



## Health Care Legislative Progress Summarized

by Karen Welscher-Enlow

*(This article is summarized from a December 3, 1993 memo to state Society Presidents from Ken Adams, NFSCSW lobbyist/advocate. The original document is 12 pages plus 26 pages of attachments.)*

After two months of political maneuvering, the Administration's proposed "Health Security Act" (HSA) was introduced in the House and the Senate in legislative form on Nov. 21. The House Bill (H.R. 3600; Rep. Scott is the only Virginia sponsor) was introduced with 30 co-sponsors. Many provisions remain, but there are important changes. For example:

- States will not be required to implement the new program until Jan. 1, 1998.
- Out-patient mental coverage is still subject to an annual limit of 30 visits; but, under certain circumstances, the 30 visits can be increased by trading one day inpatient coverage for four additional outpatient visits.
- Clinical social workers are no longer precluded from treating substance abusers.

(This memo includes a six page summary of the Health Security Act, with particular emphasis on the provisions affecting clinical social workers. Attachment B)

On Oct. 26, the Health Subcommittee of the House Ways and Means Committee held the first hearing addressing the content of the proposed standard benefit package. Of the 41 organizations invited to testify, only four were mental health organizations — the NFSCSW, the American Psychiatric Assn., the American Psychological Assn., and the National Assn. for

Psychiatric Health Systems. We drafted a formal written statement which will be printed in the hearing record (Attachment C). Susan Quatanens, Chair of the National Federation's (NFSCSW) Legislative Committee, presented a summary of the Federation's testimony, which supported the fundamental elements of the Administration's proposal including universal coverage, portability of benefits and elimination of exclusions based on preexisting conditions. She urged the elimination of the restrictions on outpatient mental health services. Specifically, she asked Congress to remove the proposed 30 visit cap and the proposed 50% co-payment for outpatient psychotherapy. Ms. Quatanens stressed that the needs of 30 million Americans suffering mental disorders ought to be given at least as much consideration as the needs of big business.

No further hearings on the standard

benefit package are scheduled yet. No serious legislative activity is likely to resume until February, 1994. Most knowledgeable observers and participants do not expect Congress to pass any health care reform legislation until the fall of 1994. Even then much of the details will be left to administrative agencies to develop the regs. The National Federation will need to be active not only in the legislative process, but in the regulation writing process as well.

### Areas of Specific Concern to the NFSCSW:

- Discriminatory outpatient mental health coverage for the first 3 years includes higher co-pays (50% instead of 20% in the "high cost sharing" plans; \$25 per visit instead of the \$10 in the "low cost sharing" plans) than users of other benefits and would be subject to visit limits (30 per year, unless traded for inpatient days).

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### MONTHLY MEETINGS

Library (1st Floor) St. Patrick's Episcopal Church  
4700 Whitehaven Parkway, N.W., Washington, D.C.  
(Between Foxhall Road and MacArthur Blvd.)  
(Parking lots adjacent to church school and across the street)

☆☆☆☆

**Wednesday, April 6, 1994**

STAGES OF INTERVENTION WITH COUPLES:

A MODEL FOR COUPLES WORK

Speaker: Cathleen Gray, PH.D., BCD

The formal meeting will begin at 8 pm. There will be coffee and refreshments available at 7:15 pm, allowing those who can come earlier time to network and socialize with colleagues.

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# President's Message

First of all, I hope by the time you receive this newsletter in March, you will have recovered from this year's severe winter and are ready to contemplate issues other than ice and snow. The good news is that, as evidenced by the information contained in this newsletter, the work of the Society continued at its usual rapid pace! I would like to highlight a few of the activities and ask for your consideration and support.

Legislative activities are in full swing nationally and in our three jurisdictions. Our legislative committees are doing a superb job in responding and managing issues as they come up, sometimes almost overnight. In this regard I would like to thank Karen Welscher-Enlow, our Vice-President for Legislative Affairs, Elizabeth Jacobs and Kristina von Rosenvinge, Co-Chairs of the Maryland Committee, Roberta Boam, Chair of D.C. Committee and John Thomas, our Vice-President for Professional Affairs, who is continuing in his old job as the Chair of Virginia Committee and patiently waiting for a new energetic and committed member to take over. At the federal level, again I would like to remind you that we have a lot of work to do this year regarding the fate of mental health coverage in the National Health Care program. Frances Thomas, Chair of our Federal Legislative Committee and Susan Horne-Quatannens, Chair of National Federation's Legislative Committee are involved in a variety of mental health coalitions working towards promotion of mental health coverage. All these individuals and the many members of their respective committees work hard on your behalf and need your support. *I urge you to respond promptly to calls for action and support from our legislative committees.*

On the education front, as described elsewhere in this newsletter, this year we have the privilege of being the host society for the second National Clinical Social Work Conference. Our Society, with the support of our members, has enjoyed a national reputation for commitment to excellence in continuing education. This conference in our community provides a rare opportunity for learning, meeting the leaders in our field, networking, having fun and in the process affirming the continuous progress of clinical social work. Many thanks to Tarpley Richards Long, D.C. Committee Chair for the conference and her committee members for all their work. I look forward to seeing you at the conference. *Do not miss this opportunity.*

Our jointly sponsored annual conference on licensure with NASW Metro Chapter was another one of our successful events in January. Thanks to Kay Harbinson and Kathleen Kenyon, Co-Chairs, and other members of the Community Outreach Committee for providing this needed service to the new graduates. I would like to end this message by mentioning our annual fundraising event in February arranged by Mila Kagan, Chair and other members of the Fundraising Committee. Thanks for all the fun.

Have a joyous spring!

Best Regards,  
Golnar A. Simpson

## Greater Washington Society for Clinical Social Work, Inc.

PRESIDENT  
Golnar Simpson  
PRESIDENT-ELECT  
Alice Kassabian  
EDITORIAL BOARD  
Jill Chobanian

The Newsletter is published four times per year from September through June. **The deadline for submission of material for the next issue is May 15.**

## Health Care

From page 1

- Who may be a provider? The White House intends to include as providers all health care professionals who are licensed or certified by the states in which they practice. State licensure laws must explicitly authorize clinical social workers to diagnose and treat mental and nervous disorders. This can only be dealt with by making sure all state licensure and certification laws explicitly authorize clinical social workers to diagnose and treat mental and nervous disorders.

- Would this legislation make it illegal to engage in private practice outside the network of approved plans? One loosely worded section of the HSA could be read literally to lead to that unintended result. NFSCSW sent a letter to the administration to clarify this point.

- Mental health vs mental illness. We need to be vigilant to prevent psychiatry from using health care reform legislation as an opportunity to re-medicalize mental health care.

- Problems created by managed care, with respect to quality of care and privacy of health information. In its present form, few consumers or providers could afford to be outside a managed care network. The HSA does not protect consumers or providers against the abuses of managed care.

A number of states have enacted laws prohibiting preferred provider organizations and other managed mental health care plans from excluding any "willing provider" who meets the plans' requirements and agrees to accept the contractual fees offered. A health care plan in Richmond went to court to challenge Virginia's "willing provider" law. The result is that states which have enacted "willing provider" laws are entitled to enforce those statutes against health care plans that exclude providers who are qualified and who are willing to abide by contractual terms. We are urging Congress to include in health care legislation, federal protection against the abuses of managed care, including the abuses that have led state legislatures to enact "any willing provider" statutes.

(Attachments from this memo are not included in this newsletter. If you would like a copy of the Attachments B and C, please send a self addressed, stamped envelope (\$1.45 postage is required) to Linda O'Leary, GWSCSW, P.O. Box 3741, Arlington, Va. 22203)

## Legislative Reports Federal Legislation

by Frances B. Thomas

With the health care reform war starting to heat up in earnest, 1994 is going to be a very long and difficult year. It is likely that health care reform legislation will be passed in Congress by the November elections. The current conventional wisdom is that the new legislation will be "some form" of the Clinton Administration's Health Security Act. That wisdom is not secure and is subject to change with the varying political winds.

