Greater Washington Society for Clinical Social Work

Education ♦ Advocacy ♦ Community

June 2009

news & views

GWSCSW Annual Meeting and Potluck Dinner

Friday, June 12
6:30 PM

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

Friends • Wine • Potluck Dinner
Fabulous Door Prizes!

More information at on page 28

RSVP with your potluck choice to ***gwscsw@gmail.com*** *or* ***202-537-0007***

But Why Would I See a Social Worker?

Margot Aronson

Over the past few months, I've become increasingly—and uncomfortably—aware that, despite the fact that clinical social workers provide more psychotherapy than any other mental health professionals, and possibly more than all the other mental health professionals combined, we are still seen, by much of the public, strictly as providers of welfare, housing for the homeless, and child protection services.

Don't get me wrong: social workers are wonderful in these very important roles. I have unending respect for our colleagues who perform this work, and my clinical grounding comes from what I learned doing that work.

But licensed clinical social workers are mental health professionals, and should be recognized as such. And there is a real danger in brushing off the need to educate the public about our expertise, especially when it is legislators and leaders who are asking *that* question: "I have a question about social work… Why did the doctor tell my friend [or my brother, or me] to see a social worker? After all, she [or he, or I] doesn't need food stamps or a shelter."

Why it Matters

During the recent legislative sessions in both Maryland and Virginia, there were proposals to expand insurance coverage to include treatment of autism. In each case, the bills as originally written provided coverage for treatment only by psychiatrists and psychologists. Had we not taken action immediately, advocating strongly for inclusion of licensed clinical social workers and providing documentation that such treatment is within our scope of practice, that privilege could have been lost. No, not just the potential reimbursement privilege, but the privilege of treating autism spectrum disorders!

After the last election in the District of Columbia, Council oversight for the Board of Social Work was reassigned from the Committee on Health chaired by David Catania to the Committee on Human Services chaired by Tommy Wells. True, Councilman Wells is a social worker, and very knowledgeable about issues of concern to us. But it is the Committee on Health that reviews scope of practice and other license issues *for all other mental health professions*, and when those committee members make decisions, they don't necessarily take into account the social work psychotherapists who are now, after all, someone else's responsibility. (This is *especially* true for those who are not even aware that we are, indeed, psychotherapists.)

Issues abound. At the National Academies of Practice Forum, in a presentation about an exemplary Veterans Administration mental health program,

continued on page 3

Greater Washington Society for Clinical Social Work, Inc.
PO Box 3235, Oakton VA 22124
202-537- 0007

GWSCSW Board of Directors
President: Susan Post
VP (Administration): Jane Nielson
VP (Education): Joel Kanter
VP (Legislation & Advocacy): Margot Aronson
Secretary: Vacant
Treasurer: Ann McClung
Past President: Diana Seasonwein, Ex Officio
Advisors:
Janet Dante, Alice Kassabian,
Tania Ponomarenko, Amy Scott, Adele Redisch

Liaisons to the Board
Consortium for Psychoanalytic Research: Nancy Meyer
Disaster Preparedness: Tybe Diamond
Email Host: Joel Kanter
Retiree Liaison: Grace Lebow
Graduate Liaison: Betsy Carmichael
Student Liaison: Vacant

Committee Chairs
Advocacy & Legislation: Margot Aronson
Continuing Education: Ted Billings
Ethics: Judy Gallant
Membership: Melinda Salzman
Mentor Program: Sheila K. Rowny
Newsletter: Jennifer Kogan & Maya Godofsky
Programs: Joel Kanter
Referral Panel: Beth Altman

— — ❖ — —

GWSCSW NEWS & VIEWS
Editors: Jennifer Kogan & Caroline Hall
Margot Aronson, Alicia George,
Erin Gilbert, Jonah Green, Shoba Nayar,
Susan Post, Connie Ridgway, Mary Lee Stein,
Ann Wroth, Kim Yamas

Advertising: Molly McKenna

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 27
Email ads to gwscsw@gmail.com

The next issue will be published September 2009 and the deadline is July 20.

Email articles to koganblackwell@verizon.net

President's Message

Susan Post

Last night I saw a fascinating Charlie Rose interview of Bill Gates and his father, William Gates, Sr. The senior Gates has written a book, titled *Showing Up for Life,* about the importance of participation in civic life. Apparently it was he who pressed his son to start the Gates Foundation, of which he is co-director, sooner rather than later.

I have been thinking about volunteerism in all its many forms, and the impact of the current financial crisis on our ability to "show up." Approaching the end of my second—and what should be my last—year as president of GWSCSW, it's looking like I will have to remain in the position for a third year as there is no one ready and able to take over. Finding leadership for volunteer organizations is never easy, but it strikes me that the financial crisis has made it even harder. Some of our practices are struggling. Some of us—or our partners—may have lost jobs. Many of our members with children already grown are looking for second jobs, or relieving the financial burden on their children by taking care of their grandchildren. People are delaying retirement.

No, we are not Gateses with limitless supplies of money with which to wipe out malaria or revitalize our nations' public school system. During the past year, our assumptions about ourselves and our world have been challenged in both good ways and bad. While we see ample signs of hope, we are dealing with some frightening realities, and the swine flu epidemic has added to a sense of anxiety and uncertainty for many, our clients as well as ourselves. It seems to me that one of the choices we make at times like this is between closing in—hunkering down to protect the family—and reaching outwards to share universal concerns and help others as well as ourselves. As social workers, we are probably more predisposed to the latter than some, but still of necessity must put family first.

At 64 and about to go on Medicare, I am in the fortunate position of having a husband who is still working productively. I have enough time and interest to stay in this job a little longer. But like many members of my generation, we have "downwardly mobile" children whom we have continued to help a little financially. Both of our kids and both of their spouses are in the field of education—not terribly remunerative. My son-in-law, despite a Ph.D, just found a job after more than a year of unemployment, and at the moment when the organization he's now working for moved its entire workforce to 80% time. Like many, I have an elderly mother who moved here several years ago and to whom I devote at least one day a week. I know that all of you could relate similar stories, whatever your ages and life situations. These are uncertain times.

I've talked with many members recently in an effort to recruit volunteers for next year, and I hear the same story over and over. It is essentially: "I would love to participate, but right now I can't take on any new major responsibilities. But if I can help in some small, defined way, please call on me." People want to serve, but resources are stretched.

On the board of directors, we are rethinking notions of participation in light of current realities. We are looking at the many functions of the Society and trying to prioritize.

We are working to keep our programs relevant to our times. We are considering how we can involve volunteers in smaller, less taxing ways in order to share the responsibilities of leadership more broadly and promote community.

What can we do for each other and for our profession? We can "show up" in whatever ways we find significant or inspiring. We can attend a clinical society event to stay connected and informed. We can mentor someone just entering our profession. We can participate on a committee that interests us. We can take the few minutes required to urge elected officials to vote for legislation that would make life better for those we serve.

One thing that's really easy is to share our concerns and our knowledge through the listserv. We can even use the listserv to explore how to support each other better during tough times.

And if, after reading this, anyone feels inspired to show up more concretely for next year, just shoot me an email directly (susan.post@gmail.com) or through the listserv. ❖

GWSCSW presents…

In Treatment: Clinical & Ethical Issues

Saturday, June 13, 2009
9:00 AM – NOON

River Road Unitarian Church
6301 River Road • Bethesda, Maryland

3 Ethics CEUs
Participants will receive Maryland Category I 3.0 CEUs applicable toward ethics requirements in VA, DC and MD.

In this workshop, we will watch two episodes of the HBO series "In Treatment" and will consider clinical and ethical issues involving April, a college student facing a serious illness, and Walter, a self-confident CEO with a "recall" crisis in his business that's spilling over into his personal life. Margot Aronson, MSW, LICSW will be leading the discussion.

GWSCSW Members $25 / Non-Members $50

To register, call
202-537-0007

Limited Seating! Preregistration is Required!

Why a Social Worker? *, continued from page 1*

we heard that psychotherapy is provided exclusively by psychologists, while social workers are the highly respected case managers. (My quarrel is not with the respect for case management but with the exclusivity for psychologists.) In at least one of our local school systems, licensed clinical social workers cannot do clinical assessments for Medicaid billing because psychologists—even those who are unlicensed and less-experienced—have a wrap on that role.

So, we have some educating to do, all of us.

Margot Aronson, LICSW, heads the Society's legislative committee. A private practitioner, she was recently honored as a Distinguished Practitioner by the National Academics of Practice.

Volunteers Appreciated

Susan Post, President

Twenty GWSCSW members attended the Spring volunteer appreciation luncheon April 24 at Maggiano's Restaurant where they enjoyed a delicious (and huge) Italian meal as well as each other's company. In what has become something of an annual tradition, those who have participated on committees or in other ways volunteered their services to the Society were toasted and treated to something we don't have often enough—time together without work. It is our way of saying "thank you" to those who donate their time and creativity to benefit all of us.

Many who volunteer were unable to be present. To you: we missed you and thank you for your efforts. We hope to see you—and many more—at the annual dinner meeting on June 12.

