



State Societies Meet in Denver Vital Issues Discussed

Report by Marsha Wineburgh, President, NYS Society

The New York State Society joined with 15 other state societies in Keystone, Colorado, in October for a 3-day fall meeting of the National Federation of Societies for Clinical Social Work. The agenda for this meeting, the first of 3 during 1980-81, included a reconsideration of the Federation's objectives in light of current organizational needs. Planning for national advocacy, promoting licensing and vendorship across the country, increasing state society membership and improving interstate communications were major priority items.

Recent National Developments: The Internal Revenue Service has refused the Federation's request to add professional social workers to its Medical Care List. Federal legislation, including Bill HR3990, which proposed amendments to the Medicare/Medicaid program, with consequences for clinical social work practice, is currently at a standstill. In spite of the reappearance of these amendments in a new bill (the Congressional Budget Reconciliation Bill), the Federation's Washington lobbyist believes all mental health amendments will be deleted by a cost-conscious Senate Finance Committee. Meanwhile a new bill is in draft: the

Clinical Trials Assessment Bill. This bill calls for the establishment of a 10-year commission to determine the safety and effectiveness of various practices of mental health care. After 1984 any new service must prove its efficacy before being covered under this bill and thus eligible for reimbursement. This 13-member commission would consist of 7 researchers and a representative from each of the 6 mental health disciplines. A search committee is currently seeking nationally known social workers to serve as research and clinical practice committee members.

The Federation currently has a voice on various national committees including the National Commission on Confidentiality of Health Records and the National Commission for Health Certifying Agencies, which is likely to become a vital and powerful force in the regulation of the health care professions.

The Federal Government has begun to question the validity of continuing education credits (CEUs) as a measurement of professional competency. This could have a profound effect on postgraduate education.

Update: Once more Federation is clarify-
Continued on page 2

NEW COMMITTEE TO PUSH PARITY BILL

The campaign for an equal access amendment to the social work third party payments law, Chapter 893, began on Saturday, September 27th, with the formation of the Ad Hoc Committee for the Parity Bill. Barry K. Mallin, Society counsel, led a training session with Martin E. Pollens, social action chair, for the 15 attendees. The topic: communicating with legislators.

All chapters are requested to assign a

representative to this committee, which will serve the vital function of providing consistent efforts toward the bill's passage, and in support of Mr. Mallin's efforts in Albany. Society members with special knowledge of or contacts with labor unions and other public interest organizations are especially urged to get in touch with Mr. Mallin.

Mr. Pollens and Susan Finkelstein head the new committee. □

Countertransference is Theme of December Conference



Peter L. Giovacchini, M.D., was the featured speaker on "Countertransference and the Therapist's Turmoil" at the day-long Conference held on Saturday, December 6th, at the Barbi-zon Plaza Hotel in New York City.

Dr. Giovacchini described therapeutic situations with borderline patients and others suffering from defects that prove to be especially trying for the therapist. These difficult circumstances can be understood in terms of their adaptive significance and can be used constructively by the therapist.

Clinical professor, department of psychiatry, University of Illinois College of Medicine, Dr. Giovacchini is also director, Chicago Psychoanalytic Study Group; chief consultant, Psychoanalytic Unit, Barclay Hospital in Chicago. He is co-editor of *Annals of Adolescent Psychiatry* and a well known author and editor. Most current publications include *Treatment of Primitive Mental States* as well as *Psychoanalytic Treatment of Characterological, Borderline and Schizophrenic Disorders*, with Bruce Boyer.

A series of 10 related workshops were conducted during the afternoon by SCSWP members.

The Conference was jointly sponsored by the Society's education committee under the direction of Alan Shanel and the Center for Continuing Professional Education of the metropolitan chapter, Fredlee Ann Kaplan and Mel Lichtenstein, co-chairs. □



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Editor's Note

The crucial theme of parity continues to be the number one political issue for New York's clinical social workers and is again addressed in this issue. The Society has fought long and hard for the justice of parity, and final efforts are now reflected in the Society's own bill.