The Federal Legislative Committee (FLC) has continued to be an active member of CAMADAS (Coalition for Adequate Mental Health, Alcoholism and Drug Abuse Services), a multidisciplinary coalition of six D.C. based mental health/substance abuse (MHSA) provider membership organizations. On February 11, 1994, CAMADAS scheduled a three hour meeting with its member representatives, and invited representatives from its parent national organizations to discuss the status of MHSA benefits in current, proposed federal legislation. February 11 was the day of the great sleet storm of 1994. In spite of the weather, eight of the thirty invitees attended the meeting, representing four CAMADAS members and the American Psychological Association. The quality and the content of the meeting was excellent and well worth the effort it took to get there.

The next issue of the newsletter will be published in June. **The deadline for submission of copy will be May 15.** Copy should be sent to editor Jill Chobanian. Advertisements should be *typed* and sent to Ms. Linda O'Leary, GWSCSW, P.O. Box 3741, Arlington, VA 22203.

By this time, Society members should have received from the FLC a Federal Legislative Alert with an urgent appeal to write to your representatives in Congress. If you have not responded to that request, you are urged to do so ASAP. Other Legislative Alerts will be sent to you over the coming months.

### Legislative Alert Issues

The three Legislative Alert issues are of crucial importance and must be included in *any* health care reform legislation that is passed in Congress. They are: 1. to provide mental health benefits (i.e. – not make them more restrictive than those in the Clinton plan); 2. to require freedom of choice among qualified, licensed providers; and 3. to establish quality standards and regulations at the federal level for managed care plans for consumer protection purposes. Regarding the last point, managed care has many forms — e.g. HMO, PPO, POS, IPA, U.R. Regardless of the form that managed care continues to take over the coming years, cost containment is its major objective. Managed care "networks" or "provider panels" increasingly will limit their number of providers (and, thus, access to the consumer's provider of choice). The reason for this is to control costs. By sending enrolled persons to a limited number of providers, a given plan will take a greater share of that given provider's practice/business (e.g. — 1/3 or 1/2). This, in turn, gives the managed care company greater leverage in negotiating prices with that provider and in being able to exercise more control over the utilization of services.

There is no federal legislation that regulates managed care plans/companies. The companies like that; they do not want to be regulated. That is why it is extremely important to urge members of Congress to include regulation of managed care plans in any health care legislation. That is the only way that the patient's/consumer's interests and protection will not get further lost if all of us, as consumers and providers, do not speak out in a clear, loud voice.

Legislative Reports  
Continued next page

## Maryland Legislation

by Elizabeth Jacobs and  
Kristina von Rosenvinge

The regulations for H.B. 1087, the bill which gave social workers a clinical license, were approved by the AELR (Joint Committee on Administrative, Executive and Legislative Review) in September 1993. Ann Aukamp, a member of our Clinical Society, very effectively represented the Board of Social Work Examiners at that meeting. The legislators were concerned that the time period for grandfathering in may have been too brief. They suggested that the Board of Social Work Examiners consider promulgating legislation to extend the time period for obtaining a clinical license for those individuals who were eligible as of 6/30/93, and who did not apply for their LCSW-C by the statutory deadline of 6/30/93. *Please note: That until new legislation is enacted which extends the time period for grandfathering in, individuals who did not meet the 6/30/93 deadline can not be grandfathered in.* A bill has been introduced (January 1994) both in the House and the Senate and, if passed, will extend the grandfathering in period for those clinicians who qualified by 6/30/93. We will be actively supporting this piece of legislation.

The additional issues being dealt with during this legislative session are:

1. Last year's major achievement, the passage of the parity bill which granted parity for mental health benefits, has gone through difficult negotiations; however, it seems that as of this writing the providers of mental health services and the insurance carriers, including HMOs, have reached a mutually acceptable agreement. It is as follows: coverage for inpatient services - 60 days per year; partial hospitalization 60 days per year; and unlimited outpatient mental health services. The benefits will be administered in a managed care environment. Reimbursement for outpatient mental health benefits will be: 80% for 1-5 sessions, 65% for 6-30 sessions and 50% for 31+ sessions. Medical management for medication will fall under medical benefits rather

than mental health. Substance abuse and mental health benefits will no longer be separate.

2. The Attorney General's office has raised the possible issue of anti-trust in regards to the bill (H.B. 1087) which gave us the clinical license. As a result, the Board has formulated a bill (N.B. 890) which will address the concerns raised by the Attorney General's office.

3. Delegate Virginia Thomas will be introducing several pieces of legislation regarding utilization review. Among these bills is one which will prohibit utilization review until the 20th session.

4. H.B. 85 - Participation by "willing providers has been introduced. This bill would allow providers of service who meet certain conditions and qualifications to become participating providers.

The Maryland Social Work Coalition sponsored a reception on 11/16/93 in Annapolis to honor legislators who have worked on behalf of social work legislation and mental health issues during the 1993 legislative session. We were very fortunate to have so many legislators working on our behalf.

The Board is in the process of defining and creating a rehabilitation committee.

Our Maryland Legislative Committee is actively engaged in the legislative process. Our Committee members are: Elizabeth Jacobs, Co-Chair, Kristina von Rosenvinge, Co-Chair, Vera Brown, Jerry Flanzer, Coy A. Patrick, Michael Smith and Ena Watson.

In addition to dealing with the legislative agenda, our Committee is in the process of creating a structure for disseminating legislative information to public and private social work services and agencies in Montgomery and Prince George's Counties. We are also developing a phone tree in conjunction with NASW Metro for Maryland. We would love for you to join us in all of our legislative efforts. Please call Betty Jacobs or Kristina von Rosenvinge (310-345-7077) if you are interested.

An urgent fund raising letter has been sent out to those members who reside and/or work in Maryland. The

objective is to raise the necessary funds which will enable us to retain our current lobbyist, Neil, Buckingham & Associates. Our many thanks for your continued support.

## DC Legislation

by Roberta Boam

The DC Legislative Affairs Committee is responsible for monitoring the agenda of the DC City Council for legislation which may have an impact on the profession of clinical social work and the availability of mental health services. Also, through our collaboration with and support of the DC Board of Social Work, we strive to assure both that legislation reflects the high professional standards of clinical social work and that we achieve public recognition. In facing the challenge of health care reform, we are closely aligned with the larger mental health community to promote legislation which will be most beneficial to recipients and mental health care providers.

In November, 1993, we responded as a member organization of CAMADAS (Coalition for Adequate Mental Health, Alcoholism and Drug Abuse Services) to the District of Columbia Health Maintenance Organization Emergency Act of 1993, which was introduced to the DC City Council by the Mayor. Along with other CAMADAS members, we wrote to each member of the DC City Council maintaining that there was no emergency to warrant such legislation, which would negate an opportunity for a public hearing and comment, and that we wanted to protect the passage of the Utilization Review Regulation Act of 1993 (Bill 10-173). We also sent a Legislative Alert to each GWSCSW DC resident asking for letters to District Council representatives protesting this legislation. We have received four letters of agreement from Council members. The DC Council decided to not address this legislation on an emergency basis, but will proceed as if it were standard legislation.

The Utilization Review Regulation Act of 1993, on which we provided extensive commentary, was sched-

uled to be voted out of the Committee on Consumer and Regulatory Affairs on 2/8/94 and onto the Council floor, but was tabled because the Chairman, John Ray, has decided to include it in a comprehensive health care package. We have heard that the marked-up version contains most of our suggestions, but we have not seen it. Keep posted.

In January, GWSCSW was represented at a meeting with the DC Commissioner of Insurance, Robert M. Willis, and CAMADAS. Mr. Willis will be notifying issuers of insurance in DC of the requirement to comply with Law 9-195, the DC Drug Abuse, Alcohol Abuse and Mental Illness Insurance Coverage Act of 1986 and its supporting amendments. We anticipate further meetings with Mr. Willis to further discuss irregularities of compliance with this law.

As of this writing, the Board of Social Work has not met for four months because new members recently confirmed by the DC City Council are waiting to be sworn into office. So far, no emergency has presented itself as warranting the full Board's attentions. Such issues of establishing CEU criteria and requirements and remedying the difficulty in finding replacements for members whose terms expire remain unaddressed.

We recently researched several pieces of legislation: A DC Law which prohibits the discrimination against psychologists for hospital admitting privileges; the Mental Health Information Act; and the Drug Abuse, Alcohol Abuse and Mental Illness Insurance Coverage Act.

