



NEWSLETTER

NEW YORK STATE SOCIETY OF CLINICAL SOCIAL WORK PSYCHOTHERAPISTS, INC.

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Weekend Retreat Produces Long-Range Plans for Society

Redirection, New Goals Established

Special Committees Begin Implementation

Report by Adrienne Lampert, CSW, Past President, and Phyllis La Bella, CSW, First Vice President

On the weekend of March 3rd, 4th and 5th something special happened for the New York State Society. Twenty-three members past and present of the state board met at Sterling Inn, PA, for a weekend to carefully look at our state Society, its structure, performance, membership needs and overall goals. This retreat weekend afforded those present an intense involvement in a group process that carefully outlined the issues for our membership organization. The objective was a prioritized plan to meet our primary goal — that the Society emerge as the organization that represents fully the clinical social

worker in New York State. We met in four small groups to develop ideas related to “stop/start/continue” processes and projects that would best meet our needs now and in the future. Interestingly, the composite findings had an amazing consensus. Such thoughts as:

STOP	START	CONTINUE
Complaining	Procedure	PR effort
Doing and undoing	and policy manuals	Commitment to clinical
Putting personal goals first	Centralization	social work
	Executive Director	Increase membership
		Creativity
		Grass root involvement

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Is Licensing Here for Clinical Social Work?

By Marsha Wineburgh, CSW Legislative Chair

On November 18, 1988, a small group of social workers representing the NYSS CSWP, NASW, the Association of Deans of Social Work Schools, and the State Board for Social Work (as observer) met to discuss current legislative issues affecting our profession. The meeting focused on the issue of multilevel licensing for social work. This kind of legislation would include all levels of social work currently being practiced in New York State, from the BSW level through advanced independent clinical practice.

Early discussion identified four levels of licensing: BSW, MSW with no experience (equivalent to our current CSW) and two advanced levels which provide for an independent practice for clinical social work and another for advanced social workers in other areas such as administration and community organization. Currently, 47 states and territories have some form of social work regulation. New Mexico, with legislation now pending, will make the 48th state.

Licensure: Protection, Definition

In general, licensure has several functions, including the protection of the public from incompetence and from unprofessional conduct as well as providing a way to identify qualified professionals. At present, in New York State, a social worker is licensed under Section 7700, Article 154 of the Education Law as a “certified social worker.” This is a very broad use of the term “license” and it is essentially a title protection law which mandates that certain requirements be met before one can qualify for this certification. There is a

continued on page 2



Rosemary Sacken, CSW - president, Westchester chapter; Carole Ring, CSW - member-at-large, Brooklyn; Diane Kramer, CSW - president, Nassau chapter.

EXECUTIVE REPORT

Specialty Committees: Further CSW Definition



As I've had opportunity to meet Society members from around the state during the past year, it has become apparent to me that we are a diverse group with experience in many practice areas. From time to time, members have expressed to me their wish to have more opportunity for networking with others within our organization who have similar specialty interests, and raised the question of why, to date, we have established only two specialty committees. Historically, specialty committees, i.e., the Forensic Committee and the Committee on Psychoanalysis, have been formed primarily for political reasons. These are areas in which the clinical social worker's right to practice have been challenged, and we do not have parity with practitioners in

the other mental health professions. We face new challenges today as various groups providing specialized mental health services seek to be licensed and qualified for insurance reimbursement in New York State. Our legislative committee has been monitoring these developments closely.

At this point in time it is important for clinical social workers to remain identified with their profession and increase their visibility in specialty practice areas. At our recent Board retreat, a plan for the establishment of specialty committees, beginning with one on family and child therapy, was developed. We are hoping that these committees will be of interest to and will benefit members who have specialized practices and further define for the consumer public and for other mental practitioners what clinical social work psychotherapists do.

Robert J. Evans, CSW
President

Legislative Highlights

By Marsha Wineburgh, CSW
Legislative Chair

New York State News

Our Medicaid bill has been reintroduced into both the senate and the assembly — **S.1419/A.2112**. This bill mandates Medicaid reimbursement for qualified clinical social workers for psychotherapy services in private practice settings. Mental health services delivered by social workers in OMH-licensed clinics are already reimbursable. Seven Republican senators, notably, Senator Eugene Levy (Rockland), and 19 Democratic assemblymen, including our lead sponsor, Assemblywoman Rhoda Jacobs have signed on to the bill.