With the passage of the proposed amendment (New Parity Bill) in 1981, the perspective of CSWs within the state must widen. The professional recognition—by other mental health disciplines, by professional publications directed to these peer groups, by institutions that shape the course of mental health treatment as well as standards of practice and, finally, by government—widens the world, as through a wide-angle lens. And CSWs will see themselves in this wider sphere of professional influence.

The Society extends from each therapist's office and patients up to the highest reaches of government and provides that overview necessary to a clear perspective of the goals and standards of the profession.

A profession is defined as "a calling requiring specialized knowledge" as well as the "whole body of persons engaged in a calling." We are members of the body of clinical social work. We practice within the profession and also shape it. The Society, in continuing to present a unified, cohesive reflection of clinical social workers, will help achieve parity for the profession.

Alyce J. Collier, Editor

On Being Published . . .

While we invite all Society members to submit articles, papers or excerpts for publication in the *Newsletter*, final approval for publication rests with the editorial staff.

Why not take a chance if you have something you think will be of interest?

Vital Issues Discussed

Continued from page 1

ing its relationship with NASW. The Federation's position nationally has been to exchange information with NASW in all matters affecting clinical social work in order to discuss and resolve any differences before taking a public position. Public opposition only provides our adversaries with an easy excuse to take no action on clinical social work issues on the grounds that the profession does not have a cohesive, unified position. On those occasions when there is disagreement between Federation and NASW, therefore, consideration of the consequences of such disagreement should encourage negotiation and consolidation of professional opinion.

The opportunity for a clinical social worker to sit on the Joint Commission on Accreditation of Hospitals (JCAH) has prompted the Federation to consider several clinicians to fill one of the board's vacancies.

History: New York State was one of the original state societies involved in the formation of the Federation in May 1971. Our leadership believed that a national organization of clinical social workers could be most effective in promoting legislation in Washington that would advance clinical practice and training as well as promote the public image of clinical social work. The original group of 6 clinical societies has expanded to 28 state societies, many of which are full members of the National Federation. Only full member states have voting privileges. Officers of the Federation and committee chairs have no vote, and projects are subject to the approval of the majority of member societies before officers and committees may implement them.

Federation dues for member societies are based upon the individual state's membership, with an assessment of \$20 per member, up to 600 members. New York and California, whose membership exceeds 600, pay the maximum, or \$12,000 annually.

For the past 10 years the Federation has sponsored the *Clinical Social Work Journal*, which publishes professional papers of distinction. In addition, all NYS Society members receive the Federation *Newsletter* which contains news from the various state societies. Standards for Health Care Providers in Clinical Social Work have been developed as well as a Code of Ethics; the New York State Society is currently revising this code to meet its own needs. A National Committee for Psychoanalysis has recently been established to protect the rights of social workers to practice this skill in which they are trained.

Executive report

Recently, clinical social work has provided a professional arena of controversy from both within and outside the profession. In a paper entitled "The Profession Waged a War and the Clients Died: A Clinical View of Inner and Outer Space," Margaret Frank, with case illustration, attempts to outline and integrate professional practice with its existing differences between clinical and environmental social workers. Throughout the sixties and seventies, traditional practice and methods of clinical social work underwent challenge and change. Now in the eighties, despite continued controversy, clinical social work has survived and emerged with a stronger sense of identity and the distinctive determination to legally establish and protect its professional skills through legislation. The Society's "equal access" bill reflects such action from within the profession.

To further this goal the total clinical social work community now needs to be directly addressed. Specifically, this includes not only clinical social workers who practice privately but also those employed within clinics, hospitals and various social agencies throughout New York State. Definitively, those practitioners within the larger social work profession who concern themselves with both the conscious and unconscious needs of a broad range of clients, delivering quality service in many diverse settings.

