

# *The Clinical Page*

The Georgia Society for Clinical Social Work  
Membership News and Information  
*Spring 2006*



## **Endings and Beginnings— GSCSW and the National Federation**

As many of you know, we officially disaffiliated from the Clinical Social Work Federation this year. This marks the end of a very productive era for clinical social work at the national level. At one time the Federation represented tens of thousands of clinical social workers around the country. In addition, the Federation successfully led the fight for licensure in every state. As a state member of the Federation we were guaranteed a place at the table at policy meetings with NIH, NIMH and other government institutes. Twice a year the Federation brought State's presidents from around the country together to exchange ideas and create new opportunities to bring back home to the respective memberships. Sadly, as a result of several factors (affiliation with OPEIU, dissatisfied states, state financial problems) over the last few years the Federation has steadily declined in numbers and professional power. In fact, in October the Federation board voted the Federation out of existence. There is now momentum gathering around the beginning of a new organization, The National Clinical Social Work Association. This organization will be different in mission and structure. I look forward to watching what happens and ultimately becoming a member. Nationally, we still need a presence that represents us in the legislative and policy circles.

Another exciting beginning is our restored and enhanced relationship with NASW-Georgia. We recently held our spring conference in partnership with NASW-GA. This experience validated NASW-GA's commitment to clinical social work and our commitment to the larger social work profession. Forging a strong working relationship with NASW-GA is a positive step toward creating a unified social work front (legislatively and policy-wise). During the lunch break of the conference GSCSW members and NASW-GA members convened to discuss recent erosion in our scope of practice. Although this erosion currently only relates to social workers treating indigent persons within the mental health centers or other centers contracting with the

state it nevertheless is important to monitor this change in DHR policy and watch for any ripple effects. Together, our organizations have much more power and ability than if we were working separately. In addition to our first joint conference and this ad-hoc effort, we have also begun working on issues effecting clinical social workers who are Medicaid providers. If this type of collaboration interests you I hope that you will consider becoming more involved. NASW-GA has an enthusiastic and energetic volunteer base. Let's meet their energy with some of our own. If policy and legislative issues relating to clinical social work interest you, please contact me. We will find a place for you in this new beginning!



## **President's Column: *The Feeling of Gratitude and the Experience of Success***

As summer nears and our professional year comes to a close I have found myself reflecting on what a terrific year we have had in GSCSW. As more clinical social work societies have folded around the country this year I have asked myself why do we remain so vibrant? Without doubt, one answer can be found in our members' commitment to advancing clinical social work and staying active in our GSCSW activities. In addition, I only need look around me every first Monday of the month to know definitively what the other answer is...the 10 dedicated GSCSW Board of Directors! Due to the hard work of this group of dedicated individuals we have experienced an increase in membership, the development of a variety of services for new members, fantastic continu-

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## **Annual Pot-Luck Dinner Party and Auction**

**Friday, June 2, 2006 6:30 pm 'til ...**  
**2734 North Hills Drive NE Atlanta 30305**  
**Gail Phillips' house**

***Honoring all New Members!***  
***Door prize for the Mentorship Program!***  
***In appreciation of all***  
***current, newly elected & former Board Members!***

### **PLEASE BRING:**

- ◆ ***Yourself, your Partners/spouses/friends and a prospective member or two.***
- ◆ ***A dish for the potluck dinner***
- ◆ ***An item or two (or five) for the auction.***

*You could bring a vase, a garden tool, a painting, a sculpture, a lamp, a kitchen utensil, pottery, a decorative pillow, a gift you never liked, something old or something new. One person's trash is another person's treasure.*

**Remember your checkbook or cash.**  
**PROCEEDS BENEFIT GSCSW!**

RSVP  
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Or Email: [gailphillips@mindspring.com](mailto:gailphillips@mindspring.com)

**You Are Invited!**

**President's Column:**  
***The Feeling of Gratitude and the Experience of Success—Continued from page 1***

ing education, and an outstanding ethics workshop. Being in the presence of these ten board members reminds me of just how much hard work goes into a well-functioning organization. I would like to take the time now to publicly thank all of them for an excellent year.

Thanks to Randy Oven and Jeanne Beddell we now have a web site that allows us access to information about our society, our members, and our programming. I hope all of you visit [www.gscsw.org](http://www.gscsw.org) and check out the variety of services as well as our new members' directory. I have already used the directory to acquire several members' information in order to make psychotherapy referrals. What a great resource! Another terrific electronic resource that provides us with ways to communicate is our list serve. Theresa Schaffer continues to serve as moderator and manager of our list serve. Thanks to Theresa for all of her patience and compassion as she educates many of us neophytes on how to use the list serve!

