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THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK

IN THIS ISSUE

www.nysscsw.org

The Antiracism Movement: *Healing the Split*

Moving Towards Honoring Identity and Creating Integration Through Clinical Social Work

By Michael M. Crocker and Shaun Peknic

We are in a crisis of division in our country. Either Black Lives Matter or Blue Lives Matter. Either you are a Republican or a Democrat and that political affiliation means that you are either a Fascist or a Communist. In an increasingly complex world, we are boiling down our issues to the simplest terms of Us vs. Them. Why do we get stuck in binary thinking and how do we escape it?

In this article, we are taking a closer look at racism and anti-racism through psychodynamic lenses. In a sense, we are examining an idea set forth by Plato that the "state is the individual writ large"; society is our individual psyches magnified. As clinicians we are trained in helping our clients expose all of their fantasies, thoughts, and feelings in order to help them move towards integration. As clinical social workers, we have focused

CONTINUED ON PAGE 12

> "The issue of race prompts such excessive anxiety that it blocks off our ability to think."
>
> —**Kirkland C. Vaughans,** *Black Psychoanalysts Speak*

WHAT NOW: AN ANTIRACIST TEACH-IN was a series of virtual dialogues last summer between Ibram X. Kendi and other scholars and activists. One session was with Bryan Stevenson (photo, right), executive director of the Equal Justice Initiative in Alabama and author of *Just Mercy*, his memoir.

See page 16.

New York State Society for Clinical Social Work

The Professional Voice For Clinical Social Work Since 1968

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SAVE THE DATES!

A VIRTUAL EVENT ON TWO SATURDAYS:

APRIL 17 & APRIL 24, 2021

9:30 AM – 1:00 PM

THE 52ND ANNUAL EDUCATION CONFERENCE

PRESENTED BY NYSSCSW & THE ACE FOUNDATION

SECRETS & LIES:
Psychological Consequences

Details available soon

Online Resources for Members During the Pandemic

COVID-19 RESOURCES is a new tab on our website, **NYSSCSW.ORG**. Here, members can find information about telecommunication options, changes announced by Medicare to allow FaceTime, Zoom and Skype sessions, and other resources.

To access **COVID-19 RESOURCES**, you will need your website password. Select *Forgot Password* if you do not recall it.

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PRESIDENT'S MESSAGE

Shannon Boyle, LCSW

Happy New Year! It seems that 2021 could not come soon enough with all the challenges we faced last year. However, a new year does not miraculously eliminate these. We are far from out of the woods with the COVID-19 pandemic, or the racial justice issues our country faces. But we are slowly taking steps in the right direction.

Throughout the pandemic clinical social workers in New York State have pivoted to meet the needs of our patients. We've learned new technologies, secured new equipment, and literally met our clients where they're at to continue to provide treatment. And the need for our services has grown under the current environment and stressors. This Society has worked alongside our members to offer insights, resources and information wherever possible and we will continue to do so through this crisis.

In this edition of *The Clinician* we are also proud to provide critical information, resources and insights on the racial justice challenges our nation, state and local communities face. We hope you will find these articles stimulating as well as helpful in your practice and personal growth.

Thank you to all our volunteer members who have put in even more hours the past many months to move the field of Clinical Social Work forward through these crises and bring forth another excellent edition of *The Clinician*.

Wishing you a safe and healthy 2021,

Shannon Boyle, LCSW
President

NEW DIPLOMATES: **Henni Fisher and Linda Hill**

Two esteemed NYSSCSW colleagues, Henni Fisher and Linda Hill, were awarded Diplomate status at the Annual Meeting in October 2020. Diplomate status is conferred to members who have made distinguished contributions to the field of clinical social work, including teaching, publishing, research, and innovation in education or service, and who have shown leadership in the Society on the state and chapter levels.

Henni Fisher, LCSW-R, BCD, a member of the Society for over 30 years, currently serves as First Vice President on the State Board. Co-President of the Brooklyn Chapter from 1999-2006, she served on the State Board as Brooklyn's President and its Member-at-Large. Henni is a longstanding member of the State Legislative and Practice Management (formerly Vendorship) committees and is also Co-Chair of the State and Metropolitan Chapter committees on Issues of Aging. She is a member of both the Met and Nassau chapters.

Henni received an MSW at Hunter College School of Social Work, and postgraduate education at the National Psychological Association for Psychoanalysis. She has studied Self Psychology extensively with the late Dr. Marjorie Taggart White; Modern Psychoanalysis with the late Dr. Lou Ormont; and Ego Psychology with the Blancks. She is currently studying Self Psychology with Dr. Crayton Rowe.

Henni is also a graduate of the Geriatric Education Center at Hunter Brookdale Center on Aging, a member of the American Association of Psychoanalysis in Clinical Social Work, and of the International Association for Psychoanalytic Self Psychology. In addition, she is Director and Founder of the Alzheimer's & Aging Resource Center of Brooklyn.

Linda Hill, LCSW-R, President of the Mid-Hudson Chapter, has been practicing in the field of clinical social work for 25 years. She joined the Chapter Board in 2003 and, in the following year, co-founded the Peer Consultation Group, which she continues to facilitate monthly. Linda served as the Chapter's Vice President for 12 years before becoming President in 2019.

An MSW graduate of the School of Social Welfare at the Rockefeller College of Public Affairs and Policy (SUNY-Albany), Linda received her post-graduate training in psychotherapy at the Silberman School of Social Work at Hunter College. She also attended the Smith College School for Social Work, where she completed the Advanced Clinical Practice with Children and Adolescents Post-Master's certificate program. In 2007, she was recognized in the field of thanatology and bereavement by the Association for Death Education and Counseling. She has also served as co-author/contributor in writings pertaining to clinical work with children.

Linda has worked and supervised in the clinical social work department of Mid-Hudson Health Specialties at The Arc of Ulster-Greene. Over 17 years ago, she founded a private practice in Poughkeepsie, where she maintains a full-time practice, treating children, adults, couples, and families.

By Marsha Wineburgh, DSW, LCSW-R, Legislative Chair

2020 Legislative and Regulatory Accomplishments

Ten months into the pandemic, we know that the number of adults exhibiting symptoms of depression has tripled and alcohol consumption has steadily risen. Our mental health training, experience and accessibility have put treatment by clinical social work on the frontlines.

The New York State Legislature and Governor Andrew Cuomo have worked effectively to inform and assist us all in surviving the invasion of the coronavirus. Our lobbyists have been extraordinary during this siege, vigorously representing our concerns and needs to the state government. Here are some of the issues we have successfully addressed:

- Passage of workers' compensation legislation establishing LCSWs as providers of mental health services. Supporting recruitment of LCSWs to serve as providers. (Our first bill was initiated in 1987.)
- Passage of the health insurance reform law enforcing the parity standards for mental health treatment that insurance companies are disregarding.
- Clarifying the infrastructure and logistics for telemental health in New York State on a regular basis as additional extensions for insurance coverage were extended.
- Assisting the Governor's office in recruiting clinicians to provide pro bono services during the pandemic.
- Permitting mental health services provided by supervised LMSWs to count toward LCSW licensing requirements.
- Guidelines for opening private practice offices from DOH and OMH are now on the COVID section of our website: www.nysscsw.org.

The pandemic has brought mental health issues irrevocably into public view on many levels. We have 208,262 licensed clinical social workers in this country, more than any other mental health profession. Our continual effort to maintain New York's LCSW standards for education and clinical experience is more important than ever.

We can expect the Mental Health Practitioners (LMFTs, LMHCs, and LPs) to push for expansion of their scopes of practice to include the right to diagnose and inclusion as providers in Medicaid and Federal Medicare. Masters level psychologists want to be able to practice outside schools.

Our agenda includes amending the corporate practice laws and passing legislation to mandate parity in fees for mental health services between licensed psychologists and LCSWs.

Pandemic or not, life continues. Your NYSSCSW dues are essential to assure our profession's specific needs are spoken for in Albany. Thank you for your membership when so many other needs are pressing.

By Marsha Wineburgh, DSW, LCSW-R, ACE President

Despite the pandemic, or maybe because of it, the Advanced Clinical Education Foundation (ACE) has moved into ZOOM programming much faster than planned. Our biggest success to date was the 51st Annual Education Conference for the Clinical Society. With six speakers over three Saturday mornings, it proved to be a winning arrangement for stay-at-home professionals.

Based on this experience and others, the Board of Directors has approved hiring a consultant in 2021 to expand our outreach to more than 70,000 licensed mental health clinicians in New York State alone. Our mission is to provide advanced clinical education through our quality programs, particularly stressing psychodynamic approaches which are no longer taught in most masters and doctoral graduate programs.

Spread the word. ACE is a sister organization to NYSSCSW. Let the social work community know of our existence. Wishing you all a better 2021.

Met Chapter

Helen Hinckley Krackow, LCSW, BCD, President

The Met Chapter, like the rest of our Society, has been facing at least three national crises that are deeply affecting our clinical work. These are, of course, rampant systemic racism, the Covid-19 pandemic, and national policies that only protect the one percent.

For years, the mission of NYSSCSW has been to secure clinical social work legislatively, educationally, professionally, and by protecting our business expertise. The current crises require a deeper understanding of the systems that maintain racism, create mental illness, encourage white dominance, and destroy democracy.

The killing of George Floyd and the ongoing Black Lives Matter movement crystalized my determination, and the Met Board's, to address these issues with action. The Board has formed the Racial Equality Committee to help our members enhance their awareness of these societal crises and their effects on us and our clients. The committee is designing a webinar to celebrate Black History Month, *Antiracism: Trauma, Neuropsychology, and Treatment*. The topics will include the structure of white dominance and intersectionality, presented by Dr. Jonathan Rust. [Intersectionality is the interconnected nature of social categorizations such as race, class, and gender as they apply to an individual.] Judith White, LCSW will present on clinical aspects of treatment; and Dr. Thomas Kraemer will present on the neuropsychology and brain function regarding racism. Six CEUs will be provided free of charge.

We formed the Committee on Racial Equality to enhance awareness of these societal crises and their effects on us and our clients.

The Racial Equality Committee is also publishing a monthly newsletter which lists readings, videos, and movies on topics like microaggression, intersectionality, and dominance, among others. The newsletters are being shared with our sister Society chapters. In addition, the Met Chapter will begin a support group for BIPOC (Black, Indigenous, Latinx, and Asian) members. We are also sponsoring the White Ally and Clinical Social Work Study Group, an integrated group studying racial issues.

To address the COVID-19 pandemic, the Committee on Psychoanalysis of the Met Chapter is presenting a webinar on telemental health, *The Long Haul of Teletherapy in a Pandemic: Making It Work*, on January 29. The speakers will be Gillian Isaacs Russell, Ph.D. and Todd Essig, Ph.D.