What is being emphasized, therefore, is the Society's concern and recognition of all clinical social workers. What is further suggested is a firm, positive consolidation to protect the independent professional practice and skills of clinical social workers, both in private practice and within other settings.

During these critical times, when State health regulations seem to be infringing upon the professional practice of clinical social workers by attempting to place them under the supervision and direction of other mental health professionals, the total clinical social work community must unite as one professional force working toward one victory: the establishment of legal independent professional recognition! This can only be accomplished by supporting the Society's efforts to develop legislation protecting us all.

Ours has become a time of galloping bureaucracy, restrictive red tape and crippling inflation, all working against creative, independent practice. While clinical social workers in private practice

struggle with professional discriminatory reimbursement and intrusive forms that threaten the principle of clients' confidentiality, clinical social workers practicing in public, as well as voluntary settings, experience similar restrictions that inhibit their professional ability to deliver sorely needed quality services. In such settings cutting costs often means replacing experienced, skilled practitioners with non-professional staff or limiting treatment for clients by restricting clinical practice. The time is now ripe for clinical social workers to speak with one voice. This can be done through legislation and public support. Historically and presently, the Society remains committed to this goal.

The support of all clinical social workers is crucial: those who teach, those within clinical settings, and those who practice privately. Let us come forward, throughout the State, emphasizing in numbers our professional belief in what we do. Let us help ourselves professionally so that we may continue helping others professionally.

Robert P. Galardi
1st Vice President

PERSPECTIVES

This edited historical perspective of clinical social work is excerpted from a paper entitled Psychiatric Social Work by NYS Society member David G. Phillips, DSW, Director of Social Work at Postgraduate Center for Mental Health, New York City.

In the late 1800s the philanthropy of private and religious organizations began to develop into the profession of social work. The first training program of this emerging profession was offered in the summer of 1898, and by 1904 a full 8 months of training was offered by the New York School of Philanthropy (now the Columbia University School of Social Work). The development of psychiatric social work was and is closely tied to the evolution of the profession of social work.



Psychiatric social work per se is considered to have begun in 1904 when Dr. Adolf Meyer of the Manhattan State Hospital encouraged his wife to visit the families of hospitalized patients to supplement their treatment by understanding the "sources of sickness" in the community. Two years later Miss E.H. Horton became the first graduate social worker to be employed in an institution for the mentally ill. Her statement about her work indicates the psycho-social and social change orientation of social work: ". . . that disease is frequently caused by adverse social, moral or industrial conditions and

can not be permanently cured unless these conditions are changed".

The seminal figure of early psychiatric social work, Mary Jarrett, coined the term "psychiatric social worker". Director of the Social Service Department of Boston Psychopathic Hospital, in 1918 she developed an 8-week course to help social workers deal with the emergency needs of psychiatric patients. This summer program was the origin of the Smith College School for Social Work which opened in 1919 as the first school in the country to offer a curriculum for the training of psychiatric social workers. In 1923 Jarrett founded the Psychiatric Social Worker's Club which became in 1926 the American Association of Psychiatric Social Workers. She emphasized the social worker as an intermediary between the patient, the patient's family, and the resources in the community which could aid in the patient's treatment.

Ideas emerging in psychoanalysis and in psychiatric social work had a major impact on the social work profession after World War I. Work with "shell shocked" soldiers and veterans provided strong impetus to the exciting new concepts with which psychiatric social workers were identified.

Another important step in the development of psychiatric social work came in the early 1920s when demonstration child guidance clinics were founded in 8 cities by the Commonwealth Fund. Social workers supplied the majority of professional staff in these clinics with initial responsibility for dealing with the social and environmental forces affecting the "disturbed" child. Although social workers started as intermediaries between clinic and parents, it was quickly noted that parents were often more disturbed than the child who was the "primary" patient. The role of the social worker began to shift to that of therapist for the parents and often to that of primary therapist for the child as well. This experience led to increased understanding of the dynamics of human relations which in turn influenced theory and teaching in all social casework of that period.