As the candidates and their teams for the next mayoral election line up, we will be asking for their positions on health care.

## Committee Reports Community Outreach

by Kay Harbinson and  
Kathleen Kenyon

The third annual Licensing Workshop was held on January 29th at American University with approximately 150 people in attendance. The weather threatened to be a problem,

but the Workshop Committee and Linda O'Leary cooperated heroically in order to make it happen. The workshop was sponsored by GWSCSW and the Metro Chapter of NASW.

A particularly important part of the workshop was the inclusion of board members of our local jurisdictions' State Board of Social Work Examiners. This year Ann Aukamp of MD, Charlotte McConnell of DC and Carla Pittman of VA answered questions on the intricacies of licensure and supervision. Several members of GWSCSW also made presentations at this valued workshop. They are as follows: Susan Diamond, Margaret Isenstein, Susan Quatannens and Frances Simsarian. We thank all those named and unnamed for the professional dedication to making this program available to those entering our profession.

Once again we would like to make an appeal to members to join the number of mentors who work individually with mentees or lead a support group. Since the Licensing Workshop we have had a swell of applications from mentees. The role of mentor is a service that helps the mentee but is a wider contribution to the profession. Learn how you can make a difference. Call the GWSCSW number 703-522-4998 for an application or Kay Harbinson and Kathleen Kenyon with any further questions.

## Continuing Education

by Anita Bryce

The 1993-1994 year has been an exciting one for the Continuing Education program. In the fall we offered courses on exploring survivor's shame, changing images of women and money and its impact on the psychotherapy relationship. The spring semester promises to be equally as interesting with courses on the concept of self, guided imagery, self psychology in group psychotherapy and the borderline personality. In the fall of 1994 and the spring of 1995 the offerings will include these topics: infant development, working with the physically ill, short term treatment, unconscious fantasy, male development, object relations theory and integrating varying schools of family

systems theory. Our year-long course in supervision which presents a didactic as well as practicum component will begin in September, 1994. The brochure which describes these courses in detail will be distributed in the early summer. If you would like extra brochures to distribute in your agency or to colleagues, please call the GWSCSW office 703-522-4998.

### Speakers Bureau Forming

The GWSCSW is in the preliminary phase of developing a Speakers Bureau. Sending speakers into the community will be a valuable avenue for bringing our expertise to the public and making the public more aware of social workers' skills and services.

At this time, we are looking for Society members who would be interested in participating in such a Bureau and individuals who would be willing to help in the process of creating the structure. If this project interests you, please call Melinda Salzman, Public Relations Coordinator at 301-585-7352.

## Public Relations

by Tybe Diamond

The Public Relations Committee happily announces our brochures are once again available for purchase by members, and this time at less than half the original price! Due to the surprisingly high number of orders placed by members and the Society's need for promotional literature, the brochures have been reprinted. We were able to eliminate all creative costs with this reprint, lowering the price of each booklet to less than half. We are working on a project to produce this brochure for other interested state chapters who would partner with us in a third reprint. Such a high volume print would reduce the purchase price to members to very little.

We received over \$1,000 worth of orders from members with the first

*Continued next page*

## Committees

From page 5

release of the brochure. I was overwhelmed and grateful for the numerous calls from members with praise for this piece and information from them regarding how they were effectively adapting it for their personal practice promotion.

I encourage members to order copies of the brochure now and not wait for the third reprint. Our partnering project is in the exploratory stage, and I cannot predict when a third reprint would be available for purchase.

The brochure is a small booklet that describes clinical social work services, the training and qualifications of social work providers and discusses the value, efficacy and cost-effectiveness of psychotherapy in mental health prevention and treatment. The content was test-marketed prior to production to achieve the highest degree of clarity and effectiveness with potential referral sources that included EAPs, physicians, educators, lawyers and managed care administrators, among others.

If you are a new member this year and have not received a complimentary copy of the brochure, please call Linda O'Leary at 703-522-4998. Our supply was exhausted possibly before some individuals received their new membership materials.

I encourage all members to order these booklets for their personal promotional efforts. I guarantee you it will be one of the best buys you will ever get this sale season! A separate order form is included in this newsletter for your use.

Our efforts with the media are ongoing, both through press releases and personal contact. A special thanks to Alicia George for her press release to *The Washington Post* on holiday blues. This release did result in our referral line receiving more notice. Amy Scott (202-244-8855) is coordinating our media projects, and members are encouraged to call her to discuss their ideas or offer assistance. Should you personally be familiar with a member of the media, this information would be extremely useful.

The Committee needs members to

man exhibition booths at the Social Work Conference in May and at other upcoming events. Please contact Tybe Diamond at 301-718-4929 if you can help out.

## Insurance

by Brock Hansen

### Correction:

The phone number listed in the December newsletter for the Virginia Medicaid enrollment was incorrect. The correct number is 804-786-7933. Another number is 800-552-8627.

### Government Employees Health Benefit Plans — 1994

The information on the plans was harder to get this year, though there were only a few changes from last year. The annual guide is enclosed.

### Request for feedback from members (you!)

In this time of rapid change in managed care and insurance companies, the Insurance Committee can be most helpful if all of you would take the time to alert us of any striking new information or problems you come across. If you have a new problem or a new answer, please call one of us on the Committee so that we can disseminate the information to the rest of the membership. It would be even more helpful if you could put your observation in writing for us.

Barbara Shapard is conducting a survey of managed care problems, including unfounded denials, unfounded demands to alter treatment or adverse consequences of loss of or exhaustion of benefits. Please let us know if you have experiences that fall into these categories, and we will send you a copy of the survey form. Compilation of this material may help us all in the future evaluation of managed care procedures.

Two topics of general interest are being considered for a workshop or for ongoing education in the fall of 1994.

1. The advantages and disadvantages of becoming a member of a multidisciplinary group in order to do business with managed care companies.

One physician quoted in the Post recently noted: "being against managed care is like being against grav-

ity." At recent managed care conferences, predictions of the end of solo practice have been routine. Managed care companies are interested in cutting overhead by shifting administrative functions and actuarial risk to large multidisciplinary provider groups. The individual provider considering the future of such a practice environment needs to know as much as possible about the trends in managed care, and the implications of becoming involved in a group. In order to present this topic properly, a lot of research will have to be done. Please let us know if you would be interested in attending such a workshop, probably to be scheduled in the early fall, 1994.

2. Provider profiling is another technique being used by managed care companies to evaluate providers and determine who will receive the most referrals or who will be "culled" from the panel of providers. One of the dominant criteria used to evaluate providers seems to be the quality and appropriateness of Outpatient Treatment Planning, often done over the phone by a case manager of the managed care company. Skill in presenting accurate and appropriate treatment planning will be an advantage in the future in two ways: 1) Providers who do this well will probably receive more referrals, approval for more sessions before treatment planning is reviewed again and more autonomy in general once a positive provider profile is established by the managed care company. 2) Appeal of denials will be more effective if backed up by solid treatment planning on the case, and the provider will be much better prepared to deal with any liability issues if s/he can demonstrate that an accurate and appropriate treatment plan was made and communicated clearly to the care managers.

If any of you have discovered useful resources for learning the latest in treatment planning philosophies based on assessment of functional impairment, (books, trainers, etc.) please let us know so that we can make these available to the membership in general or perhaps design a course around them.

### Insurance Alert:

• **Medicaid:** According to Ms. Lillian Jones at the DC Medical Assistance Office, social workers can only be Medicaid providers if they are delivering services through a "clinic" defined as having a staff physician for 24 hour response. Maryland: 410-225-5340; Virginia: 804-786-7933 (**correction**), or, 800-552-8627; District of Columbia office of Lillian Jones 202-727-1005. The current **Medicare** maximum allowable charge for 1994 is \$59.84.

• **Managed Care Mergers:** Managed care companies are merging and changing at a dizzying rate. Preferred Health Care recently joined with American Psych Management to become Value Behavioral Health. MEDCO Behavioral Care Systems now combines American Biodyne, Personal Performance Consultants, Achievement and Guidance Centers of America and Assured Health Systems and claims to be the largest provider of managed behavioral health care. As the companies change, they may or may not merge provider lists from both organizations. Most of the time you will be notified of the change, but *it is extremely important that you respond promptly to any requests for credentialing information* if you want to continue to be on their lists. The backlog of paperwork alone would be enough to delay your reinstatement of eligibility with one of these large companies if you are dropped from their lists due to incomplete application information.