I want to take this opportunity to particularly recognize Jen Kogan, who has gone way beyond the call of duty this past year. While her co-editor was out on maternity leave, Jen virtually single-handedly edited and produced *News & Views,* our quarterly publication. This is an enormous and critical job, as the newsletter keeps us all informed and alerted to events and issues of concern to us all. A big thanks to Jen and to others who stepped in to help her during this period of transition. ❖

Margot Aronson and Pat Driscoll Inducted Into the National Academies of Practice

On March 28, 2009, Margot Aronson and Pat Driscoll were recognized and inducted into the Social Work Academy of the National Academies of Practice. The National Academies of Practice was founded in 1981 as an interdisciplinary group of practitioners from ten health care professions including medicine, nursing, dentistry, psychology and social work. Each profession's Academy has a maximum of 150 members who are recognized for having made distinguished practitioners who have made significant contributions to their profession. Founded in 1981 to advise governmental bodies on our health care system, the NAP is the only interdisciplinary group of health care practitioners dedicated to these issues.

Margot Aronson, a past-president of the GWSCSW, has been a practicing social worker for 24 years in child welfare, inpatient psychiatry, day treatment and private practice. She is currently the Vice-President for Legislative Affairs of the GWSCSW and has been active in national policy issues through the Clinical Social Work Association and the Mental Health Liaison Group.

Pat Driscoll, a long-time member of the GWSCSW, has been a practicing social worker for over 50 years. She established programs for high risk women and children and a therapeutic after-school and day treatment program for emotionally disturbed adolescents. She has been active in training social work and medical students in an array of institutions, including Catholic, Howard, Georgetown and George Washington Universities.

Other GWSCSW members recognized as Distinguished Practitioners by the NAP include Carolyn Gruber, Joel Kanter, Alice Kassabian, Delores Paulson, Golnar Simpson and Audrey Walker. For more information about the NAP, see www.napractice.org ❖

SIGNUP F ORTHEG WSCSWL ISTSERV
EMAIL YOUR REQUEST TO:
gwscsw@gmail.com

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…

Dan Campbell spoke about ADHD and Anxiety at a recent Northern Virginia CHADD meeting.

Marie C. Choppin completed a 4-day intensive Externship in Emotionally Focused Therapy with Couples. She is planning on continuing to become a Certified EFT Therapist and EFT Group Supervisor over the next few years. Marie is also now a Clinical Supervisor registered with the State of Maryland.

Cathi Cohen has released a book (see Book Corner p. 5) for counselors, teachers, and other adult leaders of children in groups, *Outnumbered, Not Outsmarted: An A-Z Guide for Working With Kids and Teens in Groups*. It was just put on the Fairfax County approved reading list for teachers and guidance counselors.

Jan Freeman recently spearheaded a project to establish an ongoing group that would bring together, on a regular basis, therapists from DC, Maryland, and Northern Va. who work with complex trauma and dissociative disorders. The project became a reality on Sunday, April 26 when over 100 clinicians gathered together for the first meeting of the DC Metro Area Trauma Forum.

Cathie Gray was awarded the Lifetime Achievement Award from DC Metro NASW. The award was given in March at the biannual NASW conference.

Adele Natter started a new psycho-educational group, Emotional Regulation Skills Training Group. Based on DBT skills, the group is run like a class, with new skills introduced and homework given each week.

Ruth Neubauer will be presenting a 4-hour workshop on teaching psychoanalytic ideas to the general public at Div. 39/APA in Toronto, Canada in August.

Sheila Rowny was interviewed and quoted for a story on "the inner game of golf," by an NPR reporter, which was aired on May 9, on Weekend Edition Saturday. You can hear it at www.npr.org/templates/story/story.php?storyId=103974662.

Adina Shapiro taught a short course for ICP&P on working with chronic illness last month. ❖

Send your information for Out & About to jenko108@gmail.com

ADVOCACY & LEGISLATION

■ FEDERAL

Laura Groshong

[Early this Spring, Laura Groshong, Government Relations Director for the Clinical Social Work Association (CSWA), flew in from Seattle for a series of meetings on health care reform - with Sen. Max Baucus (D-MT), Paul Begala, and Norman Ornstein, in a small group setting sponsored by the Center for American Progress; with the Kennedy "Workhorse" group studying recommendations for health care reform; with the National Academies of Practice (NAP) Forum; and with NASW leadership. Following is a summary of her report.]

Health care reform is moving at warp speed, and the magnitude of change needed may scuttle the process. But the reality is that Congress must have a plan for the President by August 1, 2009; the chances of another opportunity arising soon are slim. Keep your fingers crossed.

Background on health care reform

Cost is the driver of health care delivery reform. Unless a change produces cost savings, it is unlikely to be implemented.

The causes of out-of-control costs are 1) increasing levels of the uninsured receiving the most expensive care, i.e., in emergency rooms; 2) duplication of health care services and/or omission of needed health care services; 3) lack of coordination among health care providers leading to duplicated and/or omitted services, 4) use of extreme measures for beginning of life or end of life care; 5) businesses that have low co-pays and/or high levels of insurance coverage; 6) increasingly high salaries for insurance executives and 7) ditto for administrators. All changes will be designed to address expenses in these areas.

It has been argued that national health care systems grow out of the specific conditions and delivery systems in place in each country at the time of implementation. For the US, that would suggest building on our Medicare and Medicaid programs, i.e., possibly making Medicare available for the uninsured down to age 50-55 (with increased premiums for younger enrollees), and/or making Medicaid available to those who earn up to 150-200% of the poverty level, instead of the current 100%. (Some states have already covered at this level and above, however, the recession may eliminate some of this state funding). Covering all those who are eligible for Medicaid is a likely goal - at this time only about 50% of those who are eligible are covered.

What seems unlikely at this time is the implementation of a 'single payer' health care delivery system, which would require the removal of the private insurance market - a change that would be highly difficult to implement, and one that President Obama has explicitly said he would not support. Though this type of system is appealing in that it gives everyone basic health care, finding ways to integrate the public and private health care systems, as Germany and France have done successfully - and to provide communication within and across these systems - seems more realistic at this time.

Health Care Delivery Paradigm Changes

Coordinated Care. Coordinated care is likely to be a key element in changes to health care delivery; preliminary studies of coordinated care in hospitals, clinics, and home care are indicating substantial cost savings and increased positive outcomes.

We may see the emergence of new clinics which include all medical and mental health services, or contractual arrangements among providers creating "virtual" clinics that include all health care services. This new coordinated care paradigm is also being discussed in terms of "medical homes" wherein an identified provider would be responsible for coordinating and 'housing' all the records of a given patient. How all providers for a given patient will communicate if they are not in the same location, and how treatment decisions will be jointly made, is not yet clear.

Some clinicians prefer to see the new paradigm as "health homes" in which each provider would make treatment decisions within his/her own scope of practice. However, lack of knowledge about other health care professionals' scopes of practice is a handicap;

www.ClinicalSocialWorkAssociation.org

certainly this has contributed to the current fragmentation or so-called "silo-ing" of health care.

Breaking down the "silos" that have created the unsustainable way health care is now delivered may require a change in the way that clinical social workers and other clinicians have customarily provided treatment, i.e., coordinating with physicians who provide medication, but, as a rule, not with other health care providers.

Also under consideration- in line with increasing coordination by health care providers - is the option of 'bundling' of Medicare services. This could impact the delivery of services in private insurance as well.

Electronic health records. Electronic health records seem to be a given within the next two to four years. Without electronic records, the coordination of care needed will be much more difficult to implement.

This new form of record keeping can be seen as symbolic of the sea-change in the way providers will need to interact with each other. CSWA is committed to maintaining the privacy of our patient records as much as possible within this new framework.

Rationing or Limitations. Limitations on coverage of mental health treatment that already exist, and those which are to come, can best be understood as a form of rationing. One thing is a given: the current cost of our health care system is unsustainable and will, unquestionably, have to be cut back.

Since mental health parity has been established at the Federal level and in the majority of states, the chances that psychotherapy will be included in basic benefits are good, though likely with a cap on outpatient sessions. The 'floor' for benefits will be a matter of some debate in all areas of health care; a realistic goal for psychotherapy would be 25-30 outpatient sessions a year. (Inclusion of coverage for V codes and Axis II codes is a goal for the future, but not likely now.)

Reimbursement. Reimbursement levels for clinicians are likely to be based on current practices, i.e., co-pays, in-network and out-of-network providers, and the fee structure of private insurers, often based on Medicare rates. Hopefully, reforms may halt the disturbing decline in payment for outpatient psychotherapy. As for equal pay for equal codes, we are not likely to see this major CSWA goal come to pass on this go-round.

It is likely that LCSWs will need to demonstrate their coordination with other mental health and health

continued on page 8

***Legislation–Federal**, continued from page 7*

care providers if they seek third-party reimbursement in public or private systems. Further, reimbursements may be linked to outcomes assessed on the provider's ability to demonstrate positive results and, along with an emphasis on evidence-based practice, there may be a 'pay for performance' component to new systems as the reward for positive outcomes.