Thanks to the hard work of Jennifer Reid, Lindsay Caldwell, and Anna Galloway we actually have web pages that provide information to our members moving through the laborious and often intimidating process of becoming licensed at the LMSW and LCSW level. Words fall short of describing the labor that has been involved in this behind the scenes effort. In addition, although we did not have any students' formally apply for the GSCSW scholarship this year, Jennifer Reid and Lindsay Caldwell were hard at work creating the scholarship. I am very optimistic that next year we will have a number of MSW student applicants.

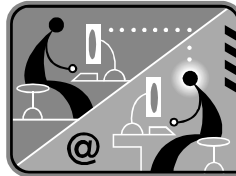
There is so much to be proud of when it comes to our exciting new mentorship program. Thank you to all of our members who have stepped forward to volunteer to give their time, wisdom, and energy to our newest professionals. A special thanks goes out to Alyce Wellons, Phyllis Glass, and Meg Rothenberg. They have spent a great deal of time and effort in creating a group space and individual matches. Ephrat Lipton has now joined Phyllis as the co-facilitator for the group. Welcome, Ephrat!!

Our membership continues to grow under the leadership of Gail Phillips. Gail's creative efforts to increase our membership are many. One of her latest efforts was the creation and implementation of the social/networking time that now precedes each Thursday continuing education. If you haven't joined us for this special time yet we hope that you will next year.

**GSCSW GOAL: 100% OF OUR MEMBERSHIP CONNECTED THROUGH LIST SERVE.**

Our list serve is fast becoming GSCSW's primary mode of communication with our members. Members exchange information, referrals are made, pertinent articles are shared, and announcements of upcoming events are sent. We don't want anyone to miss out on this valuable information, so sign up today if you have not.

**If you are still having problems joining our list serve please follow the directions below:**



To join

the list serve simply e-mail Theresa Schaffer at [gscsw@yahoo.com](mailto:gscsw@yahoo.com) and tell her you want to join. She will then e-mail an invitation to which you must respond in 7 days. That's it!

**Committee Reports****Ethics Committee Report:**

Barbara Name and Ann Roark

We have received a few calls regarding ethics questions and are available to you either by office voice mail or e-mail. When using e-mail, be sure to put "GSCSW Ethics" in the subject line.

Contact information:

Ann Roark, LCSW  
404-325-0304 ext. 3  
[annroark@bellsouth.net](mailto:annroark@bellsouth.net)

Barbara Nama, LCSW  
404-231-2339  
[BNamaLCSW@aol.com](mailto:BNamaLCSW@aol.com)

**Low Cost Supervision Committee Report:** Amy Garnett

The Committee is trying to update it's files. If you are interested in participating as a supervisor please fill out the form included as a separate page.

**Membership Committee Report:**

Gail Phillips

Our membership has seen a steady increase over the past several months, and so we have many more members now that we did at this time last year! The Board has approved several outstanding individuals to become members who will certainly be great assets to the Society.

Please call a clinical social worker you know who is not a member and encourage him or her to join the Society. If every member persuaded just one person

to join, our Society would become significantly stronger and more effective.

Finally, as my two-year term as Membership Chair is coming to a close, I would like to encourage everyone to volunteer for the Society. I was a board member several years ago, as well as this term, and both times it has been a terrific experience. By volunteering, not only are you helping improve social work services and the profession, but you also have the privilege and fun of working with bright, interesting and like-minded professionals.

**Mentorship Committee Report:**

Phyllis Glass and Alyce Wellons

The Mentorship Program for the Georgia Society for Clinical Social Work is a volunteer program which matches up experienced and seasoned clinicians with those newer to the field. The overall purpose is to assist members with professional development and career planning in clinical social work. Program activities may assist participants with such issues as developing strategies for career development; understanding practice standards, identifying and pursuing their continued learning needs, ethical and legal dilemmas, skill development, enhancing professional adaptability and collegial networking.

Mentorship is clearly differentiated from clinical supervision and psychotherapy and -in no case- is meant as a substitute for either of these processes. This is an educational program only.

A mentor is someone who has an LCSW with three plus years experience. The mentor and mentee are encouraged to meet monthly and the commitment is one year in duration. This is a volunteer program.