In the Depression of the 1930s a lack of funds for mental hygiene treatment forced many psychiatric social workers into positions in the "newly established public welfare agencies concerned not only with providing 'relief' but also with 'common human needs' of relief clients." During this period the concept of ego psychology also emerged. These concepts provided a theoretical synthesis between the "social order and the psychological depths"—always the dual concerns of social work — and the acknowledgment of the ego as the unifying force.

The '40s and '50s saw increasingly independent psychotherapeutic functioning by psychiatric social workers. In psy-

chiatric hospitals as members of the treatment team they were responsible for evaluating and working with the patient's family; often because of the severe lack of psychiatric personnel the psychiatric social worker assumed primary treatment responsibility for the patient under the direction of the psychiatrist.

In 1948 the Postgraduate Center in New York developed a training program in psychoanalysis and psychotherapy, the first such program in the country to offer this advanced clinical training to social workers on an equal basis with other professionals. The present trend of social workers' entering private practice is greatly aided by the increased opportunities for advanced clinical training.

Several complex and contradictory trends are impacting the current position of psychiatric social work. The very concepts and terms "psychiatric social work" and "psychiatric social worker" are being questioned and often discarded. Two major trends emerge behind the reevaluation of these formerly "elite" designations.

On the one hand, many leaders in social work theory and education are moving toward a broader and more flexible idea of social work treatment. Students are taught to understand behavior multi-dimensionally—individual, familial, group and societal. The student is prepared to understand a "case" at a variety of levels and to work at any level where action is most appropriate; from individual treatment to intervention with a community structure, etc. This broader concept of social work education and practice is accompanied by a breakdown of titles and classifications in the field; the original tag of "psychiatric social work" is now too narrow.

On the other hand, social workers in both agencies and private practice have remained interested primarily in clinical work and have begun to reject the label of "psychiatric social worker" which elicits a bygone era of subservience to and imitation of the medical profession. Preferred titles now are "clinical social work" and "clinical social worker" which describe the nature of their practice while recognizing their independence of functioning.

In 1955 the American Association of Psychiatric Social Workers, a specialized organization, merged into the newly formed National Association of Social Workers. This attempt to create a "blanket" organization was part of the rapprochement, but a number of clinical social workers felt that the new organization did not represent them adequately and did not uphold appropriate standards of professional education. The National Federation of Societies for Clinical Social Work was formed in 1971. It is too soon to predict whether this heralds a return to specialized professional organizations in social work. □

LEGISLATIVE EXCHANGE

Report by Barry K. Mallin, Esq.,
Legislative Advocate

New Parity Bill Set For January 1981 Session

The Parity Bill (also known as Equal Access Bill, Third Party Reimbursement Bill, etc.) will be reintroduced in the State Legislature at the January 1981 session. It is expected that State Senator John E. Flynn, who has introduced two previous bills on behalf of CSW parity, will be joined by Assemblymen William B. Fineran and Clarence D. Rapplyea, Jr. and Assemblywoman May B. Newburger in presenting the new bill, sponsored by the Society. The passage of the bill will achieve parity for clinical social workers with other mental health professionals.

There is a serious shortage of qualified mental health professionals. The restriction on reimbursement to clinical social workers therefore operates to the detriment of the public's need. More than 90 percent of treatment for mental and emotional problems is by means of psychotherapy, the area in which clinical social workers are legally qualified equally with psychiatrists and psychologists.

The bill, which amends Chapter 893/77, will enable mental health patients more readily to obtain treatment by assuring reimbursement for the psychotherapeutic services of qualified and registered CSWs under group health insurance contracts that already include reimbursement coverage for physicians, psychiatrists or psychologists. The legislation will not mandate coverage for mental and emotional ailments in health insurance contracts but includes CSWs within those contracts where such provision already exists.