Federal News

Plans are to reintroduce Senator Ted Kennedy's (D-MA) minimum employee benefit legislation in late spring. Formally **S.1265**, this bill mandated a minimum

mental health benefit of 20 outpatient visits per year and included clinical social workers as providers. Federation lobbyists are working closely with Congressman Henry Waxman (D-CA) on the House version of this legislation. The Federation and NASW are expected to testify jointly at a hearing this spring.

Senator Daniel Inouye (D-HI) is again introducing legislation on behalf of our profession. Several bills provide for recognition of clinical social workers as Medicare providers.

S.124 amends Medicare to provide that clinical social work services are covered under Part B and are a mandatory benefit under Medicaid... **S.63** amends Medicare to include clinical social workers as providers in comprehensive outpatient rehabilitation centers... **S.99**, **S.118** and **S.122** amend the Medicare law to include us as providers in HMOs, community mental health centers and rural health clinics, respectively. Psychologists were legislated in as providers last year in these last two settings... **S.111** has been reintroduced to allow forensic examinations by clinical social workers in federal courts. □

LICENSING (continued)

definition of practice included in the law, however, which defines social work as "engaging, under such title, in social casework, social groupwork, community organization, administration of social work program, social work education, social work research, or any combination of these in accordance with social work principles and methods. The practice of social work is for the purpose of helping individuals, families, groups and communities prevent or to resolve problems caused by social or emotional stress."

As clinical social workers, licensing would offer us an opportunity to define our areas of function in a more explicit way using terms such as "psychotherapy," "treatment" and "diagnosis" as well as defining areas of practice such as psychoanalysis, substance abuse and marriage and family counseling. This kind of legislation would enhance our efforts to establish parity with the other major mental health professions and, together with our vendorship legislation, weave us more tightly into the fabric of the mental health professional community in New York State. □



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New Board Members Elected for 2-Year Terms



Marcia Rabinowitz, CSW
(Diplomate)
President-Elect

"I have seen our organization grow from 25 members to almost 1700..." Marcia Rabinowitz has been an active member of the Society since its inception. She has served on the State Board as secretary and membership chair, as member-at-large and by-laws committee chair. A member of the Federation's committee on psychoanalysis and former editor of its newsletter, for the past 3 years she has produced the Met chapter's newsletter.

Marcia believes that "the growth of the Society has reflected the growth and pride in our profession." She will continue to work toward further implementation of goals, including public recognition of CSWs' professional expertise, parity and the maintenance of the highest standards of clinical social work.

After receiving an M.S. from Columbia University, she received certification at Postgraduate Center. Currently supervisor at Metropolitan Institute, Marcia also has a private practice.

Carl Bagnini, CSW (Fellow) Second Vice President

A Society member since 1972, Carl Bagnini is immediate past president of Nassau chapter and former member-at-large, a member of the State ethics/adjudication committee during its formulation of the Society's Code of Ethics and a member of the Federation's committee on psychoanalysis.

"I... support communication and working relations between national, state and



Arden Greenspan-Goldberg, CSW
(Fellow)
Member-at-Large

local chapter interests..." and coordinated a dialog among these leaders in 1987 to examine the Society's mission for the coming decade.

Carl believes in strong leadership, committee work and accountability in promoting the Society's goals; target areas for attention include insurance, public image, education and professional standards. Active during the struggle for parity, Carl is particularly interested in interfacing with other professional organizations.

His MSW is from NYU Graduate School of Social Work; he has taught at Adelphi University School of Social Work, SUNY/Stony Brook and Long Island University.

In private practice, Carl also lectures, writes and appears on television from time to time.



Shayne Lee Raze, CSW (Fellow)
Recording Secretary

A Society member since 1980, Shayne is vice president of the Brooklyn chapter. Her role on the State Board while chapter membership chair prompted her to "take more of an active role on the state level."

The spring retreat reinforced this commitment: "I became energized and more enthusiastic and look forward to taking part in... decisions... for the Society's future."