Of course, many of our committees are continuing their important work. These include the Trauma Committee, Group Practice, Mentorship, Membership, and the committees on Sexuality and Gender, Addiction, and Issues of Aging.

Lastly, it gives me great pleasure to announce that Henni Fisher, LCSW, BCD, was awarded Diplomate Status at the NYSSCSW Annual Meeting in October. Henni is currently First VP of the State Society. She served as Brooklyn Chapter President for many years and continues, after 30 years, to serve on the Met Legislative Committee. Congratulations, Henni!

I also want to congratulate the members of the Met Chapter for being real troopers in the face of the pandemic and civil unrest. They help each other every day, communicating through our listserv and via Zoom. Let's all look forward to an even stronger and more relevant Chapter in the coming months, as we survive and thrive together.

Met Chapter

BIPOC: Support Group for Clinicians Who Have Experienced Racism

By Sandra Plummer-Cambridge, LCSW-R

The BIPOC group is a supportive network for Black, Latinx, Asian, and Indigenous people of color, and all those who identify as BIPOC. The group was primarily formed to provide support to clinicians in the earlier stages of their careers; however, individuals at other stages are also welcomed to participate.

Living and working in the United States, with its majority white institutions, means that many BIPOC clinicians have experienced overt and structural racism in both their personal and professional lives. The struggles of many clinicians are due not only to the constant battle with racism, but also to their white peer's lack of education and knowledge about the issues faced by people of color. This ignorance can sometimes manifest itself in a seeming lack of empathy, which in turn results in trauma and feelings of anger, depression, loneliness, and of being misunderstood.

The purpose of the BIPOC support group is to provide a safe, nonjudgmental environment where clinicians can discuss their experiences and be supported as they navigate the minefields of structural, overt, and interpersonal racism. The focus will be on providing coping tools for the workplace during moments of distress and breakdowns in communication.

We will convene on the third Wednesday of every month from, 7:00 – 8:30 pm via Zoom. The time is somewhat negotiable depending on schedules of those wishing to participate.

For all those who wish to join, I can be reached at **ms.plummer_cambridge@gmail.com**.

I look forward to hearing from you.

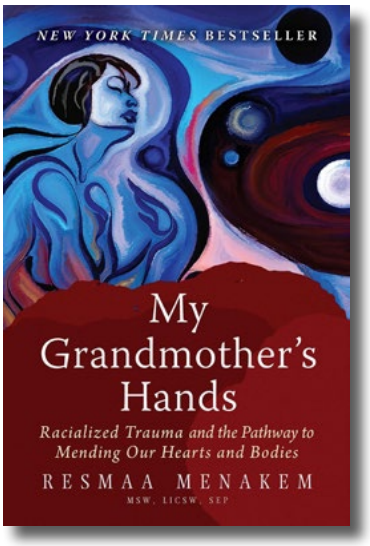
Sandra Plummer-Cambridge, LCSW-R has over 20 years of clinical experience, having worked in biopsychosocial, medical, and psychiatric settings. She received her MSW from Wurzweiler Yeshiva University and went on to pursue post graduate studies at the Institute for Contemporary Psychotherapies, earning a certificate in psychoanalytic informed psychotherapy. She also trained as a Drama Therapist at the Institute for the Arts in Psychotherapy and is a member of the National Association for Drama Therapy. After completing a 15-week seminar in Field Instruction at Columbia University, she used her training to instruct many students in field placement. Sandra has developed a keen interest in advocating for racial equality in both her personal and work lives, and hopes her recent sabbatical will provide time for her to continue pursuing advocacy, in addition to her clinical and creative interests.

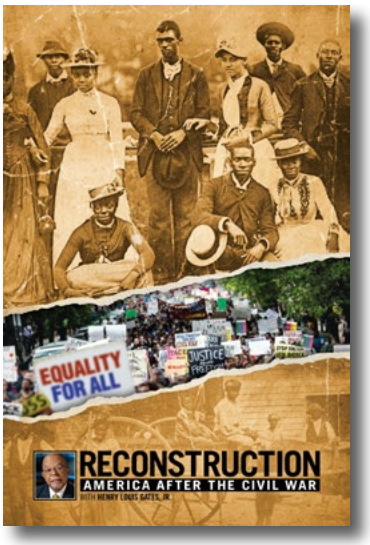
Met Chapter

Committee on Racial Equality

Excerpts from the Committee's Monthly Newsletters, Oct. 2020 to Jan. 2021

Editor: **Jane Gold, LCSW** Email: **janegoldlcsw@gmail.com**





BOOKS

- *How to Be Antiracist: A Journal for Awareness, Reflection, and Action*, Ibram X. Kendi
- *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, Michelle Alexander
- *America's Racial Karma: An Invitation to Heal*, Larry Ward, Ph.D.
- *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*, Resmaa Menakem

BOOKS FOR YA AND KIDS

Lists available on this and other websites:

- nytimes.com/wirecutter/reviews/antiracist-books-for-kids-and-teens

VIDEOS AND FILMS

- *Reconstruction: America after the Civil War* by Henry Louis Gates, 4 one-hour parts. pbs.org/weta/reconstruction/
- *Driving While Black: Space, Race and Mobility in America* by Gretchen Sorin and Ric Burns.
- *2 hours.* pbs.org/show/driving-while-black/
- *13th* by Ava Duvernay, The turn to "law and order" with the Nixon administration. 1 hr. 40 min. Netflix.
- *You and Your Racist Brain: The Neuroscience of Prejudice.* Dr. Laurence Sherman, The Royal Society of Victoria, 10 min. Youtube.com

TRAINING

Racial Injustice and Trauma: How Therapists Can Respond, PESI. https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding

Mid-Hudson Chapter

Linda Hill, LCSW, President

At our fall "kickoff" Board meeting, the Mid-Hudson Chapter was very pleased to welcome two new members to our Board, Mary Anne Fielding, LCSW and Barbara Solomon, LCSW.

As a Board, we have been eager to continue to provide meaningful educational opportunities through Zoom while also finding ways for clinicians to connect with one another, now that in-person activities are not currently viable. Due to the efforts of Education Chair Cynthia Muenz, LCSW, and committee member Thaddea Compain, LCSW, we were able to offer two live webinars during the second half of 2020. The first, *Post Traumatic Stress and Accumulated Injury: An Emotional, Behavioral, and Neurological Perspective*, was presented by Roger Keizerstein, LCSW to rave reviews.

The topic of traumatic stress seems particularly salient this year as we treat our patients through telehealth due to the dangers of the pandemic, and as we help them to process the social strife and racial injustices that we have all borne witness to throughout the year. With the latter in mind, our online seminar in December heightened our awareness of how systemic inequality and power differentials impact our therapeutic encounters with patients. *The Clinical Implications of Systemic Racism, Power, Privilege, and Culture for Mental Health Providers Working with Clients* was presented by Jonathan Rust, Ph.D., NCC. Our programs are offered to all NYSSCSW members and non-members as well who attend our workshops and receive our program announcements.

Our Peer Consultation Group monthly meetings, now held on Zoom, allow for collegial dialogue on clinical cases … and support in navigating mental health practice during the COVID-19 outbreak.

Our Mid-Hudson Peer Consultation Group meetings, now held on Zoom on the second Friday of each month, allow for ongoing collegial dialogue regarding clinical cases as well as the exchange of helpful information and support in navigating mental health practice during the Covid-19 outbreak. In addition, we have begun a new Chapter initiative aimed at providing a more light-hearted way for fellow clinicians to engage with one another, aided by technology. After a "test run" of the activity with our Board, our virtual Netflix Movie Night and Discussion was held on the evening of Saturday, November 14. It featured the movie, *Crip Camp*, which traces the saga of the disability rights movement back to the 1970s at a summer camp nestled in the Catskills. the event was a fun opportunity to talk with peers both near and far. A special thank you goes to Susan Deane-Miller, LCSW, for her role in bringing this activity to fruition. We look forward to scheduling more Netflix events in the future, and we encourage fresh ideas for future movies to host.

Staten Island

Dennis Guttsman, LCSW, President

After a recess driven by the coronavirus, the Staten Island Chapter has been busy trying to assess the needs of our members. We examined how we can help with potential therapist's compassion fatigue. Our goal was to develop physical (pandemic mitigation) and emotional strategies for protecting ourselves, as well as patients and clients, while providing for their evermore necessary clinical needs. In that regard, the chapter purchased our own Zoom account to continue to examine these issues. Some of our members have returned partially to in-office treatment, while others have delayed and continue their work virtually.

Our chapter meetings have moved from thinking of gender non-conforming heteronormative expectations and "thinking outside of the box" to focus more recently on "How Current Social Issues Are Impacting the Therapeutic Relationship." Here too, we have to think from a new perspective, differently and unconventionally. Now, we are looking for ways to deal with marginalizing thinking, felt or expressed by either the clinician, or those whom we care for.

Queens Chapter

Lynne O'Donnell, LCSW-R, ACSW, President

We wish you a New Year filled with peace and hope. In navigating these troubled times, it sometimes feels like we are in suspended animation and, simultaneously, that our senses are being inundated.

Complications due to the pandemic have limited our educational seminars and other offerings. We miss seeing our colleagues in person. In Board Meetings and our COVID Peer Support Group (via Zoom), we have been grappling with the subjects of COVID, Institutional Racism, White Privilege, Black Lives Matter, and the challenges to our practice, including the transition to teletherapy. We have been working hard to process the insights this time of crisis is offering us.

It has been an effective dose of the reality to realize that we are not in control of life, indeed, we have never been in control. However, we are responsible for our responses and actions.

We find that the best survival approach for us and our clients is to develop an acceptance and trust. This means disciplining ourselves to "go with the flow," trusting in our capacity to cope with the unknown. We can continue to structure our responses and rise to the challenges in those areas where we do have some control.

The pandemic is only one of our challenges. We are awakening to the reality of social injustice and systemic racism embedded in our culture. Some of the truths are very hard to digest.

Many of us learned about institutional racism in the late seventies, in grad school. One thing was stressed — that we should not blame the victim. However, the fact that racism is integral to the powerful social institutions that created it was not confronted. There was a sense of hopelessness about ever challenging it effectively. Then along came the heroes: Rosa Parks, Martin Luther King, Howard Thurman, John Lewis, Alicia Garza, Opal Tometti, Patrisse Cullors, and countless others. They showed us that there was a path toward justice, civil rights, and equality.