In Summary:

1. Clinical social workers are the dominant providers of mental health care and treatment in New York State and throughout the country.
2. The bill will increase the public's access to these qualified mental health professionals and will thus serve to alleviate the serious shortage of mental health providers.
3. The bill will help brake the rising costs of mental health and medical care; employers have found that use of psychotherapy results in a decrease in the use of physical health services.
4. The bill will not result in increased insurance costs. Commercial in-

surers in New York State have found that including clinical social workers as additional vendors makes little difference in insurance premiums.

5. The bill proposes no new insurance mandates but only adds qualified CSWs to the list of those eligible for reimbursement. □

Everything You Need to Know . . .

Detailed instructional materials on the content and style for communicating with legislators are available from Mitzi Mirkin, executive secretary of the Society.

The following excerpts are part of a complete packet on effective communication with your legislator to achieve your—or your organization's—goals. Materials have been prepared by Martin S. Pollens, chair, Social Action Committee.

Talking To Your Legislator

1. *Speak simply.* Don't use big words or jargon. The legislator needs to understand the issues you are presenting clearly and concretely.

2. *Provide specific examples.* Your own background, training and experience is usually most effective in helping a legislator to understand what a clinical social worker does.

3. *Do not attack other mental health disciplines.* We are seeking parity/equality with the other recognized mental health disciplines. Emphasize our education, training and experience in the delivery of psychotherapy services as comparable with the other professions currently enjoying complete recognition.

4. *Offer to provide the legislator with research data and statistics concerning the profession.* Legislators are often eager to support a bill but require hard data to justify their position publicly.

5. *Emphasize your continuing efforts to maintain clinical competence.* Workshops, institute registration, personal therapy, supervision, consultation—all are viewed in a positive light by legislators. He/she requires evidence of continued growth and development on a voluntary basis to allay concerns that "guild-like protection" is being extended to a professional group. We must highlight our self-motivating and self-initiating qualities in continually improving our skills.

6. *Establish an ongoing relationship with your legislator.* Encourage consistent

contact concerning professional and mental health issues that may emerge in the near future. Suggest that the legislator can rely on you (and your organization) for definitive data regarding important issues. If possible join the legislator's advisory committee. Emphasize what you can contribute to the legislator rather than on what you want him/her to give you!

7. *Recognize your strength as a constituent.* You and your family and friends represent votes. Your input therefore can carry significantly more weight than our counsel/advocate's letters and phone calls. Our counsel is not a constituent of your legislator and his vote will not count. Yours will.

Writing to Your Legislator

It is important that we keep our representatives informed of how we feel about legislation that affects our interests, and the facts on which our thinking rests. Next to a personal visit, a personal letter is most effective.

Write sincerely and simply from your knowledge; don't guess at facts or base your letter on rumors. Your representatives will listen to what you have to say. They will listen more closely if you take the time and effort to know them—their records and the subject about which you are writing.

When you write:

1. Know your representative's full name; spell it correctly. Better yet, get to know him/her personally.

2. Write when the Society first suggests it; don't put it off. You may not have the time tomorrow, either.

3. Carefully and correctly identify a given item of proposed legislation by its number and contents.

4. Do not inject party politics or criticize legislators or other organizations.

5. Explain thoroughly what you are concerned about. Be concise; do not use generalities. Include all essential details.

6. Follow through. Let your representative know you are watching his/her record with interest.

7. Send a letter of appreciation when your legislator does something that meets with your approval.

8. Use professional or personal stationery. If you are writing as the representative of a group, use organization letterhead. Include your own name and address on the letter.

9. Do not use mimeographed letters, printed post cards or form letters. These are valuable only when a bill is reported out to the Assembly and Senate; at this stage volume counts. (The more mail the better. The legislator's office keeps a running tally.) However, when the bill is passed and sent to the Governor's office for approval, personal letters are a MUST.

