

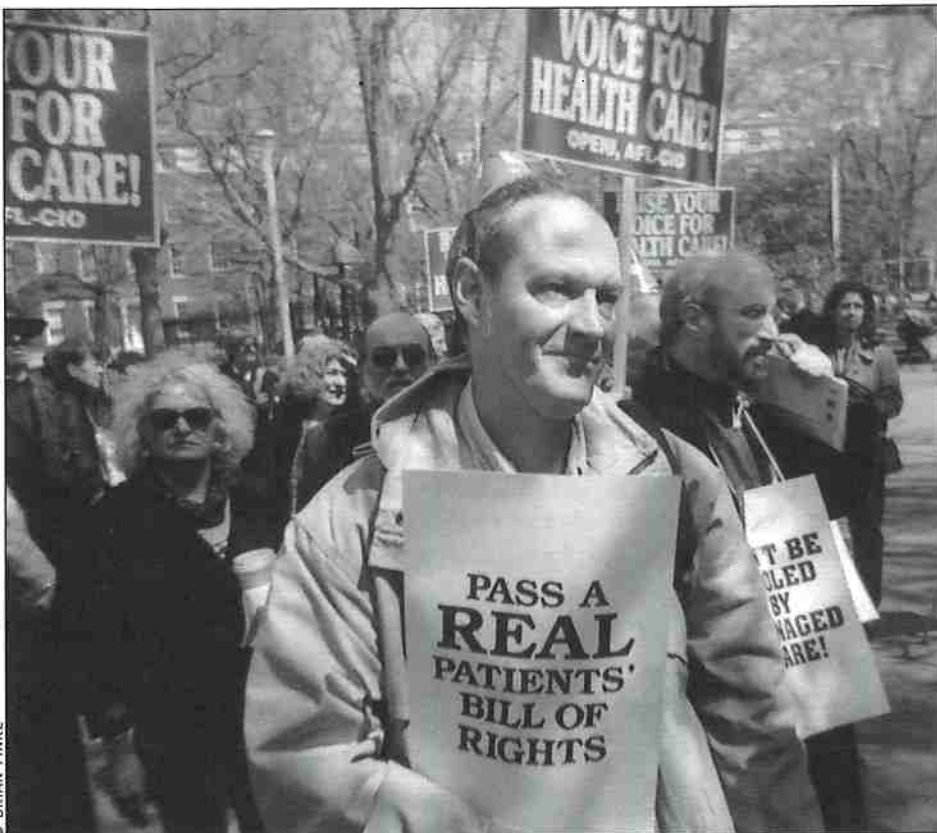
The CLINICIAN

SPRING 2000 ■ VOL. 31, NO. 2

The Newsletter of the New York State Society for Clinical Social Work, Inc. • A Founding Member of the Clinical Social Work Federation

Spring Crowds Attend Rescue Health Care Day!

By Helen Hinckley Krackow, MSW, BCD, Immediate Past President



Demonstrators in Washington Square Park include Harry Lewis, ESQ, center, and Rick Alperin, right.

On April Fool's Day in Washington Square Park, hundreds of demonstrators held the first Rescue Health Care Day. Framed by the famous arch, it was a scene awash in Spring sunshine, music, and balloons, a perfect day to urge the public not to be fooled by managed care, profit-driven HMOs or insurance companies.

CONTINUED ON PAGE 3

EXECUTIVE REPORT

A National Advocate, A National Office: Keys to Safeguarding Our Profession

By Allen A. Du Mont, CSW, BCD, Society President

When the Clinical Social Work Federation (CSWF) was founded in 1971 by six states (New York, California, Illinois, Kentucky, Louisiana and Texas), we organized around the issue of protecting our right to practice and related concerns. Almost 30 years later, we confront similar issues: the right to determine with our clients what is in their best interests and the right to make a decent living in the service to others.

CONTINUED ON PAGE 2

IN THIS ISSUE:

Guild Surges Forward.....	4
Vendorship and Managed Care	5
Magellan to Pay Old Rate.....	6
The Practical Practitioner.....	6
Conflicts About Anger and Fear of Success in Adult Women.....	8
Mentorship Program.....	12
Biennial Dinner	13



Executive Report

By Allen A. Du Mont, CSW, BCD, Society President

UPDATE

At the Spring 2000 meeting in Washington, D.C., Society President Allen A. Du Mont was elected to a two-year term as Finance Chair of the Clinical Social Work Federation.

CONTINUED FROM PAGE 1

Much of what is decided that affects our profession is decided in Washington, DC, on Capitol Hill and in the federal regulatory agencies, such as the Health Care Finance Administration (HCFA), which regulates Medicaid and Medicare (and on which the insurance industry has modeled the formulas for decreasing reimbursement to psychiatry, psychology and social work for the same service [CPT Code 90806, 45-50 min. psychotherapy]), and the Department of Health and Human Services (HHS), which recently conducted hearings on medical privacy regulations. Members may recall my letter of February 1st urging them to write to HHS on behalf of patients' rights to privacy. It is no coincidence that other professional organizations have established national offices in Washington, DC. If we do not do the same for our profession, how else will we get a seat at the table to advocate for ourselves and negotiate for our just portion?

For the past two years we have been fortunate that Golnar Simpson, a Washington, DC area resident, has

been CSWF President and has been able to represent clinical social work at meetings, conferences and events, ranging from a White House Conference on Mental Health, to the National Academy of Practice, to

meetings with our Guild lobbyist, NASW and our own national advocate, Denny McGihon. She is the savvy and highly experienced Co-Chair of the Governmental Relations Committee, and has also represented the CSWF at meetings with HCFA and HHS, the National Committee for Quality Assurance (NCQA) and the powerful Mental Health Liaison Group. As of last July, however, Denny moved to Colorado and, while she still commutes to Washington periodically, her ability to directly represent us is diminished. Golnar's term of office is over in June, and the new President, Keith Myers, will be far removed from the scene in his office in Seattle, Washington.

In addition, we have sorely missed the expertise and dedi-

cation of Ken Adams, our National Advocate, since June 1998, when he retired from the clinical social work area after 25 years of unparalleled service. For a short while it looked like another attorney from his firm might be able to render competent service, but she did not remain in her position and, since December 1999, we have been working without a National Advocate.

The importance to us of an advocate becomes obvious when we briefly review what Ken Adams accomplished over the years: inclusion of social workers as providers in the CHAMPUS program (for the military and families), the Federal Employees Health Benefits plans, Medicaid and Medicare; membership in the Non-Physician Liaison Network, a coalition which had refused to recognize any but NASW as the voice of clinical social work; membership and active participation in the Mental Health Liaison Group, the most influential and active coalition in Washington on mental health legislation; creation of the American Board of Examiners in Clinical Social Work; creation of the National Academy of Practice in Clinical Social Work; development of the Summit Group, a forum of

We need an experienced professional advocate or lobbyist who knows and understands Capitol Hill and the regulatory agencies and who can: 1) monitor all activities of the Executive and Legislative branches of the federal government; 2) monitor related judicial decisions; 3) develop and support legislative proposals which protect and advocate for the profession and the clients we serve; and 4) help to maintain liaisons with other professional groups and organizations.

NEW YORK
STATE
SOCIETY
FOR



CLINICAL
SOCIAL
WORK,
INC.

The CLINICIAN

The *Clinician* is published three times each year by The New York State Society for Clinical Social Work, Inc.

SOCIETY PHONE: 1-800-288-4279

SOCIETY WEBSITE: www.cswf.org

EDITOR: IVY MILLER, 60 WEST 13TH STREET, APT. 13C

NEW YORK, NY 10011 • (212) 352-0126

SOCIETY EDITORIAL CONSULTANTS:

HELEN HINCKLEY KRACKOW, LESLEY POST AND CAROLYN COLWELL

DEADLINES: JANUARY 10, APRIL 5 AND SEPTEMBER 1

AD SIZE	MEASUREMENTS	1 TIME	3 TIMES
2/3 PAGE	4 15/16" W X 10" H	\$325	\$295
1/2 PAGE VERTICAL	3 5/8" W X 10" H	\$250	\$225
1/2 PAGE HORIZONTAL	7 1/2" W X 4 7/8" H	\$250	\$225
1/3 PAGE (1 COL.)	2 3/8" W X 10" H	\$175	\$160
1/3 PAGE (SQUARE)	4 15/16" W X 4 7/8" H	\$175	\$160
1/4 PAGE	3 5/8" W X 4 7/8" H	\$140	\$125
1/6 PAGE (1/2 COL.)	2 3/8" W X 4 7/8" H	\$95	\$85

Display ads must be camera ready. Classified: \$1/word; min. \$30 prepaid.