Raze is a clinical supervisor at New Hope Guild and a consultant to the State Education Department - Office of Professional Discipline, in addition to private practice. Her MSW is from Fordham University School of Social Work, 1979.



Fred G. Frankel, CSW (Fellow)
Member-at-Large

As State chair of the referral committee in 1987, Fred G. Frankel has a firm and continuing commitment: "I would welcome the opportunity to... help coordinate a statewide referral system."

Fred is on the staff at Queens Children's Psychiatric Center and has a private practice. He strongly supports the "visibility and availability of the Society's well-trained therapists for referral to the public."

He completed his MSW in 1977 at Adelphi University School of Social Work and his certificate in 1983 from Long Island Institute for Mental Health.



Thora Wagner, CSW - co-president, Suffolk chapter; Jacinta Costello - Marschke, PhD - chair, chapter development committee; Joy A. Perlow, CSW - president, Syracuse chapter; Emery Gross, CSW - president, Met chapter; Denise Zalman, CSW - recording secretary.

After processing these concepts in the large group, we moved toward specific tasks and once again broke up into small groups to develop ideas. Some clear recommendations and the process for implementation were achieved.

Finances

- Increased Membership
- Public Relations
- Fundraising Events: Clinical and Social

Continuity of Leadership/Leadership Development

- Procedure Manual
- Job Description for Committee Chairs and Board Positions
- Leadership Development Through Training
- Information Packet for All New Officers
- Orientation Meeting for New Officers
- President-Elect at Chapter Level
- Weekend Retreat Annually for Officers

Board Relations

- Construction of Agenda for Board Meetings
- Clarity of Goals with Processes for Achievement
- Committee Input and Productivity

Business Interests of Membership

- Develop Semiannual Workshop Related to Bread-and-Butter Issues
- Market to HMOs, PPOs, Business Groups Via Public Relations Counsel
- Develop Communication System with Institutes and Social Work Schools

Executive Director

- Develop Precise Job Description for Executive Director

- Allocate Budget
- Hire Executive Director
- Revise Bylaws to Amend State Board Structure for New Office of Executive Director
- Establish Centralized Office

Special Practice Committees (Marriage, Family, Child, Cognitive, etc.)

- Develop Material to Interest Special Practice Members
- Develop Questionnaire to Explore Needs of Members
- Outline General Goals
- Solicit Active Committee Members

As a result of the recommendations that emerged from this weekend, the board has set up three new committees, each with a liaison person on the executive committee, to work on the issues of fundraising, an Executive Director, and specialty practices.

Needless to say, this redirection is a major undertaking; the state board will be looking to chapters and individual members for support and assistance. It may seem overwhelming but with the energy and growth of our membership we certainly can move toward these important objectives.

Synthesis of Goals

- To be Empowered and Licensed
- No Parity Issues
- NYS Society Institute: Clinical Graduate and Postgraduate Education with Degree Granting Powers
- Permanent Headquarters for Administrative Office and Educational Facilities
- A Professional Self-Image as Independent Practitioners

• Raising Funds to Carry Out These Visions

The weekend brought this board closer together on a personal and professional level. Further, it renewed our determination to promote our profession and the state Society as the leader for clinical social work. To accomplish these visions, each member's support and active participation is an integral necessity for success. Come join us in bringing the New York State Society and clinical social work into the 21st century. □

Afterthoughts...

We thought you would want to "hear how it went." Our Newsletter liaison Haruko Brown asked a few of those who had been there and who have been intensely involved with establishing goals, motivating change and setting the Society's sights anew for the '90s.

Robert E. Evans (President)

Bob admits to "feelings of apprehension at the beginning... a sense of responsibility for the weekend to prove productive." By the time it ended, he felt "energized and excited about the future of the Society." Bob's initial tension was related to his concern about how the Board could possibly accomplish, over a weekend, the task proposed by the Executive Committee. After the Board began to work together, however, they were very productive. Bob found this personally helpful and now has a clearer perception of the direction that the Society must take. He feels personally challenged and again somewhat "overwhelmed" when he steps back and thinks about the amount of work still to be done.