CONTINUING ED

The Challenge of the 80's—Effective Education for the Language and Learning Disabled is the theme of the week-long 8th Annual Conference of the New York Branch of The Orton Society, Inc. to take place March 20-28, 1981 in New York City. For further information write to New York Branch, The Orton Society, Inc., 80 Fifth Avenue, Room 903, NYC 10011.

Conference Held on Child Abuse

The Department of Social Work, Division of Public Service and Continuing Education, SUNY College at Brockport, together with the Children's Alliance of Monroe County, sponsored the first annual Conference on Child Maltreatment on October 4th at the College. SCSWP member Kenneth J. Herrmann, assistant professor of social work, introduced the day-long event of panel discussions and workshops and served as panel moderator on "The Treatment of Child Maltreatment."

More than 100 attendees from all over the state heard Cornelius F. Kelly, Associate Director for Information and Program Development of the Temporary State Commission on Child Welfare report the Commission's findings on the direct correlation between child abuse and alcoholism.

The event also marked the initiation of a new Child Maltreatment Committee; an organization of scholars, professionals and interested lay persons, its function will be to serve community and academic needs by continued exploration and communication of related issues in this crucial problem area.

Mr. Herrmann is in the process of forming a new chapter of the Society in the Buffalo-Rochester area. "It's important to have good people involved in this new chapter," he observed, "and it's taking time." □

News Update

In January 1981 Senator Inouye (D-Hawaii) will introduce a bill (S. 123) to amend the Social Security Act so that all qualified mental health practitioners will be eligible as direct providers of mental health services to Medicare and Medicaid beneficiaries. "Qualified mental health providers" are defined to include board certified psychiatrists, psychologists, clinical social workers and psychiatric nurse specialists.

This important legislation needs your support. Details will be mailed to you in early December as to how you can participate in introducing this bill.

IN COMMITTEE . . .

PSYCHOANALYSIS

At its June 21st meeting the committee discussed the place of psychoanalysis within the practice of clinical social work and whether psychoanalysis will be treated as a separate licensed specialty. Continuing dialog concerned the inequities among the three disciplines practicing psychoanalysis and the fact that there are more social work analytic candidates than either of the other two disciplines but sparse representation by social workers at institute faculties.

In view of this long-existing situation, the decision to send a letter to the various institutes for psychoanalytic training, with the committee's recommendations, was implemented by chairman Crayton E. Rowe. Such a letter was sent, calling attention to the existing inequities and requesting consideration of appropriate changes.

Crayton E. Rowe, CSW

MEMBERSHIP

We are pleased to report that the membership drive launched this past summer has resulted in more than 100 additional members to the Society, bringing the total membership to almost 1,000. Certified social workers throughout New York State were solicited by mail, and applications are still coming in. Our thanks to Mitzi Mirkin, executive secretary, for speeding up the processing of new members' applications.

The Society's message was addressed to all clinical social workers—those in private practice as well as those in agencies and clinical settings. A future goal is to reach out even further, to include students in the schools of social work. The membership committee is also considering certain revisions within the existing categories for membership requirements.

We look forward to further growth and recognition of the Society through its members and their active participation.

Gemma F. Colangelo, CSW

ETHICS

This committee has completed the first stage of its work, begun more than a year and a half ago. The work of the committee began with a review of the current Code of Ethics of the National Federation of Societies for Clinical Social Work.

After careful study, it was determined that this Code would not adequately meet the needs of the State Society for two primary reasons: a) the language and concepts were often unclear and major problems could arise if the Code were used in adjudicating specific ethical dilemmas or complaints against members; b) the

Code had been drafted in 1974, prior to the recent decisions regarding advertising by professionals as well as other factors specific to New York State such as the Rules of Professional Conduct of the Board of Regents.

In view of these considerations, the committee studied codes of ethics of several other professional groups and institutions. After much painstaking work, a preliminary draft of a revised Code for the Society has been submitted to local chapters for review and comment.