CONTINUED ON PAGE 6

Rescue Health Care Day

CONTINUED FROM PAGE 1

It was one of five such rallies in New York State and about 30 in cities across the nation. The program addressed the larger issues of health care in the U.S., as well as the problems of the uninsured and under-insured. Rescue Health Care Day is the brain child of the National Coalition for Mental Health Professionals and Consumers and Physicians Who Care. In New York City, our rally was organized by a coalition of health care groups, practitioners, several unions and consumers.

Al Du Mont, Society President, spoke at the teach-in and I spoke at the rally that followed. The crowd was also addressed by politicians, leaders in nursing, medicine, psychiatry, psychology, social workers and psychologists who are experts in health care policy, and members of the injured public, both the disabled and the uninsured.

A minute of silence at noon, marking the death of health care as we have known it, was broken by whistles blown in protest of profit-driven health care. A spine-tingling moment, it made me proud to be a social worker and to be able to identify myself as the Treasurer of the National Guild — the first professional mental health practitioner group to unionize!

OPEIU came through for the Rally with flying colors. They made a \$500 contribution to defray costs, and sent demonstrators with green placards bearing the message, "Raise Your Voice for Health Care!" They also sent T-shirts and caps with our Guild identification and the same message.

One of the great indications of the success of the demonstration was the press coverage. TV Channels 5, 9 and 11, as well as MSNBC, covered it in New York City. Channel 7 covered the Los Angeles demonstration. Sharon Lerner of the *Village Voice* wrote an article entitled, "The Shrink Brigade — Therapists Take on Managed Care." One of our members, Marcia Poston, MSW, BCD, director of The Second Wind, a substance abuse treatment center, was quoted describing the pitfalls of managed care payment. *Newsday* covered the Long Island demonstration.

The demonstration was intended to be the first of many. Post cards and petitions were signed and voters were registered. The post cards will be sent to our legislators to urge them to support health care legislation such as the Patient's Bill of Rights and the Campbell Bill.

There are so many fights ahead of us. The latest is the news that N.Y. Medicare Carriers plan to limit access to psychotherapy. According to Paul Mosher, MD, the Spring 2000 issue of "The Bulletin of the New York State Psychiatric Association" carries a story of major interest regarding possible changes by Medicare coverage of psychotherapy. The story describes psychotherapy as more of an "add-on" than a primary treatment: Psychotherapy is an effective adjunctive



Top: Helen Krackow with Al Du Mont, Society President.
Above: Frances Aquino, Society Family Practice Chair, with young demonstrators at Rescue Health Care Day Rally.

form of treatment for few psychiatric conditions while other psychiatric illnesses primarily require treatment with medications."

The comment period has been extended for 45 days and this matter has been referred to our Legislative Committee. The fight in these next few years will not cease unless we speak out and reach our politicians! The Rescue Health Care Movement must become as successful as the Mother's Against Drunk Driving or the fight for gun control. Look for more planned demonstrations right before the November elections. We must make progress before April Fool's Day rolls around again. ■

Guild Surges Forward

by Allen A. Du Mont, CSW, BCD, Society President

In response to concerns I expressed to Luba Shagawat, Chair of the CSWF Guild, and to Mike Goodwin, President of OPEIU, and which were echoed by some of the state societies, a Summit meeting of all Guild States was held in Newark, New Jersey on March 4th and 5th. The meeting was hosted by Mike Goodwin, Jay Porcaro, Director of Organization, Kevin Kisstler, Director of Services, Mike Davis, Executive Director of the National Guild of Medical Professionals and Luba. I am proud that the recommendations I made were accepted by OPEIU and the other states as we joined to identify what needed to be done to strengthen the working of the Guild.

The most important issues included: improved communications; financial and other assistance with recruitment of social workers in our respective states; issuance of membership cards; education of the labor movement about clinical social work and the Guild; legislative support for local and national programs; development of infra-structure within OPEIU in order to administer needed support and liaison services; and marketing of Guild members to Union Taft-Hartley plans to provide psychotherapy.

I am happy to report that in the following Sub-Committee meeting, held on March 14th, and in subsequent telephone calls, many concrete steps were taken:

1. New York, for the immediate future, will be working directly with Mike Goodwin, who will serve as our liaison. Mike has been a pleasure to work with, is responsive, interested and very helpful. With his assistance we look forward to joining Central Labor Councils within each district and developing a relationship with other AFL-CIO unions. We anticipate a very active and exciting time at the Biennial State AFL-CIO Convention in New York City on August 28-30th.
2. A National Guild OPEIU Newsletter will be published by OPEIU to keep Guild members informed on all Guild activities.
3. A Summit Meeting has been planned for March 3- 4, 2001.
4. New York will receive financial help with recruitment of clinical social workers on the R list.
5. Guild members will be receiving a packet of information developed by Luba Shagawat and Kevin Kisstler, which includes a list of Guild benefits, a letter of appreciation, a Guild pin, a certificate of membership and a Guild membership card.
6. An ad will be placed in NASW's National Newsletter and with the National Network of Social Work Managers to inform social workers of the benefits of Guild membership.
7. New York did receive a \$500 grant to support its Rescue Health Care Day efforts and, in addition, distributed tee shirts, hats and placards proclaiming the Guild's support for health care reform.
8. A \$250 subsidy will be made to each state which can be used to support any Guild purpose such as Central Labor Council dues, mailings, etc.
9. And most importantly, pursuant to my suggestion, Mike has begun communication with Local #153 in New York to market Guild members to replace the current list of mental health providers and to create a model which can be replicated with other unions.

In addition, he has begun talks with the electricians union which, historically, has recognized and accepted psychiatrists only to provide for their mental health needs. By the time the electricians contract is up next year, we will have made a presentation to their Benefits Plan Manager to persuade them of the efficacy of clinical social work in delivering highly effective and cost-efficient psychotherapy. While we are not promised an exclusive arrangement, we hope to have an important door opened to us. Recently Mike became Secretary-Treasurer of the 30,000 member Hotel Trades Union and will utilize his connection to develop referral possibilities and opportunities for hourly employment at their local health centers.

All of these opportunities are important beginnings for Guild clinical social work to become the premier providers for service for the three million member AFL-CIO in New York State.

In Washington, DC, the OPEIU lobbyists have been working on the Campbell bill, which would allow independent physicians and other health care professionals to bargain collectively with insurance companies. Members will be urged in a separate letter to write to their U.S. Representatives, either to thank them for signing on to the bill or to request their support. At one time, it was thought there was little hope of passage. On March 31st, the House Judiciary Committee voted 26-2 to approve the bill, also known as the "Quality Health Care Coalition Act." ■

Vendorship & Managed Care

COMMITTEE REPORT

by Alice Garfinkel, CSW, BCVD, Chair

The VMCC continues to function as the support for Society members who may be having difficulty in their dealings with managed care and other third party insurance payors. Some common difficulties with which we assist members with are non-payment or delayed payment of authorized sessions; problems in getting ongoing authorization for patients on managed care; disenrollments and inactive status demotions (reduced fees and no pre-authorizations allowed) from panels; difficulty getting onto (and off of) panels; and questions about Medicare.

Opening New Markets:

Self-Insured/Self Funded Companies

We recently received complaints of yet another company, DTS Travel Enterprises, that refuses to recognize clinical social workers for independent reimbursement for mental health services. We are working to educate this company about the benefits of clinical social work inclusion. Others we are marketing include the Bedford Central School District in Westchester, Pepsico, Sun Chemical, Quick and Riley Inc., The Mark Hotels, UFCW/ local 174, Nova Health Care, and the Electricians Union. We are using our new connections in the AFL/CIO to enhance our efforts with large corporations.

We are finding that a growing number of our members are becoming more selective in choosing panels to remain on or sign off from, and they are reducing the amount of accepted referrals. Several therapists have complained that, even after they have signed off a panel, patients continue to be referred to them. Either the companies in question are very slow in their administration, or are they choosing to maintain larger lists than they actually have.

Recent Member Issues:

- Interestingly, we had a new situation occur recently in which an Oxford patient, desiring a less intrusive treatment, was allowed to use his out of panel benefits in order to see an Oxford panelist. The therapist was reimbursed as an out-of-panel provider.
- Another panelist was, unbeknownst to him, placed on "inactive status" and summarily reduced in fees from \$50 to \$25 per session.
- One therapist was denied reimbursement by Magellan, which stated that while she is on the Magellan panel as part of a group, she cannot see a Magellan patient outside of that group and be reimbursed.