The Georgia Society for Clinical Social Work Mentorship Program also offers a monthly group. This is an informal group which offers mentees an opportunity to network, gain support from each other and work on career development with two seasoned facilitators. This group is open to mentees, a student to an LCSW with two years experience, who are members of the Georgia Society for Clinical Social Work. You do not have to be currently matched with a mentor in order to participate in the monthly group. The group meets on the second Monday of each month from 7:00pm - 9:00pm. It is facilitated by Phyllis Glass, LCSW and Ephrat Lipton, LCSW. The group meets at the office of :

If you would like to make an application to be a mentor or mentee, please download the appropriate application form from [www.gscsw.org](http://www.gscsw.org) and mail to Phyllis Glass, LCSW at the above address

Please contact Phyllis Glass, LCSW at 404-874-8294 if you have any further

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**Committee Reports—**  
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questions.

Phyllis Glass, LCSW  
1904 Monroe Drive, Suite 120  
Atlanta, Georgia 30324  
404-874-8294**Public Relations Committee Report:**

Randy Owen

We have continued to develop the GSCSW web site which you can reach by going to "www.GSCSW.org" The web site now provides information on scheduled professional education programs including directions to the events. There are sections providing overviews of our membership process, our mentorship program, our low cost supervision program and our CEU process. You can download applications for membership, mentors, mentees, and various CEU forms.

We are also using the web site to assist our low cost supervisors in updating their applications. After we complete this process, we will allow low cost supervision candidates to access the program through the web site.

Recent MSW graduates and LMSW's can obtain information which will guide them in navigating the licensing process. Our current GSCSW constitution is currently available for all to review. We also plan to begin publishing this newsletter under the publication category

Our professional contact list has now grown to over fifty members. We are now in the process of adding a specialization index. So when looking for a referral or looking for contact information for a colleague, check www.gscsw.org and press the directory button and then the member directory button. A great place to start your search.

So you have not yet signed up for the directory yet. It is not to late. Go to the contact page under directory and E-mail Trisha Clymore for an application. We want you to be a part of this resource.

Also please review the web site and let us hear from you We would like to know what you like and what you do not like. What else would you like to see included? We will continue to develop the web site and will value your input! So after you review, go to the contact page and click on Randy Owen' E-mail address. I will look forward to hearing from you.

And last but certainly not least, I want to recognize and thank our colleague Jeanne Bedell who has (with the help of Lou Ellen Gibson) provided the technical expertise, time and hard work to construct our web site. Jeanne has developed a very versatile capacity to develop the web site in harmony with our professional goals and values. We appreciate



her efforts and her continued willingness to provide her time and energy for the further development of the web site.

**The Student's Voice**Anna Galloway, MSW student  
board representative

The student members of GSCSW have done an outstanding job this year. Firstly, the student membership has increased exponentially, along with student's enthusiasm. At the composite board meeting in April, many students turned up to ask questions and network with others.

Secondly, the student members are volunteering left and right. These new members add a new light and vigor to GSCSW. For example, Emily Potts and Jessi Hennehan, two soon-to-be UGA graduates have joined the membership committee and are providing a fresh perspective on recruitment and retention of members. Gellianne Previlon, a third year Smith MSW student showed up at 7:15am Saturday morning for our Spring Conference along with new member, Maureen O'Reagan to oversee the catering company (now that's commitment)! Efforts like these are exactly what is needed as we propel this organization forward.

For some MSW student members their time in school is coming to an end. As graduation approaches around the corner, many MSW students are saying goodbye to new found friends, gathering documents for the LMSW exam, and preparing to begin the job search. Congratulations to the new class of MSW graduates. Please be sure to look out for these new graduates as you hear of open positions and opportunities around you this summer. GSCSW looks forward to welcoming this new class into the profession of social work.

**News of Interest**

**Study Backs Equal Coverage for Mental Ills** — By ROBERT PEAR;  
Published: March 30, 2006: *New York Times*;

WASHINGTON, March 29 — Providing insurance coverage for mental illness equal to that for physical illness does not drive up the cost of mental health care as many insurers feared, a new study of health benefits for federal employees says

Under the policy, known as parity, insurers were forbidden to charge higher co-payments or impose stricter limits on

**Study Backs Equal Coverage for Mental Ills:continued**—psychiatric care or treatment for alcohol and drug abuse.

The new study of those changes, being published ... in The New England Journal of Medicine, concludes that if mental health care is properly managed, expanding the coverage of it "can improve insurance protection without increasing total costs" beyond those paid by insurers that do not offer parity.

Providing equal coverage for treatment of mental disorders did not increase the use of mental health services under the federal employee program, the researchers said. But it did lead to "significant reductions in out-of-pocket spending" for many government workers and retirees.