The events of this year made it clear that we must finally root out systemic racism if our nation is to endure and thrive. We must come to terms with the reality of white privilege. In her book, *White Fragility*, Robin DiAngelo has given us a wake-up call: that even "good" people engage in the bad behavior of racism through ignorance or complacency. We are committed to staying awake and learning how, in Ram Dass' words, "I do it too." This means that before we judge another, we must look within and acknowledge that, in all probability, we engage in the same behaviors we might criticize in others. Imperfect as we are, human beings often engage in self-protective behaviors at others' expense. We must work toward the ideal, in the knowledge that there is enough of everything for everyone, and we need not behave protectively. Let us stand in generosity.

Testing the Teacher

I can remember when I began to teach a practicum course in the Hunter College Graduate School of Couple and Family Therapy. I was this middle aged white social worker, standing before a class of mostly minority social workers. They asked if we could do a role play to begin the semester so they could "see" my style of work, although they didn't say that directly!

They presented the case of a single black mother in a multi-problem living situation. I was nervous as I role played a loving and caring approach to the mother; love was the critical element. Afterwards, I looked around the class to find many approving nods. What I didn't realize until recently is that, because of white privilege, it never occurred to me that my ability to teach with insight was in question. I had to prove myself.

In our chapter, we are engaging in conversations about difference, about racism and inequality. We want to be a part of the solution, to learn from such role models as John Lewis, the long-time Georgia congressman and civil rights leader. He was an amazing model of love and forbearance. We are inspired to follow his advice to, "Get in good trouble, necessary trouble, and help redeem the soul of America."

We have hope. The phrase Black Lives Matter was first used in 2013. With the addition of a hashtag, #BlackLivesMatter, it became a growing grassroots organization. After the killing of George Floyd in 2020, it became the rallying cry of a global racial justice movement. We stand in love and openness and willingness to get into good trouble, to help create a better future. Please join us and be an active part of this journey!

Education Update: In March, Hanna Turken, LCSW and I will present, on Zoom, *The Second Encounter with Clients/Patients After Many Years*. We will look at the various reasons our clients return to therapy, exploring their original work and the decision to continue. We also look at a parallel process that happens for the practitioner. We will explore how clinicians evolve by continually adopting new techniques and learning through life experience. We are planning two more presentations for the spring. Spoiler Alert: Current studies confirm one of the basic tenets of social work: that healing is more about the therapeutic relationship and less about the technique that is utilized. Genuine caring is the greatest healer of all.

Westchester Chapter

Andrea Kocsis, LCSW, President
Susan Jocelyn, Ph.D., Leadership Committee Chair

The year 2020 has been such a challenge for all of us clinical social workers, whether at home, at our agency offices, or in our private practices. We have needed lots of creativity, resilience, and courage to care for our clients' physical and mental health, while using our community and collegial connections to also care for ourselves during this pandemic crisis. Added to that, we have had to trust that our national, state, and commercial insurance health systems would somehow sustain the fiscal base that would support our work. All amidst the most unsettling national election environment in our nation's history!

We thank the state organization for all the support it has provided through the year, beginning with Jay Korman, State Practice Management Committee Chair. He has provided us with non-stop education about how to manage the technical and regulatory challenges of converting to virtual provision of treatment for our clients. Thank you, Jay!

Also, many thanks to Kristin Kuenzel and Jen Wilkes at our NYSSCSW office (or rather, from their homes!) and to ACE for all their support as we chapters converted from live CEU presentations, adapting to the challenges of virtual ones on Zoom.

In response to the needs and requests of our members, the Westchester Chapter has historically sponsored up to nine CEU presentations each year, earning NYSSCSW and ACE the most revenue of all chapters in the state from them. However, this distinction was detrimental to our chapter. The combination of the ACE and TMS costs and honoraria, in addition to other chapter expenses, left us with an operational budget deficit in recent years. This challenge prompted the reluctant decision of our Leadership Committee to offer fewer CEU presentations in 2020 and going forward to preserve our fund balance.

However, the pandemic altered this plan. We asked the four CEU presenters who were scheduled for the spring if they would present in the fall instead, and they agreed to do so. Therefore, from September to December, these monthly programs were offered by ACE on Zoom: *Staying on Track: Support and Treatment for Individuals with Early Psychosis*; *Restoring the Resilient Nervous System: Principles of Somatic Experiencing & Expressive Writing*; *Running the Matrimonial Gamut: A Trilogy of Conflict Resolution*; and *Gestalt Therapy 101: The Essentials*.

During the fall, our Education Committee grew by several members and was so revitalized that they moved forward with an additional non-CEU presentation addressing the crisis centering on racial injustice in the U.S. This program, *Microaggressions in Our Sessions: Addressing the Subtle Slights with Intention & Intercession*, was offered on Zoom in October free of charge. The Committee is well into scheduling three more CEU presentations in the spring of 2021.

In addition, our chapter has begun to engage with the Met Chapter on potential collaborations that will enrich both chapters with resources and presentations that continue to address how we as clinicians can decrease racism in our practice and in our communities.

Like practitioners all over the state, Westchester clinicians in private practice and in agency settings have been creative in adapting to the challenges of the pandemic. Most are holding telehealth sessions with their patients and are attending carefully to the complexities of billing. Many clinicians are exhausted by these challenges, but also are excited by the opportunities presented by telehealth sessions.

Our Leadership Committee is meeting monthly to sustain our work. Our active committees are Education, Membership & Program Registration, Newsletter, Legislative and Website. Our Membership & Program Registration Committee scheduled an outreach program to students at the Fordham University School of Social Work branch in Westchester County to engage newer members, students, and graduates and to provide them professional support as they enter the field of social work. This program had to be canceled due to the pandemic, but will be rescheduled, and we will also reach out to other local schools of social work. We also will republish our chapter newsletter at regular intervals in the coming months.

We are currently contemplating how to replace our monthly in-person member meetings during the pandemic. We have missed the rich contact we have had with our colleagues in the past and may follow the lead of some of our sister chapters by arranging to meet through Zoom. Our schedule of activities will develop as the new year unfolds and the health environment permits.

Continued from page 1

Michael M. Crocker, DSW, LCSW, MA, CGT has a Doctorate in Clinical Social Work and two master's degrees: one in organizational behavior and industrial psychology and the other in social work. Additionally, he has three postgraduate certificates in psychoanalytic psychotherapy. He is the founder of the Sexuality, Attachment & Trauma Project, a group practice of clinicians who treat issues of out-of-control sexual behavior and other trauma-related disorders. His group practice includes individual, group and couples psychotherapy. He has published articles on attachment theory, out-of-control sexual behavior, and affect regulation. Michael is Chair of the Committee on Sexuality and Gender of the Met Chapter.

> "If you hate a person, you hate something in him that is a part of yourself. What isn't part of ourselves doesn't disturb us."
>
> —Hermann Hesse

and/or specialized in Individual, Group, and Community Organization. All of these areas are opportunities to examine and address the clinical and systemic sources of racism.

It is our belief that by fleshing out the psychodynamic and clinical picture of racism we can help ourselves as clinicians and then help our patients to understand its defensive nature. We believe we can help our colleagues and clients to look at racism from a different frame that will lower our defenses and open up dialogue. This paper introduces these objectives and outlines concepts that can help us understand racism. We end with recommendations for clinicians to develop their own self-awareness as well as strategies that can help our clients heal the divisions and splits that perpetuate racist ideas, both conscious and unconscious.

Binary Thinking

The ability to make a quick binary decision was an essential evolutionary defense for primitive homo sapiens. Survival depended on making a snap judgment as to whether another person was friend or foe. Early humans didn't have time to weigh their flight, fight, or fawn responses. The heuristics needed to assess whether another person was part of your tribe ensured survival in the harshest of conditions.

Modern life is complex. One way to reduce complexity is to continue to think in a binary way – people are either this or that, nothing in-between. Binary thinking is related to psychological defense mechanisms that attempt to simplify complexity. Most of these mechanisms start off as unconscious and then become the way we see the world. In a sense, the mechanisms can lead to a world view. These mechanisms are exacerbated by trauma, family experiences, shame, guilt, anger, and fear.

Splitting

The concept of splitting is a fundamental idea in object relations theory. Splitting is thought to be an example of a primitive defense mechanism used to mitigate the overwhelming experience of threat. In her 1929 article, "Personification in the Play of Children," Melanie Klein introduced her theory of splitting and its defensive structure. The undeveloped ego can only process an object as good or bad, not both at the same time. Like binary thinking, splitting helps to simplify the complex. An object, such as another person, becomes "all bad or all good" with little in-between evaluation.

Numerous studies have noted that feelings of threat, inadequacy, and vulnerability are usually present during acts of racial prejudice. To cope with these feelings, the members of another racial or cultural group become the bad object for the person to project their unpleasant emotions onto. On a societal level, splitting stands in the way of the richness we could experience in understanding and embracing our society with all its diversity.

Projection

The idea of projection was first conceptualized by Sigmund Freud, although it shows up centuries earlier in both the Babylonian Talmud and the New Testament. Anna Freud, who refined the concept, identified projection as a

defense mechanism that facilitates getting rid of unconscious aspects of ourselves that we do not want to know, see, and experience. Examples of projection include looking at others and identifying them as angry, sad, lazy, fearful, disgusting, or loathsome rather than owning and working through those aspects of self. Klein also felt that the projection of good parts of our unconscious can lead to the over-idealization of others.

Projection becomes apparent in racism through stereotypes and prejudicial thinking attributed to particular racial and ethnic groups. Like binary thinking, it is also primitive and life limiting. Yet, projection can be a valuable aspect of the individual psyche to explore in therapy. Psychotherapy often involves working to help our clients identify hidden insecurities and take back their projections.

Projective Identification

Klein developed the concept of projection even further by identifying projective identification. This defense mechanism is more complicated than projection as it is dyadic and includes the unconscious collusion of others. In projective identification, we project onto another who then identifies with that split off part of the psyche and becomes possessed or controlled by it (Moore & Fine, 1990). The other wears the projections almost in some sort of dyadic self-fulfilling prophesy orchestrated by two people or more. We believe this to be the most nefarious of defenses as it results in the change of feelings, thoughts, and behaviors of others. We rid ourselves of toxic emotions and implant them into another.

In his 2003 book, *Social Theory, Psychoanalysis and Racism*, Simon Clarke wrote "The most obvious way to view projective identification in terms of the explanation of racism and ethnic hatred is as a violent expulsion of affect which renders the recipient in a state of both terror and self-hatred." Can we see the ways in which projective identification plays into police brutality towards black Americans? What other systemic issues arise out of projective identification?

Disavowal

To disavow is to disown or deny. This defense mechanism arises in a person when they are faced with an idea or event that brings up such a traumatic response that it is immediately rejected as false.