The committee urges that, in view of the importance of this project, each chapter will take an active role in reviewing and revising the draft submitted. The work of developing and circulating a Code of Ethics which will be truly meaningful to our practice can only take place with the full and active participation of Society members.

David G. Phillips, CSW

PLAN AHEAD

Chapters and committees that have formulated programs for 1981 are invited to submit projected plans for a Coming Events column in the *Newsletter*. In this way all members will know ahead of time the programs they wish to attend and can plan accordingly. Special programs will also gain greater interest and attendance by announcement of the event, date, time and place.

Chapter Update

METROPOLITAN

The metropolitan chapter held its elections in June. We are pleased to announce the results and welcome new members. Barbara Pichler is the new chapter president, Marguerite Perrin-Klein the first vice president; she will continue in her capacity as membership co-chair. Susan Rufer has assumed the office of recording secretary; Alix Weiss-Altaner is member-at-large. Appointments include Mel Lichtenstein as second vice president; he will continue to co-chair the education committee. Carol Raphael as the corresponding secretary will be responsible for starting a chapter newsletter. Barbara Kuerer-Gangi will function as member-at-large for the referral service committee.

Susan Finkelstein and Andy Stromberg have mobilized our membership to fight for the Society's parity bill. On September 27th they participated in a well organized meeting on the state level to train members on effective lobbying with their local legislators.

Susan Dowell interviewed with Carol
Continued on page 6

Advanced Institute for Analytic Psychotherapy

Certificate Program in Psychoanalytic Psychotherapy

The Advanced Institute for Analytic Psychotherapy offers an integrated three-year curriculum in contemporary analytic psychotherapy, of courses, clinical case seminars, supervised treatment experience and lectures by distinguished visiting faculty.

The Advanced Institute is incorporated under the New York State Education Law and is affiliated with the Advanced Center for Psychotherapy.

For an application, write to:
Joseph LeBoit, Dean of Training
Advanced Institute for Analytic Psychotherapy
178-10 Wexford Terrace
Jamaica Estates, New York 11432
Phone (212) 739-7099

TRAINING IN PSYCHOANALYTIC PSYCHOTHERAPY

The Institute for Contemporary Psychotherapy, a non-profit organization chartered by the Regents of the University of the State of New York is accepting applications for admission to its program in Psychoanalytic Psychotherapy beginning September 1981.

For further information contact:

William F. O'Donnell, Ph.D.
Director of Training
Institute for Contemporary Psychotherapy
1 West 91st Street
New York, NY 10024
(212) 595-3444

Chapter Update

Continued from page 5

Coleman on WRFM and spoke about psychotherapy, finding a therapist, and our referral services. The interview was to air five times during the Columbus Day weekend. Over the next three days 8 calls to the service were received.

Metropolitan plans an active year. Chapter members were invited to attend the next board meeting and to become more involved in chapter activities. We will be actively involved with chapter members on important issues to be addressed this year on both the state and local level.

Barbara Pichler, CSW

MID-HUDSON

Fall activities began with Amy Blumberg, co-chair for the program committee, hosting a social evening. She and Carolyn Bersak are newly elected. Bob Kurland, treasurer, will also serve as newsletter coordinator; Carolyn Rounds now chairs the membership committee, and president Evelyn Hill will develop the information and referral service.

The November 18th meeting featured Alan Spivack, whose topic was "The Family Life Cycle, a 'Crazy' and Delinquent Older Adolescent: A Clinical Case Presentation and Discussion."

Alan Kraus is scheduled to speak on

"Using Dreams in Psychotherapy" at the December 8th meeting.

Evelyn Hill, CSW

NASSAU

On Sunday, October 5th, the first meeting of the season, planned by membership chair Selma Lane, took place at C. W. Post College with a majority of the chapter's 170 members present. Guest speaker Dr. Hugo Kierszenbaum discussed various aspects of DSM III.