- Value Options refused to pay for sessions they verbally authorized, denying that, in fact, they ever authorized them.
- Magellan had sent one patient a survey asking him to evaluate his (out-of-panel) therapist and to send back that information.
- A complaint that CHCS in Westchester, which pays clinical social workers \$50 per session for working with Medicaid patients, reduced this fee to \$42 per session (90806).
- Blue Cross informed a clinician that she would have to give back money paid to her for sessions she provided a client that they had reimbursed, stating that the client had a lapse of coverage during a span of this treatment. If the clinician refused, they would recoup the stated amount from future Blue Cross reimbursements [even for service to unrelated patients].
- Magellan has altered the contracts it is sending out so that clinicians are no longer able to sign off one panel of the Magellan Empire while remaining on others. A clinician must now accept all Magellan products or none at all.

Knowing how to begin to address these dilemmas and who to contact when you need an advocate, can make the difference between resolution and victimization. ■

For assistance with an insurance or managed care problem, call Vendorship/Managed Care Committee Representatives:

VMCC REPRESENTATIVES

BROOKLYN	ADRIENNE LAMPERT	718-434-0562
CAP DISTRICT	ALICE GARFINKEL	718-352-0038
METROPOLITAN	ALICE GARFINKEL	718-352-0038
MID-HUDSON	ALICE GARFINKEL	718-352-0038
NASSAU	FRED FRANKEL	516-935-4930
QUEENS	SHIRLEY SILLEKENS	718-527-7742
ROCKLAND	BETH PAGANO	914-353-2933
STATEN ISLAND	RUDY KVENVIK	718-667-2855
SUFFOLK	ELLIE PERLMAN	631-368-9221
SYRACUSE	GARY DUNNER	315-488-1884
WESTCHESTER	LIZ RUGGIERO	914-618-8919
WESTERN NEW YORK	ALICE GARFINKEL	718-352-2440

Magellan Agrees to Pay “Objectors” the Old Rate

by Allen A. Du Mont, CSW, BCD

In November 1999 Mike Davis, Executive Director of the National Guild of Medical Professionals attended a meeting sponsored by the Blue Cross/Blue Shield Labor Forum. Out of this, a meeting to discuss concerns about Magellan’s policies affecting Guild members was scheduled on February 7th, with Michael Yuhas, Senior Vice President of Magellan’s Behavioral Health, Blue Cross/Blue Shield Markets, Mike Davis and Luba Shagawat, CSWF-Guild Chair. I asked to attend to represent New York members who have been hit so hard. After listening to my concerns, he facilitated a meeting with the President of the New York Regional Service Center, Elizabeth Sudler, which took place on February 18th with a subsequent meeting on March 3rd. At these meetings I focused on two issues: 1) the decreasing quality of health benefits offered by their plan due to sharp reduction in reimbursement, leading many experienced professionals to resign from the plan or report no “openings;” and 2) the poor communication that exists when there are problems with authorization, payment and related issues.

As an example of the latter problem, I discussed the

failure of Magellan to respond to my letter objecting to the change in reimbursement rates from \$63 to \$45 effective January 1, 1999. My objection letter went out well within the 30-day period allowed by an easily overlooked provision of the contract yet, in 1999, I was paid at the \$45 rate for service I rendered. In August 1999, I resigned from the panel and again received no response. On March 29, 2000, I received (as an Empire Plan insured) a copy of the freshly-printed Magellan Behavioral Care Network Provider Directory, where my name was clearly imprinted. When I spoke to Elizabeth Sudler about it, she expressed dismay and was apologetic. She agreed to look into it and would act to redress the concerns I raised regarding the “objectors.” The following day I received notification that on May 1st a letter will go out to the “Objectors’ List” (that is, those who filed a written objection to the reduction of fees from \$63 to \$45 effective January 1, 1999) that will acknowledge their objection and provide the opportunity both to reprocess 1999 claims in order to be paid at the 1998 rate of \$63 and to remain on the panel at the 1998 rate. ■

6

EXECUTIVE REPORT

CONTINUED FROM PAGE 2

mental health organizations; submission of amicus curiae briefs, including the noted Jaffe vs Redmond case on social work confidentiality; and the current Guild initiation.

Running a national organization composed of 30 member states is a responsibility that far exceeds the amount of time and energy that can reasonably be expected from a volunteer President, who also is striving to conduct a practice and have a personal life. Accordingly, it has been proposed again (as it has been a number of times in the past) that, in order to move forward as an organization, the CSWF must have an Executive Director who can provide ongoing representation, develop greater efficiency and maintain continuity.

Briefly stated, the Executive Director would be the chief administrator who would implement Board policies, plan, organize and coordinate CSWF activities. While it is vital for such a position to be created, it is not enough to represent our interests to rely only on an Executive Director. We also need an experienced professional advocate or lobbyist who knows and understands Capitol Hill and the regulatory agencies and

who can: 1) monitor all activities of the Executive and Legislative branches of the federal government; 2) monitor related judicial decisions; 3) develop and support legislative proposals which protect and advocate for the profession and the clients we serve; and 4) help to maintain liaisons with other professional groups and organizations.

It is clear that the functions of Executive Director and National Advocate are both complementary and supplementary to each other. Both are needed to get the job done. The major obstacle is that the demand for these two functions is coming at a time when the CSWF is least able to afford them, due to decreased revenues from membership. Money will need to be found for salaries, fringe benefits, an office and office expenses and a monthly retainer for a lobbyist.

As a member of the CSWF Strategic Planning Committee and of the CSWF Board of Directors, I will be working from May 3rd to May 7th in Washington, DC to develop a viable plan to fund these two important positions for the CSWF. Your understanding of these important issues and your support will help in the work that we will be doing to safeguard our future. ■

Media Campaign Planned

We are planning to put together a media guide so that we can let talk shows, newspapers, etc., know about the expertise of the clinical social work profession and NYSSCSW members in particular. When there's a crisis in the world we'd like media to call on our membership as experts. We have many media outlets in mind, but first we need to know about YOU. Then we can tell them about US.

We want to help the media know about the effectiveness of Clinical Social Workers. Please respond to the questions below and mail or fax your answers to:

Sheila Peck
4338 Austin Blvd., Suite 123
Island Park, NY 11558
Phone/Fax: (516) 889-2688
E-Mail: Sheila2688@aol.com

Let us know if there are "experts" in your chapter. This list will not itself be given to the media; we will keep it on file when a call for an expert comes in.

1. Have you or members of your chapter written a book or had an article published? If so, please list.
2. Please list recent lectures, interview, television or radio appearances by you or your members.
3. Do you have photographs to supply to us?
4. Please let us know of any social work success stories you think appropriate. Do not use client names. If you'd like help with this, please call me at the above number.
5. What other ideas or suggestions do you or your members have for our media guide?
6. What would you like media to know about clinical social work and its professionals?
7. Other comments.

This project is intended to enhance the image of clinical social workers and help our profession and its members gain the respect which is so richly deserved and so often ignored. ■

Referral and Information Service Planned

The New York State Society's Referral and Information Service has begun operation. Below is the press release which we sent to every electronic media source in the state.

March was "Social Work Month," highlighting the fact that the majority of mental health services in the United States (and in New York State) are provided by clinical social workers.

To mark the occasion, the New York State Society for Clinical Social Work (NYSSCSW) announces a new Referral & Information Service (RIS). And because so much of the psychotherapy in New York is delivered by clinical social workers, the RIS motto, "Here When You Need Us" truly fits!

Clinical social work had its beginning in New York State, at Columbia University more than a hundred years ago. Since 1968, the not-for-profit NYSSCSW has helped develop public recognition of the profession. The new service has been more than a year in the design.

Although the idea of a telephone referral service for psychotherapy is certainly not new, what's special about RIS is that from the beginning — even the initial screening call — the caller will be talking directly to a clinical social worker.

The clinicians on the RIS panel are trained to work with the whole person in the context of family, relation-

ships, work, medical condition or other areas of relevance to the client. Certified by the State of New York, RIS professionals provide diagnosis, treatment and prevention of behavioral and emotional difficulties for individuals, families and groups.

During the initial telephone interview, a clinical social worker will ask questions to help RIS to suggest one or more therapists, whose expertise, experience and geographic location fit the individual needs of the client.

According to a survey in Consumer Reports, psychotherapy has been shown to be highly effective in helping people with a variety of difficulties; from depression, relationship issues, and personal or career problems, to unexpected crises and other problems that make life uncomfortable. At such times, professional counseling can make a real difference.

In addition to providing reliable ways of finding a suitable therapist, the clinical social worker on-call will discuss appropriate community resources, answer questions about therapy and talk over the best way to choose a therapist. RIS can be reached at 1-800-673-9030.

