The CLINICIAN

WINTER 2004 ▪ VOL. 35, NO. 1

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

# ARE CLINICAL SOCIAL WORKERS AN ENDANGERED SPECIES?

**Clinical social work, long recognized as one of the four and, actually, the largest of the mental health professions in the United States, is under assault in New York State by our colleagues in traditional social work.**

*By Marsha Wineburgh, DSW, Legislative Committee Chair*

The battle is taking place in the meetings of the State Board for Social Work where regulations are being drafted for our licensing statute to govern Licensed Masters Social Workers (LMSWs) and Licensed Clinical Social Workers (LCSWs). The issues pertain to standards for clinical education and psychotherapy experience for LCSWs. Any reduction of standards for clinical social work training is particularly heinous at a time when 25,000-50,000 mental health practitioners are about to become newly licensed and entitled to compete for social work jobs.

Simply put, we have two problems: one is internal, that is, within the social work profession. The second is external and concerns the licensing of the new mental health professions.

The Social Work Profession: The long standing tension between traditional social work and what was formerly known as psychiatric, now clinical social work, as well as the general social work community's discomfort with private practice as a legitimate social work setting, is ancient history. These factors contributed to the long period of gestation for licensing the social work profession in New York, the current effort exceeding 15 years. But we did finally pass excellent legislation. We have a new license for clinical social work and transformed the current certified social worker (CSW) into the Licensed Master Social Worker. But the differences in philosophy are still unresolved and continue to influence the development of the regulations which will implement this law.

The New York State Society for Clinical Social Work (The Society) endorses the licensing statute's three criteria for advanced clinical practice at the LCSW level: a clinical examination, three years of supervised post-master's experience delivering psychotherapy services, and relevant clinical course work obtained

CONTINUED ON PAGE 6

PRESIDENT'S MESSAGE

## The Challenges We Face

*By Hillel Bodek, CSW, BCD*

I am privileged to be writing to you for the first time as president of the Society at a time of significant achievement for clinical social work in New York. We have achieved licensure for the social work profession, both at the generic and the advanced clinical practice levels. However, as we celebrate this achievement we are also forced to face significant challenges.

I appreciate that this column is longer than usual, but given the challenges that face the profession and the Society, and the fact that the next Society newsletter will not come out until the fall, I believe that it is important to address these important issues at this time. I ask your indulgence for the length of this column. More important, I also ask that you not only take the time to read it, but that you reflect on the issues it raises and to think

CONTINUED ON PAGE 2

IN THIS ISSUE:

about how you can help the Society and the profession address them.

An important part of my role as president and of the Society as an organization is not only to advocate on behalf of the profession, but also to help members be aware of the reality of the challenges they are facing and are likely to face in the future; to convey what the Society can realistically do to address these challenges as well as what it cannot reasonably be expected to do; to help members be aware of likely changes in health-care that will effect all health care practitioners and patients; and to help our members to plan for and adapt to those changes.

### The challenges to the survival of social work and clinical social work

1) Soon, physicians, nurses, psychologists, clinical social workers, psychoanalysts, marriage and family therapists, counselors and creative arts therapists will all be licensed in New York. Are we different from psychotherapists from other disciplines? Why should someone seek treatment from a clinical social worker rather that from a licensed member of another discipline?

2) With many psychiatrists then viewing themselves as psychotherapists first and as physicians second, our psychiatrist colleagues learned a hard lesson many years ago — don't forget or abandon your roots. Clinical social workers face a similar critical problem. Are clinical social workers social workers?

3) The perception by other social workers that clinical social workers are elitist, which perception serves to divide the social work community.

4) Many clinical social workers have left agencies seeking to have more autonomy and to increase their incomes. The trade off was being more isolated, less connected to colleagues, not having the benefits of working collaboratively and closely with colleagues from other disciplines on a regular basis and fewer opportunities for learning. Loss of many experienced clinical social workers from agencies has had a negative impact on social work and clinical social work. It has decreased the impact social workers have in these agencies. It has also decreased for social workers the training opportunities in many of these agencies where they can experience the important educational benefits and professional growth that can only be fully actualized through experiencing interdisciplinary and transdisciplinary collaborative practice.

For myself, and I hope for each of you, I answer proudly with an emphatic yes, that I am a social worker. Clinical social work is part of social work. We are social workers first and foremost. We risk losing a critical part of our identity if we forget that. Some clinical social workers see little or no value and take little or no pride in being social workers, preferring instead to be viewed as psychotherapists. This attitude raises important questions. How can someone who does not take pride in his or her profession, who wants to distance himself or herself from his or her professional roots, and who wishes to shun the name social worker, have genuine pride in himself or herself and in his or her work?

What is special about clinical social work? What does clinical work bring to the health care field that is different than other health care professions? We bring to our professional practice the culture, values, special knowledge, expertise, experiences and unique perspectives of social work. That is what makes us special and is at the heart of our value as health care professionals.

What distinguishes us from other health care professions is our core focus on people, not only as individuals, but as part of the layers of larger social systems in which they live and with which they interact, and our ability to work within and across all of those systems to effect change. This translates into our particular skills in developing and coordinating interdisciplinary and transdisciplinary treatment and service plans which address the many aspects of people's presenting problems in a holistic manner in the context of the many levels of their interaction with their environment -- from their intrapsychic relationships within themselves as individuals, to their relationships with other individuals and groups, to their relationships with multiple large social systems. Through the services we provide, we strive to reduce our patients' suffering, to enhance our patients' bio-psycho-social-spiritual capacity to function optimally as persons in their environment, to

CONTINUED ON PAGE 7



NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

The Clinician

**The Clinician** is published two times each year by
The New York State Society for Clinical Social Work, Inc.
www.clinicalsw.org
**SOCIETY PHONE:** 1-800-288-4279
**EDITOR:** Ivy Miller. 31 Jane Street, Apt. 14C
New York, NY 10014 • (917) 606-0424
ivymiller@hotmail.com
**EDITORIAL CONSULTANTS:** Helen H. Krackow, Newsletter Chair, Carolyn Colwell and Lesley Post
**DEADLINES:** January 10 and September 10

# ANNUAL MEETING

## *Two Hundred Inside Despite Four Outside*

*By Sheila Peck, LCSW*

On Saturday, January 10, notwithstanding the fact that it was the coldest day of the season (four degrees and windy), approximately 200 social workers attended the State Society's annual meeting in Manhattan.

