting this fall. We will be offering selections on working with couples and families, trauma, grief and loss, sexuality, using guided imagery in practice as well as ethics and supervision.

One of the most important activities of the committee this year was to honor Dolores Paulson, PhD for all the work she has done as the committee chair for a number of years. As most of you know, Dolores was appointed to the Virginia state social work board and had to resign her chairmanship to avoid a conflict of interest. She will be missed for the tireless work she did for the Society, for her mentorship of instructors in the continuing education program and for her representation of the committee on the Society's board. When you see Dolores, please offer her your thanks for all of her effort on the Society's behalf.

Legislative & Advocacy

Margot Aronson
malevin@erols.com / 202-966-7749

Our Legislative & Advocacy Committee is actually three committees in one: each jurisdiction has its individual issues and interests, and needs committee members and leadership to advocate with its own legislators, and to keep GWSCSW members informed.

The Virginia committee, led by Alice Kassabian, with the help of Karen Welscher-Enlow, participates actively on the working group examining the VA licensing law for the Virginia Board of Social Work. Alice and Karen also meet with the Virginia Clinical Social Work Society to develop strategies on legislation of potential relevance to clinical social workers, with the help of lobbyist Chris Spanos.

The Virginia committee needs more members willing to get involved; so, too, do the DC and Maryland committees. Until there is more membership participation, we cannot hope to stay ahead of the issues that are important to us, much less to build our skills and work together on problems that are area-wide. Please consider getting your toes wet or jumping in full force. The committee's dinner meeting on Monday, September 24 is open to all interested members; please call me at 202-966-7749 for more information.

Membership

Melinda Salzman
salzmanmsw@starpower.net

Mark your calendars for the Fall New Member Gathering, to be held November 4, 2007, at the home of Susan Horne-Quatannens, in Old Town Alexandria. Remember,"old" members are welcome, too!

Renewal letters are out. Be sure to send yours in promptly.

The Membership Committee welcomes our newest member, Jane Morse.

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

Mentor

Sheila Rowny
srowny@aol.com / 301-365-5823

A number of new and recent graduates were matched with experienced Society members during the spring months. Many of the requests for mentors come from social workers who are interested in eventually developing a private practice. Last March we offered a 2-hour workshop on *Getting Started in Private Practice.* If there is sufficient interest we will present an encore soon. Please contact me if you are interested in attending this workshop. Also, we always welcome requests for mentors. To those of you who have volunteered your time as mentors, your service is very welcome and valuable. Any GWSCSW member who would like to become a mentor, or obtain a mentor, can go to the

website, read more about this program, download an application and mail it to me. Or, just contact me at Sheila Rowny, 301-365-5823 or srowny@aol.com.

Newsletter

Jen Kogan
koganblackwell@verizon.net

Maya Godofsky
maya_beth@yahoo.com

A final thank you to Diana Seasonwein for her leadership as GWSCSW president. We look forward to working with Susan Post as she steps into her role as the incoming president for the Society.

So much for the rule about July and August coming to a standstill, as people slow down for the summer months and take well-deserved vacations: We've been overwhelmed by the number of submissions for this issue, and express our gratitude to those of you who have made the effort to help with this issue by writing and proofreading. We have enjoyed fielding articles for this issue, which, as you can see, include a number of informative legislative articles, interesting perspectives on clinical issues, as well an insightful account of the status of mental health care in Bhutan.

If you would be interested in proofreading articles for upcoming issues, please let us know by emailing us. As always, we welcome your newsletter submissions too.

Online Marketing Website (Referral Panel)

Eileen Ivey Sirota
301-652-1030

Three big changes are currently occurring.

Starting this year, we will be combining the marketing website renewal process with the fall membership renewal to make it easier and clearer. This will eliminate the need to write separate checks, and will reduce potential confusion about whether one has completed one process or the other.

Pat and I are retiring our co-chairs and are seeking volunteers to take the committee forward. We will provide the new team with all the transitional help they need. (See article on page ___.) Please think about taking on a role; as they say on late night television, operators are standing by!

In recognition of the fact that the website alone meets the needs of most of our prospective clients and referral sources, we have dropped the daily coverage of the phone line. Instead, our phone message directs people to the web site first and then, only if that does not meet their needs or is unavailable to them, to our administrative coordinator Jan, who can then direct them to a live clinician. This should free up a lot of time to act more strategically on behalf of advertising the website. ❖

SUPPORT YOUR SOCIETY. . .