White fragility is disavowal in action. Have you ever had the thought "I am not a racist!" when confronted about white privilege? This defense mechanism short-circuits our ability to sit with the notion and wonder about our relationship to systemic racism. We need to recognize our relationship to disavowal if we are to examine the ways in which systems such as healthcare, education, and law enforcement benefit certain races and cultures over others.

Dissociation

In his groundbreaking book on Affect Regulation, Dan Hill wrote about those who become "deactivated." In deactivation, the shutting out of an experience, one dissociates and leaves their body and consciousness. This can happen when we process the understanding of our biases, racist ideas, and willingness

CONTINUED ON PAGE 14

Shaun Peknic is a candidate for a master's degree in Industrial and Organizational Psychology with a focus on group processes and organizational behavior. In addition to serving as Director of Education for all CEU programming at The SAT Project, Shaun and Michael Crocker design cutting-edge workplace interventions for today's ever-changing organization life. Shaun has 20 years of experience directing theater for Broadway, National Tours, and International Productions, including work as associate director for the eight-time Tony Award-winning musical Once. He brings a deep knowledge of storytelling, collaboration, and communication into his work as an I/O Psychologist. Shaun holds a BFA from New York University, and has taught on the faculty of NYU and Kingsborough College.

to marginalize. This defense, mostly associated to trauma, is relevant here as many clinicians and clients remain dissociated from difficult processes.

Sometimes, if a client is highly dissociated, the clinician can follow suit. The dissociation becomes collusive and something important gets avoided. One of the authors recalls a client who would change his self-state at times in treatment. He would even refer to himself by another name. In this alternate self-state he was vicious, anti-Semitic, and racist. The clinician would freeze. He would not know what to say or do. At times, he could feel himself leaving his body until the toxic verbalizations stopped. The only work accomplished with this client was to help him identify the self-state change, but the language of racism and anti-Semitism was left untouched. An unfortunate collusion, but perhaps not an unusual one.

Attacks on Linking

There is a scene in the CBS series *The Good Fight* where the partners of a predominantly black law firm are discussing a police brutality case they are defending. As they connect their case to the other high-profile deaths of young black men, Lucca, a black attorney, directly asks her co-workers, "Do you all notice that the black people here know the names of the victims of police shootings, but the others don't?" White attorney Diane Lockhart replies, "Um, I don't think that's true. Is it?" Spoiler alert — it was true.

Bion would say that these attorneys had a moment, or many moments, of "attacks on linking"; the inability to coherently piece together one's thoughts with feelings and ideas and memories. Attacks on linking occurs when the issue is fraught, charged, anxiety evoking, and confusing. This type of defense mechanism also shows up with high functioning clients who cannot sort out their finances. Finances became charged and fraught and so the client is left befuddled about how to create a spreadsheet or use a calculator.

Dehumanization

The binary thinking mentioned earlier is an important trigger for an Ingroup vs. Outgroup mindset. The psychological experiments of Stanley Milgram and Albert Bandura show us how quickly people resort to seeing another person in an outgroup as less than human. In Philip Zimbardo's prison experiment (controversial as it is) the "cops" wore sunglasses to hide their faces and the "prisoners" were stripped naked, and both dehumanizing elements contributed to the violence that ensued. Seeing others as animals has perpetuated racism, prejudice, and discrimination. The Nazis would refer to Jews as "rats" during the Holocaust. The Hutus would call the Tutsis "cockroaches" during the Rwandan genocide. When protestors in America clash with the police they sometimes refer to them as "pigs." When that type of language is shaping an interpersonal relationship, it will soon give rise to feelings of disgust, anger, and hatred in a person.

Hatred vs. Anger

Once a person has split the other into a bad object, projected their worst fears onto them, and come to think of them as less than human, they are primed to feel hatred. In his recent paper, "How Leaders Get The Worst Out of People: The Threat of Hate Based Populism," Manfred F.R. Kets de Vries outlines the important difference between anger and hatred. He points out that angry people hope to influence the person with their anger; it is wielded as a tool for change, and people who express anger often experience guilt for having an outburst. But hatred leads to the desire for the object to be obliterated. There are echoes of Klein's bad object here. Kets de Vries also acknowledges the bonding power hatred has in bringing like-minded people together.

The Echo-Chamber Effect

One way to ensure that we do not have to become aware of biases implanted in us is to allow only for the echo of our ideas. Social media has done a wonderful job of colluding in this matter. Not only can we "unfriend" those who think differently and "unfollow" those whose ideas rub us the wrong way, but the algorithms behind the content are designed to show us what we already want to see. The goal of social media sites is to keep your attention as often and as long as possible. This prevents us from interacting with contradictory views, opinions, and experiences. These echo chambers can lead to cult-like behavior between like-minded people and, in their worst instances, lead to conspiracy theories and a distrust of reliable and objective news sources.

Recommendations

The author who colluded with his client's hate through dissociation had a redeeming moment after reading an article on micro-aggressions by Sue, et al. With a new understanding of the issue, he began to raise with his BIPOC patients the microaggressions they experience at work, on the streets, and in social settings with friends and family. The doors were now open. It changed the face of treatment.

It is our contention that if we can help our colleagues and clients address the aforementioned defenses we could move away from binary/racist/divisive thinking, feeling,

and behaving. Using a psychodynamic approach could help us dismantle the intensity of racist thinking. We could attempt to activate curiosity. We could heal the split one client, group, and community at a time.

Curiosity could also be a salve for the underlying shame people feel about their historical thoughts, feelings, and behaviors towards difference. The defenses are a way to alleviate the shame through disavowal and dissociation. If we can disarm the defenses and open up dialogues in treatment, we will see change.

One of the authors had a great deal of training in the field of sexuality. The protocol for this work is that all clinicians go through Sexuality Attitude Reassessment and Restructuring Training. This provides the clinician an understanding of the depth of their own sexuality views and perspectives in order to reassess and restructure. The same is necessary when it comes to racism, prejudice, discrimination, and the defenses associated with this way of operating in the world. We have an opportunity to evaluate our world view from a place of curiosity. Clinicians must do this for themselves before they can tackle the splitting, dissociation, and projections so active in racism, prejudice, and discrimination.

One of the authors was a student in a cultural awareness class. The professor started to dive into the different dimensions of various cultures. Dissatisfied by the simplicity of the teaching model, the author suggested having a conversation about the biases that were implanted in us as young children that may have shaped us as adults. The teacher and students were on board, and so the conversation began. Isn't this where we can start this important work? We believe so.

To begin to tackle these issues:

1. Clinicians must look inside to understand our own biases and racist tendencies. We all have them. With awareness there can be change. This can be done formally through an anti-racist workshop and/or through deeper individual work with an aware psycho therapist.

2. Clinicians must look at our echo-chambers. How can we actively expose ourselves to different thoughts, ideas, and conceptualizations about our society?

3. Clinicians must do an honest assessment of their practices. How diverse are they? If not diverse, why? The best way to understand issues of racism, marginalization, and discrimination is through exposure.

4. What are our own defense mechanisms? As clinicians we can be interested in how we defend and how that shows up in perpetuating bias and prejudice. If we use our clinical curiosity, we can develop awareness and change.

5. How do we respond to our clients' biases? How do we work with utterances of racism and prejudice? Do we dissociate or freeze? How can we find ways to stay engaged in these important dialogues?

6. Can we listen closely for microaggressions that our clients have experienced or have enacted towards others? Can we help them to link these microaggressions to defense mechanisms as well as to what might have been implanted in their minds early on in life?

7. In group work, can we listen more closely for those moments when a biased or racist thought is spoken? Can we look closely for the impact on others in the room? Group is an ideal place for this type of work. Check out "Splitting and Projective Identification in Multicultural Group Counseling" by W. David Cheng, Mark Chae, and Robert W. Gunn for more on this topic.

8. Can we take the same approach in our couples' work? We can address these issues in all clinical settings.

9. When we hear a colleague verbalize a biased or racist thought we must NOT collude and instead say something that would help raise awareness in the moment. In being mindful of shame responses, we can look for disarming ways to note that we disagree with what is being said and/or done at a given moment.

10. Last but far from least, we must make it part of our personal clinical mission statement to address divisions, splitting, projections, projective identifications, and attacks on linking whenever they appear. In so doing, we can help heal the split, internally and socially, and move our clients towards integration. Maybe this will help us do the same for the "individual writ large" one day soon.

WHAT NOW
AN ANTIRACIST TEACH-IN: 8/16 - 8/22

This weeklong virtual series, hosted by the NBA, WNBA, and One World, was held in August 2020. Each night featured a dialogue between Professor Ibram X. Kendi and a prominent thought leader. Two of them are reviewed below.

AUGUST 17, 2020

Ibram X. Kendi + **Bryan Stevenson**

Reviewed by Jane Gold, LCSW
Met Chapter Racial Equality Committee

Bryan Stevenson's memoir, *Just Mercy: A Story of Justice and Redemption*, presents us with a searing account of racial injustice and a moving true story of his commitment to redeem the innocent and to replace revenge and retribution with justice and mercy. *Just Mercy* has been adapted as a feature film, now streaming online.

Stevenson comes through warmly and brilliantly in his conversation with Ibram Kendi in this virtual teach-in. These are the qualities that have made his book a best seller for six years, and his movie a success, with accounts of his humane dedication to the relinquished members of our society.

I heard Stevenson's loud cry to embrace mental health instead of retribution. Mental health, he believes, is the road to reparation, remediation, and redemption.

The theme of this night is love — shining a light on his message and his higher purpose. Stevenson was raised to love mercy; he took it to heart and learned that what gets in the way of love and compassion is fear and anger. He promotes proximity: "If you are willing to get closer to people who are suffering, you will find the power to change the world."

As he traveled the world, he was touched by the memorials and museums in honor of the victims of the Holocaust. "Never again" rings in his ears and he repeats it as he acknowledges Germany for teaching the true history and indescribable inhumanity of the Holocaust to its citizens.

He says, "Until we tell the truth, we deny ourselves the opportunity for beauty. Justice can be beautiful. Reconciliation can be beautiful. Repair can be beautiful. It's powerful to experience redemption. And we deny ourselves that when we insist on denying our broken past, our ugly past, our racist past, when we insist on avoiding the truth."