Although most of those attending came to hear about our core topic, "Clinical Documentation: Clinical, Ethical, Legal & Practical Issues," the event offered a great deal more, including welcome refreshments and hot drinks on such a cold day.

This writer, conference co-coordinator (along with Marsha Wineburgh), first welcomed the audience. Then Helen Hinckley Krackow, our outgoing president, spoke about the achievements that took place during her tenure, particularly the new State licensing law that will go into effect in September.

Marsha, Legislative Chair who was vital in shepherding the law through the legislature, discussed the importance of the details that only now, after passage of the law, are being worked out.

Hillel Bodek, our incoming president (who wore two hats during the program – president and main informational speaker), spoke about the significance of working together to address changes he sees in our profession and the entire mental health field. He articulated the need for us to have pride in our professional selves and suggested that we each view ourselves as "not just another therapist – but a clinical social worker!"

As an important part of the program, the six new diplomates were honored: Maureen Buckley-Fox, Nassau; Stanis Beck and Brian Quinn, Suffolk; Ruth Greer and June Tu, Westchester; and Rosemary Lavinski, Brooklyn.

The rest of the program included necessary information on clinical documentation and record keeping and the role they play both legally and in the treatment. Hillel stressed the fact that clinical records must document compliance with basic practice standards as spelled out by state law. He presented seven key goals of such documentation: (1) to document professional work; (2) to serve as the basis for organization and continuity of care by the practitioner; (3) to serve as the basis of continuing care by other practitioners; (4) to provide risk management and malpractice protections; (5) to comply with legal, regulatory and institutional requirements; (6) to facilitate quality assurance and utilization review; and, (7) to facilitate coordination of professional efforts.

He handed out a printed explanation of each of these points, along with a model individual and group session note, and recommended that instead of being "annoyed" at any extra work the writing of such notes might represent, we should regard this as part of the service that we offer to our clients.

Hillel's talk was followed by the presentations of the Society's attorney, John E. Linville, Esq., Counsel in the Healthcare Industry Group at Manatt, Phelps & Phillips LLP; and by Rodger F. Smith Jr., Esq., Director of Provider Compliance and the Special Investigations Unit at Oxford Health Plans, Inc.

They spoke about what does and does not constitute fraud and cited specifically the erroneous practice of billing insurance companies for sessions that the client does not attend but for which s/he is charged. Another such activity is billing for individual or family therapy when, in fact, the service is marital but an insurance company does not reimburse for couples therapy. Mr. Linville also traced the process of what happens in Albany and the Department of Education when a complaint about a mental health practitioner is received. He also related that when attorneys review a case in contemplation of bringing a malpractice claim, they review the clinician's patient record. In this regard, he stressed the need for careful documentation noting, "If it isn't written in the record, it didn't happen."■



## The Diplomates

### *Our Highest Achievers*

We are most fortunate in having stellar colleagues who, for their devotion, sustained commitment and contributions to the field of clinical social work have been awarded the highest level of Society membership – the Diplomate. Each state chapter nominates candidates annually, and the honorees are announced at our annual meeting. Those announced during our January 2004 annual meeting were:

**Stanis Beck**, MSW, BCD, Suffolk

**Maureen Buckley-Fox**, MSW, BCD, Nassau

**Ruth Greer**, DSW, BCD, Westchester

**Rosemary Lavinski**, MSW, BCD, Brooklyn

**Brian Quinn**, PhD, BCD, Suffolk

**June Tu**, MSW, Westchester

By Sheila Peck, LCSW

# Thinking About a Web Site

If you visit the Society's Web site (www.clinicalsw.org), and scroll down to the bottom of the page, you'll notice a "hit" counter. This indicates that a certain number of people (close to 8,000 as I write) have visited the site. This is without publicity efforts or much of an attempt at mutual linking. Through the site we have enrolled quite a few new members and kept all of us informed about State Society news. It has become an integral part of our PR/Marketing attempts.

This can serve as a model for clinical social workers in private practice – or agencies, for that matter. If you have a service to offer – and we are NOT necessarily advocating online therapy – a website is a wonderful way to let people know about it. For example, I am currently working with a colleague on building her site in order to sell several of her books. Although she is a clinician and motivational speaker, we are specifically designing the site to offer her books. This is the particular "niche" she would like to site to present.

This is one of the secrets of effective internet placement. You must first decide what it is you want to offer. In the case of the State Society, we are providing news, information and a variety of information. Your site, because you are publicizing individual services, would probably be far less comprehensive. So begin by deciding on a "product" or two. It may be an e-newsletter, your services as a speaker, author or any other professional endeavor you choose. But it should not just be "Here's Mary Smith, Clinical Social Worker." You must OFFER something or you will be wasting time and money.

Once you've decided on this, the next step is to choose a domain name (web address) for your site. The Society's domain name is clinicalsw.org. There are a number of places online where you can do this. If your site is for professional services, try to make the name reflect your name or your service. And because such registration is so inexpensive, you may choose to register a few names at approximately $35 each per year; yahoo.com, godaddy.com and register.com are three of the many sites at which you can do this. Sometimes these companies offer "specials" on domain names where they charge considerably less.

The next step is to decide on a company to host your site. All the above offer such services and are dependable organizations – and there are many others as well. You usually pay for a few years in advance at approximately $17 or $18 per month.

Now that you've done that, you can take a breath – the domain names are yours for as long as you've paid for them and no one else can use them. Now you have time to sit back and decide what will actually BE on the site. You need to do this BEFORE you do one bit of design.

Begin by making a simple list of everything you'd like to be on your site. Then, arrange this list in different categories in which the various items are related. This will help you decide on the "pages": how many and how to organize them

Remember to keep the "front page" simple. Don't overwhelm visitors with everything about you. Give them buttons to click and choices to make.

In our next article we'll get into more detail about designing your site and how to publicize it. We'll also tell you about how to partner and link with other sites. And, you'll probably want a hit counter, too.

If you have any questions or need clarification, please call me at (516) 889-2688 or e-mail Sheila2688@aol.com.



## ANNOUNCEMENTS: SAVE THE DATES

**SATURDAY, MAY 15, 2004**

35TH ANNUAL CONFERENCE

The Many Faces of Love:
Pathways and Barriers to Intimacy

See page 11 for details.