"Here When You Need Us" is one way to remind the public that when worries build up, compassionate, professional help is available from trained, professional clinical social workers. ■

Conflicts About Anger and Fear of Success in Adult Women

A Selected Review of the Literature

by Prudence Emery, CSW

Prudence Emery, CSW, is a member of the New York Freudian Society and a consultant at the Jewish Board of Family and Children's Services. A member of the Nassau County Chapter of the Society, she is in private practice in Greenvale, L.I. and New York City.

This article will consider several theoretical and clinical issues commonly encountered in the treatment of adult women: first, conflicts about anger, and second, fear of success and work inhibitions. We should note at the outset that our understanding of the psychology of women has changed dramatically in recent decades, and will continue to change. Moreover, women's problems must be considered in the context of the radical changes that have occurred in their lives in the last 30 years. Among these changes is the advent of greater sexual freedom, a trend toward later marriages and smaller families, along with the large scale entry of women into the workforce.

Both men and women report confusion about the sweeping changes that have occurred in the roles and expectations of the sexes. To this must be added the high incidence of divorce and remarriage, and the increased life span of both men and women. Thus, it is hardly surprising that today's women cannot look to their mothers and grandmothers for answers to the dilemmas and challenges they face. Moreover, it is not always easy for therapists of either sex to be objective about these issues. Most women therapists have struggled with the same problems in themselves, while most men therapists are reacting to and attempting to understand these issues as articulated by their wives, girlfriends, daughters, female colleagues, and students. We also know that men struggle with many of the same problems, although a different version of them. We must recognize, too, that similar conflicts may have different roots in different women.

My attempt here is not to make definitive statements about the psychology of all women, but rather, to get us to think about the possible dynamics of the conflicts our patients present. (Note that in my discussion of treatment, I refer to the therapist as "she," although I do not hold to the view that only women can treat women.)

As background for this discussion, I will consider, briefly, depression in women and women's need for connection. A study done by the American Psychological Association in 1990 (McGrath, 1990) reported that one out of four women will experience clinical depression during their lives, twice the incidence of depression found in men. Psychodynamic theory has connected depression to unresolved loss, repression of anger, inhibition of action and assertiveness, and low self-esteem.

Thus, an understanding of the roots of depression takes us to many of women's core issues (Lerner, 1988).

In the last two decades, feminist theorists, such as Chodorow, Gilligan, and Miller and her colleagues at the Stone Center have created new models of women's development. They view the western model of development, which stresses separation from others as necessary for growth, as a masculine model, and argue that girls and women grow in the context of emotional connection and affiliation.

"To feel more related to another person means to feel oneself enhanced, not threatened. . . The girl's sense of self-esteem is based in feeling that she is a part of relationships and taking care of those relationships. . . the features I have suggested are present even in many highly accomplished women and women who do not care for families in the concrete sense." (Miller, pp.15-16, 25). It will be helpful to keep this model of female development in mind as we look at women's problems with anger, fear of success, and work inhibitions.

Conflicts about Anger

Probably the majority of our woman patients present with conflicts about experiencing and expressing anger. While some articulate their anger — at least to their therapists — other women turn anger inward, while manifesting it in feelings of inadequacy, inferiority, depression, and guilt. Many women view their anger as unfeminine, hurtful and socially unacceptable. Gilligan (1990) suggests that girls internalize society's prohibition of the expression of anger by age 11-12, and that this results in impairments in a girl's self-esteem and confidence in her judgment and reality-testing.

Moreover, a recent article in the *Journal of Women's Health* (Healy, 1998) raises the question of whether problems with anger are associated with health risks for women, such as the risk of cardiovascular disease. Unfortunately, most of the research establishing such connections has been done on men. Bernardez (1996), who has written extensively on women and anger, suggests that Black women have greater freedom to express their anger than white women do. She believes, however, that as Black women achieve educationally and professionally, they begin to inhibit their anger more.

Why do women have so much difficulty with anger? An excellent discussion of this question is offered by Lerner (1988). Along with other authors, she notes the

almost universal, although often unconscious, fantasy that women are powerful and destructive. These fears are shared by both men and women, although women often defend against them by presenting themselves as quite the opposite — as weak and ineffectual. The origin of these fantasies, Lerner notes, is thought to be the small child's experience of his mother as controlling and angry. This perception appears to accompany the discipline and deprivation that are part of child-rearing. The mother does not have to be, in reality, controlling and angry for the child, with his immature cognitive and emotional equipment, to experience her as such. However, if the mother is controlling and angry, or the father is passive or unavailable, Lerner notes that the child's fear will be exacerbated.

Lerner and others have attributed women's difficulties with anger to another factor as well — the anxiety about the feelings of separateness and aloneness that inevitably accompany anger. As described earlier, maintaining connections to significant objects is thought to be crucial to women. Underlying these problems, in Lerner's view, is the girl's difficulty in separating from her mother, who is, in most families, the primary caretaker. Separation is more difficult for a girl because of the contradictory demands of separating from her mother while at the same time identifying with her as a female. While the boy also needs to separate from his mother, he does not need to identify with her, but rather, with his father. In some cases, Lerner notes, the daughter perceives her mother as too fragile to tolerate her separation, and will therefore sacrifice her own autonomy in order to provide for her mother's needs.

The girl's task in separating from her mother is further complicated by the need to shift from the mother to the father as her primary love object, often resulting in envy and competitiveness on the part of the mother. Lerner suggests that women often transfer their struggles with separation from their mothers to their husbands. Thus, when a woman enters treatment complaining of her husband's limiting of her autonomy and growth, we would do well to inquire about her relationship with her mother.

Herman and Block (1986) have written a fascinating paper on "Anger in the Mother-Daughter Relationship." They believe that the alienation we see between mothers and daughters is a recent phenome-

non. A century ago, they note, women had knowledge and skills which they practiced in the home and taught to their daughters as a master teaches an apprentice. These included tasks essential to the family, such as producing food and clothing, caring for the sick, and assisting at childbirth and the deathbed. As these tasks have been taken on by community institutions such as factories and hospitals, daughters have come to devalue their mothers' skills and competence. (This perception will, of course, be modified if the mother works outside the home in a position of status.) In Herman and Block's view, as the daughter begins to recognize women's inferior status, and that even her mother may prefer men to women, her disappointment may turn to anger.

In adolescence and early adulthood, Herman and Block note, a young woman's anger at her mother often intensifies. A mother with healthy self-esteem will be better able to tolerate this than a mother whose self-esteem is shaky. If a mother can respond with strength and limit-setting, she will lessen her daughter's guilt and anxiety about her anger. In contrast, the mother who has repressed her own anger at her status as a woman may find her daughter's

anger threatening her own defenses, often precipitating a reemergence of the mother's anger and depression.

Treatment Issues: Conflicts about Anger

In treatment, it is important to explore the multiple sources of a woman's anger and to consider the possibility that her anger may be displaced. While repressed anger may cause depression, the converse may also be true: chronic rage may be a defense against depression, which the woman fears will overwhelm her. Often, when the underlying depression is treated, the woman becomes able to handle her anger in more constructive ways. Anger may also be a defense against anxiety and fear. Thus, it is often helpful to ask the enraged patient whether she is encountering something that threatens or frightens her.

The angry patient will observe the therapist's ability to tolerate and hear the patient's anger, and will note as well the therapist's ability to deal with her own anger. Bernardez (1996) suggests that women are looking for models for expression of anger different from the ones they observe around them. Lerner (1988) emphasizes

Why do women have so much difficulty with anger? An excellent discussion of this question is offered by Lerner (1988). Along with other authors, she notes the almost universal, although often unconscious, fantasy that women are powerful and destructive.

that encouraging the patient to express her anger in the treatment hour is not sufficient. Rather, the therapist must challenge the patient to understand what her anger is really about and to find constructive ways to communicate and channel it. Lerner notes a pattern common in depressed women, "a cycle of fighting, complaining, and blaming, that goes nowhere and only reinforces their feelings of helplessness, powerlessness, and low self-regard." (Lerner, 1988, p.222).

Finally, I would like to mention the value of women's groups in helping women to explore their anger and find new ways to channel it. In mixed gender groups, Bernardez (1996) argues that women allow and encourage the men in the group to express anger for them. In an all-women's group, this solution is not available.

Fear of Success and Work Inhibitions

Problems with success and work inhibitions present in a variety of ways. (Applegarth, 1986; Cunningham and Knights, 1996; Stiver, 1991). Some women are clearly achieving below their abilities, yet seem unconcerned about this. Others have achieved a considerable degree of success in their work, yet complain of feelings of inadequacy, the belief that their success is due to luck, and feelings of being a fraud. In spite of their accomplishments, many successful women suffer from chronic depression and anxiety. Others report unrealistic views of the politics of the professional world; anxiety about confronting colleagues, especially men; and fantasies that men are entirely free of conflicts and anxiety about work.