Implications for Clinical Social Workers

Whether or not health care reform takes place, the intense focus on coordinated care, electronic records, 'floors' for benefits and fees, outcome-driven reimbursement, and other proposals will affect licensed clinical social workers – in agencies or in private practice - over the next five years or so. Those who work with third party payers may have more responsibility for communicating other providers than they do now, may be working in new environments besides mental health agencies or private practice, may have new challenges in terms of reimbursement, but may also have new opportunities for clinical practice. (Perhaps a move to clinic-based care may help clinical social workers with our increasingly difficult billing problems which take more and more time. Having administrators who handle this chore could be a big advantage.)

The impact of these changes on practice could be a return to the principles of 'person-in-situation' casework. In any case, it is my hope that all licensed clinical social workers will educate themselves about the problems that exist, the ways they can be addressed, and the realistic ways we can become part of the solution. ❖

Laura Groshong, LICSW, is Director of Government Relations for the Clinical Social Work Association (CSWA), the national voice for clinical social work. GWSCSW members are reminded that as an affiliate, our Society receives CSWA benefits such as lobbying at the federal level as well as consultation on local legislative and licensing issues; however, a direct CSWA membership brings additional benefits to the individual member. For more information, go to clinicalsocialworkassociation.org.

SIGNUP F ORTHEG WSCSWL ISTSERV
EMAIL YOUR REQUEST TO:
gwscsw@gmail.com

■ MARYLAND

Alice Neily Mutch

After four months of intense activity in Annapolis, the 426th Session of the Maryland General Assembly came to a close at midnight on April 13, 2009.

The main focus of legislators was, first: how to improve public policy within current fiscal constraints and, second: how to best use the stimulus package. It was a challenge to pass any bills with a "fiscal note" of more than $25,000.

Following is a brief summary of bills of interest to clinical social workers, beginning with those on which our advocacy made a difference; your Society's website (gwscsw.org) has the full report.

Grassroots Support Helps Public Mental Health Budget

An increase in Medicaid enrollment forced the public mental health system to face a projected deficit for community services. Happily, the Governor's first Supplemental Budget included $20 million for the 2009 fiscal year for mental health services ($10 million in state funds and $10 million in federal Medicaid match) and another $20 million is also appropriated for fiscal year 2010. This is remarkable in these very challenging times – a clear response to intense grassroots lobbying by advocates.

Cultural Competency Training - Opportunities

In response to HB 756, the Department of Health and Mental Hygiene (DHMH) will work with licensing boards to establish a Cultural and Linguistic Health Care Provider Program. Thanks to our efforts, the bill was amended to include the Clinical Societies in the pool of qualified CEU providers of cultural competency training.

Licensing Reciprocity

The impetus for HB510 was a complaint from a nonprofit agency that potential employees who were experienced, highly-qualified, licensed out-of-state social workers were giving up on the slow and cumbersome Maryland licensure process. By approaching this bill not as a "gotcha" but as an opportunity for the social work community to problem-solve on reciprocity issues, we established a cooperative tone;

ultimately the Board, NASW, our clinical social work coalition, and the non-profit worked together with the legislators. As passed, the bill requires that the Board notify applicants about the pertinent licensure examination within 60 days of application, and establishes a workgroup to (1) examine and make recommendations on the licensure statute and the process by which licenses are issued; (2) examine issues affecting the status of the workforce in the State, including examination requirements, reciprocity with other states, supervision requirements, and other relevant issues; and (3) report its findings and recommendations to the legislature by next January. The workgroup will consist of Board members, representatives of social worker associations, human service providers who employ social workers, and other interested stakeholders; contact your legislative committee if reciprocity is an issue you'd like to pursue.

Long-term Care

Maryland ranks close to 47th with regard to long-term care. A major initiative in response to perceptions that DHMH was not moving proactively on long-term care reform resulted in the passage of HB113 & SB761, ordering a feasibility report on developing a coordinated long-term care program under Medical Assistance. There will be a stakeholder process, and we urge that geriatric clinical social workers take part in the discussion. (Let your legislative committee know of your interest and willingness to get involved.) A successful amendment to the bills mandate that, if the recommended program involves managed care, mental health services and a hospice carve-out are ensured.

End of life options

HB30, SB546 & SB221 focused on end of life options for care. Although these bills failed, they stimulated spirited debate, culminating in a directive to the Attorney General to convene a work group during the Interim to study and "make recommendations on the critical matter of how to increase and improve end of life counseling and hospice care." Thanks to our advocacy, the Attorney General has formally agreed that a clinical social worker should participate in the work group.

Maryland Commission on Autism

SB 963 establishes this commission to make recommendations regarding services for individuals with autism spectrum disorders; develop a statewide plan for a system of training, treatment, and services for individuals with autism; and evaluate ways to promote awareness. The commission will report on the desirability of amending State law to require more extensive insurance coverage of autism diagnosis and treatment services.

A bill to enable reimbursement for treatment of autism spectrum disorders did not pass. As drafted, this bill did NOT include clinical social workers, but acknowledged only "habilitative or rehabilitative care, pharmacy care, psychiatric care, or psychological care prescribed by a licensed physician or a licensed psychologist." With our advocacy, the sponsors of the bill agreed to add clinical social workers to those who would receive reimbursement. It will be very important to have a clinical social worker become an informal participant in this process, to provide information to the study commission so that their recommendations on reimbursement include clinical social workers. Let your legislative committee know if you would be interested in working on this issue.

Substance Abuse Delivery and Reimbursement

HB1096 would have required the Maryland Alcohol and Drug Abuse Administration (ADAA) to establish a new delivery and reimbursement system for substance abuse services. Although the bill did not pass, discussions will continue during the interim, and GWSCSW members working in this area may have something to add. Again, contact your legislative committee to get involved.

Provider Reimbursement Issues

Finally, there was considerable legislation focused on provider reimbursement issues. More information about the following bills can be found in the longer report posted on the GWSCSW website.

SB380 & HB255 (passed): concerns HMO payments to non-contracting health care providers

SB439 & HB440 (passed): Insurers must pay promptly or pay interest starting from date of "clean claim"

SB 646 (passed): specifies that DHMH designate a uniform standard credentialing form for hospitals, as a first step to speed up the credentialing process for providers.

SB759 & HB250 (passed): gives authority to nurse practitioners to certify death as a second provider

continued on page 10

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

to the attending physician. The bill was amended to ensure that nurse practitioners will NOT be authorized to determine incapacity for treatment of mental illness.

SB852 & HB1366 (failed): regarding assignment of benefits by the patient and pressure on the provider to join the insurance panel.

HB141 (passed) restricts the insurance carriers from requiring a provider on its non-HMO panel to participate on its HMO panels as well, mandates certain transparencies in the contracting process, and requires a doctor's consent for assignment of a case to Workers' Comp or Personal Injury Protection coverage.

HB235 (passed) limits "rescission" of health care contracts to fraud or active misrepresentation, so that when an insurance carrier conditions coverage "on evidence of individual insurability...," the carrier will bear the burden of properly underwriting the policy before it is issued.

The Session is over, but not our work advocating for the quality, affordable mental health treatment in Maryland and protecting the scope of practice of clinical social workers. Now is the time for follow-up, for letting legislators and work groups know of our interests and concerns, and for demonstrating our willingness to be involved in the process of change.

A full report of this Session's legislation of interest to clinical social workers is posted on your Society's website (gwscsw.org) on the Maryland legislative page. ❖

Alice Neily Mutch is lobbyist for the Legislative Council of Social work Organizations (our coalition of GWSCSW and MSCSW). Her website (www.capitalconsultantsofmd.com) provides a wealth of information about Maryland legislation and legislators.

Save The Date

Saturday, September 26, 2009

A Saturday Conference on

Vicarious Trauma and Self-Care in Social Work Practice

Plenary Speaker: Carol Tosone, Professor, New York University School of Social Work; Editor, Clinical Social Work Journal

Cosponsored by GWSCSW and
National Catholic School of Social Services

Location: Catholic University

Maryland Board of Social Work Examiners

Cherie Cannon, LCSW-C

Serving on the Board is an awesome privilege, yet very challenging. We attempt to ensure that the highest social work standards are maintained and applied equally for approximately 12,000 licensees at four different licensure levels.

Here are some updates from the Board:

The Maryland 2009 General Assembly recently passed House Bill 510, requiring the Board to establish a workgroup of Board members, representatives of social work associations, human service providers, and other interested parties. This work group will

- examine and make recommendations on the licensure statute and the process by which licenses are issued;
- examine issues affecting the status of the workforce in the State, including examination requirements, reciprocity with other states, and other relevant issues; and,
- report findings and recommendations to the Senate Education, Health and Environmental Affairs Committee and House Health Government Operations Committee by January 1, 2010.

The Board is identifying social work stakeholders to be a part of this group; your organization will be receiving further information on how to participate.

The proposal for a revised Continuing Education Regulation is currently being reviewed by the Department of Health and Mental Hygiene. The next step is the public comments. Maryland licensees will be notified by email when the proposed regulation is published in the Maryland Register and on Board's Web.

The Board is also seeking methods by which it can better communication with its licensees and the citizens of Maryland. A Customer Satisfaction will soon be available on the Board's Web site; we look forward to your comments.

Over the next 16 months, I look forward to working with your organization to promote, enhance and advance the practice of social work. ❖

Cherie Cannon, LCSW-C, is chair of the Maryland Board of Social Work Examiners; she will serve through June, 2010.