If you have questions about insurance matters or information you would like to share with the Committee, please contact one of the Committee members listed below:

Ginny Crawford . . . . . 703-642-1498  
Jean Fairman . . . . . 301-229-8060  
Wendy Fischer . . . . . 703-866-4565  
Brock Hansen . . . . . 202-362-3009  
Bob Kirkhorn . . . . . 301-236-5449  
Jane Lincoln . . . . . 202-994-4907  
Joann Walsh . . . . . 703-931-7833  
Kathi Witten . . . . . 703-742-6043

## Northern Virginia Meetings

by Jane Carey and Betsy Wayland Raymond

The Northern Virginia December meeting "Our Work/Our Selves" provided a lively discussion among members. The strengths and resources within the group were highlighted. Interest areas for future meetings were also noted. In keeping with that, we have already enlisted Neil Bernstein, Ph.D., to speak on family and adolescent issues.

The Northern Virginia Meetings are held on the third Thursday of each month at St. John's Methodist Church in Springfield, Virginia. One exception to this will be the September '94 meeting. That meeting will be held on Friday, September 16, 1994 in observance of Yom Kippur.

### Upcoming Programs:

• **Thursday, March 17, 1994**

12:00-1:15 p.m.

Speaker: Rich Eberly, LPC  
Topic: Men and Personal Transformation. Presentation will center around the transformation experience that is available to men, when events of life cause them to face loss of meaning, fulfillment and direction.

• **Thursday, April 21, 1994**

12:00-1:15 p.m.

Speaker: Francis Simsarian, DSW and Delores Paulson, DSW.

Topic: Researchers in Infant Development in Human Relationships. Presentation will focus on the research of Daniel Stern, Arnold Sameroff and Robert Emde. Discussion will address how this new knowledge impacts our clinical practice.

• **Thursday, May 19, 1994**

12:00-1:15 p.m.

Speaker: Nancy Clark, M.D.  
Topic: Munchausen Syndrome By Proxy: "The Hinterland of Child Abuse." Presentation will outline the history and characteristics of this syndrome as well as provide information on diagnosis and prognosis.

• **Thursday, June 16, 1994**

12:00-1:15 p.m.

Topic: End of the year review by members.

### Location and Directions:

St. John's United Methodist Church,

5312 Backlick Rd., Springfield, Virginia. The meetings will be held in the UMYF Room in the Donaldson Hall.

From the beltway (495), take Exit 5 (Braddock Rd. East — Route 620). Go 1.7 miles to the second traffic light and turn right onto Backlick Rd. Go 0.4 miles and turn right on Woodland Dr. and immediate left into church parking lot.

From DC, take 395 South to Exit 2B (Edsall Rd. West — Route 648). Go 1 mile to 4th light and turn left onto Backlick Rd. Turn right at next street on Woodland Dr. and turn left into church parking lot.

If you need further information about these meetings, please call Betsy Wayland Raymond, at 703-455-7481 or Jane Carey, at 703-550-4949.

## Monthly Program Meetings

by Leonora Burger

• **Wednesday, April 6, 1994**  
at 8:00 p.m.

"Stages of Intervention with Couples: A Model for Couples Work"

Cathleen Gray, Ph.D., BCD, faculty member of Catholic University, private practitioner and presenter of workshops on couples therapy around the country, will present the three stages of this intervention model. She will focus on treatment techniques and the transference and countertransference issues for the clinician doing couples work.

• **Wednesday, May 4, 1994**  
at 8:00 p.m.

"Clinical Authenticity and Its Discontents: Cutting Through Alienation in the Therapy Hour"

Heidi Spencer, Ph.D., BCD, therapist, teacher, writer and consultant, will explore how a clinician's expressiveness is different from self revelation and offer clinical vignettes which reflect her own use and non-use of action language, her reliance upon abstinence and her occasional moments of self expression. She will examine how and when to be authentic without violating boundaries.

*Continued next page*

## Meetings

From page 7

### • Wednesday, June 15, 1994 at 8:00 p.m.

Annual Society Dinner Meeting  
"Mid-Life: Challenges and Opportunities, or Middle-Age is at Least Five Years Older than I Am!"

Panel presentation by mid-life study group composed of Donna Arling, MSW, BCD, Leonora Burger, MSW, BCD, Ruth Cohen, MSW, BCD, Janis Colton, MSW, BCD and Melinda Salzman, MSW, BCD. Using developmental theory and clinical materials, this panel will explore the experience of mid-life and its meaning from a personal perspective as well as in the therapeutic context.

Please fill out and return the questionnaire enclosed in this newsletter by April 5, 1994 so that your issues and concerns about mid-life will be known to the panel.

#### Directions:

Meetings are held at St. Patrick's Episcopal Church, 4700 Whitehaven Parkway, NW, Washington, DC (between Foxhall Rd. and MacArthur Blvd).

If you are coming from Key Bridge, turn left on M St. Then turn right onto Foxhall Rd. Cross MacArthur. Turn left onto Whitehaven Parkway (sign says "to church").

## Supervision Referral Panel

by Roger Rothman

For several years, the Clinical Society has operated a referral panel to help match those seeking professional supervision/consultation with experienced clinical supervisors. Panel members are located throughout the metro area and have expertise in numerous clinical specialties and theoretical orientations. References are available upon request and fees are negotiable.

While there is no requirement for supervision after receiving a clinical license, the need for continued learning and professional accountability are constants for all of us. Supervision is the best way that I know of to work through clinical material in which we find ourselves "stuck" or to develop

increased awareness of countertransference issues. To this end, many of our most seasoned colleagues are available through the referral panel to meet with both recent graduates as well as more experienced licensed clinicians.

To get more information about the referral panel, please call Linda O'Leary at 703-522-4998. Also, I would be glad to hear from anyone who has suggestions or questions about the panel. Call 703-642-1112.

## Family Diagnosis Coalition Update

by Alice Kassabian

The latest Coalition meeting on Family Diagnosis met October, 1993 in California with Ann Neuman, Chairperson of the National Committee for Couple, Marriage and Family Therapy of the National Federation attending.

As you know by now, the DSM IV will not include relational diagnosis. However, a step forward has been achieved in that the Global Assessment of Relational Functioning (GARF) has been recommended as an additional optional axis to be included in the appendix of DSM IV. GARF is a dimensional scale which resembles the Global Assessment of Functioning (GAF) scale. However, the GARF scale pertains to relational functioning by permitting the clinician to rate the degree to which a family or other ongoing relational unit meets the affective and/or instrumental needs of its members. The GARF scale is described in full on pages W10-W11 in the DSM IV Options Book: Work in Progress, 9/91, published by the Task Force on the DSM IV, American Psychiatric Association.

The Coalition on Family Diagnosis, a multi-disciplinary organization, in the meantime is continuing its work along several lines:

1. as a forum for gathering information, exchanging and disseminating information relevant to relational disorders;
2. working on developing a classification system for relational disorders;
3. working on developing outcome measures in the treatment of relational disorders;

4. and, most timely, working as an advocacy group for promoting treatment of relational disorders in managed health care.

It is important to lobby for the inclusion of family treatment for third party reimbursement. The insurance chairperson of the Coalition for Family Diagnosis recommends that those of us who practice with couples, marriages and families use the following procedure with insurance companies:

1. identify the patient and give the individual the DSM III-R diagnosis; and
2. designate the Family Therapy procedure code 90847 (CPT Code).

The Insurance Committee reports good results for reimbursement with this procedure.

All constituent organizations within the Coalition on Family Diagnosis are requested to urge their members to use the appropriate DSM codes with relational diagnosis in all circumstances where relational therapy (couple, marital, family, parent-child) is practiced along the lines mentioned above. It is a good way to educate the insurance companies regarding relationship therapy and its cost effectiveness.

## Clinical Social Work Institute

by Ruth Goodnow

The Task Force of the Clinical Social Work Institute is busily planning its spring fundraiser, scheduled for Sunday afternoon, May 22. A raffle and a silent auction will highlight a champagne and hors d'oeuvres reception. The location and exact time have yet to be announced.