AUGUST 18, 2020

Ibram X. Kendi + **Eddie S. Glaude, Jr.**

Reviewed by Helen Hinckley Krackow, LCSW
Met Chapter President, Racial Equality Committee

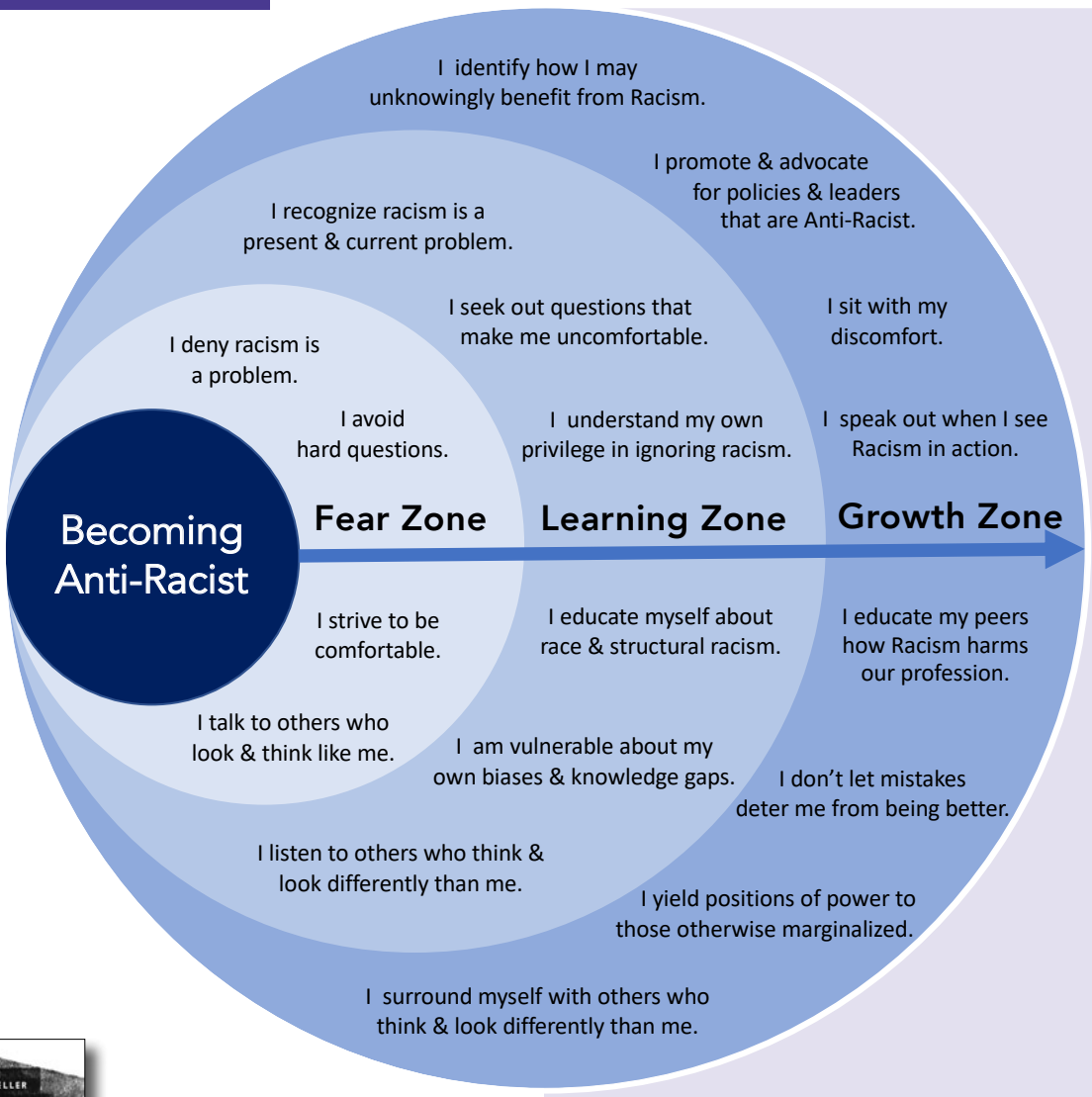
This virtual teach-in was presented by Ibram X. Kendi and Professor Eddie S. Glaude Jr., Chair of the Department of African American Studies at Princeton. Both are seminal writers and speakers who also serve as challengers and healers. Their work reveals the terrible fantasy that the wounds of slavery are behind us and the myth that America was built on the principle of freedom for all.

In shaping the national conversation, they hope to heal the blight of racism that sickens American culture. They speak of radical empathy, the anxiety of loss — which motivates discrimination, the need to act superior as a defense, the refusal to tell the truth, racism as addiction, and the fear of losing property, security, and safety. Sound familiar? They are trying to heal a nation just as we try to heal individuals, families, and ourselves.

Glaude's most recent book is *Begin Again: James Baldwin's America and Its Urgent Lessons for Our Own*. "Suffering is what connects us because we refuse to be vulnerable," Baldwin said. It is a thought that resonates with me. The need to face my own suffering is what helped me enter analytic training after I was well trained in cognitive and hypnotherapeutic work by folks who were grads of Postgraduate Center. By the way, all of these approaches have been valuable.

Towards the end of the teach-in, Kendi said, "The goal of this work is to create a self without the need of an enemy." Both speakers offer a guide to our clinical work with clients and to our own ethical self-development as practitioners who must fight against unconscious denial. They believe that what is needed is to teach the country to face its hatred of difference and to guide us towards love.

PHOTO OF BRYAN STEVENSON: RON HESTER; PHOTO OF PROF. GLAUDE: SAMEER A. KHAN; PHOTO OF PROF. KENDI: STEPHEN VOSS



↑ **CHART ADAPTED BY** Andrew M. Ibrahim, MD, MSc. Concepts from Ibram X. Kendi's work. Credit to Dorlee Michaeli, MBA, LCSW, *Anti-Racism Resources for Social Workers.*

Dr. Ibrahim is a surgeon and Chief Medical Officer at HOK, a global design and architecture firm. He wrote, "If you have also found yourself at an intersection — of faith and a commitment to becoming anti-racist — this chart may inspire you to explore, grow and deepen that very personal journey. It is impossible to work on Redesigning Healthcare … without the lens and context of Race."

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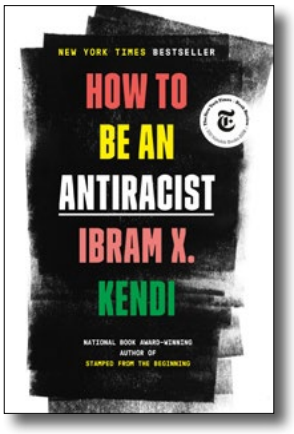


Ibram X. Kendi

Ibram X. Kendi is one of America's foremost historians and leading antiracist scholars. He is the author of three #1 *New York Times* bestsellers, including *How To Be an Antiracist*. Kendi is a Professor in the Humanities and the Founding Director of the Boston University Center for Antiracist Research.

The Clinical Implications of Systemic Racism, Power, Privilege and Culture

For Mental Health Providers in Working with Clients

Presented by Jonathan Rust, Ph.D., N.C.C. | Reviewed by Louise D. Marcigliano, LCSW

Jonathan Rust, Ph.D., N.C.C.

Dr. Jonathan Rust presented us with concise, well-researched, and well-organized material delivered in a very humane and non-judgmental way to (1) provide mental health providers with relevant knowledge of systemic racism, culture, power and privilege and the sociocultural forces behind them, which has led to the current state of upheaval in our country and (2) to begin to identify and challenge the socioeconomic forces in our practices and in our interpersonal interactions. Rust drew upon his professional experience as a member of the faculty at SUNY New Paltz responsible for training counseling psychologists, his own training at Fordham University, and his work as a school counsellor. He also drew upon his own formative experiences as the youngest in his family of origin, the importance of family structure and dynamics, his experience of living and working as an African American man, and his research on the systemic sociocultural forces at the heart of the hierarchies underpinning our culture, our cultural identities and our self-esteem.

The focus of the presentation was the intersectionality of the role of race, ethnicity, and socio-economic status, as well as the importance of other relevant cultural identities: religion, biological sex and gender; sexual orientation, gender identity; and ability status. The ubiquitous power of the systems perspective as it relates to Black, indigenous, and people of color (BIPOC) was explicated to illustrate how it relates to historic views of BIPOC communities as culturally inferior, biologically inferior, and different, reinforcing and perpetuating systemic oppression, discrimination and invalidation/indifference, and the consolidation of power and privilege in the hands of the few.

There were two break out groups, the first about halfway through the presentation, and the second at the end. The first consisted of eight volunteers who were asked to reflect on their individual experiences with prejudice. The second panel consisted of three volunteers who were asked to reflect on their clinical experiences and reactions in working with BIPOC populations.

The workshop also included three short videos. Two of the videos illustrated how entrenched systems of discrimination are perpetuated in our culture, the first, *What are structural, institutional and systemic racism?* and the second, *Racism is Real: Systemic Racism Explained*. They demonstrated the insidious ways racism enters our lives, and impacts and reinforces institutional systems on, among other things, housing, health, mental health, the law, and even buying a car. Rust further discussed the work of several theorists on social influence and the power of conformity, including Stanley Maslow, Solomon Asch, and P. Zimbardo's experiment:

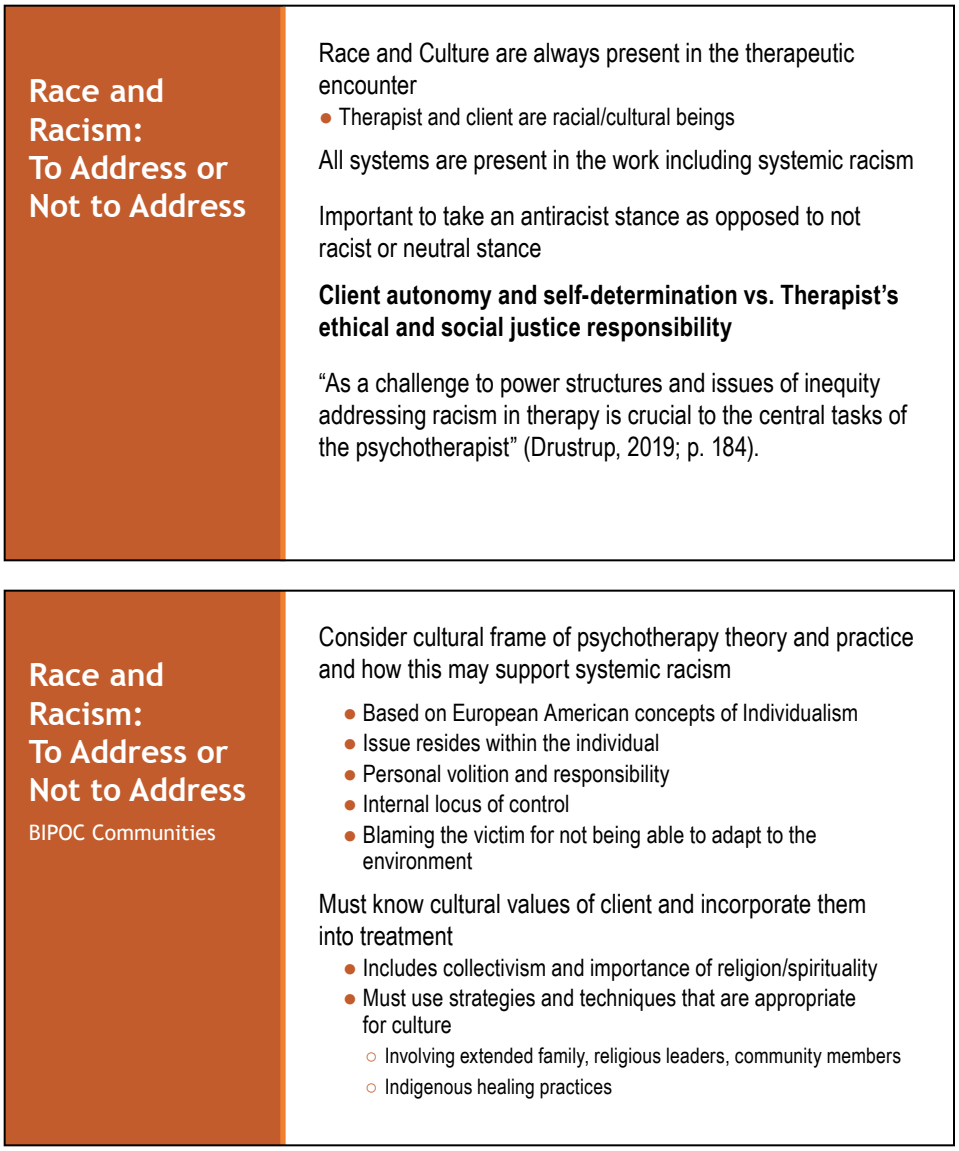
The Power of the Situation and Roles: Stanford Prison Experiment and Abu Ghraib.

The workshop concluded with an understanding of how systemic racism affects our work with clients. We were shown, *Black Psychoanalysts Speak: A Trailer Video*, where a number of BIPOC psychoanalysts discussed their experiences with working with diverse populations, and also the prejudice and racism that they have experienced within their professional peer group.

Rust further discussed the ever-present issues of race and prejudice in the treatment room, and our responsibility as clinicians and therapists; the importance of taking an anti-racist stance rather than a neutral stance; and clinical and ethical issues of white therapists addressing race and (systemic) racism with white clients. He also discussed the need to consider the cultural frame of psychotherapy theory and practice and how this may support systemic racism, and the necessity of knowledge of the cultural values of clients so they may be incorporated into the treatment.

Rust holds a mirror up for us to examine the often-unconscious ways that we participate in and are culpable for a racist culture, and to understand that to say, "I'm not a racist" is not enough.

Louise Marcigliano, LCSW, is Secretary of the Mid-Hudson Chapter, NYSSCSW. She served on the Geriatric sub-Committee of the Duchess County Board of Mental Health and Hygiene. She worked for over 20 years in mental health clinics in New York City, and now is in private practice in the Hudson Valley.



Illustrations courtesy of Jonathan Rust, Ph.D., N.C.C.

New York State Workers' Compensation Board

Making It Easier to Treat Injured Workers

Under the new Expanded Provider Law, licensed clinical social workers can apply for authorization to treat injured workers. Board-authorized LCSWs can:

- Diagnose and treat clients who have work-related injuries or conditions.
- Provide opinions on causal relationship.
- Make determinations for a client's initial and ongoing level of disability.
- Provide opinions on permanency.

Become a Board-Authorized Licensed Clinical Social Worker

Now is a great time to become Board-authorized to treat injured workers if you are not already. Here's what you need to do:

1. Sign up to use the NYS Workers' Compensation Board Medical Portal. (http://www.wcb.ny.gov/medicalportaloverview)
2. Complete the required training specific to your profession.
3. Complete the ***New Provider Authorization Request*** online application.

Complete instructions for applying to become Board authorized are available on the Board's website. (http://www.wcb.ny.gov/content/main/hcpp/AuthAppWebLinkInfo.jsp)

Getting OnBoard (http://www.wcb.ny.gov/onboard)

As you consider becoming authorized to treat injured workers, keep in mind that the Board is building a new business information system called **OnBoard** which will provide Board-authorized medical providers, insurers and other users a user-friendly approach for interacting with the Board as well as paperless transactions.

As an early component of the new system, OnBoard: Limited Release will be implemented in spring of 2021. You can visit the Board's OnBoard webpage to learn more about the project, including OnBoard: Limited Release FAQs and an Intro to OnBoard video. You can also subscribe to receive OnBoard-related news straight to your inbox and for general questions about OnBoard, email **OnBoard@wcb.ny.gov**.

HEADQUARTERS UPDATE

WHAT A YEAR IT HAS BEEN! If someone told us in March that we would still be working remotely in December, I would never have believed them. But here we are.

Working with all the chapters to bring programs to both members and non-members was a challenge, but over time it has become second nature to us. Zoom is now a part of our lives, whether we like it or not. The programs have gone smoothly due to the incredible patience of the chapters, presenters and attendees. This is all new, and if you work with Zoom you know that their platform changes frequently.

Total Management Solutions (TMS) has also been working on membership renewals, which were emailed in November, followed by paper copies that were mailed in December. As always, if you need assistance with renewing, please call the office.

Looking forward, we plan to update the website to include videos and webpages. We will also be working with the state and various chapters to bring some of their events back virtually, such as the student essay program, job fair and licensing events, to name a few.

In October, we welcomed Debbie Crusco to the staff. Debbie will be helping with administrative duties alongside Concetta and to allow Jen and I to work on other projects and tasks.

From all of us at TMS, we wish you and your families a very happy and HEALTHY new year.

Kristin

Kristin Kuenzel, *Administrator*

Jennifer Wilkes, *CMP*
Concetta Tedesco & Debbie Crusco, *Admin. Assts.*

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E-Mail: info.nysscsw@gmail.com
Website: nysscsw.org | **Facebook:** facebook.com/NYSSCSW/info

NEW MEMBERS OF NYSSCSW*

NAME /CHAPTER		NAME /CHAPTER		NAME /CHAPTER	
Astacio, Caroline, LCSW	MET	Grant, Jamila	NAS	Pyle, Cynthia, MSW, LCSW	NAS
Beltre, Wendy	MET	Hahn, Alexandra	MID	Raja, Atiya	QUE
Bernstein, Amy	WES	Hester, Bree	MET	Rodriguez, Cristina,	MET
Boyle, Dennis	NAS	Kanter, Alexandra	MET	Rooney, Terrance, MSW, LCSW	MET
Cantor, Erin, LMSW	MET	Karr, David, MSW, LCSW	MET	Rose, Esta, LCSW-R	MET
Chapman, Elizabeth	ROC	Knapp, Lauren, LMSW	MET	Sainer, Alicia, LCSW	MET
Craig, Tiffany , MSW	MET	Leicester, Bridget, MSW	MET	Schuback, Emily, LMSW	MET
Creel, Elizabeth, MSW, LCSW	MET	Lerner, Jennifer	SI	Shapiro, Mia, LCSW	WES
Crosswell, Sarah	MET	Lewis, Karim	QUE	Shih, Sabrina	MET
Dine, Vanessa, MSW	MET	Liguori, Maria, LCSW	NAS	Stollar, Sandra	MET
Doughty, Heather, LMSW	MET	Palasick, Sarah	MET	Talone, Sam, MS	MET
Flanagan, Araceli, LCSW-R	MID	Payne-Meili, Abbe	MET	Teitel, Kaitlin, LCSW	MET
Fox, Ari, LCSW-R	MET	Penn, Lana, LMSW	MET	Thompson, Danielle	MET
Gallo-Bridges, Kristan	ROC	Pifer, Jennifer	WES	Tomback, Alexandra	MET
Gattuso, Christine, LCSW-R	MID	Podolsky, Kelly,	MET	Yates, Penelope, MSW, LCSW	WES
Gershman, Nancy, LMSW	MET				

CHAPTER KEY: MET–Metropolitan, MID–Mid-Hudson, NAS–Nassau County, QUE–Queens County, ROC–Rockland County, SI–Staten Island, SUF–Suffolk County, WES–Westchester County. **These new members joined between July 1 and December 1, 2020.*

Emerging Voices of Women: THE 51ST EDUCATION CONFERENCE OF NYSSCSW AND ACE FOUNDATION

LIVE WEBINARS PRESENTED ON OCTOBER 24 AND 31 AND NOVEMBER 7, 2020

Gender Relations Today

Presentation by ***Graciela Abelin-Sas Rose, MD;*** *Reviewed by* ***Helen T. Hoffman, MSW***

Dr. Abelin Sas-Rose's fine presentation was colored by the outsider's perspective as an Argentinian psychoanalyst practicing in New York. She has had first-hand experience with a culture having a more traditional male/female power dynamic.

To preface the huge topic of gender relations today, she reminded us that in much of the world women's status is still fraught with danger. For example, the UN estimates that 137 women a day are killed by their male partners and 70% of women have experienced sexual or physical violence. In many parts of the world, the vision of women is one of slaves for male masters.

The female patients of Abelin-Sas Rose in New York City, largely upper middle class and highly educated, have seemingly left behind such concerns. Yet once in a relationship, many women lose their independence, even if they are extremely competent in the other areas of their lives. Their sense of value often relies on the partner, even when the partner neglects their needs. They feel they will be judged if they disagree with him and feel remorseful if they do not support him.

At the same time, as a result of the feminist movement, today's women have become more assertive of independence in ways that would startle their mothers and grandmothers. Women have developed excessive demands on themselves, but also may have unrealistic expectations for their partner's behavior. They have difficulty regulating aggression towards the partner, in contrast to the self-effacement and resignation of previous generations. Female patients of Abelin-Sas Rose often claimed they were emotionally and sexually ignored by their partners, but they were reluctant to confront them for fear of being devalued.

Meanwhile, the binary assumptions of what constitutes female vs. male (passive vs. active, receptive vs. penetrating) have been reconceptualized. Gender is now understood as a continuum. Yet husbands and wives still use facile gender concepts to explain difference, which is not helpful.

In her presentation, Abelin-Sas Rose described a couple, Greg and Marianne, with two latency aged children. Greg was attempting to adapt to Marianne's expectations about family roles but was chafing at criticism from her. He would declare her ideas "stupid" or "irrelevant." She complained of his temper outbursts, which she saw as typically male. She had been charmed by him at first and pleased that he embraced her way of doing things, but now saw him as "infantile" and "volatile," while he saw her as a "control freak" and "manipulative." Greg would take a position and then fold, feeling marginalized or subservient. His concept of maleness meant that he should have the last word.