■ VIRGINIA

Christopher J. Spanos

The Virginia General Assembly meets annually for six intense weeks of negotiation and legislation; the 2009 session was convened on January 14 and adjourned on February 28. With a $77 billion state budget and a forecast of significantly reduced revenue, members focused on matching available funds to plans for programs and services were appreciative of the federal stimulus program (the American Recovery and Reinvestment Act of 2009), which provided close to a billion dollars in funds and thus made the process somewhat less painful than had been expected.

No legislation was offered this session to alter the current Virginia statutes on social work licensure, but the state Board of Social Work has completed its House Bill 4611 report for presentation to the bill's patron, Delegate Bobby Orrock. The clinical social work societies will be working with other interested parties to find an avenue to implement the appropriate sections of the Board of Social Work recommendations.

As for legislation of interest to clinical social workers, the following measures passed:

- Mental health statutes. Amended to address issues resulting from the overhaul of mental health laws during the 2008 Session.
- Notification of family member and commitment. Authorizes disclosure to a friend or family member of a person who is the subject of an emergency custody order, temporary detention order, or involuntary commitment order of information that is relevant to the person's health care.
- Psychiatric treatment of minors. Provides that a person who meets the criteria for involuntary commitment under the Psychiatric Inpatient Treatment of Minors Act may be ordered to mandatory outpatient treatment if less restrictive alternatives to involuntary inpatient treatment are appropriate and available.
- Basic health insurance. Allows health insurers to offer and sell group health insurance policies or contracts to employers with 50 or fewer employees to provide coverage for employees who have been uninsured during the preceding six months. Such a group policy or contract may include any, or none, of the state-mandated health benefits, as the health insurer and the small group employer agree.

The following measure failed:

- Mandated health insurance for autism. Would have required health insurers, health care subscription plans, and health maintenance organizations to provide coverage for the diagnosis and treatment of autism spectrum disorder in individuals under age 21.

Thanks to the efforts of your Virginia and Greater Washington legislative committees, documentation was quickly provided to legislators to demonstrate that diagnosis and treatment of autistic spectrum disorders fall within the clinical social work scope of practice. An amendment was added to include licensed clinical social workers among those to be covered; had the measure passed without the amendment, only psychiatrists and psychologists would have been permitted to do so.

Christopher J. Spanos is the Government and Public Affairs Counselor for the coalition of Virginia and Greater Washington clinical social work societies. Chris can be reached at (804) 282-0278 or, by email ChrisSpanos@SpanosConsulting.com

Supporting School Social Workers

Undoubtedly, government budgets will be in flux for the next fiscal year or two, and cuts are inevitable. School social workers—whose role is to intervene with students and families before crises occur, before special education is considered, and before costly school and community-based services are required—are "support staff" and thus particularly vulnerable. The Society made the case against wholesale cuts to the Fairfax School Board and the Supervisors. We were very impressed that the presidents of the three Fairfax Associations of School Principals (elementary, intermediate, and high school) chose to make a joint presentation to the Board of Supervisors urging recognition of the contributions of all professional staff in supporting the goals of our community and the aspirations and dreams of our children.

To learn more about school social work issues, contact Fran Lewandoski at frances.lewandoski@fcps.edu.

Virginia Board of Social Work

Changes to Supervision Requirements

In response to the requirements of House Bill 1146, the Board has completed its two-year study on the education and training of social workers in Virginia, and has incorporated comments from the public (including our Society). The report is clearly written, well-researched, and thoughtful; a convincing case is presented for eliminating the current exemptions from requirements of licensure. *Report on Practice of Social Work* can be downloaded from the Board's website.

Due to the high volume of emails and telephone calls received regarding continuing education, all callers are currently directed to the website, www.dhp.state.va.us/SOCIAL/. Licensees are asked to use their professional judgment to determine if their continuing education coursework meets the requirements of Regulation 18VAC140-20-105. Licensees can now renew a license, change an address, and/or request a duplicate license on line.

Please note that all supervised experiences, regardless of practice setting, begun after November 2008 must be registered with the Board. Check for changes in the supervision regulations on the Board's website. ❖

■ DISTRICT OF COLUMBIA

Challenges to DC Children

Lisa Wilson

The DC Legislation and Advocacy Committee is beginning work on a series of fact sheets for people who work with children and enact policies that affect them. We will draw from credible research and real case examples to illuminate challenges facing DC children, in hopes the resulting fact sheets will inform services and systems that more effectively support their well-being.

If you would like to help with this endeavor, please contact Lisa Wilson (phone: 202-431-9371 or email: wilsonlicsw@yahoo.com).

Lisa Wilson, LICSW, is a DC Department of Mental Health social worker assigned to a public school in the District.

CareFirst Bill Passes; Implementation Delayed

Mary Lee Stein

Surprisingly, despite considerable lobbying from CareFirst, Congress permitted passage of the Medical Insurance Empowerment Act requiring CareFirst to operate a well-advertised Open Enrollment program without exclusions for pre-existing conditions or benefit caps.

On April 19, the City Council agreed to delay implementation of the open enrollment provisions of the Act for 90 days. In exchange for this delay, CareFirst has suggested re-opening negotiations around the Healthy DC program, which they'd backed out of just last year. Healthy DC would have provided insurance for the working poor and for the uninsured residents of the District.

Although CareFirst does still offer open enrollment on its website, at this point, their legal obligation to do so has been suspended. Premiums and drug caps are higher than would be allowed under the Medical Insurance Empowerment Act. So, for the time being, those consumers with pre-existing conditions and those with low incomes may be out of luck. Councilmembers Cheh, Catania, Bowser and Gray introduced this resolution.

Mary Lee Stein, LICSW, represents GWSCSW in discussions of CareFirst, Healthy DC, and related health care and insurance coverage issues. She is in private practice in the District.

DC Board of Social Work Update

GWSCSW attends the open session of the DC Board of Social Work (BSW) meeting each month to exchange information and to share the Society's perspective with the Board. We're impressed by the three new appointees to the Board – Sharon Cascone, Eileen Dombo, and Willa Day Morris; they are welcoming and attentive in the open session, and thoughtful in their discussions and decision-making.

Unhappily, the position of Board chair has been vacant since the incumbent social work members were abruptly replaced in November. The Board's consumer member, Arlene Robinson - a retired judge and truly an asset on the Board – has reluctantly been chairing the meetings for the interim; she feels strongly that it should be a social worker chairing the Board of Social Work. So do we, and we urge the Mayor and Council to fill that vacant seat.

A BSW newsletter to all DC licensees should be in the mail soon, but meanwhile, an important reminder from the Board: two-year license renewals will come due on August 1, 2009. Check to be sure you have 40 hours of approved continuing education credits, with at least 6 in ethics training. ❖

Do we throw the baby out with the bathwater?

Freud Versus Brain Research

Melanie B. Ness

Was Freud right on *anything* about dreams?

Yes, no, maybe? If you are a psychoanalyst as well as a cognitive neuroscientist (see Blechner 2001), you'll write a book trying to fit Freud's ideas about the function and meanings of dreams into a description of how the brain actually seems to work. If you are an inveterate analyst (see Lansky 2002), you'll write an unpleasant review of Hobson's book (2002) that attempts to debunk Freud's theories. While starting to narrow, quite a divide exists between the consulting room and the laboratory.

Freud (and others of his time) didn't have the advantage of brain imaging studies using fMRIs and PET scans, observations and scans of dreaming adult and child subjects in sleep laboratories, and quantitative content analysis of tens of thousands of reported dreams. Through these and neuropsychological assessments of patients suffering from brain injuries, we now know what areas of the brain are necessary and are not necessary for dreaming to occur.

Three areas of the brain are implicated in dreaming: the frontal cortex/ limbic system, the parietal lobes, and the brainstem. Research has shown that dreams occur in both REM and nonREM sleep. But this does not really tell us for sure if condensation, distortion or censorship occurs in dreams, if dreams aim for the satisfaction of instinctual wishes, or if in fact there is an unconscious at all as Freud conceived of it. Some authors (Braun 1977; Domhoff 2007) use imaging and other studies to confirm his theories and some (Hobson 2002) use them not to.

Space doesn't permit taking all of Freud's ideas and comparing them with research. To take one, however: Freud would say that bizarreness in dreams indicates evidence of distorted impulses and censorship. A four-foot insect flying at waist height toward the dreamer would be a distortion of an unacceptable wish or fear having to do with genitals.

Solms and Turnbull (2002) have a different view. They describe four basic emotional systems in the brain: seeking, rage, fear, and panic. During waking hours we go about exploring or seeking what motivates us. Since this involves action on our parts, when we sleep we obviously cannot put into action what we seek. These authors reason that the dream occurs instead. In the brain, cognitive activity shifts from the frontal lobes to the posterior forebrain. This part of the brain is unconstrained by the frontal lobes that are responsible for executive control, logical decision-making, and focused attention. Instead, "subjective experience becomes bizarre, delusional, and hallucinated." Sensory and emotional areas come alive. Short-term memory functions are deactivated so that while the emotional content of images remains but the waking context does not. Meaning would be given by the dreamer when awake.