Raffle tickets, to be issued in a limited quantity, (which betters your odds of winning!) will sell for \$100 each. There is a good chance to win really exciting prizes. Have you dreamed of a trip to Paris? First prize will be a trip for two to that fabulous city, or its equivalent value, about \$5,000. Second prize is a laptop computer; third prize is a cellular phone. A raffle ticket also gives entrance to the reception and silent auction where you will have an opportunity to bid on some terrific items, such as vacation getaways, works of art and valued ser-





# Managed Care News

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The newsletter of The National Federation of Societies for Clinical Social Work's  
Managed Care Committee

January 1994

As we enter the new year, we anticipate continued changes in health care -- 1994 should be dramatic and of critical importance to patients, providers, and payers. As we look ahead, we will also share with you lessons from the past. NFSCSW is regularly asked whether clinical social workers should start single discipline practice groups and/or IPAs (independent practice associations). Michael Brooks, MSW, BCD, shares the following article:

## M.S.W. Care, The California Society's Experience

There have been many questions raised from around the country, since the demise of M.S.W. Care, about starting IPAs and other forms of group practices. We have received a number of inquiries from social workers about our experience, many wondering if they should attempt similar ventures in their area.

M.S.W. Care was the first statewide attempt at a clinical social work independent practice association in the country. At its inception, we had 600 advanced level (minimum 4 years post-licensure experience) clinical social workers on our panel.

Several points are important to emphasize for anyone considering a venture of this sort. First, it was made abundantly clear to us that a single discipline panel does not meet the needs of the payer community. The only way to go is with a multi-disciplinary panel of demonstrably high quality and experience. It is also important to note that although M.S.W. Care was a non-profit organization, it was probably not the best way to incorporate. After incorporation we found that the IRS does not consider IPAs to be tax-exempt. Being a for-profit organization would have given us more flexibility of structure, and were we wildly successful, it would have been easier to sell the organization.

Another important issue is that of adequate capitalization. Setting up an IPA or even a group practice is a significant business decision. Such an organization must have the resources to market and respond to the demands of the payer in a timely manner. This requires paid staff who are making this their primary function. The whole marketing/contracting process is extremely long and laborious; these are not companies who make decisions quickly. However, the world that they inhabit is constantly changing, which means that there needs to be someone always tracking the situation. It often feels that one is aiming at a moving target.

In addition to marketing expertise, high quality legal advice is a must. There are myriad traps in the areas of contracting, liability, taxes, anti-trust (to name just a few!) that lay in wait for the naive and uninitiated. Finally, it is important to focus on attitude. If an organization acts as if it is dealing with the "enemy" it will have no chance of success.

Think what you will of managed care and insurance companies, but do not forget that these too are professionals with a job to accomplish. The more an organization can create an atmosphere of cooperation to accomplish a common goal, the more successful they will become.

Was our effort worthwhile? Even without the signing of contracts, the Board and payers say the answer is yes. Licensed clinical social workers are included in almost all panels that we have contacted and are probably utilized more than any other group of providers.

While this is not only a result of our efforts, but also of the American Board of Examiners in Clinical Social Work (ABECSW), our being in the market has had an educational impact. We are respected for our clinical expertise. M.S.W. Care also gave us a chance to educate ourselves, clinical social workers, about the inside working of the industry. This is a perspective that is important for us as practitioners as well as for our organization, the Society. It is a perspective that would have been difficult to gain in any other way. These insights will be able to be used to further the Society's endeavors to protect and promote our profession's interests in the future. Lastly, the efforts of M.S.W. Care have increased the business awareness of our membership. More clinicians read contracts, ask questions, and are demanding accountability from payers. We also learned that payers are now beginning to demand more evidence of quality in their provider panels.

The words above were not written to intimidate or discourage anyone from attempting to create new organizations. There is a market for such entities and that market is still growing. This article was written to caution those interested to move carefully, thoughtfully, and deliberately -- this is Business with a capital B.

\* \* \*

Reporting on the Institute for International Research Conference:

#### Control Costs and Maximize Quality Through Mental Health Provider Networks

Over 100 managed care professionals and representatives of the provider community met in Washington, DC at a conference sponsored by the Institute for International Research on October 28-29 to hear presentations from experts in managed care describing trends in development and maintenance of provider networks.

In presentations on the first day, some presenters emphasized the trend toward shifting actuarial risk and administrative responsibility toward provider groups with the following predictions:

- 1) **There will be no room for the solo practitioner.**
- 2) **Large multi-specialty group practices are the future.**

These large practices are expected to provide the following:

- \* One central phone number to access all providers in the group.
- \* Psychiatric coverage for medication and monitoring.
- \* Culling, terminating individual practitioners who do not meet performance expectations.
- \* Shared financial risk between the provider, patient, and insurance company, including willingness to accept capitation payment arrangements (prepayment of an agreed upon sum to provide services to all participants in an insurance pool).
- \* EAP Services, including offering appointments within 72 hours.
- \* Treatment plans that directly refer to DSM IIIR. (Necessary for audit purposes.)
- \* One tax identification number.

- 3) **Managed Care companies will save on administrative costs by encouraging long term relationships with a few large group practices that share their philosophical orientation.**

On the second day, there was more emphasis on partnership between payers, providers, and sometimes government agencies, in balancing the dueling goals of cost containment and quality assurance. And there were indications of attention to provider satisfaction and the value of provider education and support in reducing administrative costs by maintaining stable and productive provider networks.

There was some recognition that large provider groups attempting to assume actuarial risk and administrative functions may either generate expensive duplication of functions or fail from lack of experience. Since the managed care companies are dependent upon client satisfaction as well as cost containment, simple shifting of risk assumption and administrative responsibility to a small number of large groups may be risky for them.

Cost containment as an objective was addressed with a variety of incentive approaches, from simple incremental increases in copayments to encourage clients to limit utilization of mental health services to very sophisticated and high tech systems for evaluating provider treatment planning and treatment outcomes.

The capacity for computerized systems to evaluate quality of a provider's initial and ongoing treatment plans and maintain a profile summarizing a provider's history of treatment planning and outcome is already very advanced. The good news for providers is that micro management of the treatment planning is recognized as inefficient and costly. The unanswered question is what will replace the cumbersome micro management.

Provider profiling is suggested as a technique for addressing several goals. One goal would be to weed out incompetent providers from a network panel. Another would be to direct more referrals to providers or groups that demonstrate reliably high quality treatment planning and good treatment outcome. This would seem preferable to favoring providers with the briefest treatment model regardless of appropriateness or outcome. Another goal would be to give more autonomy to providers who have a high degree of reliability for quality treatment planning and good outcomes, thereby cutting down on management of cases referred to those providers.

These trends increase the need for standardization of outcome measures and criteria for quality in treatment planning that are mutually satisfactory for managers, providers, and clients. One of the managed care experts at this conference presented a model for evaluating need for treatment based on functional impairment and acuity level rather than on subjective distress alone. Appropriateness of treatment plan was evaluated according to categories of diagnosis and background factors. The entire evaluation was framed for a single episode of distress or dysfunction. The provider's profile may depend more on his or her knowledge of the evaluation criteria and ability to communicate concisely and accurately in this terminology as on his or her skill in the session with the client. The provider is well advised to become fluent in the current trends in evaluation and treatment planning and be prepared to demonstrate that ability in order to establish a favorable profile.

Wherever it may seem that an error or bias in evaluation and treatment planning criteria has crept into the prevailing standards, providers should be able to take initiative in challenging those criteria and share in the responsibility for making such standards workable. In order to do that, it is essential to stay informed about the evolution of these standards.

Sharing information for increased awareness of new treatment methodologies that are demonstrated to be effective with certain presenting problems is seen as a responsibility for care managers as well as the obligation of providers for their own continuing education. Another shared responsibility area for care managers and providers is in the education and "expectation management" of clients. Confusion and frustration between managed care company and provider leads to client confusion and undermines both client satisfaction and treatment outcome. Recognition of the importance of this by managed care experts signals another focal point for cooperation in the more forward thinking companies.