Several of the authors reviewed for this article (Lerner, 1988; Cunningham and Knight, 1996; Bernardez, 1996) argue that an intrapsychic formulation is not sufficient for an understanding of these problems, but that the family and social context in which they occur must be considered as well. Lerner contends that "women's fears that their own growth and self-seeking strivings will lead to the disruption, if not the dissolution, of a relationship is grounded not only in fantasy and projection, but also in the actual roles of their relationship systems." (Lerner, 1988, p. 175)

For simplicity of language, I will refer to women's fears in this regard as fears of success. The list of fears women commonly associate with success is impressive. (Lerner, 1988; Stiver, 1991) Often, women fear that success will make them seem unattractive and unfeminine. This contrasts sharply with society's view of a man's success as making him more sexually attractive, more desirable as a husband and father. To married women, success may be seen as threatening the equilibrium of their

marriage. To single women, it may be viewed as decreasing the number of men available to them, since it is assumed that men will not be attracted to women more successful than they are. Success is seen as threatening a woman's relationship with other women, whom they fantasize will be hurt by it, or whom they fear will dislike them or envy them for it.

Of crucial significance is the woman's fear that her success will defeat, injure or betray her mother. (Applegarth, 1986) These fears occur in the context of the mother's projections onto her daughter of her conflicts about aggression, femininity, and self-esteem. (Doherty, et.al., 1996; Herman and Block, 1986) Particularly in families where the mother is jealous of the daughter's abilities or accomplishments, or where the father admired his daughter while denigrating his wife, these conflicts intensify a repetition of Oedipal competition between mother and daughter. Success is then seen as moving intrapsychically away from the mother and closer to the father. (Lerner, 1988) Such threats to the mother-daughter relationship typically evoke anxiety, guilt, depression, and shame. Often, these reactions occur unconsciously and emerge only after the woman allows herself a degree of achievement.

Lerner emphasizes that conflicts about success are especially problematic for women who are the first generation in their families to have the opportunity to become educated and to achieve professionally. As she points out, these women are breaking with a long and honored family tradition: "Profound anxiety and guilt are the legacies of women who strive to have for themselves what the previous generation of women could not; such reactions deserve the most careful therapeutic exploration." (Lerner, 1988, P. 184)

Applegarth (1986) describes several other dynamics which may underlie work inhibitions in women. One is that of narcissistic women, who are devastated by mistakes and imperfect achievement. Typically, they protect themselves from this devastation by not attempting tasks or by giving up on them prematurely. Often, they are resentful of the effort and discomfort required to achieve and have the fantasy that other people have not had to endure them to succeed. As Applegarth notes, these women's histories vary: some had parents who had low expectations of them or who devalued their efforts. Others were constantly told how special and gifted they were. Still others are motivated by an unconscious wish to thwart the ambitions of parents who wanted them to fulfill aspirations they were never able to or never attempted to realize.

Another presenting picture described by Applegarth is that of the woman who wishes to be taken care of by

a financially successful man. This may derive from the woman's fantasy of being cared for as she was as a small child, or from a desire to avoid competition. While similar wishes may be present in men, society usually does not sanction them or provide the same opportunities for such fantasies to be acted out as it does for women.

We cannot speak about women's fears of success without considering conflicts between the demands of child care and a career. Even in families where the fathers provide considerable help, most women carry the greater responsibility for child care. Person (1986) believes that many women are quite realistic in their concern about the reliability, adequacy, and safety of their child care arrangements. She believes that nearly all working mothers feel guilty. Applegarth (1986) suggests that fantasies of omnipotence may lead a woman to assume that she should be able to gratify all of her children's needs and desires. As a result, she may have trouble saying no and setting limits.

Treatment Issues:

Fear of Success and Work Inhibitions

We must first acknowledge the obstacles in reality to women's achievement, including gender discrimination and the unequal division of child care responsibilities. At the same time, we must work with our women patients to identify their intrapsychic conflicts about success and work. Lerner (1988) recommends exploring with the patient the history of women in her family. This can bring into consciousness the woman's anxiety and guilt about the opportunities she has had to achieve beyond those of her mother and grandmother.

Stiver asks whether we want to encourage women to learn to think and act like men, "for example, how to take more power, be more competitive, become more task-oriented, act more impersonally, develop more invulnerability to feedback, and think more analytically." (Stiver, 1991, p. 225) She suggests that we may want to develop models for women's professional success that draw on their relational strivings.

Cunningham and Knight (1996) stress the importance of helping women to recognize their needs for role models and mentors. These are much more readily available to men through their fathers and the "old boys network." Women patients often look to their woman therapist as a role model; these authors believe that a degree of self-disclosure about the therapist's own career development is often clinically indicated.

Several authors have noted the value of women's groups in helping some women to sort out the needs and conflicts their mothers projected onto them (Doherty, et.

al, 1996), as well as providing role models and mentors. (Cunningham and Knight, 1996) Moreover, groups can provide the connection and support women fear that they will lose if they become successful.

There are many opportunities for counter-transference in working with this material. It may be more difficult for a therapist to treat a woman with conflicts around success if her practice is not going well, or if she is not getting much professional recognition. How should we view the patient who says she is happy not working and staying at home with her children? Should we assume that she means it or that she is avoiding an area of neurotic conflict? What about the working mother who turns down an exciting promotion because it involves longer hours, more stress, or frequent travel on business? Is she denying herself or just being realistic? Do we believe that it is possible for a woman to "have it all"? As always, it is important to maintain a neutral position rather than imposing our own views on our patients.

In summary, treatment of women struggling with conflicts about anger, success and work can be quite challenging, but ultimately very rewarding. ■

REFERENCES:

- Applegarth, A., "Women and Work," in Bernay, T. and Cantor, D., ed., *The Psychology of Today's Woman: New Psychoanalytic Visions*, Hillsdale, N. J.: The Analytic Press, 1986.
- Bernardez, T., "Conflicts with Power and Anger in Women's Groups," and "Gender-Based Countertransference in Group Treatment of Women," in DeChant, B., ed., *Women and Group Therapy: Theory and Practice*, New York: Guilford Press, 1996.
- Chodorow, N., *Feminism and Psychoanalytic Theory*, New Haven CT: Yale University Press, 1989.
- Cunningham, J. and Knight, E., "Mothers, Models and Mentors: Issues in Long-Term Group Therapy for Women," in DeChant, 1996, *ibid*.
- Doherty, P., Moses, L., and Perlow, J., "Competition in Women: From Prohibition to Triumph," in DeChant, 1996, *ibid*.
- Gilligan, C., "Joining the Resistance: Psychology, Politics, Girls, and Women" *Michigan Quarterly Review*, 1990, 29:4.
- Healy, B., "Waiting to Explode: How Women Can Manage Anger," *Journal of Women's Health*, 1990, 7:4.
- Herman, J. and Block, H., "Anger in the Mother-Daughter Relationship," in Bernay, T. and Cantor, D., 1986, *ibid*.
- Lerner, H., *Women in Therapy*, New York: Harper and Row, 1988
- McGrath, E., Keita, G., Strickland, B. and Russo, N. eds., *Women and Depression, Risk Factors and Treatment Issues: Final Report of the American Psychological Assoc. Task Force on Women and Depression*, Wash., D.C.: American Psychological Assoc., 1990.
- Miller, J., "The Development of Women's Sense of Self," in Jordan, J., Kaplan, A., Miller, J., Stiver, I., and Surrey, J., eds., *Women's Growth in Connection: Writings from the Stone Center*, New York: Guilford Press, 1991.
- Person, E., "Working Mothers: Impact on the Self, the Couple and the Children," in Bernay, T. and Cantor, D., 1986, *ibid*.
- Stiver, I., 1991, "Work Inhibitions in Women," in Jordan, J., et. al., 1991, *ibid*.

A Deeper Look at Nassau's Mentorship Program

by Estelle H. Rauch, LCSW, BCD

The Mentorship Program in the Nassau Chapter began approximately ten years ago, modeling itself after the Met Chapter Program. Its underlying philosophy was then, and is to this day, that new clinicians require emotional and intellectual support as they make the leap from MSW student to professional.