Other researchers have enlarged our understanding of various aspects of dreams. Mark Blechner (2001), who works with them in his clinical practice, proposes that we cannot lie in our dreams, that since we are asleep when we dream, they are actually very honest representations of what concerns us, albeit sometimes very hard to figure out later. Dreams are not social interchanges that we engage in during our waking hours. We can, of course, lie to someone else later when we relate a dream. But the whole act of dreaming is extra-linguistic, that is, not constrained by spoken language. It allows for the coming together of images, brief movie-like scenarios, emotions, and kinesthetic experiences that extend beyond most waking thought. Dreams have at their fingertips the vast array of associative neural networks (motivational, emotional, memory, and perceptual systems) that help make up the brain. What often gets difficult is waking up and attempting to translate dreams into words. They very attempt can make us forget what took place in the dream.

Using dream reports that have been collected and put on the Dream Archive on Dreambank.Net, Domhoff and Schneider (2004) have published some very interesting findings. The dream reports date from as early as the late l940s, are from children, adolescents, and adults. What seems most apparent, from this and other studies of dream content, is that dreams mostly reflect everyday interests, happenings, and preoccupations. This content remains fairly consistent throughout the lifetime. Bizarreness in dreams is actually not very fre-

quent. By doing comparison studies in the archive, it is now known that in most countries around the world men in general dream twice as often about men as they do women, whereas most women dream equally about women and men. Looking at aggressive versus friendly interactions in dreams in the United States, men tend to have more aggressive than friendly interactions with men and more friendly interactions with women. American women tend to have equal amounts of friendly and aggressive interactions with both sexes.

Why do we dream at all? Hobson (1988, 2000), the one Lansky was so dismissive of in his review, and before he somewhat changed his mind, thought that dreaming was just random firing of nerve cells and mostly meaningless ("cognitive trash"). Dreaming occurs because outside stimuli is greatly reduced when the dreamer is asleep, and the brain has to do something with itself. Some authors take an evolutionary point of view. Winson (1990) feels that dreams reflect one's strategy for psychological (and physical) survival. The unusual elements in dreams come from the complex associative pathways in the brain, but most have a survival value. This and other researchers share Revonuso's (2000) threat simulation theory of dreaming as helping humans anticipate and prepare for possible threats during the waking hours.

Variations on this evolutionary perspective include the idea that dreaming is a form of imaginative play during sleep (Bulkeley 2004). Bulkeley sees the bizarreness of dreaming as the playful expression of the creative imagination (a la Winnicott?). Other authors feel that dreams help us solve problems or help the brain consolidate memories.

The upshot is that we really do not know yet for sure why we dream and if Freud was correct or not, but we are getting miles closer than we were when centuries ago dreams were thought by seers to prognosticate the future. All I can tell you is that I know some of my dreams are wish-fulfillment dreams (eating chocolate, having my car repaired), that some occur to tell me about getting up—or not--to go to the bathroom (I am laughing at a cat having the time of it's life clawing toilet paper off the roll), that a lot of them deal with my basic anxieties (separation), and that some are delightfully weird. I hope we never so thoroughly study dream images and the brain that we lose sight of the sometimes delightfully weird things our dreams can tell us about ourselves. ❖

Melanie B. Ness, LICSW, LCSW, has a full-time practice treating adults and couples in Dupont Circle and Alexandria.

Nancy Nollen—A Past President Who Helped Us Through a Difficult Transition, 2000–2001

by Connie Ridgway

Nancy Nollen is a warm and faithful friend to the Clinical Society. She has been a part of the organization since 1991 and was President of the Clinical Society from 2000-2001. As she put it, "I was the last president to serve during [one of] the most turbulent times of the Society--times when several events that had their seed in previous years came together to rock the Society and almost send it aground." Her willingness to serve and her dedication helped the Society survive and grow into what it is today.

Nancy grew up in a farm in Iowa. She spent summers gardening with her mother. She said, "To entice my sister and me into helping her tend the large plot, she regaled us with stories of her days in Chicago. It was 1929 and for an internship in her social work program [Mother] read stories to the children at Hull House. Jane Addams [founder of Hull House and, considered by many, a founder of social work] often walked by and greeted them."

Nancy began her college career in extension home economics, attending Iowa State University. After graduation she taught home economics, married and completed an MA in Human Development at Central Michigan University, then moved to Chicago. In the late 1960s and early 1970s, Nancy worked for the Association for Family Living, a well-established social service agency affiliated with the University of Chicago. She trained teachers, designed curricula, worked with community leaders and parents, and taught sex education.

Nancy moved to Washington DC six years later, working for the Association for Sex Educators, Counselors, and Therapists. She then took organizational development classes at George Washington University and taught career management/life planning courses for the National Association of Bank Women (NABW), which assisted women managers to climb the corporate ladder. She coached women bank officers throughout the eastern US, then worked in training and development departments in local banks.

In 1988 Nancy began the MSW program at Catholic University, "having returned full-circle to the work I had known I would love as a child." By then she had a son in college and a daughter in high school. After graduation she worked six years at Arlington Hospital, and in 1995 began a full-time private practice in Arlington near the hospital where she continues to see individual adults, couples and seniors and their families.

The history of GWSCSW in the late 1990s and early 2000s was discussed in a previous article. This was a time of rising concerns about managed care, including less income for many therapists and more time spent battling with insurance companies. The Clinical Social Work Federation had urged their local affiliates (including GWSCSW) to join a guild (trade union) to fight managed care. Our Society held a vote, and the majority voted against Guild membership. During the same time the Society hired a full time executive director. This position was created to manage administrative tasks, which Board members felt that they could no longer do for the Society, given the demands of managed care on their practices. However dues rose to cover these costs. The Society's membership declined from 700 to under 400 over a three-year period.

Nancy identified two issues dominating her term:

- The need to maintain strong executive leadership during this time of declining membership, an issue that had plagued the Society for the past few years.
- The problem of less money and energy to run the Society, due to the combined issues of the increase in budget to hire an executive director, reduced funds to support the continuing education program, loss of volunteers to help run the organization, and the weight of managed care on each social worker.

When Nancy became the president of the Society in 2000, she had already served as Vice President for three years. After the Secretary left due to illness, the President and Treasurer were the only board members serving, with long-time former board officers contacted for advice. Economic factors led to the difficult decisions of terminating the position of Executive Director, and reducing of the Continuing Education program that year.

In May of 2001 there were no nominations forthcoming for a new Board. With no leadership potential for the coming year, declining membership, and a collapsing budget - all problems that had been with the Society for at least the last four years - the Executive Board sought advice from legal counsel, who advised that a non-profit organization in the District of Columbia must have a least two officers, a president and a treasurer, or close its doors.

The Society was in danger of ending operation after 25 years. Members in the Society had been among the leaders in providing a wide array of mental health services as well as serving as valued mentors, teachers, and administrators throughout the metropolitan Washington area. Furthermore, it was through the work of leaders in GWSCSW that the Clinical Social Work Institute, a PhD granting facility, was conceived, organized and implemented. The work of our predecessors was too valuable to be lost forever. A meeting was scheduled in June, explaining the necessity for members to step forward or watch the society fall apart. From that meeting, Marilyn Austin agreed to be the next president of the Executive Board. New talents and commitments began to emerge, and the Society built new ways of functioning and created the structure that we continue today.

Nancy says, "I am proud and grateful for the contributions of my colleagues on the entire Board, especially Judith Wentworth, who was Treasurer and the only other Executive Board member that year, as we worked to hold the Society together while the membership strove to find a common direction for our organization. I have continued as a member of the Society and will always consider it an important part of my professional life.

Today the Society has found new leadership and new direction and once again is united. The next Board ushered in the computer age. Articles and information that meet the needs of members have become easier to share and flows through the website in a timely manner. This has resulted in our Society becoming a central communication hub for social workers in the metro area, and one in which I am honored to have contributed." ❖

VISIT OUR WEB SITE: www.gwscsw.org

Preserving Client Confidentiality When the Insurer Comes Calling: What Our Ethics Code Says

by Randy Smith

Back in January and February, the GWSCSW list serve lit up with questions from private practitioners about how much client information should be provided to insurance companies in order to be reimbursed for therapy. The client of an out-of-network social worker had handed her a sweeping insurance company demand for "Initial history and physical and all office records related to the diagnosis treated on the above dates of service to include the date of onset."

Was the social worker at liberty to send all the information contained in her "office records"? Would the information include her personal notes on the client's therapy sessions? Can the worker assume that because the client handed her the letter from the insurance company that the client has given tacit agreement to release all the information requested? Is the client waiving her implicit right to privacy by seeking reimbursement from the insurer?

Our own ethics code actually provides a great deal of guidance in this area. The National Association of Social Workers Code of Ethics sets the profession's standards for guarding client privacy, confidentiality, consent, and disclosure of information. In Section 1.07, *Privacy and Confidentiality*, eight of the 18 standards apply to the dilemma of a therapist quarried for client information by an insurance company *(see sidebar)*. Section 1.07h specifically states that a social worker "should not disclose confidential information to third-party payers unless clients have authorized such disclosure." Other provisions require "valid consent from a client" before confidential information is disclosed; require workers to provide "the least amount of confidential information necessary"; and say workers "should review with clients circumstances where confidential information may be requested … as soon as possible in the social worker-client relationship."

In addition, in Section 3.04c, *Client Records*, social workers are advised that their documentation "should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services."