**Welcome to new members—**

Anna Galloway, MSW Student  
Cheri Augustine Flake, LCSW  
Shelly Mirando, LMSW  
Stephanie Barnhart, MSW  
Cheryl Anne Bravo, MSW Student  
Lori C. Levy, LCSW  
Emily Pots, MSW  
Carol Osbaldeston, MSW  
Deborah Young-Arnold, LCSW  
D. Thandi Chase, LCSW  
Jessica Hennehan, MSW  
Charlene Smiley Crafton, LCSW  
Sharon Wagner Smith, LCSW  
Ray Lynne Mattis, LCSW

**National Provider Identifier (NPI)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for health care providers. On January 23, 2004, the Secretary published a Final Rule that adopted the National Provider Identifier (NPI) as this identifier.

All HIPAA covered healthcare providers, whether they are individuals or organizations, must obtain an NPI for use to identify themselves in HIPAA standard transactions. Once enumerated, a provider's NPI will not change. The NPI remains with the provider regardless of job or location changes.

HIPAA covered entities such as providers completing electronic transactions,

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**President's Column:**  
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Gail, the other board members, and many of you have been wonderful ambassadors for GSCSW.

For any of you who have taken advantage of the use of our ethics committee, you know first hand the knowledge, wisdom, and experience both Ann Roark and Barbara Nama bring to this volunteer role. I thank them for their willingness to be available to us all in what are usually times of heightened anxiety.

I would like to thank Sara Page for her continued involvement as our past president. She has become the voice of continuity and resolution. She consistently has a pulse on our past and helps us move forward in a seamless way.

For the past four years, as treasurer, Cindy Hind has kept us fiscally on track. Thanks to Cindy's diligence GSCSW remains fiscally sound and able to produce quality programming for our members. And, although not technically in her job description, Cindy can often be found going out of her way to fill in those "hard to find volunteers" tasks!

And last, a big thank you goes out to Elizabeth Mauldin who has occupied many positions within our organization, including president. Elizabeth has kept the Clinical Page going for several years now. She has been incredibly gracious to continue to lend her services to us. As this is her last Clinical Page, a special thank you to her for service that is beyond extraordinary.

I encourage all of you to thank your board whenever the opportunity presents itself. As we all know, our organization is only as viable as we are committed. This is certainly a group of committed folks!

Although this is the last Clinical Page of the year, I hope to see all of you at our end of the year party. I can promise a good time will be had by all. It is a wonderful opportunity to relax and laugh with old and new friends. For those of you who won't be able to be with us for this shindig, I wish you a peaceful and relaxing summer. I will look forward to seeing you all in September as we start up another year of professional gatherings.

Warm regards,  
Stephanie



**News of Interest—**  
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**National Provider Identifier (NPI)**  
—Continued healthcare clearinghouses, and large health plans, must use only the NPI to identify covered healthcare providers in standard transactions by May 23, 2007. Small health plans must use only the NPI by May 23, 2008.

If you have more questions about NPIs go to <http://www.cms.hhs.gov/>.

**Mental Health Therapists Face Financial Stress as Fees Stagnate**

By COELI CARR; *New York Times*; March 26, 2006 — For more than three decades, Jessica Hinterman, a licensed clinical social worker who lives in Park Forest, a Chicago suburb, has had a fulfilling private practice, a part-time one so she could spend more time raising her children. But in 2005, she earned at least 10 percent less than the year before, while her practice-related expenses increased.

Contributing to this shortfall in revenue was the fact that in November 2004, she had withdrawn from the provider list of the only health insurance company with which she had a contract. "When you are on a provider list, the insurance company decides what you should be charging," Ms. Hinterman said. Though her customary fee at the time was \$90 an hour, she could charge only \$68 to \$72 for patients insured by the company she had contracted with. About two-thirds of her patients were insured by that company. "I'd get a ceiling on what I was allowed to charge," she said, "and that ceiling was unrealistically low." "Like many other health professionals, [mental health](#) practitioners like Ms. Hinterman say that they are feeling an economic pinch, partly because of insurance reimbursement schedules that they say have not kept pace with their expense

Richard G. Frank, a health economist with a specialty in mental health issues who is a professor at [Harvard](#), said: "Clearly, the earnings of mental health professionals — medical doctors, psychologists, social workers and counselors — have either been flat or been declining for the past five to eight years."

"It's not so much the number of visits allowed by managed care to mental health professionals has changed," he said. "It's that fees paid to the mental health professionals have not been rising."