An additional bonus for Bob was that the retreat enabled him to work more closely with Board members and in particular to get to know new Board members.

Adrienne Lampert (Past President)

"A very innovative and creative experience" was Adrienne's reaction. This was an opportunity for the Board to discuss organizational issues and focus on the future of the Society. Working together for an intensive weekend enabled Adrienne to appreciate each individual's dedication to the Society. In fact, she felt it was such a worthwhile experience that it should be repeated — particularly as new Board members assume office.

AFTERTHOUGHTS (continued)

Bobba Jean Moody (former Board member actively involved in 5-year planning committee)

Bobba describes her weekend as an "uplifting experience". Admitting to anxiety about attending, she wondered what she could contribute. The early phase was frustrating. "I wasn't sure what direction it would take." However, as the weekend progressed, she became "charged with energy" and, under the direction of the Facilitator, the group became cohesive and productive. "I was amazed what the group could accomplish." She feels that the Board can now move forward.

Harvey Siegel (President, Rockland)

"I felt excited, enthusiastic and very connected to the members of the Board." This did not mean that he "loved everyone or agreed with everyone" but that this was a group he could work with. "We worked very hard toward what the Society could accomplish." The process of working in smaller groups with a specific task and reporting back to the larger group became a process of integration and "each piece became a part of the whole."

As a new member, the weekend was an "accelerated lesson for me on how the Board works — a special window" that showed him more clearly what the issues are.

Harvey also shared that, for him personally, being elected chapter president meant primarily working for the chapter. He now feels more a part of the State Board and connected to the workings of the Society as a whole.

Shayne Lee Raze (Recording Secretary)

"It was a good experience. I am new on the Board and the weekend gave me the opportunity to get to know the Board members."

Shayne expressed excitement about the commitment that Board members have; this has helped her to feel less resentment regarding the time that she now devotes to her Board work.

Shayne felt that working together contributed to the productivity of the group, the continuity of mutual effort creating a flowing energy. □

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PRACTICE MANAGEMENT

Supervision

By Barbara Pichler, CSW

It is understood that beginning practitioners rely on supervision to perfect their clinical techniques. As they become more experienced, their ongoing use of supervision becomes a professional option. We questioned experienced clinicians as to their use of supervision, whom they chose, and what, in this process, is important to them.

Diane Heller Kaminsky (Met); in private practice since 1970, certificate from Postgraduate Center, 1972:

"After finishing analytic training, I stayed in regular supervision for 3 years, mainly to follow my analytic cases. After that I used it as needed. Now I consult perhaps a few times a year. The need is usually around transference-countertransference issues, especially with analytic cases.

My supervisor is very senior and somebody I've studied with. I have had social work supervisors but I don't usually think in terms of discipline. I am not in peer supervision but talk to colleagues about cases in a more informal way. I have always been in a reading seminar.

As a supervisor and teacher, I find it valuable to discuss cases. I also learn a tremendous amount in supervising, especially with the more advanced students where we talk as peers. It's very stimulating. Also as analyst, I encourage my patients who are in the field to bring in their countertransference issues. It can be extremely helpful to their work to discuss this with their own analyst."

Robert P. Galardi (Q); in private practice for 20 years; certified at Washington Square Institute; administrator at Queens Child Guidance Center:

"For probably the first 2 to 3 years, I had regular supervision, then cut back. Now I go to review cases, maybe every 4 to 6 weeks. I see several different people across disciplines. I know what I need, and pick the person who I think is best suited to help me. They tend to be colleagues, not senior people. Some are friends through SCSWP, and I also know their work through shared cases. I can also use the clinical team where I work.

I believe it's important to get objective feedback. You need to step back and look even if you're not in trouble. It is important for social workers especially to gain a sense of themselves as independent practitioners — to not automatically stay in supervision, but to know when to ask for consultation."