With Barbara Bryan's encouragement and information (she is the State Mentorship Committee Chair), a group has been active every year. Early group leaders, in addition to me, included Kathi Kassover and Kate Olshever. We have met for years at Long Island Jewish Hospital/Schneider's Children's Hospital, a site arranged for us by hospital social worker Mona Bokot, CSW. Currently, I meet with approximately eight recent women graduates from Adelphi, Fordham, and N.Y.U. schools of social work. We are certainly not keeping the men out, but so far, they haven't materialized!

Stressors for a New Clinician

Our meetings, on the first Sunday morning of each month (except in the summer) normally begin with discussion of some stressor that one of the members is experiencing. This typically is trouble with supervision, always very limited in clinic settings, and often, these days, provided by social workers who are only a bit more experienced than the brand new graduates they are responsible for. In such a system everyone is anxious; where anxiety is high, irritability follows. And, because of shocking cutbacks in funding of contract mental health facilities in Nassau County, caseloads are treacherously high, straining the capacity of even experienced clinicians to deliver good service.

Beyond the supervision issue, new clinicians struggle with how to make a DSM-IV diagnosis, which they typically have not learned in school but need to do in most clinics. Problems include how to make sense of the morass of data, what is needed in the way of facts, and how to engage the client while fulfilling the clinic's requirement to collect "intake" data. Under these conditions, I am amazed that any new graduate stays the course and succeeds.

All new groups begin hesitantly, and, over time, if membership stabilizes and trust is established via supportive leadership, sharing becomes more intimate. An example is the current group, whose members now share very personal information appropriate to understanding their settings and their client interactions. They are surprisingly courageous in acknowledging confusion and/or blatant errors, and seem hungry to take in ideas from peers and from me as leader.

Clinical Presentation

We shift after our discussion of "problems" to a clinical presentation. These follow a predictable format: facts leading to diagnosis, then selection of treatment

focus. This is followed by a look at issues of transference and countertransference, which enormously clarifies for the new clinicians what is actually going on emotionally in the room. Group members have often made astute observations about the interaction, but are typically quite inhibited in sharing any of these with clients. My frequent input: how and when to share and how to integrate this intervention with the clinical objective.

By now, members grasp that while emotional illness often has occurred based on biological and social causes, healing also takes place within the social-interactional

frame, while hopefully taking into account the impact of physical issues on psychological distress. In concrete terms, this may mean helping a clinician to grasp that the client cannot respond to psychotherapy without medication first taking hold, or that the peculiarity of symptoms suggest that medical evaluation (beyond psychiatric) is called for immediately.

Our biggest problems arise when group understanding of what is needed conflicts with the new clinician's supervisory input. One such example included a supervisor's violation of boundaries with a client whom she previously treated; splitting occurring as the older, admired prior therapist was deified, and our young clinician vilified. Though I do not avoid even strong disagreement with other professionals, my input also

"A look at issues of transference and countertransference enormously clarifies for the new clinicians what is actually going on emotionally in the room...My frequent input: how and when to share and how to integrate the intervention with the clinical objective."

12

Estelle H. Rauch, LCSW, BCD, CGP, is in full time private practice, serving individuals, couples, groups, and doing extensive individual and group supervision in Mineola and Melville, Long Island. She has been teaching for 20 years at Adelphi University School of Social Work, primarily in the Post Masters Advanced Clinical Certificate Program.

CONTINUED ON PAGE 13

Mentorship Program

CONTINUED FROM PAGE 12

aims at helping the clinician deal as realistically with her situation as possible. In one very destructive, thankfully rare, instance in recent years, I reluctantly encouraged the clinician to leave an agency where caseload was unmanageable, supervision either destructive or non-existent, and the overall experience demoralizing.

Our ending process in the group every month includes an assessment of my input. This demonstrates in action what I teach them to do—reach for feedback—or, a la Ed Koch, to ask “How’re we doing?”

For me, mentoring new clinicians has all the excitement of seeing a highly motivated, unsure person with limited information grow in knowledge and value to others, as well as in confidence in her own worth. I get as much as I give, and continue to find the experience enormously rewarding.

We are hopeful that enough new applicants to the Nassau program will necessitate the formation of a second Mentorship group, and that we will be able to find new leadership from the pool of graduates of the program. These graduates are already offering valuable service to the Chapter, serving on the Board, and in other special capacities. ■

Biennial Dinner Celebrates Volunteers

by Al Du Mont, CSW, BCD

Our second Biennial Recognition Dinner of the State Board and others who have given years of service to the Society was held at the Sandoval Restaurant on March 18, 2000 after our State Board meeting. It was a pleasure for me to give recognition to those who have given tirelessly of themselves to build our Society and to make this organization a premier champion of clinical social work. Participants shared good food, wine and company which rewarded and inspired our connection with each other and the Society. Special kudos are due to Marsha Wineburgh for selecting the restaurant and the menu and for working with Mitzi Mirkin, our dear Executive Secretary, on the invitation and list of honorees.

I was pleased to speak about the unique contribution of each honoree and to present them with a multi-functional deskclock/calendar/calculator imprinted with the Society name and logo as a practical memento of our appreciation.

I hope for this to become an enduring tradition to celebrate the contributions and achievements of our valuable and valued volunteers. ■

13

New York University Shirley M. Ehrenkranz School of Social Work Ph.D. Program Committee
and the New York State Society for Clinical Social Work *Announce a Professional Conference*

Looking for Meaning in All the Wrong Places: Clinical Issues and Implications

KEYNOTE SPEAKERS:

RoseMarie Perez Foster, Ph.D.
Carol Tosone, Ph.D.

DISCUSSANT:

Marsha Wineburgh, M.S.W.

Saturday, November 4, 2000

Registration and coffee: 8:15-9 a.m.

Morning sessions:

9 a.m.-12 noon

Afternoon workshops led by outstanding clinical practitioners:

1:30-4 p.m.

Mt. Sinai Hospital Conference Center
Annenberg Building
Stern Auditorium
100th Street and Madison Avenue
New York, NY 10029

For registration and more information, please complete this form, make check payable to **New York University**, and return to Richard Lenert, Shirley M. Ehrenkranz School of Social Work, New York University, One Washington Square North, New York, NY 10003-6654. Telephone (212) 998-5935.

Fees: \$55 advanced registration; \$65 registration at the door; \$35 student advanced registration; \$45 student registration at door.

I would like to register.

I would like more information.

Name (please print) _____

Address _____

City _____

State _____

Zip Code _____

() _____

Telephone Number _____

New York University is an affirmative action/equal opportunity institution.

NEW YORK
UNIVERSITY
A PRIVATE UNIVERSITY OF THE PUBLIC SERVICE

Professional Offices for Rent

- Ideal Midtown location
- Penthouse
- Windowed, furnished offices suitable for psychotherapy and counseling - Full time, part time and hourly
- Reception and telephone answering services, cleaning, all utilities and local phone use included
- Networking collegial interaction

Call:
Barbara Herman
(212) 947-7111

Private Practice Center
New York, N.Y. 10001

Gestalt Center for Psychotherapy and Training



26 West 9th St., Suite 8E
New York, NY 10011
(212) 387-9429
www.gestaltnyc.org

We offer a three-year, part-time post-graduate training program in Gestalt Psychotherapy. Each year includes eighteen Friday night meetings from October through May, three Sunday Seminars, a Winter Therapy Intensive Weekend and a four-day Summer Training.

Our Training Program, like our therapy, is humanistic and experiential, emphasizing demonstration (live and video), learning by doing, direct supervision, and a stimulating academic program.

Certificate of Completion granted to licensed mental health professionals; Letter of Attendance to other qualified professionals. Installment plan available.

Our commitment to diversity is reflected in our admission policies and is woven throughout our curriculum.

Four-Day Summer Training
Gestalt As Holistic Therapy: Mind, Body, and Spirit
July 21-24, 2000 in Pawling, NY

JOINT CONFERENCE

NYU Shirley M. Ehrenkrantz
School of Social Work Ph.D.
Program and the New York
State Society for Clinical
Social Work Present

Looking for Meaning in All the Wrong Places

Clinical Issues and Implications

■ ■ ■
Save the Date:
November 4, 2000

THE WOMEN'S THERAPY CENTRE INSTITUTE One Year Post Graduate Training Program on Eating and Body Image Problems

The WTCI has developed a theory and practice of feminist relational psychoanalytic psychotherapy for the treatment of eating and body image problems. We understand the symptom as an expression of the confluence of intrapsychic, interpersonal and cultural experience. Participants will learn how to identify, analyze and treat all manifestations of this symptom within an anti-diet psychodynamic framework.