Privacy is the foundation of the entire mental health system. Without it, clients would not trust social workers enough to disclose the personal problems and upsetting issues they are grappling with to make psychotherapy worthwhile. Clients expect that their intimate thoughts and private struggles will be held in the strictest confidence by the professionals to whom they are making their disclosures.

The confidentiality of psychotherapy sessions is clear in the legal arena. In its landmark 1996 case *Jaffee v. Redmond*, the U.S. Supreme Court ruled that a licensed clinical social worker's notes and records written in the course of diagnosis or treatment are protected against involuntary disclosure by psychotherapist-client privilege. The court ruled that because social workers often provide mental health treatment to clients who cannot afford the services of psychiatrists or psychologists, those disadvantaged clients had the same right to privacy as wealthier therapy clients. The court saw "no discernable public purpose" in drawing distinctions

between the counseling provided by higher priced psychotherapists and "more readily accessible" social workers.

But client confidentiality in health care is now much murkier thanks to the 1,500-page Health Insurance Portability and Accountability Act (HIPAA) of 1996. Under the federal regulations for health care providers that went into effect in April 2003, patient consent is no longer required before "covered entities" and their "business associates" may begin sharing health records. According to the advocacy group Patient Privacy Rights, this means that more than 4 million businesses, employers, government agencies, insurance companies, billing firms, and all their business associates are permitted access to health records without the patient's consent or knowledge.

Thanks to the *Jaffee* ruling, psychotherapy notes cannot be released under HIPAA without the explicit authorization of the patient, except in a few exceptions. Significantly, insurers cannot require the release of psychotherapy notes as a condition for payment. In order to qualify for this protection, though, the notes must be kept separate from the patient's medical record, requiring a second chart in many cases. However, the disclosure protection does not include information about medications, stop and start times, frequency of the treatment furnished, summaries of diagnosis, treatment plans, symptoms, prognosis, and progress to date. "Thus, a great deal of sensitive information … that would ordinarily be protected under a psychotherapist-patient privilege such as *Jaffee*'s, will not qualify for protection under this provision" (Appelbaum, 2002, p. 1815).

A crucial exception to the HIPAA regulations is that they do not override state laws that are more protective of medical privacy. Significantly, 45 states and the District of Columbia have laws safeguarding therapy patient records. The D.C. Mental Health Information Act specifies five types of information that may be disclosed: 1) administrative data; 2) patient's status (voluntary or involuntary); 3) diagnosis; 4) duration of treatment; and 5) reason for admission or continuing treatment (D.C. Code 7-1201.01 to 7-1208.07). However, Maryland and Virginia do not have the same legal protection for confidentiality as the District. ❖

Randy Smith is an advanced year MSW student at the National Catholic School of Social Service, Catholic University of America.

References

Appelbaum, P. S. (2002). Privacy in psychiatric treatment: Threats and responses. *American Journal of Psychiatry, 159*(11), 1809-1818.

Department of Health & Human Services. (2003). *Summary of the HIPAA privacy rule.* Washington, DC: Office for Civil Rights, U.S. Department of Health & Human Services. Retrieved on February 9, 2009, from http://www.hhs.gov/ocr/privacy/hipaa/-understanding/-summary/privacysummary.pdf.

Dickson, D. T. (1998). *Confidentiality and privacy in social work: A guide to the law for practitioners and students*. New York: The Free Press.

Hester, R. D. (2003). Physician medical records and the Health Insurance Portability and Accountability Act. *Journal of Health & Social Policy, 18*(1), 1-14.

Jaffee v. Redmond, 116 S. Ct. 1923 (1996).

Kuczynski, K., & Gibbs-Wahlberg, P. (2005). HIPAA the health care hippo: Despite the rhetoric, is privacy still and issue? *Social Work, 50*(3), 283-287.

continued on page 20

***Ethics** , continued from page 19*

Lens, V. (2000). Protecting the confidentiality of the therapeutic relationship: Jaffee v. Redmond. *Social Work, 45*(3), 273-276.

National Association of Social Workers. (2008). *Code of Ethics*. Washington, DC: Author. Retrieved on January 26, 2009, from http://www.socialworkers.org/pubs/code.

Patient Privacy Rights. (n.d.) *Chilling news about health privacy: You have none*. Patient Privacy Rights Foundation: Austin, TX. Retrieved on February 9, 2009, from http://www. patientprivacyrights.org/.

Peel, D. C. (2003). The loss of the right of consent. *Psychiatric Times, 20*(9), 3-5.

Reamer, F. G. (2005). Documentation in social work: Evolving ethical and risk-management standards. *Social Work, 50*(4), 325-334.

Yang, J. A., & Kombarakaran, F. A. (2006). A practitioner's response to the new health privacy regulations. *Health & Social Work, 31*(2), 129-136.

The National Association of Social Workers Code of Ethic's Section 1.07, *Privacy and Confidentiality*, details the profession's standards for guarding client privacy, confidentiality, consent, and the disclosure of information. The eight standards that apply to the dilemma of a therapist quarried for client information by an insurance company state that social workers:

"should respect clients' right to privacy" (NASW Code, 2008, 1.07a);

"may disclose confidential information when appropriate with valid consent from a client" (NASW Code, 2008, 1.07b);

"should protect the confidentiality of all information obtained in the course of professional services, except for compelling professional reasons. … In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose…" (NASW Code, 2008, 1.07c);

"should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made" (NASW Code, 2008, 1.07d);

"should discuss with clients … limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested… This discussion should occur as soon as possible in the social worker-client relationship…" (NASW Code, 2008, 1.07e);

"should not disclose confidential information to third-party payers unless clients have authorized such disclosure" (NASW Code, 2008, 1.07h);

"should protect the confidentiality of clients' written and electronic records and other sensitive information" (NASW Code, 2008, 1.07l);

"should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsmile machines, telephones and telephone answering machines, and other electronic or computer technology" (NASW Code, 2008, 1.07m).

One of the 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

■ 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 _____

❑ The following is/are NEW:

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

Do we have your email address?

If you're not sure, please send an email to the office from your preferred email address and we'll update your information to include it.

GWSCSW@gmail.com

GWSCSW BOOK CORNER

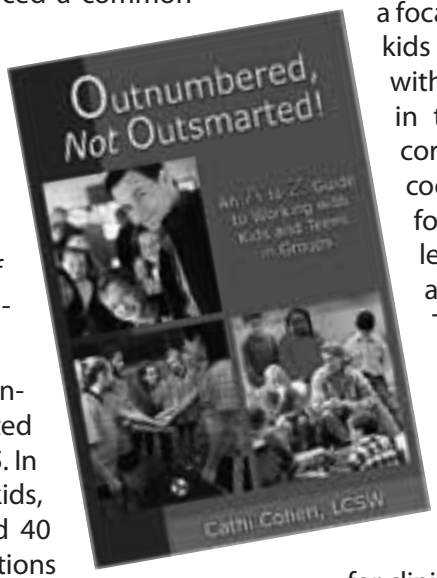
Our book corner celebrates the works of GWSCSW authors. Please contact Erin Gilbert at erin@egtherapy.com with information about your publications.

Review by Erin Gilbert

Outnumbered, Not Outsmarted!: An A to Z Guide for Working with Kids and Teens in Groups

By Cathi Cohen

GWSCSW member Cathi Cohen noticed a common trend following her attendance at many clinical conferences. If speakers were purely anecdotal or theoretical, she was hungry for more information, particularly about how to apply these anecdotes and theories. After some time, she concluded that in the field there is a dearth of simple and accessible clinical techniques and strategies.



Cohen began her social work career running groups, and she eventually started a group practice called In Step in 1995. In Step provides a range of services for kids, teens and parents, including around 40 therapy groups a week in its two locations in Fairfax and Sterling. When Cohen considered how to make a contribution towards the field's lack of simple techniques and strategies, she naturally reflected on her years of practice with groups, children and young adults, and parents. Her third book, Outnumbered, Not Outsmarted!: An A to Z Guide for Working with Kids and Teens in Groups, is a product of her work.

Outnumbered, Not Outsmarted! stays loyal to its title. Each letter of the alphabet corresponds with a focal topic relevant to running groups for kids and teens. The letter "A" corresponds with anger and how to cope with anger in the group setting. Accordingly, "B" corresponds with bullying and "C" with cooperation. Cohen described how each focal topic are about 10 to 12 pages in length, and how each section contains a specific segment entitled "Try Saying This." Reminders about group practice are sprinkled throughout the book.

Cohen anticipates that most readers will find *Outnumbered, Not Outsmarted!* to be accessible and enjoyable. She noted that it is not a clinical textbook, but is appropriate for clinicians who want to refresh their group skills, or for laypeople that run groups and need more information. She added that the topics don't need to be read consecutively and can be selected based on current group issues.

Cohen stated that she discovered around the letter "H" that she had begun an ambitious undertaking as the book covers such a variety of topics. She was writing mostly on Fridays because of her schedule, and in this manner, *Outnumbered, Not Outsmarted!* took her several years to complete. She currently is busy with other activities on Fridays, but perhaps realizations from future conferences might lead to inspiration for a fourth book from Cohen. ❖

GWSCSW member Erin Gilbert is a social worker in private practice. You can contact her at Erin@egtherapy.com.