Finally, according to some planners, there is likely to be less discrimination between providers on the basis of discipline in the future. Instead, the emphasis will be on the provider's ability to efficiently and accurately evaluate a client's needs and provide the most appropriate treatment. According to data presented by the Medical Director of Managed Health Network, LCSW's as a provider group received high scores for both client satisfaction and treatment planning skills.

*Brock Hansen, LICSW, Washington, DC and Bob Kirkhorn, LICSW, Rockville, MD*

\* \* \*

In our attempt to keep you informed of new treatment tools, we include the following provider satisfaction survey from Sidney Grossberg, Ph.D., BCD. Sid is a national leader in managed care, a psychoanalyst and an owner of a large multiservice group practice in Michigan. He generously shares this survey with us. Please note this survey has a copyright

and as of March, 1994, can be purchased from Professional Health Plans Publication, (800) 428-7559.

### PROVIDER SATISFACTION SURVEY

This survey is intended to be helpful to E.A.P., managed care companies and to providers. This feedback should benefit the clients to whom we all wish to provide the best possible service.

A. Case Manager/EAP Representative:

\_\_\_\_\_  
Name and Company

1. Was the case manager professional, collegial and courteous?  

1	2	3	4	5
Poor	Below Average	Average	Good	Excellent
2. Rate how long you had to wait on the phone (responsiveness).  

1	2	3	4	5
---	---	---	---	---
3. Were enough sessions given to meet client's needs?  

1	2	3	4	5
---	---	---	---	---
4. Did the case manager understand the treatment dynamics and issues?  

1	2	3	4	5
---	---	---	---	---
5. Did the case manager ask appropriate questions, give suggestions or show confidence in your clinical judgment and expertise?  

1	2	3	4	5
---	---	---	---	---
6. How would you rate the phone contact on helpfulness vs. adversarial position.  

1	2	3	4	5
---	---	---	---	---
7. Overall satisfaction with this case manager.  

1	2	3	4	5
---	---	---	---	---

B. Managed care/E.A.P. company:

\_\_\_\_\_  
Name

8. Rate this company on timely reimbursement of providers.  

1	2	3	4	5
---	---	---	---	---
9. Rate company's giving provider clear expectations, protocols and guidelines.  

1	2	3	4	5
---	---	---	---	---
10. Rate the frequency required by this company for case reviews in order to get sessions to meet your client's needs.  

1	2	3	4	5
---	---	---	---	---
11. Rate your overall satisfaction with this company. (Would you recommend other colleagues to be providers for this company.)  

1	2	3	4	5
---	---	---	---	---

\_\_\_\_\_  
Name (Optional)

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psychiatric nurse specialists all bring differing but equally valuable professional skills to the care of the mentally ill.

**Continuity of the treatment relationship must be encouraged.**

Lack of continuity often results in lack of compliance and inadequate follow-up, with especially harmful consequences to the most seriously mentally ill. Changes in insurance coverage must not lead to forced transfers but must encourage maintenance of existing successful treatment relationships.

**Care managers must pay as much attention to quality outcomes as to cost.**

Care management should be based on the most up-to-date research, treatment guidelines and clinical consensus available. The goal should not merely be short-term cost containment but also long-term patient improvement, which will lead to long-term cost savings as well.

\* \* \*

Job Openings

VMC, Behavioral Health Care Services, Gurnee, IL 60031 has EAP counselor positions open in Salt Lake City, Utah; Bakersfield, CA; Santa Barbara, CA; Pasadena, CA; Chicago, IL; and Billings, MT. The positions require a master's degree in social work or counseling, license or license eligible, 3 years experience in clinical/dependency counseling. Contact Richard McCrary, Director Human Resources, in IL (708) 249-1900, outside IL (800) 843-1327.

Upcoming Conferences

*Psychotherapy Finances* presents "Managed Care Workshop: The advanced course for therapists who want to build groups that can win contracts, provide effective services, and generate profits," February 18-20, 1994, The Jupiter Beach Resort, Jupiter, FL. For information call (800) 869-8450.

Infoline has a long list of conferences planned including: "Managing Capitation in Behavioral Health Networks," February 24-25, 1994, Washington, DC; "Capitation and Risk Contracts," February 7-8, 1994, Chicago, IL; "Group Practice Without Walls," March 10-11, 1994, New Orleans, LA. For information on these and other conferences, call IBC at (508) 481-6400.

\* \* \*

"NFSCSW Managed Care News" appreciates your comments. They can be sent to: Anne Kilguss, LICSW, BCD, Editor, "Managed Care News," c/o NFSCSW office. "Managed Care News" can be purchased by sending a check for \$29.95 to the NFSCSW office.

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vices. How about an authentic Italian dinner for 8? Come and place your bid! And support CSWI in the process.

The money to be raised at this fundraiser is especially critical at this time. On June 30, 1994, the CSWI Task Force will be submitting CSWI's application to the DC Licensing Board. As many of you know, the idea for a Clinical Social Work Institute in Washington, DC was conceived in 1987 by a group of senior clinicians from the Clinical Society. The Institute will be a four-year educational institution granting a Ph.D. in clinical social work. Much thought, planning, hard work and fundraising have followed in the last seven years.

May's fundraiser comes during the final leg of this process to at last submit the application which will permit us to actually open the doors of the Institute to students. We must raise the remaining money now that's necessary to back our application to the Licensing Board. Additional Founders Circle donors are invited and encouraged to contribute at this time. Call Rosalie Mandelbaum at 202-364-6156. Anyone wishing to support the opening of the Institute is urged to do so now before the June 30 submission of the application. Buy a raffle ticket! Encourage your friends to buy one. Every donation will make a difference, and yours could make *the* difference.

So, mark your calendars for Sunday, May 22! Anyone who would like to help with the event will be most welcome. If you have something to donate to the silent auction, we'd love to hear from you! Please call Pat Davis at 202-544-7062 or Carolyn Angelo at 202-232-2822.

## Clinical Social Work Conference Features Area Clinicians

by Tarpley M. Long

Golnar A. Simpson and Heidi Spencer had two clinical papers juried for acceptance at the co-sponsored Federation/Committee on Psychoanalysis national conference to be held May 13-15, 1994, in Washington,

DC. One hundred seventy papers or panels were submitted nationally, 75 were selected and of these, ten will be presented by GWSCSW members.

Chair Golnar Simpson will be joined by Carolyn Gruber, Heidi Spencer and Alice Kassabian in a three hour panel titled "Depression Across the Life-Cycle: A Biopsychosocial Perspective." The panel emphasis will be on integrating biological aspects of depression with psychodynamic theory and will address the management of clinical depression in our practice: diagnostic formulation, treatment options, when to refer for medication and/or neuropsychological consultation and working with other professionals to treat the depressed client.

In a second three hour panel, "Clinical Social Work Research: A Fresh Lens for Practitioners," Chair Simpson and panelist Anita K. Bryce, a candidate at the Baltimore Washington Psychoanalytic Institute, will focus on the skills common to both clinical research and clinical practice. Simpson will emphasize the creative process in research question formulation and Bryce will translate the clinician's experience in the clinical setting into quantitative design.

In addition to her participation on the Depression Panel, Heidi Spencer will present "Truth-Knowing and Truth-Telling: Anita Hill in the Clinical Hour," which focuses on the treatment hour during times of charged national crisis. Given that the therapist and client have access to the same media, Spencer explores the impact of national crisis on the intrapsychic life of both therapist and client.

Susan Elmendorf is a panelist on "In the Mind of the Psychoanalyst: Capturing the Moment Before Speaking," which was first presented in 1993 at the International Psychoanalytic Association Conference in Amsterdam.

In "From Holding to Interpretation," Martha W. Chescheir will use a case example to illustrate and elaborate how Winnicott's ideas of "holding" include elements of interpretation as a dynamic process. There will be ample opportunity to discuss the case from both a theoretical and technical point of view.

Eloise Agger's paper "The Analyst's Ego" received the Karl A. Menninger award at the meeting of the American Psychoanalytic Association in December, 1993. The award, given to recent graduates of a psychoanalytic training institute or written within five years of graduation, was won by Dr. Agger, a candidate at the Washington Psychoanalytic Institute. What aspects of mental functioning cause an individual to choose psychoanalysis as a profession and how the work of psychoanalysis impacts the analyst's mental functioning will be delineated in the paper.