Marcia Zigelbaum, program chair, reported the following events for Nassau's fall calendar: A two-session workshop on Saturday, October 25th. The morning session presented Monica Rawn, CSW, discussing "Thematic Approach to Interpretation in Psychoanalytic Psychotherapy." The afternoon session featured Roy Berman, CSW, on "Individual Psychotherapy with the Alcoholic Patient: A 2-Phase Approach to Treatment."

Gertrude and Rubin Blanck presided at a seminar November 8th on "Narcissism and the Borderline Condition."

Mitzi Mirkin

QUEENS

Queens continues to be concerned with third party payment and its implications for the therapeutic alliance as well as procedures for completing insurance forms for patient reimbursement. A continuing discussion on this subject took place at the November meeting.

An additional focus during the coming year will be to increase chapter membership as well as to encourage present members to become involved in both chapter and state activities.

Haruko Brown, CSW

WESTCHESTER

The chapter's Annual Fall Professional Institute took place Saturday, October 18th. The program, entitled "Private Practice: Clinical, Managerial and Theoretical Issues," was planned by co-chairs Bob Addison and Audrey Wax.

Rita Benzer, chapter president, began with a review of historical events that led to social workers' entering private practice. A panel presentation addressing "Issues for Management in Private Practice" was chaired by Marty Pollens. Barry Mallin, Esq. addressed legislative and legal issues; Elliot Burnham spoke on tax and business regulations; John Rufer, CPA, explained financial and organizational structure; and Crayton Rowe talked about training issues and readiness for private practice. Six workshops were presented.

The chapter's November meeting featured a book review presented by Robert Butter on *Psychoanalysis of Developmental Arrests: Theory and Treatment* by Frank Lachmann and Robert Stolorow.

Rita Benzer, CSW

PROFILE

MARSHA WINEBURGH, CSW



"I would like to see the New York State Society as *the* leader in clinical social work issues," Marsha Wineburgh stated in her Platform for Candidacy for president of the Society. It still holds as her ultimate goal. And, halfway through her term of office, she feels the Society is well on its way.

A member of the original steering committee to establish the Metropolitan Chapter, Ms. Wineburgh has served in a number of executive offices and chaired committees at both state and chapter levels, playing a significant role in shaping state and local policies.

During her term as State PSRO chair, she was instrumental in establishing the coalition of the Society, NASW-Metropolitan Chapter and the Society for Hospital Social Work Directors. Through this unification, a clinical social worker was nominated to represent the professional interests of this social work community on the New York State PSR Council. For the first time, social workers had professional representation in an advisory capacity at the state level.

The Society has experienced an active and growing year under Ms. Wineburgh's leadership. Her two short-term goals—an increase in membership in all geographical areas of the state and the initiation of continuing advanced education at the state level (both of which have been implemented during 1980)—should result in a major long-range goal: the increasing impact of clinical social workers on the professional community.

Speaking of the importance of statewide membership, Ms. Wineburgh says, "We in the metropolitan area are not always aware of the problems our colleagues face in less populated regions." She cites inadequate continuing education as well as "fewer therapists and less cohesion as a profession." She sees the Society as a "rich resource for social work clinicians . . . and as a resource for other state societies, struggling to assert their rights as primary mental health clinicians."

A native New Yorker, Ms. Wineburgh grew up in Utica where, she says, "People really didn't talk too much about their feelings." A graduate of Cornell University with a BA in zoology, she earned her MSW at New York University Graduate School of Social Work and was certified in psychoanalysis and psychotherapy at Postgraduate Center for Mental Health. She has had advanced psychoanalytic training in consultation and supervision.

Currently in full-time private practice,

she also holds positions on the faculty of several facilities.

Ms. Wineburgh sees her two-year service, in close cooperation with the State Board, as an opportunity of fulfilling her own statements and of realizing the major function of the Society, expressed as "the promotion of considered, balanced strategies designed to ensure and perpetuate our positions as accredited, autonomous mental health practitioners."

TRAINING IN PSYCHOANALYSIS

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