AFTER ANNUAL CONFERENCE

Clinical Social Work Comes of Age:
Party to Celebrate Licensing

See page 14 for details.

**SATURDAY, OCTOBER 2, 2004**

THE INDEPENDENT PRACTICE COMMITTEE WORKSHOP

"Clinical Entrepreneurship in Changing Times: Building Your Practice With or Without Managed Care"

at the New York Blood Center
310 East 67th Street, New York

Registration materials will be sent. For further information please call Iris Lipner, Committee Chair at 212-363-9721 or e-mail ILipnerCSW@aol.com

# New Medicare Bill: *What Are the Facts?*

*By Marsha Wineburgh, DSW, Legislative Committee Chair*

The Medicare Prescription Drug Improvement and Modernization Act of 2003, recently enacted by Congress, has stirred up strong controversy as to whom it benefits. It has also stirred much anger against AARP, a key supporter of this legislation. An alternative group for older citizens, the Alliance for Retired Americans www.retiredamericans.org has opposed this statute and offers the following facts to clarify their position:

**CHALLENGED FACT: The bill protects traditional Medicare.**
The Alliance for Retired Americans (The Alliance) disagrees. This bill undermines the traditional Medicare program by forcing it to compete, beginning in 2010, with private insurance plans. This appears to be the beginning of privatizing Medicare. Private insurance companies will have the option to cherry-pick enrollees, that is, accept the healthier seniors, leaving sicker seniors in the traditional program. Unlike current Medicare, private insurers do not guarantee premiums. They are free to drop patients and change coverage to improve their profit margins. The bill also establishes a means test for Medicare under which higher income seniors will pay higher premiums for Part B, ranging from 40-220%.

**CHALLENGED FACT: All Medicare beneficiaries will have access to drug coverage.**
The Alliance disagrees. In order to get drug coverage you must either leave the traditional Medicare program and join a Medicare Advantage plan (which replaces the failing Medicare+Choice plan that replaced the failed Medicare HMO program) or buy a stand alone policy from a private plan sponsor. The private plan sponsor is either an insurance company or a company that meets the solvency standards established by the Centers for Medicare and Medicaid Services (CMS).

**CHALLENGED FACT: The new drug benefit is voluntary.**
The Alliance disagrees. Seniors are forced to use private insurance companies for drug coverage. In addition, Medigap policies that now provide prescription drug coverage must cease offering such benefits.

**CHALLENGED FACT: The bill protects those with the highest drug costs.**
Yes and no. The Alliance says Medicare will cover 95% of a beneficiary's drug costs that exceed $5,100 but will pay nothing for drugs costing between $2,250 and $5,100. This is a huge gap and coupled with higher premiums will increase financial hardships for seniors with multiple health issues who live on fixed incomes. The gap in coverage will leave half of seniors without drug coverage for part of each year.

**CHALLENGED FACT: The bill provides new preventive services.**
The Alliance says that several important diagnostic screenings for seniors are funded as well as a new "Welcome to Medicare" physical examination for new beneficiaries, but reimbursement to physicians who administer biotech medications and reimbursements for products such as home oxygen will be reduced.

For further information about this Medicare bill and plans to oppose it, contact:

**Alliance for Retired Americans**
888 16th Street, N.W.
Washington, D.C. 20006
(202) 974-8222
www.retiredamericans.org

**Physicians for a National Health Program**
**New York Metro Chapter**
2840 Broadway, #297
New York, NY 10025
(212) 666-4001
www.pnhpnyc.org



## ANNOUNCEMENTS

### Research Project: Children Conceived by Rape

**SEEKING TO INTERVIEW THERAPISTS**

Elizabeth Johannes, CSW, a doctoral student at NYU School of Social Work, is conducting research regarding women who have borne and raised children who were conceived as a result of rape. Ms. Johannes seeks to interview therapists who have worked with these women to generate useful practice considerations for working with this vulnerable group.

The study requires being interviewed twice, for up to one and one-half hours each time. Therapists who participate will be reinbursed $100 per hour for their time plus any additional expenses. This research project has been approved by the NYU Institutional Review Board. If you wish to participate in this research, please call Elizabeth Johannes, CSW at 212-316-3464 or gaj5@columbia.edu.

**E-mail Addresses** In order to save postage expenses, we would like keep to our e-mail listserve as up-to-date as possible. If you are not currently receiving e-mail from us, or have a new e-mail address, please send this information to Sheila2688@aol.com

**Web Ads** We are now accepting advertising on our website — an effective venue for ads for social work university programs, office space, employment, and many others. Website ads are a useful adjunct to print advertising in *The Clinician*. Please go to www.clinicalsw.org and click on the flashing button at the upper left of the home page, and support our advertisers. For information and rates, please call Sheila Peck at 516-889-2688 or e-mail her at Sheila2688@aol.com. Ads are posted immediately upon receipt of payment.

## Are Clinical Social Workers an Endangered Species?

CONTINUED FROM PAGE 1

either from an accredited social work school or from a post-master's program. We want the same standards for clinical experience that the legislature formulated for the "P" in the Insurance law of 1978 and we want clinical education comparable to the other mental health professions in New York State. We want to preserve our hard won status as one of the four, and the largest of the mental health professions.

What is adequate clinical course content? The State Board for Social Work decided to propose regulations which recommend 12 credits of clinical course work in either year of any MSW program accredited by the Council of Social Work Education (CSWE) as containing sufficient clinical course content to meet the statutory requirements for the LCSW level. That means that there would be no requirement for advanced practice courses in the areas of psychopathology, differential diagnosis and treatment. Incidentally, this also impacts BSW graduates who enter MSW programs and exempt the first year of social work school in advanced placement programs. It offers the possibility of a student electing to ignore second year graduate clinical courses and still receiving the same MSW degree as a graduate who elected a clinical track.

The Society for Clinical Social Work opposes the State Board for Social Work's proposal for 12 credits of courses with clinical content. We are calling for specific relevant guidelines to ensure that LCSWs have adequate educational preparation for practice in the complex specialty of assessment, diagnosis and treatment of mental, emotional, addictive and developmental disorders. This is in keeping with the Legislature's intent to recognize the LCSW level as the mental health arm of social work. All CSWE social work programs in New York offer substantial clinical course work. But students are not required to select these clinical courses to graduate. We recommended that MSW students who wish to qualify to practice as LCSWs, mental health professionals, be required to take a minimum of 18 semester hours of advanced practice courses to prepare them for clinical practice. These courses must emphasize the person-in-environment perspective and skills related to: diagnosis and assessment, treatment, advanced clinical practice with at-risk populations, as well as clinical supervision and consultation. This education preparation is comparable to the newly licensed mental health practitioners. In addition, precedent has been established in the regulations governing licensure of New York State psychologists. These regulations specify course work and hours of graduate work required in seven substantive content areas to qualify for clinical licensing.