Katherine Brunkow, an advanced candidate at the Washington Psychoanalytic Institute and faculty member at both the Washington School of Psychiatry and the Psychoanalytic Psychotherapy program of the Washington Psychoanalytic Foundation will present a paper entitled, "Working with Dreams of Survivors of Violence: Facilitating Crisis Intervention with a Psychoanalytic Approach." In four clinical vignettes, she will explore the ways dream material can shed light on the management of anxiety through reassurance and mastery, the role of previous crises and developmental conflicts and the reorganization of the defenses around the process of integrating the violence.

In an effort to understand better the appearance of and controversy surrounding False Memory Syndrome, Marilyn Austin will present the treatment of a man and a woman who had previously been in "recovered memory" therapy. "Recovered Memories of Childhood Sexual Abuse: Problems and Concerns" is the title of her paper.

Kathryn K. Basham will co-present "Resistance and Couple Therapy," which offers a constructive theoretical model for negotiating an impasse in couple therapy. The model synthesizes object relations, systems and feminist theory and offers practical applications in clinical work with vulnerable clients.

An interest in non-verbal behavior of clients and analysands ("show" vs. "tell") in the clinical setting resulted in Tarpley M. Long, writing her paper, "Making the Analyst Wait: The Trans-

*Continued next page*

TOWARD A NEW UNDERSTANDING OF MENTAL ILLNESS  
WHATEVER YOUR AGE

Janis Colton  
3204 Brooklawn Terrace  
Chevy Chase, Maryland 20815





National Federation of Societies for Clinical Social Work, Inc.

**JOIN THE NATIONAL COMMITTEE FOR  
COUPLE MARRIAGE AND FAMILY THERAPY**

Individual members of state societies for clinical social work with an interest in the practice of therapy with couples and families should join now!!! This group enhances the clinical social worker's identity with the profession of clinical social work and also advances the practice of couple, marriage and family therapy.

National membership creates the voice to effectively negotiate with other groups in their efforts to establish national training and practice standards for couple, marriage, and family therapy. Social workers must have a voice in setting standards in the various areas in which they practice. Joining this group will go a long way to assuring social workers have such a voice.

**WHY JOIN NOW?**

Identification with our primary profession is essential. We must stand behind our degrees (masters or doctorates) in social work. We must uphold our licenses and certifications as social workers.

Economic pressure to lower health care cost may lead the federal government to define mental disorders as biologically based. If this definition holds, couple and family therapists will be ruled out as reimbursable.

We must make sure our clients are not locked out of the national health care system and are treated without prejudice.

Other professionals are already actively working towards setting standards for the entire field of couple, marriage, and family therapy. Social workers must not be left out of those negotiations or be discriminated against.

We must work to improve the education of clinicians in schools of social work and encourage further training in specialized fields of practice by clinical social workers.

**THINGS HAVE A WAY OF CHANGING FAST. WE AS SOCIAL WORKERS CANNOT  
AFFORD TO BE LEFT BEHIND IN THIS TIME OF CHANGE.**

For information and application form, contact Alice Kassabian 703-938-6645.  
Charter memberships are available for \$55. until May, 1994.

# FEDERAL EMPLOYEE HEALTH BENEFIT PLANS --1994

## A Guide to Outpatient Mental Health Coverage for Clinical Social Workers In Fee-for Service Plans Open to All Employers

Plan	Deductible Per Person	Per Family	% of UCR	Annual Limits	Specific Conditions for Coverage
<b>Blue Cross Blue Shield (High Option)</b>	\$150	2	70%	50 visits	Licensed Psychiatric SW
<b>BC/BS (Std. Option)</b>	\$200	2	60%	25 visits	Licensed Psychiatric SW
<b>Alliance</b>	\$300	3	50%	\$750	Licensed Psychiatric SW
<b>APWU</b>	\$500	N/A	50% up to <b>(\$25 Per Visit)</b>	\$300	Licensed Psychiatric SW Included as Alternate Provider
<b>GEHA</b>	\$250	2	50%	30 visits	Licensed Psychiatric SW Lic. No and Diagnosis must be on statement
<b>Mail Handlers (High Option)</b>	N/A	N/A	<b>50%</b>	20 visits	Licensed Psychiatric SW
<b>Mail Handlers (Std. Option)</b>	N/A	N/A	<b>50%</b>	20 visits	Licensed Psychiatric SW
<b>NALC</b>	\$150	3	50%	\$1500	Clinical Social Worker Included as Mental Health Specialist
<b>Postmaster (High Option)</b>	\$275	2	50% up to \$50 Per Visit	\$1000	Licensed Psychiatric SW
<b>Postmaster (Std. Option)</b>	<b>\$300</b>	2	50% up to \$50 Max	\$1000	Licensed Psychiatric SW
<b>SAMBA (FBI Only)</b>	\$250	2	<b>85%</b> up to \$100 per visit	<b>60</b> visits	Licensed Clinical Social Worker <b>PruCare Managed Care</b>
<b>Foreign Service Benefit Plan (State Dept. Only)</b>	\$200	2	75% ind tx 50% grp tx up to \$25 per session	60 visits for indiv no limit for group	Licensed Clinical Social Worker

Changes from last year's benefits are indicated in bold type.

This chart was prepared by the Insurance Committee of the Greater Washington Society for Clinical Social Work, Inc.  
P.O. Box 3741 Arlington, VA 22203 February 1994

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**OFFICE SPACE:** to share in the new Laurel Medical Arts Pavillion next to Greater Laurel Beltsville Hospital. Please contact Dr. Sheila Hume. Office 301-490-2216 - Home 301-953-1506.

**BETHESDA:** Beautiful office space available part-/full-time with a group of therapists. Contact Isabel Scharf at 202-362-7270 or Sara Lieberman at 301-439-6141.

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**PSYCHOANALYTIC REFERRAL SERVICE OF THE NEW YORK FREUDIAN SOCIETY:** Offers consultation and treatment throughout the Greater Washington area. Consultation can assist the individual in defining the cause of psychological pain, and recommend treatment to meet the individual's needs. Reduced fee psychoanalysis and psychotherapy are available. To inquire about a consultation, call 301-230-9884.

**SUPERVISION:** Highly experienced clinical supervisor and former university faculty member offers supportive and stimulating supervision for clinicians at all levels. Consultation available to supervisors seeking to enhance their skills. AAMFT Approved Supervisor for marriage and family work. GWSCSW Supervision Panel member. Personal and professional growth promoting approach. Ruth Cohen, LCSW, 310-434-1553.

**SUPERVISION GROUP:** Opportunity for recent MSW graduates to learn in small group setting. Group led by 3 social work psychotherapists who established a group therapy practice in 1984. Meet on alternate Weds, 1 pm, beginning in March. Sliding fee. Call Counseling & Psychotherapy Services of Wash. 202-244-8855.

**PLAY THERAPY SUPERVISION GROUP:** Experienced clinical play therapy supervision/consultation group and individual. Association for Play Therapy registered supervisor. Margaret K. Drury, MSSW, LICSW, LCSW-C, BCD RPT-S. 301-933-4247.

**SOLUTION-ORIENTED SUPERVISION:** Short-term solution oriented therapist trained at Brief Family Therapy Center in Milwaukee with Steve deShazer. Learn techniques to complete cases in 10 sessions or less. Ideal training for therapists working with HMO or EAP clients. Call Harriet Breslow, LCSW, 301-983-1321.

**BRIEF THERAPY TRAINING:** Effective, creative and responsible therapy in the era of managed care. Eight week training course offered by specialists with over fifteen years experience in focused approaches. Contact Kirkhorn, Ratner and Spector. 301-236-5449.

**LICENSING EXAMINATION WORKSHOPS** by clinician-educator, Jewell Elizabeth Golden, LICSW, ACSW, LCSW-C. 301-762-9090.

**THE NATIONAL GROUP PSYCHOTHERAPY INSTITUTE:** a new program of the *Washington School of Psychiatry* begins June 1994. Two-year program consisting of 8 extended weekend conferences. Explores 4 major theoretical orientations to group therapy: object relations and open systems; therapist-centered psychoanalytic; interpersonal and existential; self-psychology. Studies clinical implications of each theoretical model. Presentations, demonstrations, small and large experiential groups. Nationally recognized guest presenters. GPTP certification with additional work. Individual weekend selections possible. Suitable for all skill levels. Call the WSP 202-667-3008.