Louise Crandall (Met); MSW in 1976, in private practice and at University of Michigan inpatient child unit until 1981; began in NYC at New York Hospital OPD and

moved into full-time private practice; student at New York Freudian Society and in the PhD program at NYU:

"I have always had lots of supervision. In Michigan, I essentially went through their analytic program though I was not degreed (they don't confer that on non-MDs). But the training was excellent and intensive, including a different supervisor for each of the two or three child analytic cases I was carrying. In New York, I hired an analytic supervisor privately in addition to what was provided through my employment. I am now carrying three control cases, all in supervision. The rest of my caseload is not directly supervised though I may discuss them with peers or in seminars.

I have always chosen analytic supervisors; there may have been some social workers amongst them. It is their skill as analysts that matters to me. I am pleased to come to analysis as a social worker. I like the social work ethics. It makes me more liberal and accepting in my practice.

I had exposure to extremely talented people early in my career so I knew from day one what I had to learn. I find all this supervision helpful. It is my way of continually acquiring greater skills."

Rosemary Sacken (West.); MSW 1969, in private practice since 1980, certified Westchester Institute for Psychoanalytic Psychotherapy 1985:

"After I finished at the institute, I stayed in supervision for 1½ years with a psychologist colleague from there and then went without supervision until just recently. I am now working with a social worker, and that is very much part of the issue, since I am now more identified with my profession. It is also important, however, that the person [I consult with] has a relatively similar theoretical framework as I. I tend to hire senior people for supervision; I am also in peer supervision with two colleagues. It seems that analysis of transference-countertransference is the essential focus in these consultations.

Supervision helps me to focus better, to use myself better. I feel more on top of things and do better work. It is an enhancement, an enrichment. I enjoy my work more and see myself using it, as needed, throughout my career." □

BOOKS

Psychosocial Studies: Advances in Clinical Social Work

Phyllis Caroff, DSW, and
Mary L. Gottesfeld, MSS, Editors.
Gardner Press, Inc., New York, 1987,
185 pages

Reviewed by
Roslyn Goldner, MSS, CSW

Psychosocial Studies is a compilation of scholarly, thought-provoking papers that acknowledge and celebrate the 30th anniversary of the Post Master's Program in Advanced Clinical Social Work at the Hunter College School of Social Work. It serves as a tribute to the many teachers who inspired inquiry into theory, the advancement of clinical skills and the open sharing of these achievements. The book also became a fitting memorial for Mary Gottesfeld, the co-editor who died while the book was well into its formative stage. She was a beloved teacher, practitioner and author who identified with her profession, encouraging its growth and development and stimulating others to do the same.

All the papers engage the reader. Each thesis is accompanied by the discussion paper as originally presented. Always grateful to the discussants for their help in absorbing, criticizing and expanding the content presented, I was pleased with this format that brings the reader into the dialog. The standard for the warmth and clarity of the discussions was set by Mary Gottesfeld's response to Jean Sanville's poetic piece entitled "The Illusion of Sexual Equality: Progress or Regress?".

As an opener, Sanville's paper reflects the Women's Movement that has dominated the past 30-plus years. Her thesis highlights the changing ways in which women express their wishes for equality, and puts the quest into a developmental frame. Sanville views the search for sexual equality as based on the wish for a conflict-free existence, the "primary illusion," involving a primitive lack of recognition between the self and the "other". Happily, Sanville saw that the regressive wish could stimulate play leading to mastery and self-development. On the other hand, the regressive wish for blissful union could lead to attempts to bypass a state of independence; in this case, a woman's search for sexual

equality would remain elusive and in fact leave that woman hopelessly dependent. Unfortunately, this excellent paper suffers from a disjointed quality wherein Dr. Schreber, Freud's famous patient who sought sexual equality as a regressive, narcissistic repair, has been altered to become a less familiar Dr. Schroeder, perhaps through some error in proof-reading. Nonetheless, this paper challenged our established values and reminded us to look beyond the surface for our understanding of behavior, with clear implications for clinical practice.

Women's Themes

As a collection of unrelated papers, certain themes about women in different life stages seem to offer an underlying, unifying quality. Thus, in "The Emotional Birth of the Family," Mary Pharis presents research data illuminating the central importance of a woman's first pregnancy, which makes it an appropriate focal point for exploration and possible intervention. We are reminded that the obvious is all too often forgotten. Moreover, as members of the helping professions, we must endorse as many services as are needed for women and couples facing this milestone. Further, this essay alerts us to indicators for an individual's and a couple's readiness for parenthood and offers ways to clinically attune ourselves how to listen. A most adept commentary by Joyce Edward followed, in which she questions the validity of the comparative groups of expectant parents and redefined the differences between conscious and unconscious attitudes. Without challenging the significance of the first pregnancy, she offers a more hopeful resolution of underlying anxieties and alerts us to avoid idealizing standards regarding "preparedness" for a first pregnancy.