- ▶ Meet Fridays 9:30 AM - 12:30 PM
- ▶ Lecture, Discussion, Group & Individual Supervision
- ▶ Supportive Learning Environment
- ▶ Applications due June 1, 2000

Call for further information and applications

The Women's Therapy Centre Institute
562 West End Ave. Suite 1A, NY, NY 10024
(212) 721-7005 FAX: (212) 721-5554
www.wtci-nyc.org

BUSINESS OF COUNTERTRANSFERENCE & COUNTERTRANSFERENCE IN BUSINESS

PRIVATE PRACTICE CLINICIANS:

Recurrent countertransference intrusions around fees and missed sessions are costly emotionally and financially.

Review treatment frame concerns within the context of your values and subjectivity.

Short Term Consultations

Contact:

Naomi Schofer-Mujica, C.S.W.

Tel: (212) 874-3770

E-mail: BCCB@mindspring.com

CLASSIFIED ADS

Psychotherapy Office

West 53rd Street. Beautiful, high-rise doorman building. Warm, sunny, attractively furnished in suite with kitchenette and great view. Available Fridays/Saturdays. Call Marsha, (212) 247-2436 or Eileen, (212) 265-7221.

Space to share in Chiropractor's Office

Great location (one block from Bloomingdale's in Manhattan). Convenient to 7 subway lines (4,5,6,N,R,B,Q) and one bus line. Ground level with window at street level. Available weekdays, weekends and evenings. Call (212) 753-7676.



CHILDREN OF
ALCOHOLICS
FOUNDATION
AN AFFILIATE OF
PHOENIX HOUSE

The
Professional
Training
Institute

**Substance
Abuse &
The
Family
Series**

Payment
confirms
registration.
Children of
Alcoholics
Foundation
164 W. 74th
St.
NY, NY
10023

**WHEN THE FAMILY
IS THE CLIENT**

Some workshops that help:

- Working with Children & Adolescents from Substance Abusing Families:
The Basics
June 9, 2000
- Strengthening the Chemically Dependent Family System
October 10, 2000
- Risk Resiliency and Protective Factors: A Strength-Based Approach for Alcoholic and Substance Abusing Families
August 3, 2000
- Support Groups That Work for Children and Adolescents from Alcohol and Substance Abusing Families
August 17, 2000 & September 22, 2000

All trainings are based in NYC and each offers six (6) credit hours towards the CASAC. Each training is \$50.00 per person. For a full course description, location, and times for trainings, call us at (212) 595-5810 x7763 or visit us online at www.ccaf.org.

Attention Clinical Social Workers

Looking to Get
Recognized for Your
Advanced Standing?
Obtain a National
Credential.

The BCD

Board Certified Diplomate

Call 1-800-694-5310

No Test, Reduced-Fee Application
Must have five years direct practice.

**American Board of Examiners
in Clinical Social Work**

Learn to
practice,
Practice as
you learn

THE TRAINING PROGRAM

- rigorous clinical preparation
- flexible trimester curriculum
- traditional and contemporary theoretical trends
- low-fee personal analysis available

YOUR PRACTICE

- direct referrals into your private practice
- established consultation center
- active student organization and referral networks
- choice of supervisors from our extensive membership

THE INSTITUTE

- egalitarian, democratic culture
 - outstanding workshops, case seminars, scientific meetings
 - affiliated with *The Psychoanalytic Review*
- NPAP's distinguished faculty and collegial atmosphere offer candidates from diverse backgrounds the opportunity to engage in psychoanalytic training at an Institute with a long and respected tradition of open intellectual inquiry.

We plan to offer courses at locations convenient to Westchester, Rockland and Fairfield counties.

For a bulletin, application or further information, call Annabella Nelken, Registrar (212) 924-7440.

Chartered by NYS Board of Regents 1967 • Member: Council of Psychoanalytic Psychotherapists, International Federation for Psychoanalytic Education, National Association for the Advancement of Psychoanalysis

**NATIONAL
PSYCHOLOGICAL
ASSOCIATION FOR
PSYCHOANALYSIS**

THE TRAINING INSTITUTE • SINCE 1948

Prepare For Our Next Clinical Conference

Sponsored by New York State Society for Clinical Social Work

**Workshop on
Proposal Writing**

- Selecting a Topic
- Limiting Your Focus
- Structuring the Proposal Copy
- Preparing for Presentation

Bring Your Ideas or Draft Proposals

Leader: Roberta Ann Shechter, DSW, Associate Editor, Psychoanalytic Social Work, Experienced Conference Presenter

Fee: \$40

Time: 10 am-12 pm

Date: Sunday, September 24, 2000

Place: 165 East 72nd Street, New York, NY 10021

Attendance: Limited, advanced registration only

RSVP before July 31st

Call 212-751-3009 to enroll

WCSPP

WESTCHESTER
CENTER FOR THE STUDY OF
PSYCHOANALYSIS &
PSYCHOTHERAPY

Professional Education Is A Lifelong Process

- Four-Year Psychoanalytic Training Program
- Two-Year Psychotherapy Program
- Two-Year Child and Adolescent Program
- One-Year Supervisory Training Program
- Treatment Service (Sliding Scale)
- Reduced Fee Supervision and Inservice Training

Chartered by the State of New York in 1974, the Westchester Center provides training in psychoanalysis and psychotherapy across a range of contemporary psychoanalytic approaches.

WCSPP, 29 Sterling Avenue, White Plains, NY 10606

Please call for a brochure and information about our next Open House: **914-946-9462**

16

Eating Disorders Training

CSAB

**Center for the Study of
Anorexia and Bulimia**

We offer:

- ◆ 3 year training program
- ◆ Didactic and clinical
- ◆ Supervision included
- ◆ Active clinic with a wide range of eating disordered patients
- ◆ Collegial atmosphere
- ◆ Convenient location

CSAB

A Division of the Institute for Contemporary Psychotherapy
1841 Broadway, 4th floor, New York, NY 10023

For information call Liliana at **212-333-3444**

WOMEN AND PSYCHOANALYSIS:

CONTEMPORARY RE-VISONS

KEYNOTE ADDRESS BY

ELISABETH YOUNG-BRUEHL, Ph.D.

Saturday October 21st 2000

8:45 A.M. to 4:30 P.M.

Cosponsored by:

• Postgraduate Center for Mental Health
The Psychoanalytic Institute

• *Studies in Gender and Sexuality;*
Published by The Analytic Press

• *Psychoanalysis and Psychotherapy;*
The Journal of the Postgraduate Center for Mental Health

• The Psychoanalytic Studies Program:
Graduate Faculty, The New School University

The morning keynote address will be followed by an afternoon case presentation by Deborah Waxenberg, Ph.D.

Discussants:

Jessica Benjamin, Ph.D., Adrienne Harris, Ph.D.
and Ken Corbett, Ph.D.

Moderator: Virginia Goldner, Ph.D.

To be held at The New School University—
65 Fifth Avenue ~ New York City

For information please call: (212) 979-6943

"The practice of psychotherapy should be interesting, appealing and charming"
-MILTON H. ERICKSON, M.D.-



The New York Milton H. Erickson Society for
Psychotherapy and Hypnosis Training Institute
Chartered by the New York State Board of Regents

Comprehensive Training Program in Ericksonian Hypnosis and Psychotherapy

This is a 5 part, 100 hour program, meeting 2 hours a week. Emphasis is on ongoing supervised practice, on demonstration, and on refinement of a wide range of hypnotherapeutic techniques.

The course is open to health care professionals with graduate degrees and to students in accredited graduate programs. The training is accredited 100 hours by the American Society of Clinical Hypnosis towards ASCH membership and ASCH certification and is receiving 100 CEU's from the National Association of Social Workers.

Classes start in February and September. We welcome your inquiries and applications. Please contact Rita Sherr at (212) 873-6459, Fax: (212) 874-6148.

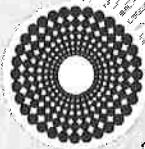
For referrals to an Ericksonian Hypnotherapist, call Karen Sands at (212) 362-6044.

HYPNOSIS FOR PAIN AND STRESS MANAGEMENT

20 hour specialty training in hypnosis for pain and stress management. Meets 2 hours per week. Open to all nurses and health care professionals. 20 CEU's approved. Call Dorothy Larkin, MA, RN, CS 914-576-5213.

**EXCELLENCE in training...
CONFIDENCE in treating...**

- Secure your professional identity
- Apply what you learn to any setting
- Solid theory, flexible techniques
- Outstanding mentoring faculty
- Collegial Society, referral service and clinical affiliations
- Small classes, New York and Long Island



**THE NEW YORK SCHOOL FOR
PSYCHOANALYTIC PSYCHOTHERAPY
AND PSYCHOANALYSIS**

200 West 57th St. NY, NY 10019 (212) 245-7045

Invest just one evening a week. Reap big dividends for your social work career.