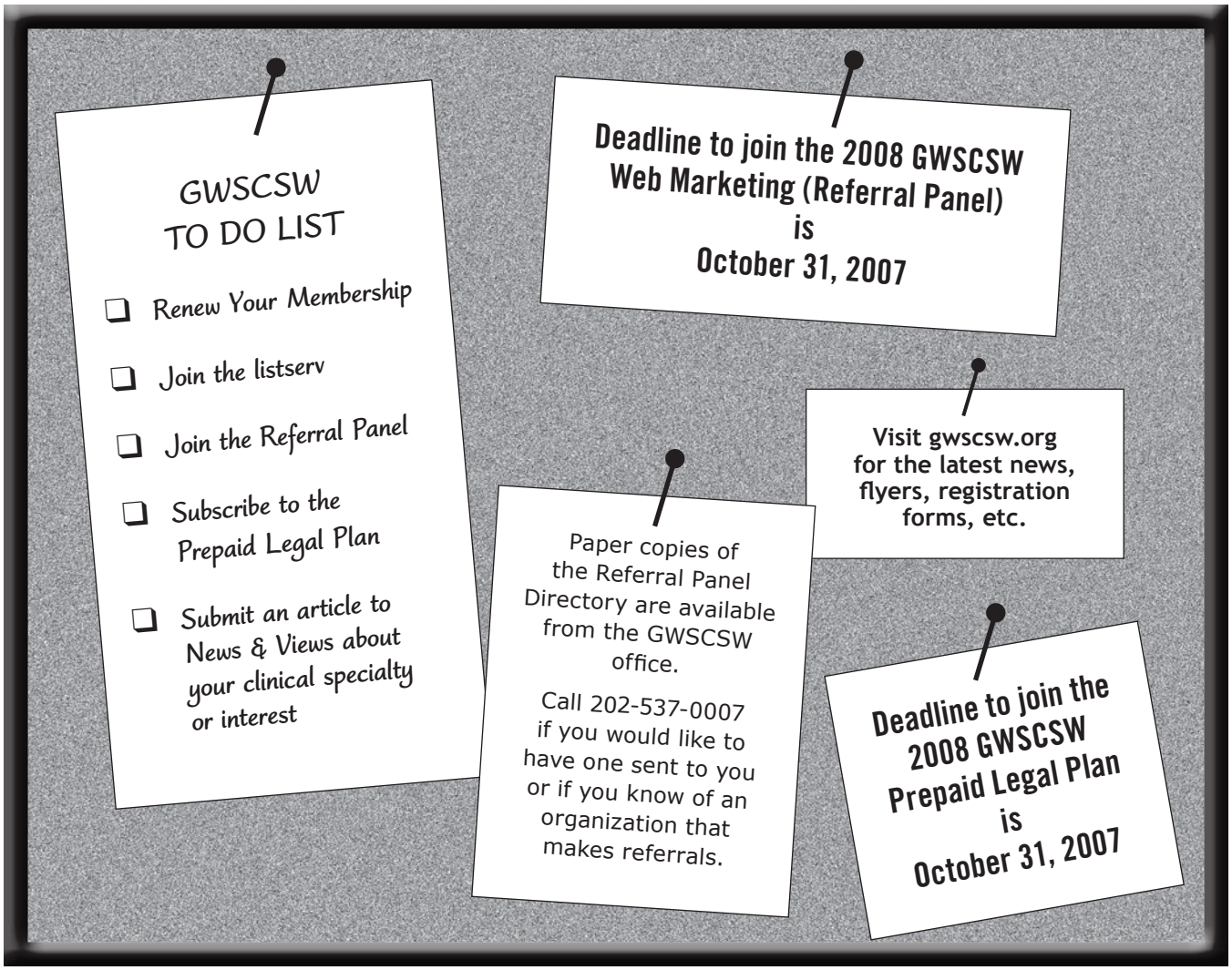
JOIN A COMMITTEE!

Welcome New Members!

Full Members:
Carolyn Angelo
Linda Berman
Larry Cohen
Michele Cole
Barbara Cowan
Alice Faulkner
Mary Hilken
Elisa Nebolsine
Frances Nelson

Graduate Members:
Robyn Gray
Andrea Hatfield
Sonya King
Monica Glatt

Student Members:
David Dietz
Molly McKenna
Stephanie Melmed



■ 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 _____

Home Address _____

City/State/Zip _____

Home (_____) _____

Home Office (_____) _____

Fax (_____) _____

E-Mail _____

REMOVE Office: located at _____

ADD Office:
Address _____

City/State/Zip _____

Office Phone (_____) _____

Other: _____

_____

_____

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
Minimum price $15 (20 words)

Display Ads:
Full page 7 x 9¼ $300
Quarter page 3⅜ x 4½..... $100
Eighth page 3⅜ x 2¼ ..... $ 50
Half page $175
Horizontal: 7 wide x 4½ high
Vertical: 3⅜ 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

BETHESDA: Psychotherapy Office Sublet. Bright, modern, and newly redecorated downtown Bethesda office located three blocks from the Metro. Street parking and public lot located across the street. Office is available for sublet Mondays after 1pm, Thursdays after 1pm, all day Fridays and Saturdays. Contact Brooke Ugel at 202-256-4646 for more information.