Both "The Witches: Mothers in Therapy" and "Clinical Research Encounters with Reality" gently push us to reevaluate mothers and the way we treat them. The papers are emotionally powerful and very understated. In the former, Florence Lieberman defends mothers, who have traditionally been the brunt of unconscious as well as conscious criticism. In the latter, Edna Adelson offers a practical, nonjudgmental approach to help a young mother better bond with and nurture her blind youngster. It was a clear model of a therapeutic stance. Lieberman addressed our values and Adelson demonstrated their clinical implementation.

Empathy as Unifying Thread

The essential empathy emerges as another unifying thread. Palombo, always clear, reclarifies the centrality of empathy in his "Clinical Issues in Self Psychology". No one can argue against such a point, and it is very much due to Edna Goldstein's accepting and respectful appreciation of this that she can raise questions about the potential incompleteness of this theoretical approach.

Rubin Blanck, in "Further Extensions of Theory and Practice," extends theory to account for the development of "reality testing" in the ego via internalization. That is, through a gradual processing of the self and other, in a reasonably safe environment, the growing individual is able to explore and delineate aspects of the self and object world, thereby developing the ego's capacity for perception. Perception here is more closely connected to symbolism than to the sensory apparatus. Rubin Blanck postulates that the essence of reality testing lies in the self-reliant ability of the individual to perceive, and flexibly correct, misperceptions in the light of new perceptions; he directs us to use this ego function as a tool in determining the individual's capacity to utilize interpretation at any given time.

The book rounds out the study of psychosocial factors in clinical social work with papers by Katherine Kendall and Francis Turner. Both clinicians emphasize how emotional factors impinge on social adjustment and vice versa. "American Casework in Europe: Historical Highlights" by Kendall shows how development of a dynamic, psychological basis for casework in the United States strongly influenced the changing focus of casework in England and Europe. This serves to remind us of our professional roots and reinforces our sense of achievement.

Overall, the eight papers and their companion discussions are clearly written, offering a lyrical quality even though based in research data. They encourage a sense of identification with the authors and, grouped together, are balanced and informed; they leave us with a sense of progress in our field of inquiry and of our ability to inquire.

Roslyn Goldner, MSS, CSW, is a practicing psychotherapist and psychoanalyst. She trained at the Institute for Psychoanalytic Training and Research and is on the faculties of IPTAR, New York Center for Psychoanalytic Training and the Society for Psychoanalytic Study and Research. Her private practice is in Great Neck.

IN BRIEF

Diagnosis of Mental Disorders by CSWs: Clinicians Must Determine Need for Medical Evaluation

By Hillel Bodek, MSW, CSW

The following is the first of a 2-part article.
Part 2 will appear in the next issue.



In a recent opinion by the State Attorney General, the right of Maryland's social workers to diagnose mental disorders was upheld. In New York, certified social workers may, within the scope of their license, engage in the practice of "social casework, social groupwork...or in any combination of these in accordance with social work principles and methods." (Education Law section 7701.)

The social work principles and methods set forth in the definition of clinical social work and the education for clinical social work promulgated by the National Federation of Societies for Clinical Social Work, Inc. state, "Clinical social work practice includes the provision of mental health services for the diagnosis, treatment and prevention of mental and emotional disorders in individuals, families and groups...A clinical social worker is an individual who has a master's degree from an accredited school of social work, and whose educational preparation includes a study of psychosocial development, normal behavior, psychopathology...interpersonal relations and the effects of environmental stress, physical illness and disability." [author's emphasis]

Chapter 990 of the New York State Law of 1984 provides for mandatory insurance reimbursement for certain certified social workers for services they render in the "diagnosis and treatment of mental and nervous disorders." In enacting this legislation, commonly known as the "R Law," the legislature recognized that "properly trained clinical social workers are manifestly competent to diagnose mental disorders." [author's emphasis]