**CRITICISM GROUP:** Announcing a time limited (6 session) skill development group available in Fairfax and DC. The group utilizes NeuroLinguistic Programming techniques designed to help clients with low self esteem or overadaptive interpersonal styles learn to process criticism more effectively. Useful for clients with shame based disorders or codependency issues. For information call Brock Hansen, LCSW at 202-362-3009

**NBCE-NATIONAL BOARD OF CONTINUING EDUCATION:** *Engaging the Hard-to-Reach Client in Clinical Practice.* Lawrence Shulman, MSW, Ed.D. Holiday Inn, Wellington's Restaurant, Silver Spring, Balt./DC. Friday, March 25, 1994, 8:45 AM to 4:45 PM. Continental Breakfast at 8:15 AM. Registration fee \$98 at the door or call 1-302-658-4524 to guarantee your reservation and gain the NBCE advantage.

**"PRIVATE TROUBLES AND PUBLIC ISSUES: The Relevance fo Social Constructionism for both Psychodynamic and Family Therapy Practice,"** Phebe Sessions, MSW, Smith SSW faculty, presenter, introduced by Dean Ann Hartman, Saturday, March 19, 1994, 9 AM-Noon, Oakton Elementary School, 3000 Chain Bridge Road, Oakton, VA, \$35 at door. To benefit the Smith College School for Social Work Alumni Scholarship Fund. For further info call 301-657-2252.

**SUPERVISION GROUP SEEKING:** new members. Requirements: LCSW-C with 1 yr. clinical experience. Three month commitment. Meets 1/X per month Friday 9-10:30 AM. Montgomery Co., MD area. Interested call 301-948-5490.

**EMPLOYMENT/LICSW:** Opening for part-time work on a consulting basis with potential to increase hours. Background in psychology of women and experience in working with sexual abuse preferred. Flexible hours. Some evenings-weekends required. Send resume to Women's Growth & Therapy Center, 2607 CT Avenue, NW, Washington, DC 20008.

*Continued next page*

**THE WASHINGTON SCHOOL OF PSYCHIATRY AND THE DEPARTMENT OF PSYCHIATRY, UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES** presents *The Fifteenth Annual Conference on Psychoanalytic Object Relations Family and Couples' Therapy on The Leading Edge of Analytic Marital Therapy* (A Collaboration with three senior staff members of the Tavistock Institute of Marital Studies, London). Conference Director: Robert Winder, MD. Presentations of Transference; Containment; Narcissism and Envy; Projective Identification; and a Film with Discussion. Friday through Sunday - March 4-6, 1994. Pre-Conference Introductory and Advanced Workshops Thursday and Friday - March 3-4, 1994. Registration and Information: Jan Liverance, Washington School of Psychiatry, 202-667-3008.

**INDIVIDUAL & GROUP SUPERVISION:** The Women's Growth & Therapy Center is offering weekly supervision groups for both beginning and advanced psychotherapists interested in working from a feminist perspective and deepening their understanding of gender issues in the therapeutic process. Individual supervision available by appointment. Led by Sally Brucker, LICSW, and Rosalie Mandelbaum, LICSW, BCD. Call 202-483-9376.

### **Photographer Needed for Federation /COP Conference**

**Are there any aspiring or professional photographers in our Society? If so, the national Conference Committee needs you! We will provide the film for your 35 mm camera and showcase your talent in exchange for having snapshots throughout the conference, May 13-15, 1994. If interested, please contact Tarpley M. Long, Washington Chair, 301-652-6976.**

**FREE POST-GRADUATE TRAINING PROGRAM IN PSYCHODYNAMIC PSYCHOTHERAPY:** The Counseling and Psychiatric Service of Georgetown University is offering a multidisciplinary training program for mental health professionals for academic year 9/94 through 6/95. Opportunity to provide long-term and short-term treatment for undergraduate, graduate, and other professional students while receiving free supervision and involvement in psychodynamic training seminars. Flexible hours and flexible time commitment. Equal Opportunity Employer. Contact: Charles Tartaglia, MD, or Paul Steinberg, MD, Georgetown University, Counseling and Psychiatric Service, One Darnall Hall, 37th & "O" Streets, NW, Washington, DC 20057. Phone 202-687-6985.

**WILL YOU HAVE TO FOLD IF A LAWSUIT TURNS UP?** NFSCSW endorsed professional liability insurance; Pays for all of your defense costs; Free "tail" coverage when you retire. Call our plan administrator, Bertholon-Rowland, at 1-800-322-7710 for details.

## **Writers' Group**

by Deborah S. Hartmann

A silent hush comes across the room. A studied concentration is evident. Imagine the impact of a number of talented social work minds focussing respectfully on a written page. Whether it's a scholarly piece on resistance in couples therapy, a mid-life allegory about dandelions or a child's story about a Valentine's Day calf, the process is the same: to stimulate the creativity of the group's members in an atmosphere of acceptance and support. As a spirit of camaraderie and exchange develops in the group, we support each writer in reaching her goal and producing her best work.

The writers group meets monthly on Sundays from 11-1 p.m. New members are welcome. All that is necessary is a sense of humor, a pencil and courage. For information about the next meeting, call Susan Johnston at 703-237-1896 (H) or 703-385-7575 (O).

### **Greater Washington Society for Clinical Social Work**

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2900 Conn. Ave., N.W.  
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Washington, D.C. 20008  
August 16, 1994

**DEAR COLLEAGUE:**

The **NEXT MAYOR** of the District of Columbia likely will be chosen in the Sept. 13 Primary Election. Because of **JOHN RAY's** legislative record on mental health and social work, the Board of Directors, in June, voted to support his candidacy to become D.C.'s new mayor.

## WHAT HAS JOHN RAY DONE FOR YOU AND FOR D.C.?

- \* Passed the social work licensure law in D. C. (1986)
- \* Passed the law requiring nondiscrimination in mental health/substance benefits in health insurance in D.C. (1986)
- \* Passed a law giving social workers authority to intervene with treatment services for children in homes where drugs are used or sold. (1989)
- \* Passed a law to establish a long term, substance abuse residential treatment facility in D.C. (1989)
- \* Introduced a bill to require insurers/HMOs to provide a basic health plan that includes mental health/substance abuse care.
- \* Held hearings, June, 1994, on an "Any Willing Provider" bill.
- \* Provided leadership in the Council and as Chair, Consumer and Regulatory Affairs Committee. Maintained his integrity.

## WHAT CAN YOU DO FOR JOHN RAY AND FOR D.C.?

- \* **VOTE FOR MR. RAY ON SEPT 13.** Urge others to do the same.
- \* Write a check to "Citizens for John Ray," not to exceed \$100. Note "Clin. Soc." on check. Mail to address below by Sept. 1.
- \* Volunteer to help **JOHN RAY WIN!** Campaign phone: 202-546-3100.
- \* Attend a **ROUNDTABLE LUNCHEON WITH JOHN RAY**, with GWSCSW, Wash. Psychiatric Society, D.C. Psychological Assoc. members, Sept. 8, 12:00-2:00 p.m., 1400 K St., N.W., 3rd floor. Cost \$10.00.

**QUESTIONS?** Roberta Boam, Chair, D.C. Legislation, 202-265-0049.

Fran Thomas, Board of Directors, 202-296-0305.

## **LUNCHEON ROUNDTABLE WITH MAYORAL CANDIDATE JOHN RAY: SEPT. 8, 1994. 12:00.**

1. Make your reservation(s) by Sept. 1, by calling Steve Wijnberg, Washington Psychiatric Society, 202-682-6270, AND/OR
2. Send your \$10 check in advance by Sept. 1, to (and payable to) Washington Psychiatric Society, 1400 K St., N.W., Rm. 202, Washington, D.C. 20005. Attention: Mr. Steve Wijnberg

YES, will attend, \$10.00 enclosed: \_\_\_\_\_.

Yes, will attend, \$10.00 and check, "Citizens for John Ray" enc. \_\_\_\_\_.

No, cannot attend, but contribution for John Ray Campaign enc. \_\_\_\_\_.

Name, address, phone: \_\_\_\_\_.