Adelphi's renowned School of Social Work, now in its 50th year, offers two unique Post Master's Certificate Programs teaching cutting-edge skills and concepts you can immediately integrate into direct practice.

Addiction Specialist Certificate Program

- Satisfy all educational requirements for the CASAC
- Take selected courses toward CASAC recertification
- Attend small classes taught by outstanding practitioners one evening a week

Post Master's Clinical Certificate Program

- Learn multiple perspectives for understanding behavior and facilitating change
- Attend small seminars offering personalized learning one evening a week
- Earn 6 credits transferable to our Doctoral Program



For more information call Dr. Steven Krantz, Director, 516-877-4361.

College of Arts and Sciences • Honors College • School of Education
School of Business • School of Nursing • School of Social Work
Demer Institute of Advanced Psychological Studies • University College for Adults (ABLE)

www.adelphi.edu • 1-800-ADELPHI • Garden City, New York 11530



A COMPREHENSIVE TRAINING CENTER

Offering a variety of training programs:

- **Adult Psychoanalysis and Comprehensive Psychotherapy**
(Day and Evening Divisions)
- **Child and Adolescent Psychoanalysis and Comprehensive Psychotherapy**
(Full and Part-Time options)
- **Psychodynamic Approaches in the Work Setting**
(One Year, Evening Program)
- **Supervisory Training Program**
- **The National Training Program in Contemporary Psychoanalysis**
(NY based, Distance Learning Program)
- **The Psychology Training Program**
(Externship and Internship)
- **The Recovery Training Program**
- **Center for Spirituality & Psychotherapy**

National Institute for the Psychotherapies, Inc.
330 W. 58th Street, Ste.200, NY, NY 10019
☎: 212-582-1566 • Fax: 212-586-1272
nipinst@aol.com • www.nipinst.org

NIP
trains
clinicians
to use
various
theoretical
approaches.

Our
community
fosters a
spirit of
openness
and
collegiality.



EVENING ANALYTIC TRAINING

NIP introduces The Evening Division of The Adult Training Program in Psychoanalysis and Comprehensive Psychotherapy, designed to accommodate a candidate's full-time work schedule.

Beginning in the Fall of 2000

The National Institute for the Psychotherapies (**NIP**) is pleased to announce that it is now accepting applications for its new Evening Division. This program leads to a certificate in psychoanalysis and comprehensive psychotherapy. The curriculum, faculty and supervisors retain the same rigorous standards as the daytime division.

For specifics contact:

The National Institute for the Psychotherapies
330 West 58th Street, New York, NY 10019
Phone: 212-582-1566; Fax: 212-586-1272
<http://www.nipnst.org> Email nipinst@aol.com

Chartered by the Board of Regents of the University of the State of New York

Psychoanalytic Training at the New York Freudian Society

We offer:

- Adult and child training programs
- Programs in New York and Washington, DC
- A contemporary curriculum
- A new infant-toddler program
- Training analysis and supervised psychoanalytic practice with an outstanding group of analysts and supervisors
- Referrals for psychoanalysis and psychotherapy
- An effective Candidates' Organization
- A supportive collegial society
- International Psychoanalytical Association membership eligibility

Call us for more information about our training programs
and our next open house: (212) 752-7883

Fax: (212) 750-3114 Website: <http://www.nyfreudian.org>

Divorce Mediation Center of L.I.

Established 1982



- Mediation Explained
- No Cost Consultation
- Brochure Available
- Legal Referrals Provided

Mineola and
Commack Locations

For Information Call:

Emanuel Plesent
Ed.D., R-C.S.W., B.C.D.
Director

(516) 747-1344

18

Licensed Psychotherapist

Fee per session basis

Adults and children

Managed Health Care
experience is a plus

Develop your own
practice on our site

Resume to:

**Counseling &
Psychotherapy**

**3594 E. Tremont
Bronx, NY 10465**

Fax: (718) 792-2496



Basic Training in Divorce Mediation

NEW YORK CITY
(Manhattan)

June 9,10,11;23,24,25; 2000

July 12,13,14,15,16

Nov. 10,11,12;17,18,19

March 9,10,11;23,24,25; 2001

June 8,9,10;22,23,24

Oct. 26,27,28; Nov 9,10,11

SOUTH JERSEY

Co-sponsored by

South Jersey Mediation Center

Sept 14,15,16,17,18; 2000

Oct. 20,21,22; Nov.3,4,5

March 2,3,4;16,17,18; 2001

May 18,19,20; June 1,2,3

Oct 19,20,21; Nov 2,3,4

Also ongoing Practicum & Seminars

Center for Mediation & Training, Inc.

Call for Details: 800 613-4867

For All Members

Are You A Family Therapist?

Do You Work with Couples?
Parents and Children?



**Define and Maintain
your Professional Identity!**

Become Part of the
Clinical Social Work Federation's

Family Therapy Practice Academy

For further information and an application
call Ann Neuman: (201) 837-6342

**Our Voice Helps Others Hear You!
We protect your right to practice.**

Legal Questions for Your Practice? Preparing to Testify in Your Professional Capacity?

The Federation's Committee on Clinical Social Work &
the Law/Forensic Practice can HELP!



**FREE BRIEF TELEPHONE
CONSULTATION for MEMBERS**

We operate as a consultation and education resource to help social workers to function in legal and quasi-legal settings and to better understand the impact of legal criteria on various aspects of clinical social work practice. Not an attorney — for advisement only.

- How to interface with the legal system
- Testifying as a lay or expert witness
- Structuring attorney-solicited reports
- Social worker recognition by the courts
- Risk management and practice issues
- Definition of privileged communications
- Confidentiality decisions

Call us at 1-(800) 270-9739

Ellen Luepker, LICSW, BCD, Chair

Call The Federation Hotline Your Link to . . .

- **Our MANAGED CARE Specialist**
for advocacy, information and assistance
with managed care and other insurance problems . . .
- **Our FORENSIC Specialist**
for consultation regarding clinical social work & the
law . . .
- **Our PUBLIC RELATIONS Specialist**
for assistance with press, radio, TV & media issues
& the professional image of clinical social work . . .



For ALL Clinicians

Information on
Membership Benefits

Latest Data on Our Competitive
Malpractice & Major Medical
Insurance Packages

Managed Care News:

Published BY Clinicians FOR Clinicians

Call (800) 270-9739

*Everything NON-Clinical
that Clinicians Need to Know!*
ALL CALLS ARE CONFIDENTIAL
*DID YOU KNOW? If you belong to
this Chapter you are automatically a
member of the Clinical Social Work
Federation — so feel free to call.
There's no charge!*

"Oh, What a Tangled Web We Weave When First We Practice ..."

Help get yourself UNTangled!

(And Later on, Too!)

Visit the Clinical Social Work Federation Website at <http://www.cswf.org>

- Legislative Alerts • Hyperlinks to Other Sites • Managed Care News • State Society Pages •
Committee Activities • Social Work Chat • Membership Directory • Clinical Resources



Post-Master's Certificate Programs New York University Shirley M. Ehrenkranz School of Social Work

Advanced Certificate in Clinical Social Work

Designed for experienced social workers. Enrich your practice skills while you gain the necessary credentials for career advancement. This 24-credit program of study can be completed on a part-time basis.

If accepted to our Ph.D. program, 15 of these credits may be applied. Make strides toward your doctorate.

Post-Master's Certificate Program in the Treatment of Alcohol- and Drug-Abusing Clients (TADAC)

NYU's School of Social Work Post-Master's Program in the Treatment of Alcohol- and Drug-Abusing Clients can provide you with the specialized educational courses required for you to become a New York State Credentialed Alcohol and Substance Abuse Counselor (CASAC). Designed for

professionals with a master's or higher degree, the six required courses—a total of 17 credits (250 hours)—integrate sophisticated, psychodynamically-oriented clinical knowledge with good, basic skills in addiction counseling. Courses are scheduled in the evening to enable working professionals to complete the program in just three semesters of part-time study. Supervised field internships are arranged on an individual basis.

Deadline for applications: July 31, 2000

For more information about opportunities for post-master's study,

call 1-800-771-4NYU, ext. 49E.

E-mail: essw.admissions@nyu.edu



New York University is an affirmative action/equal opportunity institution.

New York State Society for
Clinical Social Work, Inc.
350 Fifth Avenue, Suite 3308
New York, NY 10118

Address Correction Requested

NEW YORK

STATE

SOCIETY

FOR



CLINICAL

SOCIAL

WORK,

INC.

BULK RATE
U. S. POSTAGE PAID
NEW YORK, N.Y.
PERMIT NO. 9513