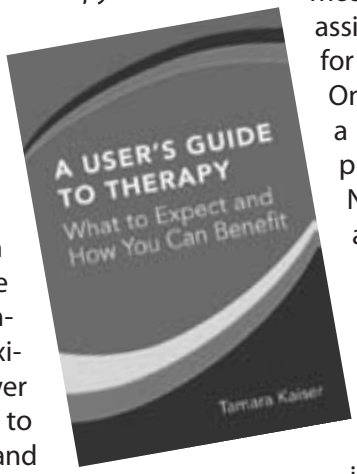
New Book by GWSCSW Continuing Education Instructor

Review by Patricia T. Demont

A User's Guide To Therapy: What to Expect & How You Can Benefit

By Tamara L. Kaiser, MSW, PhD

Our Greater Washington Society for Clinical Social Work has already had the pleasure of meeting Dr. Tamara Kaiser as an instructor, most recently this past fall when she taught an in-depth course in Supervision. As a participant, I found her to be personable, engaging and knowledgeable. She has brought these same attributes to her new book, *A User's Guide to Therapy*.



Dr. Kaiser states that her goal in writing her book is to help the client "understand just what you are getting into and how to make the best use of the experience." She promises to explain the various types of therapy, the nature of the therapeutic relationship, and how the client's contribution impacts treatment outcome. In truth, the breadth of the book is much more extensive. She highlights core issues including anxiety, shame and guilt. Safety and trust, power and authority, stages of treatment, ways to enhance one's experience as a participant, and termination are all topics of discussion. Illustrative examples of client-therapist interaction are interspersed throughout. Segments of actual sessions with dialogue add depth and clarity to explanation.

Dr. Kaiser's states that her frame of reference includes all types of therapy which fall under the heading of "the talking cure," which she divides into four groups: psychodynamic, cognitive-behavioral, humanistic and family systems. She briefly mentions psychoanalytic treatment primarily as it contrasts with psychodynamic.

Dr. Kaiser has written a comprehensive handbook about therapy for prospective clients and has done an admirable job. However, I recommend that you read her book yourself before passing it on to your own clients. Given the expansive nature of the content, there undoubtedly will be sections which are consistent with your own perspective and style, and conversely, you may find yourself disagreeing with either some statements or recommendations she makes.

In an effort to demystify psychotherapy, complex processes are necessarily simplified for the layman. Such reductionism is confusing at times. An example of this is the chapter entitled, "Psychotherapy and the Brain." In other sections, one might argue that some psychotherapeutic processes are better left to be experienced rather than predicted. For example, would it be more useful for the new client to be allowed to idealize the therapist rather than be told he might do so? Finally, some of the suggestions she gives for making the most out of treatment include homework assignments which could be good advice for some clients and inadvisable for others. One such suggestion is to tape sessions as a means of recalling what was said and processing it at a deeper level (p.131). Not all therapists would feel comfortable with content leaving the room in such a concrete manner, depending upon their theoretical orientation and the nature of the content. A tape in the wrong hands, for instance, could become fuel for a marital fire when an intrusive spouse hears that yes, indeed, his wife is talking about leaving him as he feared.

Dr. Kaiser is at her best when posing and answering the common questions people have when considering treatment and responding in her own voice. My personal favorite is: "Exactly HOW does psychotherapy work?" She discusses boundaries, confidentiality, fees, setting the frame and similar issues in a jargon-free, candid and warm manner. I found her chapter on communication and its emphasis on "shared meaning" to be particularly useful. She speaks poignantly about the need to feel safe and deeply known by the therapist. At this and other segments throughout the book, her 35 years of experience as a gifted therapist break through, and for awhile, the reader senses how a client might experience her kind and intelligent presence. ❖

Patricia Demont, PhD, LICSW was the Director of Training at DC Institute for Mental Health in Anacostia, and has offered training privately since beginning full time private practice, with offices at Dupont Circle and Rockville, Md.

COMMITTEE REPORTS

Continuing Education

Ted Billings, Chairperson
ted.billings@gmail.com

We are now accepting course proposals for 2009–10 continuing education courses. The world seems both especially changeful these days and in need of more change. The theme of next years program will be change. What is the experience of change for our clients and ourselves in this particular place and time? How do we recognize, foster and measure it? How do clinicians and patients cope with good change and bad, too much and too little? Please contact me (ted.billings@gmail.com) if you are interested in presenting a course.

The continuing education course brochure for 2009–10 will be mailed to members this summer.

Too many people were disappointed this past year when classes filled before they could sign up. So if you're interested in a class, sign up right away!

Legislative & Advocacy

Margot Aronson, Chairperson
malevin@erols.com

Thanks to a "silent auction" benefiting DC Vote, our DC committee members were treated to an informal get-to-know-you dinner with Councilwoman Mary Cheh, just for us (and at no cost to the Society), at the home of filmmaker Aviva Kempner. We followed up with a meeting with the Councilwoman's staff on children's mental health issues in the District.

For new Maryland committee members, we're planning an advocacy orientation in Annapolis with our very-knowledgeable lobbyist Alice Neily Mutch, to include CEUs and lunch on the waterfront.

Our Virginia and DC school social work members will be going to a legislative briefing on the Hill on National Children's Mental Health Awareness Day; the speakers are A. Kathryn Powers, the Director of the Center for Mental Health Services for Substance Abuse Mental Health Services Administration (SAMHSA) and—yes—Goldie Hawn.

Our committee follows mental health-related bills through the fast-and-furious legislative maze and, with the help of our lobbyists, advocates for our positions; takes part in the discussion as license regulations are reviewed and revised; speaks out on mental health and/or clinical social work issues that we care about. . . Such satisfying work!

Isn't this a committee you'd like to be a part of? The committee needs you, and your commitment can be manageable! Please call me to get involved at 202-966-7749.

Membership

Melinda Salzman, Chairperson
salzmanmsw@starpower.net

This spring, we took a new approach for outreach at DC area schools of social work. We decided to focus our efforts on members of the clinical faculty, enlisting them to help promote the benefits of Society membership to their students. We put out a call on the list serve for people who were interested in contacting faculty at their local alma maters and we were very gratified by the enthusiastic response.

Our mission to VCU was manned by alum Pam Theilman and Adina Shapiro, who is on the faculty there. They distributed our signature red tote bags to clinical faculty members, filled with brochures and membership applications and, as tokens of our appreciation for their time, GWSCSW pens, notepads and refrigerator magnets.

Pat Garcia Golding and Carolyn Curcio volunteered to represent the Society at the annual job fair held for Howard and Catholic University social work students. Pat reports they enjoyed the event immensely and were greeted with a lot of interest and enthusiasm by the students and faculty.

Graduation time is upon us and in our next outreach to social work students we continue our tradition of presenting graduating students with a $50 gift certificate. The certificate can be used toward Society membership, continuing education or other activities.

Many thanks to Pam, Adina, Pat and Carolyn who, though not members of our committee, gave their time and energy to the outreach project. We appreciate everyone who expressed interest in participating and will keep your names on file for future outreach activities.

Once again, our Annual Tea was a lively event, and Flora Ingenhauz's gracious home was the perfect setting. The large turnout enjoyed

enriching conversation as well as abundant teatime refreshments.

Our committee is experiencing a period of transition as we say goodbye to Sue Stevens and Jane Morse. Sue and Jane have contributed creative ideas and abundant energy to our efforts over the last years. As just a few examples, evidence of their contributions can be seen in the lovely gatherings we've held, the colorful newsletter columns you've read, the

outreach to social work faculty, and the Society's new refrigerator magnets. Thank you, Sue and Jane!

We hope others will consider volunteering for a single project for this and any other GWSCSW committee. It's a wonderful way for busy people to make a time limited contribution to our Society. Of course, if you are interested in finding a Society committee to call home, we are actively looking for new members. We're looking for innovative approaches to promoting Society membership and creative twists to our traditional events Contact Melinda Salzmann for more information.

Have a great summer, everyone!

Mentor

Sheila K. Rowny, Chairperson
sheila@rowny.com

Although the economy is only recovering in fits and starts, the return of sunshine and warmer weather finds the Mentor Committee's branches sprouting new blossoms. The Committee, including new member Karen Goldberg, met in late March to further develop existing programs, as well as sow seeds for new ones in the future.

The support group, launched in December of 2008, for members beginning private practice, continues to meet under the leadership of its organizer Susan Marks. The group is open to newcomers at each meeting and the locations will vary to maximize its accessibility. The discussions provide an opportunity to address concerns routinely faced in starting and maintaining a practice, as well as to generate strategies aimed toward the added challenge of the current economic situation. In addition to Susan's guidance, the group also offers guest speakers the opportunity to share their experiences and answer questions. Anyone interested in attending or acting as a guest speaker can contact Susan Marks at 703-533-9337 or surrobbin@comcast.net. Plans are also under way to organize another panel discussion composed of several senior members and representing various practice specialties, who will offer their wisdom. Look for more information about this offering in the Fall, and if you are interested in being on the panel, contact Sheila at 301-365-5823.