What is adequate clinical experience? The State Board for Social Work appears to be recommending that any direct client experience which is supervised can be counted toward the three year requirement for LCSW licensing. The Society maintains the qualifications for the LCSW level must be identical to the "P" reimbursement statute in the Insurance law. It requires three years of clinical experience providing psychotherapy services.

The Mental Health Practitioners: The second problem we are facing is external to the profession. In September 2005, we will have what is estimated by the State Education Department to be between 25,000 to 50,000 new mental health practitioners entering the marketplace; these are the licensed mental health counselors, licensed marriage and family therapists (MFTs), licensed creative arts therapists and the licensed psychoanalysts. These are well-educated, experienced mental health professionals who will be competing for social work jobs.

The State of California licensed marriage and family therapists in 1969 and clinical social workers in 1971. In 1997, the California Department of Consumer Affairs surveyed both professions, finding there were 21,273 MFTs and 14,000 clinical social workers. By 2002, in a follow-up survey, there were 26,000+ MFTs, an increase of approximately 5,000 clinicians, but only 17,000 clinical social workers, an increase of less that 3,000. In 1997, 78% of the MFTs were in private practice. By 2002, only 56% were in private practice. Where were these missing 32% or 8,320 clinicians? In social work agencies and mental health clinics. Why? The MFTs offered superior clinical knowledge and experience for agency practice. Why did they leave private practice? Rising health insurance costs and lower managed care fees (far worse in California than in New York) made full-time jobs very appealing to these clinicians.

What does the course content of a 60-credit MFT Masters look like? Nationally accredited programs typically consist of seven content areas: CLINICAL EVALUATION: initial assessment, clinical assessment, developmental history, physical conditions, psychological condition, family and personal history, social factors, diagnosis; CRISIS MANAGEMENT; TREATMENT PLANNING: goal setting, formulation of treatment plans, theoretical orientation, clinical factors; TREATMENT: including therapeutic relationships, interventions, theoretical orientation, clinical factors, termination; ETHICS: informed consent, therapeutic boundaries, management of ethical issues; and LAW: confidentiality and privilege, and professional conduct.

These education requirements for clinical practice are in stark contrast to proposed recommendations that 12 credit hours of clinical course content in any year of a social work MSW program are adequate preparation for an LCSW practice.

The Society is committed to developing a regulating

CONTINUED ON PAGE 10

 CONTINUED FROM PAGE 2

maximize their ability to live in harmony within themselves and within the greater world around them, and to access in a coordinated and meaningful way the range of services they may require to facilitate their doing so.

Clinical social workers are not an elite group of social workers. They are social workers who have advanced knowledge and skills in a particular area of social work practice. Social work administrators, social workers who function as case managers and in other direct practice non-clinical roles who deal with persons, families and groups whom have complex combinations of bio-psycho-social-spiritual problems, community organizers who work to effect changes in social structures for the good of the greater communities, and social work researchers all need to have special advanced knowledge and skills in order to carry out their difficult roles as professional social workers. Clinical social workers are far from being alone in the social work profession as possessing advanced practice skills. Some roles in each profession are more glamorous than others. So, too, it is in social work. Yet, without social workers in all of the various areas of practice, the important mission of social work could not be fully carried out and the promise of our profession and its important role in society fully realized.

Social work cannot survive as a house divided. The futures of social work and clinical social work are inextricably linked. Social work will become irrelevant if it cannot continue to make the broad range of contributions to society it has made throughout history in serving individuals, groups, communities and society through clinical and other direct services, community organization, administration, policy and research. Thus, all social workers, irrespective of their areas of practice, must respect each other and work together for the good of the profession and for the benefit of the people and society we serve.

## To Meet These Challenges

To meet these challenges to the profession, first and foremost, the Society must help strengthen the self-image of social workers and clinical social workers. We need to help clinical social workers accept, take pride in and proclaim the value of their services and the unique perspective we, as social workers, bring to our work as health care practitioners. At the same time we must improve the image of social work and clinical social work in the community. The Society has budgeted funds this year to attempt to increase the public image of clinical social work by having clinical social workers tell their communities about the work they do and the important role they play in health care. To do this we need your help to agree to speak to public groups and to provide education to the public about various topics related to clinical social work. If you are interested in participating in this public education effort please contact Public Relations Committee chair Sheila Peck at sheila2688@aol.com, or your chapter president.

Second, we need to provide support to our members in terms of camaraderie, sharing and support of their clinical social work colleagues. I have charged the Mentorship Committee to work with the chapters to increase not only the mentorship activities for recent graduates but, also, to help develop more peer consultation groups which can bring clinical social workers together to discuss their clinical work in a supportive setting with their colleagues. To participate in this effort please contact Mentorship Committee Chair Helen Hinckley Krackow at hhkrackow@aol.com, or your chapter president.

Third, the Society is improperly viewed as a group devoted to private practice. It is a group devoted to clinical social work without regard to the setting in which it is practiced. We must reach out to clinical social workers in whatever settings they work and study -- in agencies and institutions, schools and institutes, and in private practice. We need to attract more of our clinical social work colleagues who work in agencies, where the largest number of clinical social workers practice, and where the largest amount of clinical social work services and training are provided, to join with us. We must reach out to our colleagues in other areas of social work to work with them on issues that concern our profession, as several of our chapters having been doing successfully for some time, particularly in the area of continuing education. I am hopeful that we will be able to attract several members to volunteer to provide outreach to clinical social workers in agencies over the next year. Please contact me by email: nysscsw@mindspring.com or your chapter president if you are interested in doing so.

Fourth, social work, like medicine, psychology and nursing, have all evolved as the knowledge base they use has expanded dramatically. The decade of the brain has brought a tremendous growth of knowledge about the close interrelationship between the biological, psychological, social and spiritual aspects of human existence — and has demonstrated more and more clearly that physical, psychosocial and spiritual functioning are inexorably linked. Maintaining and strengthening clinical social work competence is crucial to the future of our profession. Increasing continuing education offerings at the state and chapter level is crucial in this regard and can also attracted new members to the Society to help it grow. If you are willing to join in providing a continuing education offering please contact Education Committee Chair Dianne Kaminsky at dhkaminsky@aol.com, or your chapter president.