In the treatment, Abelin Sas-Rose focused on exploring historical, not gender issues. She noted that Greg's parents had had a contentious relationship that hampered his self-respect. He did not feel his ideas were heard. Marianne was driven by the need to please a mother who was bitter about abandoning her own career for motherhood. Marianne still needed to be "ideal" to satisfy her mother and could not bear criticism.

Couple therapy helped the partners to recognize the assumptions each brought to the relationship. Marianne was able to recognize the traumatic experiences in Greg's childhood and the distress of not being able to speak. Feeling more understood, he came to control his outbursts. Marianne was able to view her expectations for him in the light of her perfectionism. The couple made use of these insights and, , seemed to be resolving disagreements much more quickly. Four years later, after a break in therapy, they called the therapist to discuss the prospect of having a fourth child.

The main message of this presentation was that "genderizing the issues does not help." While it may be tempting for patients to see a partner's behavior in a stereotypical way, for example, as "manipulating" or "macho," Abelin-Sas Rose recommends avoiding this trap and delving into the family history of each partner, allowing for a deeper understanding and a chance for resolution of their conflict.

Helen T. Hoffman, MSW, has retired from clinical practice after 38 years. She has served as Chair of the Vendorship and Managed Care Committee and is currently Web Editor for the Society.

What Should A Wife Want?

Presentation by ***Janice Lieberman, Ph.D.;*** *Reviewed by* ***Louise DeCosta, Ph.D., LCSW***

"…There have always been women who advance themselves … in admirable, assertive ways. However, they also contend with the entire range of societal projection…"

Janice Lieberman's professional life, extending over four decades, has been devoted to the exploration and treatment of women. She has also written on body, gender, and the creative personality. In her paper, *What Should A Wife Want?*, she explores the problematic role of wife that continues even today in contemporary society. "The wife, even if a successful breadwinner, largely remains the primary caretaker of children, aging parents, of home and husband." And should she "fail" in either familial or societal expectations of what constitutes being a "good wife," she suffers the burden of judgmental rebuke — from others or from within.

Lieberman reflects upon women that she has treated over the years and notes that, 40 years ago, many of her female patients suffered from guilt, inhibition, and harsh superegos. They maintained compromised subservient lives that today might even be considered as masochistic. She has witnessed a quiet revolution in process: women who not only take pride in their aggression and assertiveness but are often supported and validated by friends and relatives as well. Nonetheless, Lieberman offers a cautionary note: backlash and resistance necessarily co-exist with any progressive shift. In her paper, *Be Careful What You Wish For: A Psychoanalyst Reacts to the Liberation of Aggression in Women*, she looks at both historical and contemporary female figures who represent extreme polarities of "the feminine."

On one hand, there are those women who have acquiesced to the traditional/cultural norms of the female role; essentially "women who have abdicated their power." On the other, there are women who dare, who are unwilling to stifle their ambitious, aggressive, uninhibited impulses, be they Cleopatra, Joan of Arc, Wonder Woman, Oprah Winfrey, Elizabeth Warren, or Michele Obama. In history, mythology, and literature, there have always been women who advanced themselves and their causes in admirable, assertive ways. However, these women also contend with the entire range of societal projection — everything from being aspirational models to being denigrated as narcissistic, pushy, or in today's popular parlance — "nasty" women.

Louise DeCosta, Ph.D., LCSW is a faculty member, supervisor and training analyst currently affiliated with the Institute of the Postgraduate Psychoanalytic Society and a member of the C.G. Jung Foundation for Analytical Psychology. For the past decade, Dr. DeCosta has been creative director/ producer and co-author of various psychoanalytic dramatic readings including, *The Freud/Jung Letters* (premier: 2011), *The Freud/ Ferenczi Letters* (2013), *The Women: Our Psychoanalytic Mothers* (2016) which won the Gradiva Award for Best Play 2017, and "What Does Woman Want?" (2019). These productions have been presented on 30 occasions in the USA, Copenhagen, Prague, Florence, Italy, Buenos Aires and at The Freud Museum in London.

Temperament: Clinical and Cultural Implications

*Presentation by **Brian Quinn, Ph.D., LCSW;** Reviewed by **Linda Hill, LCSW***

On November 7, Brian Quinn, Ph.D., LCSW, delivered his presentation, "Temperament: Clinical and Cultural Implications," at the conclusion of 51st Annual Education Conference. After having attended his workshop, "Depressed, Borderline, or Bipolar," for the Mid-Hudson Chapter in May, I was delighted to hear Quinn share his considerable knowledge base once again with an audience of clinicians. This time, his focus was on the etiology of temperament, the temperaments identified in families of bipolar patients, and the potential ramifications of bipolar spectrum temperamental traits on both the micro and macro levels.

Quinn began by distinguishing between *temperament*, which refers to consistent individual differences in behavior that are inherited and biologically based, and *character*, which is shaped by early life experiences and other environmental factors. Citing the research of Dr. Robert Plomin, author of *Blueprint: How DNA Makes Us Who We Are*, he delineated how temperament plays a much larger role than was previously realized in determining psychological outcomes, with genetics accounting for about 50% of the variance; these findings have been supported by data from adoption and twin studies. The other 50%, he noted, is not due to the systemic effects of familial dynamics but rather from the occurrence of random, chance events which ultimately serve as the environmental shapers of psychological traits. In fact, he observed, styles of parenting are also connected to genetic predispositions, and are in turn further molded by the temperament that the child has inherited. Hence, a parent with a propensity towards emotional dysregulation is then doubly challenged when the child manifests the same genetic tendencies and responds in a comparable way.

Drawing from the work of German psychiatrist Emil Kraepelin, Quinn summarized the types of mood temperaments that are commonly found in family members of those who have been diagnosed with bipolar disorder. These include the *dysthymic* temperament, also known as persistent depressive disorder, the "stably unstable" *cyclothymic* temperament and, in particular, the *hyperthymic* temperament. The hyperthymic temperament, he explained, is associated with a high rate of creativity and entrepreneurship, and is frequently found in politicians, entertainers, business owners, artists, and salespeople. Individuals with hyperthymia are apt to be outgoing and high-energy, the "clinically well" who carry some, but not all, of the genes expressed in the bipolar family member. One can see how those in possession of such traits would be favored through evolutionary processes. Similarly, those with typically dysthymic traits such as cautiousness, high realism, and empathic responding would also be more likely to survive and pass these features on to their offspring.

> "In contrast to the DSM-V's use of specific criteria to ascertain the presence of bipolar illness, Quinn described bipolarity as lying along a continuum from extreme temperament to full-blown affective illness, an expression of hundreds or possibly thousands of genes that determine how many bipolar traits are exhibited and to what extent."

"Quinn then elaborated upon the range of traits that may be manifested by the hyperthymic temperament … Depending upon which traits are expressed, a hyperthymic person may be irritable, loud, and volatile, or, like Theodore Roosevelt, may display a sunny, lively, and jocular disposition."

In contrast to the DSM-V's use of specific criteria to ascertain the presence of bipolar illness, Quinn described bipolarity as lying along a continuum from extreme temperament to full-blown affective illness, an expression of hundreds or possibly thousands of genes that determine how many bipolar traits are exhibited and to what extent. He then elaborated upon the range of traits that may be manifested by the hyperthymic temperament, which include activity, productivity, risk-taking and sensation-seeking behaviors, grandiosity, and sleeping six hours or less each night. Depending upon which traits are expressed, a hyperthymic person may be irritable, loud, and volatile, or, like Theodore Roosevelt, may display a sunny, lively, and jocular disposition. Thus, the ways by which inherited tendencies combine with environmental factors will ultimately dictate whether these traits can be channeled towards successful outcomes, potentially catapulting the hyperthymic individual towards leadership positions and even the presidency. It was proposed that the cluster of attributes associated with this temperament is also linked to establishment of patriarchy in our society.

Quinn offered conference participants his insights regarding the implications of a hyperthymic clinical presentation for outpatient mental health settings. He cautioned that individuals with hyperthymia often feel too good to enter therapy unless referred by a partner due to concerns such as infidelity, workaholism, or explosiveness. However, they may be prone to depressive episodes in midlife and at that time may seek out treatment. It was therefore advised that clinicians conduct a thorough premorbid and family history on temperament to avoid a misdiagnosis of unipolar depression in these instances. Importantly, it was emphasized that while the family environment does not create the illness, to decrease hospitalizations, there needs to be a concerted effort to reduce conflict in the patient's home as well as to ensure adequate support for family members. Community and online resources include the National Alliance on Mental Illness (NAMI), the Depression and Bipolar Support Alliance (DBSA), bipolarcaregivers.org, and the program offerings available through county mental health associations.

Linda Hill, LCSW-R is President of the Mid-Hudson Chapter and a Diplomate of the NYSSCSW (see article in this issue). She has been practicing in the field of clinical social work for 25 years and maintains a private practice in Poughkeepsie.

Fixed or Fluid: Gender and Sexuality in Same Sex Couples

Presentation by ***Michael Crocker, DSW, LCSW;*** *Reviewed by* ***Janie Eisenberg, LCSW, BCD, ACSW***

I approached a review of Michael Crocker's illuminating and fascinating presentation with some trepidation and humility. Perhaps other clinicians may share this feeling because the subject, "Fixed or Fluid: Gender and Sexuality in Same Sex Couples," introduces new ideas and definitions to think about and to apply to clinical work. Crocker's use of beautifully made PowerPoint color representations added to what was a complex and nuanced presentation.

For starters, Crocker distinguishes between gender orientation and sexuality and a fluid, rather than a fixed, view of sexuality. He believes that a fluid view of sexuality and gender better explains many of the common relationship and individual issues that arise in his work with same sex couples. He identifies theories that support the important work he is doing with this population, such as attachment and affect theory, a bio-social approach to gender, and an ecological model emphasizing cultural influences.

Crucial to his presentation is the idea that gender and sexual orientation, while different, are both social constructions (i.e., socially determined concepts that vary in expression across culture, time and place, and by definition are fluid, not fixed).

In Crocker's thinking, the socialization process and societal influences of culture, family, peers, sexual experiences, sexual shaming, and gender shaming impact the individual's social, gender, sexual and emotional development, sense of self, and self-identity. This impacts the person's capacity to be in relationships and the quality of those relationships. Other impactful cultural influences on gender and sexual attitudes include patriarchy, misogyny, homophobia/heterosexism, otherness, compensatory behaviors, and hypervigilance-PTSD responses.