If the number of requests for mentors is any indication, newer social workers are enthusiastic about offering their services to the community. Recent graduates eager for information and guidance, as well as MSW's who have relocated are seeking mentors to help them put down professional roots in the DC Metropolitan area. Mentors do not provide therapy or supervision, but instead assist social workers in negotiating issues involving professional identity, licensure, starting a private practice, locating a supervisor, or other concerns related to professional development. The time commitment is mutually determined according to the Mentee's need and the Mentor's time availability. Anyone who is interested in being assigned to a mentor or who is willing to mentor a new member can look on the Mentor page of the GWSCSW website to find applications. These can be downloaded and sent to Sheila Rowny, who will match members by location, interests and experience.

The Committee is also exploring numerous options for expanding its efforts to meet the professional needs of newer social workers and thereby also contribute to the overall appeal of GWSCSW. Ideas include gathering information from other clinical social work societies about their mentor programs, using the Internet networking sites to disseminate information, and increasing visibility of the Mentor program at area undergraduate and graduate social work programs. The Mentor Committee welcomes your input on these and any other ideas you would like to contribute. And don't forget, we are always open to members who would like to join us in our mission!

Finally, congratulations to Mentor Committee member Betsy Carmichael on the birth of her son. Betsy has played an active role with us, and we are delighted to pass on this good news.

Newsletter

Jen Kogan, Co-Editor
Caroline Hall, Co-Editor

I want to thank our outgoing co-editor, Maya Godofsky for her dedication to the job and for her friendship as we learned the News & Views ropes together.

continued on page 26

***Committee Reports**, from page 25*

My new co-editor is Caroline Hall, Ph.D., LCSW. Caroline is in private practice in Arlington, VA where she sees adults and couples with a particular interest in pregnancy and postpartum issues. She is also a research advisor at Smith College and recently taught a beginning research methods course to Art Therapy students at George Washington University.

When Caroline and I first met, we realized that we have similar practice specialties. Consequently, we have decided to start running groups for expectant/mew moms and for women with perinatal mood disorders. I look forward to teaming with her in two ways. Welcome aboard, Caroline!

Programs

Joel Kanter, Chairperson
joel.kanter@gmail.com

The GWS Program Committee has completed programming for the 2008–09 year and is looking forward to next year. The Brown Bag lunch series, coordinated by Adele Redisch in Maryland and Tish Reilly and Kate Rossier in Virginia, has completed its inaugural year, offering an opportunity for GWS members to share knowledge with other members and community social workers. Our deepest thanks to the volunteer presenters: Wendy Kaplan, Gail Guttman, Adele Shapiro, Connie Ridgeway, Jonah Green, Beth Levine, Sheila Rowny and Melanie Ness. Other recent events included a dinner meeting and workshop with Diane Barth on eating disorders and a dinner meeting with Laurie Leitch on trauma work in developing countries.

As we look toward next year, we welcome Judith Asner and John Cornelius as new members of our committee. We are planning our Brown Bag lunch series in both Maryland and Virginia and also a one-day child treatment conference. On September 26, we will be cosponsoring a Saturday conference with the National Catholic School of Social Services on Vicarious Trauma and Self-Care in Social Work Practice.

Carol Tosone, editor of the *Clinical Social Work Journal* and professor at New York University School of Social Work, will be the plenary speaker and Susanne Bennett and Eileen Dombo of the NCSSS will also be presenting. Look for more information on this exciting program over the summer.

Finally, the GWSCSW has been able to sponsor high-quality out-of-town speakers by inviting presenters who are coming to DC for other professional or family activities. If you learn of any colleagues with such plans who might be interested in speaking to our organization, please let us know.

Referral Panel

Beth Altman
blaltman@juno.com

The committee is happy to report that the referral panel has been getting approximately 800 to 1000 hits per month. One of our members, Rob Williams, has been working hard to develop an online marketing plan to generate even more referral panel activity.

We welcome volunteers to assist Rob on this project. If you would like to be involved with this, please contact Beth Altman or Rob Williams at rob.williams.msw@gmail.com. ❖

Welcome New Members!

Full Members

Susan Abrams
Lara Doyle
Leonard Ellentuck
Susan Folwell
Angela Fowler-Hurtado
Linda Hill
Melissa Kilbride
Roberta Logwood
Alice S. Merril
Liz Merrill
Justine Kalas Reeves
Tracy Samuel
Catherine (Tina) Thomsen
Kathy Vlahos
Ivy Weitzner

Graduate Members

Anne N. Cowley
Nancy L. Fogle
Lisa Genser
Diane W. Hazzard
Alexis Hebchthal
Sharon M. Maybarduk
Tracy T. Morra
Julie Morton
Pamela Rich
Fernando F.J. Tripodi

Student Members

Victoria Hougham
Don McCauley
Jody Tabner Thayer

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@gmail.com or GWSCSW, PO Box 3235, Oakton VA 22124. 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

CHEVY CHASE, MD – Office available on Saturdays/Sundays. Spacious, inviting office, furnished, waiting room, balcony with sliding glass doors, in mixed use building of medical/mental health offices and apartments. Very near Metro. Street or garage parking (fee). Call Carol Hendler, LCSW-C. 301-718-6298. hendlerc@verizon.net.

FALLS CHURCH CITY – Attractive, furnished, three office suite with waiting room. Corner office available. All amenities included. Flexible hours. On bus line. Call Kitty Harold, LCSW. 703-534-9253.

FRIENDSHIP HEIGHTS, MD – Office space available for several time blocks throughout the week: day, evening, weekday, weekend. Great suite in Highland House. Metro accessible. Contact jerabinor@aol.com or E.Ivey.LCSWC@verizon.net. Call 301-654-8468.

FRIENDSHIP HEIGHTS/CHEVY CHASE – Bright, tasteful office located across from Metro. Parking available in building and numerous public lots. Five suite office with waiting room/bathroom. Available for sublet Tuesdays, Fridays and Saturdays. Also available Monday and Thursday evenings. Contact Pat Garcia Golding. goldgar202@aol.com or 301-907-7888.

McLEAN – Join a group of great mental health professionals; full time or part time (1, 2 or 3 days a week). Furnished, windowed offices include: administrative support, kitchen, underground parking, ample waiting room space, wireless network, copier machine, fax machine, mail box, handicap accessible. Call Ida at 703-356-5534.

NOVA/TYSONS AREA – Beautiful, large windowed office overlooking treed courtyard. Built specifically for the privacy of a psychotherapy practice. On Rt. 7 between 495 and 66. Plenty of free parking. Reasonable rent includes utilities (except phone) and weekly light cleaning. Available now. 703-790-0786.

ROCKVILLE – Office for rent part time or full time, in suite pleasantly shared with other psychotherapists. Free parking, nicely decorated, kitchenette, first floor, on Rt. 355 near Montgomery College. Call Nancy, 301-442-3750

WASHINGTON CIRCLE – Spacious downtown office available for rent at 3 Washington Circle (Medical Building). Share suite with five other MH professionals (MD, Ph.D., MSW). Full or part time. 202-833-1682.

EMPLOYMENT

CLINICAL ASSOCIATE SOUGHT – to join private practice in Germantown MD. Adult/adolescent clientele, insurance and EAP affiliations. Full time (or, p/t to f/t), start August. Send resume/expression of interest to info@sugarloafcounseling.com.

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.

GESTALT THERAPY WORKSHOP – July 13, 10:30-1:30. Cat. 1 CEUs applied. Bethesda. Marilyn Lammert, LCSW-C. PAKM78@gmail.com. 301-951-9645. www.marilynlammert.com.

VOICE DIALOGUE: THE PSYCHOLOGY OF SELVES – An interesting way to experience the different energies behind the "voices/selves" we hear in our head. Presenter: Ann Dobbertin, LCSW-C. Dates: July 24-26; Hyattsville, MD. Cost: $800. 27 CEUs. 301-422-0101. www.anndobbertin.com.

GROUPS

ADOLESCENT THERAPY & DBT GROUPS – Bethesda and Rockville. Rathbone & Associates, Adolescent Experts. 301-230-9490. www.rathbone.info.

SUPPORT GROUPS – *Postpartum Anxiety/Depression* groups and *Expectant New Mom* groups in NW DC and Arlington, VA. Contact Jen Kogan, LICSW at 202-215-2790 or Caroline Hall, Ph.D. at 703-812-0963 for more information.

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 – announces her clinical consulting services. 40 years of practice with diverse client populations as well as career, coaching, and training services. Certified to use Myers-Briggs Type Indicator and Strong Interest Inventory. Utilizes cognitive behavioral therapy as well as being a certified clinical hypnotherapist and certified practitioner of Neuro-Linguistic Programming. Flexible schedule, telephone option availability and reasonable rates. 703-273-9216.

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

PO Box 3235
Oakton VA 22124

NEW MEMBERS! This is a great opportunity to meet and network with GWSCSW members. We hope to see you there!

GWSCSW Annual Meeting Party & Dinner

Fabulous Potluck Dinner!

Choose one to bring:

- ❑ **Appetizer**
- ❑ **Entrée**
- ❑ **Side / Salad**
- ❑ **Dessert**

Wine and soft drinks will be provided

Friday, June 12
at 6:30 pm

RSVP by June 5
gwscsw@gmail.com or 202-537-0007
Let us know what you will be bringing!