CONTINUED ON PAGE 8

 CONTINUED FROM PAGE 7

I view implementation of the preceding four efforts as a critical role for the Society's chapters, which are the heart of our organization and where these activities take place on a local level. I urge each of you to work closely with your local chapter and with our practice committees to contribute to and benefit from these efforts.

Fifth, clinical social work needs to impact on the schools of social work to increase the extent and quality of clinical social work education. We need to have more MSW clinicians who are in active clinical practice teach in schools of social work. We need to increase the quality of clinical field placements. We need to increase the quality of clinical social work post-graduate continuing education — which is different than merely teaching psychotherapy skills. We have to remember that we are not merely psychotherapists. We are clinical social workers. If we forget that, there is nothing special about what we do as health care professionals. To do so, we need your help to attempt to work with schools of social work. If you interested in doing so, please contact me.

Sixth, we must assure that the new clinical social work license is implemented in a manner that assures high quality clinical services. To this end, Marsha Wineburgh and the Legislative Committee are working hard to assure that the regulations that implement the statute will assure that LCSWs are properly qualified.



## The Survival of the Society

1) Many other societies for clinical social work have lost members once they achieved licensure. The total number of members of societies for clinical social work around the country has decreased by almost 80% over the past ten years. How can we avoid this from happening in New York?

2) As with many membership organizations, our costs are increasing. Revenues are decreasing as our membership ages and our senior members pay less than full dues.

3) Volunteerism in the Society, as in many other organizations, is at low point. A number of the experienced members of the Society are devoting more of their efforts to providing post-graduate clinical education in institutions that reflect their professional areas of interest rather than doing so as part of the Society's continuing education efforts.

First, unlike a number of other state societies for clinical social work which developed over the struggles for licensure, the impetus for the creation of our Society in 1970 was to: (1) establish and maintain high standards of professional education and practice, (2) promote post-graduate and/or advanced training in clinical social work practice, teaching, administration and research, (3) inform the general public of the specialized skills of clinical social workers, and (4) protect the rights of clinical social workers to practice that for which they are trained. We must focus on those basics.

Second, for the past two years we have had deficit budgets and deficit spending. Last November, in preparing the 2004 budget, the Society's Finance Committee, which I chaired as interim treasurer, followed four key principles: (1) the budget had to be balanced while including renewed contributions to our capital reserve, (2) expenses had to reflect and be driven by the priorities and mission of the Society as embodied in our by-laws, (3) in order to become more cost-effective and efficient we have to take, on an ongoing basis, a hard look at how we function and to be willing to make significant changes in how have been functioning and budgeting, and (4) our economic planning has to look several years ahead, not just toward the next year. We must continue to follow these principles in the future.

Third, our efforts over the next two years will focus on our core missions by: (1) increasing support, camaraderie for clinical social workers by increasing opportunities for mentoring and peer consultation, (2) increasing our efforts to provide continuing education in various areas of clinical social work practice, (3) increasing our efforts to increase public awareness of the unique skills and important role of clinical social work in health care, (4) assuring the right of clinical social workers to practice, (5) increasing our outreach to all social workers and social work students, to agencies and institutions where social workers practice and are trained and to schools of social work, inviting them to join with us in these efforts, and (6) reaching out to and collaborating with other social work organizations in order to build bridges with our social work colleagues in all areas of practice and to work together on areas of mutual interest.

Fourth, in the area of national legislative advocacy, the Board is involved in an ongoing discussion and evaluation of the need for a national presence, whether the Clinical Social Work Federation can provide for those needs, if we should continue our association with them, and to explore along with other clinical social work societies and groups, other options to obtain national-level advocacy as needed, in an efficient, productive and cost-effective manner.

Fifth, the Society must become more cost-conscious and cost-efficient. We must avoid duplication of effort and have greater coordination between the state board, the chapters and the various committees. In this regard we need to take advantage of evolving information technologies, particularly the internet and e-mail. This year we are replacing the biennial membership directory with an updated and improved website which will have: (1) an online directory for those members who wish to be listed online, (2) listing the practice information of all members who are LCSWs who wish to receive referrals, the website will have a search engine

to enable people to search this list for referrals, and (3) a site for each chapter and each committee. Members will be able to update their own listings on the website, saving staff time. The initial, one time investment in updating and enhancing the Society's website will be less than the cost of one biennial directory and will result in savings long into the future.

Sixth, one of the Society's greatest costs at the chapter and the state level is printing and mailing. If each member would have e-mail and check his or her e-mail regularly, we would be able to communicate information in a more timely, efficient and cost-effective manner. Please provide your e-mail to Mitzi Mirkin (516-333-1385) and to Sheila Peck (sheila2688@aol.com), our web coordinator. Your e-mail address will only be used to send Society material to you and will not be shared with or rented to others.

Seventh, the Therapy Resource project began several years ago to set up a referral service. They have also done some community outreach. We are working to integrate the work of this project into the chapters and the Society as a whole in line with the Society's development of an updated and improved website and increased focus on public outreach. If you are interested in becoming a member of Therapy Resource for 2004, you may contact Marilyn Paschel at MJPaschel@aol.com.

## Practice Challenges

In 1984, the "R" insurance law was enacted giving clinical social workers vendorship. By that time, physician autonomy and practice were already being impacted by utilization review and other mechanisms that were being implemented to reduce the escalating costs of healthcare. So, for clinical social workers, along with the benefits of vendorship came the burdens of cost-control measures and the unexpected advent of decreased clinician autonomy. Over time, these various cost-controls led to the current system of "managed care." Although the implementation of certain managed care programs has varied from good to problematic to disastrous, the concept of having to control health care costs by some form of rationing care, to assure that everyone gets at least necessary care, has been around in health care for over two decades.