FALLS CHURCH: Sunny office (12x11) in four-office suite. Collaborative environment. Shared waiting room, restroom and storage room with copier and fax. Furnished or unfurnished. Office townhouse building, located on bus line and half a mile from I-66. Ample free parking. Contact Roz Rakoff, LCSW, 703-532-8577.

FRIENDSHIP HEIGHTS, DC: Office space available for sublease in suite of therapists' offices w/ shared waiting room. Directly across from metro. Available all day Wednesday, Saturday, Sunday; after 3:00 on Monday, Thursday, Friday by time blocks. 202-431-7078.

HERNDON: Large office has sliding glass door to deck overlooking woods, beautiful view. Safe area, near Reston Town Center. Please call Barbara, 703-904-0300.

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

WOODLEY PARK - available part time. large bright attractively furnished office in two-office suite. Mary Hilken 202-483-4212, mhilken@herosjourney.com

OFFICE SPACE WANTED

Psychotherapist looking for full-time office space to lease or sublet in the Rockville Town Center area, preferably within walking distance to the Metro. Any possibilities? Please call Beth, 301-279-7779.

ISO full-time office space in Fairfax City area. Will join a colleague in my two office suite or move to new space. Practice is primarily families and children. Need to move ASAP. Dan Campbell, LCSW, 703-864-6003.

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. Offices in Bethesda and Rockville. Call Rathbone & Associates, 301-230-9490. www.rathboneandassociates.net/groups.

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.

OTHER

Patricia A. Morgan, PhD, LCSW, principal of A Center for Adult, Family, and Career Counseling specializing in career counseling, toxic workplace issues and coaching during career transition and seeking employment. Certified to administer the Myers/Briggs and Strong Interest Inventory. See my website at www.adultfamilycareer.com.

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

UPCOMING GWSCSW EVENTS & IMPORTANT DATES

September 24 **Legislation & Advocacy Committee Dinner Meeting**
Time 5:30 PM -7:30 PM
Location: Porter Street, Cleveland Park DC
Info: 202-966-7749
See page 6 for more info

October 5 **GWSCSW Dinner Meeting**
Topic: Refugee Children in America:
A Personal and Professional Odyssey
Speaker: Louis Maier, MSW, PhD
Time: 630PM, Dinner 7PM, Lecture 8PM
Location: Alfio's, 4515 Willard Avenue, Chevy Chase, Maryland
Info: 202-537-0007
See page 5 for more info

November 4 **Fall New Member Gathering**
Time: 3:30 – 5:30 PM
Location: Old Town Alexandria
Info: 202-537-0007
See page 7 for more info

October 5 **Guided Imagery & Psychotherapy***
Time: 10:00 AM – 1:00 PM
Location: Washington, DC
Presenters: Connie Ridgway

October 5 **Kabbalistic Healing:**
Uniting the Psycho-Social and the Spiritual*
Time: 10:00 AM – 1:00 PM
Location: Bethesda, MD
Presenters: Marilyn Lammert

Beg. October 14 **Classical and Contemporary Views on Gender, Psychodynamic Theory and Aspects of Female Development***
Time: 3:30 – 5:30 PM
Location: Arlington, VA
Presenters: Caroline Hall

October 26 **Enhancing Your Sexual IQ***
Time: 12:00 Noon – 3:00 PM
Location: Bethesda, MD
Presenters: Sheila Rowney & Naomi Greenwood

November 10 **Homecoming as Safe Haven or the New Front: Couple Therapy and Combat Trauma***
Time: 9:00 AM –3:30 PM
Location: TBD
Presenters: Kathryn Basham

November 11 **Clinical Consultation Related to Dilemmas and Impasses in Couple Therapy***
Time: 1:00 PM – 4:15 PM
Location: TBD
Presenters: Kathryn Basham

** See the GWSCSW Continuing Education information on page 21 for more information about these courses.*

For information about any of these events, call the GWSCSW office at 202-537-0007 or go to www.gwscsw.org

Greater Washington Society for Clinical Social Work
Education ♦ Advocacy ♦ Community
PO Box 3235
Oakton VA 22124