Proper Diagnosis

Diagnosis of mental disorders is the process of integrating biological, psychological and social data regarding an individual into a coherent assessment of mental functioning and the role of those same factors that have led to and which underlie the current condition. Proper diagnosis requires not only a knowledge and under-

standing of those factors cited in the Federation's definition of clinical social work but, also, of the role of physical illness and disability. Psychiatrists argue that, because they are the only mental health practitioners who are physicians, only they can diagnose mental illness. They reason that, because non-physician mental health providers lack medical training, they are unable to distinguish when a patient's illness has a biological basis for which medical evaluation and/or treatment is necessary.

The Rules of the N.Y.S. Board of Regents defining unprofessional conduct by health care professionals define unprofessional conduct as including "accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform." It is also unprofessional conduct to delegate "professional responsibilities to a person when the license delegating

such responsibilities knows or has reason to know that such person is not qualified by training, by experience or by licensure to perform them." Section 29.1(b)(9), 10).

Increasingly, the role of biological factors has been established in relation to many mental disorders previously thought to be functional. Additionally, the efficacy of psychopharmacotherapy in the treatment of many emotional disorders previously treated almost exclusively psychotherapeutically has been established.

If clinical social workers claim to be able to diagnose and treat mental disorders, then it behooves them to be sure that their training and skills include an appreciation for the role of physical illness and medical treatment. Clinicians must determine when to refer a patient for medical/psychiatric evaluation.

Failure to make a proper diagnosis can lead to erroneous treatment or lack of needed treatment. Similarly, failure to refer a patient for pharmacological treatment or at least to present this option to a patient, can lead to that patient's receiving less than optimal care. Such conduct can result in a malpractice suit against the practitioner. □

Annual Meeting

The education committee welcomes your interest and participation at our Annual General Membership Meeting on Saturday, May 13, 1989, at the Association of the Bar of the City of New York.

The morning program, devoted to both business and Diplomate presentations, will be followed by a delightful sit-down brunch with our guest speakers Mitchell May, Laura Fuerstein, Sandra Lewis and Arden Greenspan-Goldberg.

Our afternoon program, titled "Addiction/Compulsion...Or, When You Can't Say No..." will feature a timely trio of concurrent workshops that will address diverse uncontrolled and stigmatized disorders and advanced treatment methodologies.

Our purpose is to provide an opportunity to exchange information on the focal theme of alcohol, drug, sexual and eating disorders by promoting discussion by all participants at selected workshops.

Advanced registration via mail is advised to secure the workshop of your choice. The brunch fee is \$20, payable to NYSSCSWP, Inc. Please contact Fred G. Frankel (516-935-4930) for information if you do not receive a flyer by mid-April.

Carole Ring, Marcia Zigelbaum
Co-Chairs—Education Committee



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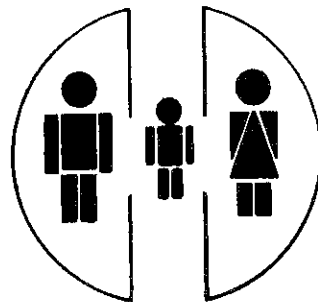
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The New York Freudian Society, Inc.

founded in 1959, provides training in adult and child psychoanalysis. The Institute traditionally welcomes applicants from various disciplines and offers the opportunity for affiliation in an active analytic community. Inquiries should be directed to:
New York Freudian Society,
200 East End Ave., N.Y. 10128.
Tel. 212-260-4914

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Postgraduate Certificate Program in Child & Adolescent Therapy

The Fordham University Graduate School of Social Service, in conjunction with Westchester Jewish Community Services and Rockland Children's Psychiatric Center, offers clinicians a specialized program in child and adolescent therapy. The curriculum is designed to provide a comprehensive foundation in the theory and practice of psychotherapy with children/adolescents and their parents. It combines an education component with supervised internship experience in a clinical setting.

Program of Study (offered at the Tarrytown Campus).