Every day our health care system develops increasingly sophisticated and expensive technologies and treatments from which more people can potentially benefit, the aging population that requires more care grows, longevity increases as a result of better health care, and the amount of the gross national product spent on health care continues to climb (from 3.5% in 1929, to 5.9% in 1965, to 8.3% in 1975, to 10.6% in 1985, to 13.6% in 1996, to a current estimate of 16% in 2003). These economic forces affect all health care practice, everywhere, not just in the United States. They affect health care providers in all areas of practice and in all disciplines. The reality is that rationing of care is here and it is going to increase. We should be concerned not only about its future impact on us as providers and on our patients, but on ourselves as eventual patients as well.

Although we can and do have an impact on altering abuses that occur in managed care, there is little that can realistically be done about many of the cost-control measures that are largely dictated by national and global economic forces and which are not likely to change. The belief that professional organizations should be able to effect significantly this trend is a form of denial. When managed care made its debut, the American Medical Association told physicians not to worry — managed care would need physicians and, therefore, physicians would end up owning or running managed care. That didn't happen, leaving many physicians with the feeling that organized medicine failed them and couldn't deliver on what it had promised. Clinical social work made a similar mistake. We were urged to join the Guild, which we were told would help save us from managed care, just as some people, out of misplaced hope and varying degrees of desperation, believed that forming and joining referral services would help us build private practices. We must be realistic. Some form of national health care program is likely to come into place within the next decade. To be sure, it will ration care and it will have strict, serious cost controls.

Health care practice is changing and will continue to change. We have to realize that. There will be an increasing shift to multidisciplinary group practices and corporate health care providers. Ten years from now solo private practice as we know it will no longer be prevalent in any area of health care. Change is difficult and at times traumatic. Yet we, our patients, our profession and society are not well-served if health care professionals deny that very significant changes in health care delivery are on the horizon and bury our heads in the proverbial sand like ostriches. We are going to have to prepare to adjust to this evolution in health care, both as practitioners and as patients. The Society should, can and will help address abuses in managed care. It can and will help providers to adapt to the evolution and changes in the health care system and to survive those changes along with our other health care colleagues. It cannot be expected to block that change. It should not ignore that change is coming. Nor should it make believe that rationing of care and strict cost controls in health care practice are going to melt into the past as we move into the future.

CONTINUED ON PAGE 10

# President's Message CONTINUED FROM PAGE 9

## Our Future

In conclusion, despite all of these challenges, the Society is strong. The Society has over 2,200 clinical social workers (and students interested in pursuing a career in clinical social work) who possess a wide range and variety of clinical skills, have a wide range of clinical experience and are dedicated to the principles of social work. We have a cadre of dedicated board members, experienced and talented committee chairs and members, and other members of the Society who are working to help clinical social work adapt to the changes that lie ahead, to protect our right to practice, to enhance our clinical skills, to increase our public image and to help clinical social work and the Society grow, mature and flourish while dealing with the challenges it will have to confront into the next decade.

Most of all, professions and professional organizations, such as the Society, are about people. You are the Society. We need all of you to participate, to help us function, grow and flourish. Social workers have an ethical obligation to further and contribute to the profession. We need each of you to become involved in your chapter. We need each of you to work with a committee. We need each of you to exude pride in being a clinical social worker – a social worker who is a clinician, not just another psychotherapist. We need, invite and welcome your involvement in the Society to work with us to make sure that social work, clinical social work and the Society continue to be relevant and continue to make valuable contributions to the health of our communities. The Society needs you, your profession needs you and the public needs you. We cannot do it without you.

*Contacting me by e-mail is far more efficient than by phone, as my answering machine often gets overloaded with long messages. It is far easier for me to read many e-mails than listen to many voice messages. And, I can respond to e-mails more easily and at times that I might not be able to return phone calls. If you need to contact me on Society business please e-mail me at nysscsw@mindspring.com and, in addition to your name and your message, please leave your day and evening phone numbers so that I can call you if I need to. If you need to get in touch with me as chair of the Committee on Ethics & Professional Standards or the Committee on Palliative and End-of-Life Care, please e-mail me at clinicalswethics@mindspring.com or palliative-care.csw@mindspring.com, respectively, and, in addition to your name and your message, please leave your day and evening phone numbers so that I can call you if I need to.*■



## Endangered Species?

CONTINUED FROM PAGE 6

environment for the social work profession where we can all thrive. These regulations must recognize clinical social work as the mental health specialty of social work on a par with clinical psychology, psychiatry, clinical nursing and soon to be, the mental health practitioners. Currently, well trained clinical social workers are identifiable by their qualifying for vendorship status (R), which requires a total of six years of supervised phychotherapy experience.■

# Save the Date!

## 35th Annual Conference of the
## NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK

# The Many Faces of Love:
## Pathways and Barriers to Intimacy

**SATURDAY, MAY 15, 2004**

### Morning Program

KEYNOTE PRESENTATIONS

**Love Lost and then Permitted**
Valerie Tate Angel, MSW, BCD,
Training Analyst, Senior Supervisor, Faculty, Psychoanalytic
Institute of The Postgraduate Center for Mental Health

**The Good Enough Intimacy: Intersubjectivity and Couple Therapy**
Denise Zalman, MSW, BCD,
Training Analyst, Senior Supervisor, Faculty, Psychoanalytic
Institute of The Postgraduate Center for Mental Health.

### Afternoon Program

A CHOICE OF EIGHT EXCITING WORKSHOPS

INCLUDING

- Infidelity and Intimacy: Working with the Extramarital Affair
- Love and Desire: Tolerating and Understanding Sexual Feelings in the Therapeutic Dyad
- Finding an Intimate Partner in Midlife
- The Gay or Lesbian Parented Family: Perceptions and Cultural Misconceptions

AND MORE

**The Nightingale-Bamford School Auditorium**
20 East 92nd Street New York, NY

For information and or a brochure call (212) 642-1002

# Post-Master's Certificate Programs

## NEW YORK UNIVERSITY SCHOOL OF SOCIAL WORK

### Division of Lifelong Learning and Professional Development

IF YOU ARE AN EXPERIENCED SOCIAL WORKER WITH AN M.S.W. SEEKING TO INCREASE YOUR SKILLS, KNOWLEDGE, AND CAREER OPPORTUNITIES, CONSIDER THESE ADVANCED EDUCATIONAL OPPORTUNITIES.