Mr. Frank, who is the co-author of "Better but Not Well" (Johns Hopkins Press, 2006), which examines United States mental health policies, cites efforts by insurance companies to keep costs down as well as changing treatment pat-

terns, including the increasing use of drugs, rather than psychological therapy, to treat mental ailments.....for full text see *New York Times* web site.

**Anxiety and depression in childhood may raise risk of ecstasy use**

Adolescents who had symptoms of anxiety and depression in childhood seem more than twice as likely to use the recreational drug ecstasy (3,4 methylenedioxymethamphetamine, MDMA) than adolescents without such a history. (*BMJ* 2006;332 (8 April), doi:10.1136/bmj.332.7545.0-b)



**Don't Forget**

**The Annual  
Pot Luck Dinner  
And  
Auction**





## Summary of 2005 Income Survey—Adapted from *Psychotherapy Finances*, Vol. 32, #1, January, 2006 Laura W. Groshong, LICSW

*Psychotherapy Finances* has just published its 12<sup>th</sup> Survey of income for psychotherapists who are licensed mental health practitioners, broken down by discipline and area. The Survey also breaks out the percentages of self-pay and managed care payment among clinicians. The current Survey is based on the self-reports of more than 1,000 licensed clinicians who subscribe to *Psychotherapy Finances*, of which 333 were clinical social workers, 394 were psychologists, 141 were mental health counselors, and 121 were marriage and family therapists (only 12 psychiatrists and nurse-practitioners responded). 35% of responses came from the Northeast, 16% from the South, 20% from the Midwest, 13% from the West (Midwest to mountain states), and 16% of responses came from the Pacific (WA, OR, CA, AK, and HI).

Since 2000, incomes of all of the above have been declining. For those who work outside of managed care, the number of self-pay clients is eroding. For those who participate with managed care, fees are flat or going down. Overall, the Survey reports that even the incomes of those at the top of the survey, the psychologists, are not keeping pace with inflation.

The most frequent fees paid for individual therapy sessions on a self-pay or fee-for-service basis are:

**Psychologists = \$120** per session  
**LMFTs = \$100** per session  
**LCSWs = \$90** per session  
**LMHCs = \$90** per session

The most frequent reported fees paid for individual therapy sessions, on a managed care payment basis are:

**Psychologists = \$75** per session  
**LMFTs = \$60** per session  
**LCSWs = \$60** per session  
**LMHCs = \$63** per session

Although these session fees are up slightly from the 2000 survey, the bad news is that the self-pay market is dwindling. In the 2000 survey, clinicians reported that 44% of their total client hours reflected fee-for-service or self-pay, and the rest came from managed care clients. Now they report that their self-pay clients are only 26% of their practice.

All of the psychotherapy professionals surveyed reported that self-pay sessions for each treatment encounter averaged 15 to 18 sessions, whereas managed care treatment encounters averaged between 10 to 15 sessions.

But the figures of overall income are not encouraging. Incomes are dropping for most professionals. The survey found that the median income breaks down this way:

**Psychologists = \$92,500**  
(2000 median = \$80,000)  
**LMFTs = \$62,150**  
(2000 median = \$59,405)  
**LCSWs = \$58,333**  
(2000 median = \$61,164)

**LMHCs = \$48,311**  
(2000 median = \$47,350)

The Survey's conclusions are that practice income goes down as the percentage of managed care payment goes up; clinical income has not kept up with the inflation; the only way to increase income is by increasing the percentage of self-pay clients.

Other recommendations to increase income are to diversify and find more than one income stream, including consulting to business; working on a contract basis with agencies; and broadening awareness of your practice by marketing through talks, newsletters, etc. The Survey sees current trends as continuing for the foreseeable future.

The Survey is not online, but **Psycho-**

## Happy Birthday

## Dr. Freud

## 150 and counting

## Classifieds

Lovely furnished office for a solo practitioner available in convenient and very popular downtown Decatur. Reasonable hourly, daily or monthly rates. Available days, evenings, weekends. Free parking, security guard in the evenings. Your name on the lobby directory and at the office door should you so choose. Call Jacqueline Irwin, LCSW at 404/667-7267 (unavailable to the phone until 3 June) OR write me at [jwalker1@bellsouth.net](mailto:jwalker1@bellsouth.net).

Jacqueline Irwin, LCSW  
Suite 847  
315 West Ponce de Leon Avenue  
Decatur, GA 30030



### A Reminder: —

If you wish to send out an e-mail to the GSCSW group you can send it directly to: [gscsw@yahoo.com](mailto:gscsw@yahoo.com).

### GA Society for Clinical Social Work Officers and Committee Chairs

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