- Treatment Planning in Child Therapy
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- Therapy of the Preschool and Latency Age Child
- Family Therapy

Time and Location

Two courses are offered each Fall & Spring. These meet one evening per week (5:00 pm-6:45 pm; 7:15 pm-9:00 pm) for fourteen weeks each semester at the Tarrytown Campus.

For information call or write Nancy Boyd Webb, DSW, ACSW, Director, Postgraduate Certificate Program Child and Adolescent Therapy, Fordham University in Westchester, Tarrytown, NY 10591 (914) 332-0104.

Applications Now Being Accepted for THE INSTITUTE FOR PSYCHOANALYTIC PSYCHOTHERAPY AT BETH ISRAEL MEDICAL CENTER

PROGRAM ORIENTATION: The Beth Israel Medical Center offers a curriculum grounded in classical psychoanalytic theory. Didactic coursework is based on psychoanalysis readings geared to case presentations. Focus is on clinically relevant topics. Through individual supervision, group seminars, and course on technique, the program is designed to develop a sound grasp and use of effective insight therapy.

REQUIREMENTS: The core program is open to individuals with clinical experience who have completed a medical residency in psychiatry; (2) have received a Doctorate in psychology; or (3) have received a Masters Degree in social work. All applicants must be currently engaged in doing psychotherapy. Personal psychotherapy or psychoanalysis is strongly recommended.

PROGRAM PLAN: Seminars are offered on Friday mornings from 8:00 am to 12:00 noon, in three 12-week trimesters. Weekly individual supervision is carried out either at Beth Israel Medical Center or in the office of the supervisor. Classes begin September 1989.

APPLICATIONS: Application forms may be obtained by calling 420-4543 or by writing to Irving Weisberg, Ph.D., Director of Education, The Institute for Psychoanalytic Psychotherapy at Beth Israel Medical Center, 1st Avenue at 17th Street, New York, NY 10003.

EXECUTIVE DIRECTOR: Robert Langs, M.D.
INSTITUTE DIRECTOR: Maury Neuhaus, Ph.D.

*Formerly The Lenox Hill Hospital Psychotherapy Program

Brooklyn Institute for Psychotherapy
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For more information, write or call:

Brooklyn Institute for Psychotherapy
36 Montgomery Place
Brooklyn, N.Y. 11215
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lished in 1958, holds an absolute charter from the New York State Board of Regents.

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call (212) 427-7070

or write to:

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1651 Third Avenue
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IPTAR

THE INSTITUTE FOR PSYCHOANALYTIC
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The New York Institute for Psychoanalytic Self Psychology

The Institute has been newly founded to offer a four year training program in psychoanalysis grounded in the work of Heinz Kohut. Our first class matriculated in the fall of 1988, and we are now accepting applications for the class to begin in September 1989. Enrollment is open to qualified mental health practitioners of all clinical disciplines.

For a brochure and application call or write:

The New York Institute for Psychoanalytic Self Psychology
20 West 77th Street, #6A
New York, NY 10024
(212) 873-6117

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The Institute offers candidates an integrated and systematic course of study which includes theoretical coursework, process seminars, case presentation, intensive supervision, and clinical experience in the context of a committed professional community. Small classes and highly trained supervisors and faculty provide candidates with a solid grounding in both classical and contemporary psychoanalytic thought and technique. Careful attention is given to each candidate's professional development.

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Only a limited number of candidates will be accepted in each training program for 1989-90. Applicants are encouraged to apply as soon as possible. For further information and application forms, please call or write directly to:

Ava L. Siegler, Ph.D.
Dean of Training
Postgraduate Center for Mental Health
124 East 28th Street
New York, New York 10016
(212) 689-7700, Extension 266, 267

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The Use of the Dream in Psychotherapy, Nicole Dintenfuss, Ph.D., June Townsend, Ph.D.

Neurosis and Creativity, Jeanne Smith, M.D.

Psychoanalysis and Zen Buddhism, Damian Kim, M.D.

Introduction to Psychopharmacology for Non-Physicians, Stephen Remen, M.D.

For information contact: Mrs. Harriet Rossen
American Institute for Psychoanalysis
329 East 62nd Street
New York, New York 10021
Tel. (212) 838-8044