**ADVANCED CERTIFICATE IN CLINICAL SOCIAL WORK (24 CREDITS)**

- Enrich your assessment and advanced intervention skills through training and supervision not readily available in many work-oriented settings
- An integrated sequence of courses designed to promote the interaction of theory and practice and to enhance your advanced practice skills

**POST-MASTER'S CERTIFICATE PROGRAM IN THE TREATMENT OF ALCOHOL- AND DRUG-ABUSING CLIENTS (TADAC) (17 CREDITS)**

- Provides specialized courses that integrate sophisticated, psychodynamically-oriented clinical knowledge with good, basic skills in addiction counseling
- Courses meet all the educational requirements to become a New York State Credentialed Alcohol and Substance Abuse Counselor (CASAC)

**ADVANCED PROFESSIONAL CERTIFICATE IN PALLIATIVE AND END OF LIFE CARE (16 CREDITS)**

- Expand your assessment and clinical intervention skills through didactic and bimonthly supervision; develop a capacity for leadership
- Examine the assessment and treatment needs of the patient and family, focusing on special populations, utilizing a biopsychosocial-spiritual framework

All courses are scheduled in the evening to enable working professionals to complete the program in two to four semesters of part-time study. Supervised field internships are arranged where required by the program.

**Deadline for applications: June 15, 2004**

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

Call: **800-771-4NYU**, ext. **V08**
Visit: **www.socialwork.nyu.edu/clinician**
E-mail: **essw.admissions@nyu.edu**

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



# POSTGRADUATE CENTER FOR MENTAL HEALTH

138 East 26th Street, New York, NY 10010-1843

**Applications are being accepted for the following programs:**

- Adult Psychoanalysis
- Introductory and Two-year Programs in Psychoanalytic Psychotherapy
- Child Psychotherapy
- Adolescent Psychotherapy
- Family and Couples Therapy
- Analytic Group Therapy
- Supervision of the Analytic Process
- Pastoral Counseling

*For more information about our programs and events, please contact*
*Mary Beth Cresci, PhD., Dean of Training*
*Tel.: (212) 576-4168*

## *Calendar of Events—Spring 2004*

***March 10—Scientific Lecture***
***Our Contemporary Gothic Culture by Frank Lachmann, Ph.D., and Annette Lachmann***

***March 19 –Supervision Conference***
***An Exploration of the Supervisor's Experience***

***March 26-28 – Group Therapy Workshop***
***Space, Timing, Attunement: Dancing in the Group***

***April 16– Lily Gondor Lecture***
***John Bowlby and Margaret Mahler: Their Lives and Theories by Susan Coates, Ph.D.***

***March 31 and June 3 – Open Houses***
***April 24 – Training Day***

## CLASSIFIED ADS

**Psychotherapy Office** Upper West Side, 80's CPW. Elegant psychotherapy interior office in 4-person suite w/waiting room & bath. Intercom. Luxury doorman bldg. 9-1/2 x 13-1/2. $1100/mo. incl. elec. & maid. 212-595-9543.

**Psychotherapy office space** available in Park Slope, Brooklyn. Prime location near all trains in beautiful garden apartment. Available Mondays, Fridays, weekends. Call Gerri @ 718-789-6739 for more details.

**Office Available, West 21st** between 5th and 6th in 5-office suite. Shared waiting room and bathroom. Secure loft building near all subways. Rented unfurnished or furnished. Full-time preferred; part-time considered. Air conditioning and utilities included. Small kitchen-like area in suite. Reasonable rent. Call 212-989-3689.

**West 57th St/8th Ave. Office, PT/FT.** Prime doorman building, secure, 24/7, very quiet, newly renovated, waiting room, intercom. Free high-speed Internet. Subways ABCD, 1239, NRQW, EFV 1-2 blocks. Port Authority bus, Penn Station, Grand Central Station 2-4 stops. Call Aimee Beyda 212-262-9238.

**Psychotherapy Office** in 4-room suite available Mon, Fri, Sat, Sun. @ $200 per day. Union Square area. Furnished, waiting room, A/C, ceiling fan, doorman bldg, soundproof walls. Sue 212-254-5399.

**Psychotherapy Office** for rent, part or full-time. Doorman building off Central Park at West 58th Street. Light, nicely furnished, shared waiting room and great office mates. Call 212-307-5899.

**Spacious Office** in two-office suite, in a prestigious medical building in the East 50s, is available full-time or part-time. Double window view of landscaped gardens makes the space an ideal healing environment for practitioners and patients. Share waiting room. Accessible to all public transportation. Bel-Michele De Mille, Ph.D. (psychlife@aol.com) or call at 212-826-7038.

**Office Available** for immediate occupancy. $1100/month. 135 East 50th Street between Lexington and 3rd Avenues. Located in a private office suite of professional offices. New carpeting, doorman, common waiting room, rest rooms. Call 212-486-9655.

**Create and Expand** Your Successful Private Practice with Karen Arthur Marketing Solutions for the Helping Professional. (Experienced psychotherapist with background in corporate marketing). Call 212-947-7111 ext. 364 or email info@centerformindfulliving.com



THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK

# Celebration

*Clinical Social Work Comes of Age: Our Party to Celebrate Licensing*

**MAY 15, 2004 ▸ 5:00–8:30 PM**
(Immediately following our Annual Conference)

- ***Entertainment***
- ***Open Bar***
- ***Delicious Buffet Dinner***

Harmonie Club Ballroom, First Floor
4 East 60th Street (Fifth & Madison Aves)

**$85 per person or two for $150**

Make check payable to NYSSCSW
and send to: Helen Krackow
201 East 28 St., Suite 1D
New York, NY 10016

**Attendance is limited. RSVP — NO WALK-INS**

For more info, call Helen Krackow
at 212-683-1780 or e-mail
HHKRackow@aol.com

## CLASSIFIED ADS

**Eastside Office Space** available in luxury building, nicely decorated, generous-sized office. Available hourly and part-time. Convenient to midtown and major transportation. Parking available on street. Call 212-683-0415.

**West 60th and Broadway** – The Institute for Contemporary Psychotherapy has professional conference room space available by the hour, half-day and full day. Max. capacity is 125 people and can be easily divided to accommodate smaller groups. Please call Gwen at 212-333-3444.

IPTAR
Institute for Psychoanalytic Training and Research

## CERTIFICATE PROGRAM IN CHILD AND ADOLESCENT PSYCHOTHERAPY

■ **Committed to sharing the benefits of psychoanalytically informed work with a wide community of practitioners and patients**

**OUR THREE YEAR CURRICULUM:**

- Reflects a Contemporary Psychoanalytic Perspective
- Integrates Recent Advances in Infant and Child Research, Developmental Theory, and Psychotherapeutic Technique
- Is Organized Around Students' Clinical Work including Child and Family Assessment, Theory, and Technique
- Offers Paid Clinical Hours Through the IPTAR Clinical Center

**FOR INFORMATION CONTACT:**

**IPTAR Program in Child and Adolescent Psychotherapy**
1651 Third Ave., Suite 201,
New York, NY 10128
Tel: (212) 427-7070
Fax: (212) 410-0821
website: www.IPTAR.org

IPTAR
Institute for Psychoanalytic Training and Research

## THE INSTITUTE FOR PSYCHOANALYTIC TRAINING AND RESEARCH

Consider **IPTAR** for advanced training in
**PSYCHOANALYSIS** or **PSYCHOTHERAPY**

- **TRAINING PROGRAM IN PSYCHOANALYSIS**
  a certification program with a contemporary psychoanalytic curriculum
- **INTRODUCTORY PROGRAM**
  an introduction to psychoanalysis for people from non-mental health fields as well as mental health professionals
- **IPTAR CANDIDATES ORGANIZATION AND MEMBERSHIP SOCIETY**
  a lively community for on-going professional development
- **ACTIVE AND VARIED COMMUNITY PROJECTS**
- **IPTAR CLINICAL CENTER**
  a clinic that offers patient referrals and free supervision to all IPTAR candidates
- **INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION**
  affiliation with the IPA is available to all IPTAR members
- **CHILD AND ADOLESCENT PSYCHOTHERAPY PROGRAM**
- **SOCIO-ANALYTIC TRAINING PROGRAM IN ORGANIZATIONAL DEVELOPMENT AND CONSULTATION**

**OPEN HOUSE FOR PROSPECTIVE CANDIDATES April 18, 2004**

**R.S.V.P. Nadine Cohen at 212-427-7070**

**Admissions Information:**

Brett Gorkin, Ph.D. **212-765-7961**

**IPTAR • 1651 Third Ave. at 92nd Street • New York, New York 10128**
**Visit our website at www.iptar.org**

ADVERTISEMENT

## Manhattan Institute for Psychoanalysis

The Manhattan Institute for Psychoanalysis offers both an intensive and comprehensive 5-year psychoanalytic training program and a one year psychoanalytic psychotherapy program. Our core theoretical framework is Contemporary Interpersonal and Relational Psychoanalysis.

Candidates and graduates are an integral part of the administrative committee structure and are encouraged to be active participants in shaping policy and initiating changes.

The Institute sponsors two separate psychotherapy centers: a general referral service designed to help candidates find analytic treatment cases to fulfill Institute requirements and to assist in early development of a practice, and the Trauma Treatment Center which offers additional educational opportunities and referrals for candidates and graduates who complete the training program.

The Manhattan Institute is interested in candidates who are mature, flexible in their thinking, and committed to professional development as psychoanalysts.

*Please call (212) 422-1221 to be placed on our mailing list to receive notice of colloquia, our training bulletin, and other information.*

* Low cost individual or group supervision is offered by faculty and graduates for qualified non-matriculated professionals.

THE CENTER FOR PREVENTIVE PSYCHIATRY

# TRAINING OPPORTUNITY

THE CENTER
FOR PREVENTIVE PSYCHIATRY
offers a two-year training program in:

- Child and Family Psychotherapy
- Situational Crisis Intervention
- Therapeutic Nurseries
- Group Therapy
- Case Management

**STIPENDS AVAILABLE!**

*Please call:*

**Elena Morrice, ACSW**
**(914) 965-1109**

The Center for Preventive Psychiatry is a not-for-profit community agency for the promotion of mental health through early intervention, situational crisis treatment, training, research and education.



NiP

## Supervisory Training Program

WEEKLY SEMINARS
•
GROUP SUPERVISION
•
ONE-YEAR PSYCHOANALYTIC TRAINING PROGRAM
•
PRACTICUM EXPERIENCE PROVIDING SUPERVISION TO PSYCHOANALYTIC CANDIDATES
•
OPEN TO PSYCHOLOGISTS, SOCIAL WORKERS, AND PSYCHIATRISTS WHO ARE GRADUATES OF RECOGNIZED POSTGRADUATE PSYCHOANALYTIC PROGRAMS
•
CLASS SIZE LIMITED TO TWELVE

*For additional information, contact:*
*Claire Arditi 212-996-5357*
*or Cynthia Medalie 212- 787-5684*

**National Institute for the Psychotherapies**
330 West 58th Street, Suite 200, NYC, NY 10019
**Phone: 212-582-1566 Fax: 212-586-1272**
Website:www.nipinst.org Email: info@nipinst.org
Chartered by the Board of Regents
of the University of the State of New York

ANNOUNCEMENT

# The CLINICIAN

## New Biannual Publishing Schedule

*The Clinician* will be published twice this year, instead of three times, as a cost savings measure.

The deadline for ads and editorial material for the next issue, mailed in mid-October, is **September 10.**

*2003-2004 Curriculum of*

# *HYPNOSIS TRAINING*

***Provides all requirements necessary for ASCH Certification***

- **INTRODUCTORY COURSE in hypnosis-***20 HOURS*
- **INTERMEDIATE COURSE in hypnosis-** *20 HOURS*
- **ADVANCED SEMINARS** - *3-4 HOURS*
  - ***Enhancing Couples Therapy with Hypnosis***
  - ***Hypnosis for Eating Disorders***
  - ***Positive Psychology: Hypnotic Strategies***
  - ***Adjunctive Hypnotherapy***
  - ***Hypnotic Self-Exploration for Therapists***
- **SUPERVISION GROUPS**
- **ASCH APPROVED CONSULTATION**

CATCH

CENTER FOR THE ADVANCEMENT OF TRAINING IN CLINICAL HYPNOSIS

**class locations:**
**NYC, Brooklyn, Westchester & Connecticut**

**CATCH FACULTY**
**Susan Dowell,CSW**
**Robert Friedman,MSW,Ph.D**
**Judith Kurzer,CSW**
**Marie McDermott,CSW**

**For brochure of courses, dates, times and locations, Call CATCH at (212) 531-1322**

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

S
CSW

CLINICAL
SOCIAL
WORK,
INC.

Std. Presort
U.S. Postage
PAID
Permit No. 9513
New York, NY