Crocker sees the impact of shame, trauma, and stigma in the same sex population he works with. He identifies many defenses this group has developed to deal with it, such as projection, transfer of blame/contempt, body consciousness, shame about being feminine or masculine, constant attempts at compensating, perfectionism, self-medication, hiding, and withdrawal. As examples, Crocker identifies "minority stress" in the LGBTQ community that he sees as traumatic to those affected — stress that gets expressed in hypervigilance, anxiety/depression, shame/guilt, isolation, dissociation, dissimulation, and compartmentalization. He also cites Erving Goffman's work on stigma, which describes a group he calls *the Discredited:* those who are stigmatized (such as those with disabilities); and *the Discreditables:* those who hide, who must live with the constant possibility of discovery, many of whom are public figures or others who fear having their sexual orientation revealed.

Crocker finds the fluidity of attachment and affect theory particularly relevant in his clinical work, especially the idea of "secure enough" attachment and detachment. He describes a study by William Pollack in *REAL BOYS: Rescuing Our Sons from the Myths of Boyhood* and suggests the importance of exploring affect states in adult treatment. That study reported that children, especially boys, get messages from birth onwards from parents and society of what it means to be a boy. Parents mirrored girls' emotional expressions while similar expressions in boys were discouraged, leading to muted expression of feelings in boys by age four, and a shutdown of their expressive feeling states. Crocker finds that focusing on clients' positive affect helps identify and access many of the underlying issues they are struggling with, while also validating their experience. He stresses the importance of "focusing on what is exciting and interesting in what the person is seeing and experiencing."

In working with couples, Crocker strives to achieve consent, non-exploitation, safer sex, honesty, shared values, and mutual pleasure. He believes the therapist needs to stay away from labels; to focus on clients' experience, getting clients to tell him more about what they like; to follow the affect; and above all, to be curious. Treatment needs to "facilitate exploration of sexuality and gender orientation and focus on increasing positive affect and attachment."

The complexities of working with same sex individuals and couples is well documented in this presentation and offers us much food for thought in our own clinical work.

Janie Eisenberg, LCSW-R, BCD, ACSW has a psychoanalytic psychotherapy practice in New York City. She has over 30 years of clinical experience working with adults, young people as they transition into adulthood, and older adults navigating many of life's challenges. She trained at the Postgraduate Center for Mental Health and has studied at the Institute for the Psychoanalytic Study of Subjectivity.

What Women Want & What is Wanted of Women?

*Presentation by **Arlene Kramer-Richards, Ed.D.;** Reviewed by **Jay E. Korman, MSW, LCSW-R, BC-TMH***

Dr. Kramer-Richards' presentation via Zoom on October 24, 2020, "What Women Want and What Is Wanted Of Women?" poses an interesting question. To presume that this is one question with one answer would be a mistake, based on the content Kramer-Richards delivered. They are better viewed as two inter-related questions, one being what women want and the other being what is wanted of women. Further looking at the presentation the related questions are raised "by whom?" and "when?". These answers are not consistent across a woman's lifespan or across cultures, though there may be some similarities culturally.

Kramer-Richards begins with the uneasy dichotomy between Sigmund Freud's theoretical view of "women's problems" and his treatment of women, notably his daughter Anna, who he made his executor in the work of advancing psychoanalysis over his other children. Though Freud's stated views seemed misogynistic his personal behavior was not. She states that Grossman-Stuart stated that Freud's "penis envy" on the part of women was better understood as women being jealous of men's positions in society and this was "indicative that Freud heard and affirmed women's social position." She maintains that he drew the wrong conclusion, penis envy, but brought good results, namely listening to women as people with something to say.

Kramer-Richards went on to say that women, even as little girls, value their vulvas and the pleasure that stimulation to that organ brings. She said that men begin to devalue women as they seek to be "masculine" and disidentify with the mother.

She stated that what women want is complicated by what men want, and that the inhibition of women's desires is a "mental mutilation," as opposed to the physical genital mutilation imposed on women by some cultures. Women do not become strong in a patriarchy, she said, and that being equal with men is the opposite of being feminine. She said that wanting equality with men and being sexually desirable is "contradictory" because the female role is "being compliant." Motherhood and desire become contradictory as well because "mother" is less attractive (than "wife" or "mate", one presumes). This idea is brought out in the movie "American Reunion," in which Eugene Levy's character advises Jason Biggs' character (father and son roles) that if he wants to rekindle his sex life with Alison Hannigan's character, he has to think of her as a wife and not as a mother (this was not in the presentation and is added by the reviewer to illustrate that this idea also exists in pop culture).

> "[In the end, Kramer-Richards said], 'What women want is to be attuned to what men want women to want. What men want is to be "lord of the manor" with women to be attuned to what men want and, in this way, Patriarchy is entrenched, and Matriarchy is a hard sell.' An interesting generalization that brings us back to the Freudian position of penis envy, which, as she stated earlier, is not genital envy but jealousy of position in society… This reviewer found that conclusion to be a bit simplistic and anachronistic."

Kramer-Richards spoke about men's vs women's roles and that they are not always seen as interchangeable. She gave the example of coal miners who were out of work. Their wives became nurses and the men stayed home to take care of the house. She said that it was discovered that the men were incapable of performing without the assistance of women the tasks the women had been doing on their own, such as laundry. She attributed this to an early learned value of not doing "girly things" and "breadwinning," of "not being a sissy," something she said that is learned early and stays embedded in men's psyches.

CONTINUED ON PAGE 28

In the end, she said, "What women want is to be attuned to what men want women to want. What men want is to be 'lord of the manor' with women to be attuned to what men want and, in this way, Patriarchy is entrenched, and Matriarchy is a hard sell." An interesting generalization that brings us back to the Freudian position of penis envy, which, as she stated earlier, is not genital envy but jealousy of position in society.

This reviewer found that conclusion to be a bit simplistic and anachronistic. The basic premise of "What women want and what is wanted of women?" from the title leaves out the question of "by whom"? "What do women want from what or whom and what is wanted of women by whom?" are parts of the premise that are missing.

Kramer-Richards addresses what she believes is wanted of women by men, an anachronistic view to say the least, but she leaves out the idea of what is wanted of women by other women. Not necessarily in a sexual or partnership way but also in terms of support, sisterhood, and furthering their individual and mutual goals.

Though I agree with her that "penis envy" is not necessarily about an actual penis but about the position in society its possession provides, I question her following the classic formulation down to the "wanting father to give her a baby as penis surrogate" position of Freud.

I question the observation about the coalminers who had to become homemakers while their wives went off to work as nurses. Having read the article in question, I don't question the observation per se but do question whether the men's behaviors were any different than that of new housewives/mothers and if, in fact, the women who were now working didn't have an informal cooperative for sharing work and teaching each other needed skills. I also question her statement of men needing help without any of the other ideas mentioned in the article, including the fact that women working in healthcare did not earn as much as the men doing mine work. The article does emphasize the idea of men as traditional breadwinners in that society, but these are long held ways of life in a fairly closed-off section of society and, to be clear, this is an article in the *New York Times* ("In Coal Country, the Mines Shut Down, the Women Went to Work and the World Quietly Changed," Sept. 14, 2019) and not an objective peer-reviewed study.

I also question her description of Smith College as a "lesbian campus." Though there is a gay population both there and in Northampton, this is not a defining characteristic of the school as much as a part of its alleged make-up. This reviewer suspects that others of the "Seven Sisters" are equally given to gay populations and was told by a former patient that Bryn Mawr was a "lesbian school" because she attended and this was her observation (and, she said, they would not leave her alone because she wasn't).

Later, during the Q and A, Kramer-Richards answered a question about societies in which the gender roles were more fluid and she pointed to the *shtetls* in Poland (and Russia) in which, she said, women did the work while men studied *Talmud*. She also said, in response to the idea that women were forbidden to study *Torah* and *Talmud* that this was because women did more direct service to god by keeping the home and raising the children. This is, at best, a specious argument. First, not all men only studied religious works. Many had jobs such as tailors, butchers (my grandfather, for example), milkmen (Sholem Aleichem famously wrote about a milkman and his daughters) and the like. Also, the argument that women do direct service by keeping the home is still used to create gender separation. In the introductory prayers to the morning prayer service is a prayer that thanks the creator for "not making me a woman." Though some apologists try to say that this is gratitude for not having to perform the difficult tasks that women undertake it is quite understood that this is saying "thank you for not making me inferior."

In the end, her statement that her conclusion makes "patriarchy entrenched and matriarchy a hard sell" is correct, but that's only if one presumes that her conclusion, that "what women want is to be attuned to what men want women to want and what men want is to be lord of the manor with women to be attuned to men want," is correct. I do not agree with her conclusion or its premise. Though I see signs all over that this attitude still obtains, I also see areas in which this is changing and being questioned. There is hope.

Jay E. Korman, MSW, LCSW-R, BC-TMH is the Chairman of the Practice Management and a member of the Ethics and Professional Standards committees of the New York State Society for Clinical Social Work as well as a member of the Executive Committee. He is a graduate of Wurzweiler School of Social Work (Yeshiva University), is a trained psychoanalyst, field instructor, psychoanalytic supervisor, and a member of the faculty at The Training Institute for Mental Health. He maintains a private practice in New York and is certified as a telehealth provider.

Barbara Bryan Mentorship Group Program

Monthly Mentorship Groups

For Students and Recent Grads

The Barbara Bryan Mentorship Group Program is designed to help social work students and new professionals cope with professional life before and after graduation. Groups are small and meet once a month, currently virtually. We plan to resume in-person meetings when it is safe to do so.

Led by experienced licensed clinical social workers, the meetings provide you with information, both practical and clinical, about our evolving field. They offer guidance, growth, and the latest knowledge about such topics as:

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- *Job searches*
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- *Professional ethics*
- *Options for further training*

Mentorship Group participation is **FREE** with membership in the NYSSCSW. Student membership (for students and new graduates) is $48 a year for the first year.

For more information about group mentorship meetings, and to explore the possibility of limited one-to-one mentorship, please contact the Met Chapter Mentorship Chair, Chris Ann Farhood, MSW, LCSW, at 212-582-7326 or **chrisfarhood@yahoo.com**.

Online Licensing Study Group

Free for NYSSCSW Members

NYSSCSW is pleased to announce the launch of a new Licensing Study Group that will meet via Zoom on the second Monday of the month, from 6:30 to 8:00 pm.

This group is appropriate for individuals studying to take both the ASWB Masters Exam and the ASWB Clinical Exam. Using sample questions, we will discuss the answers, as well as the knowledge, skills, and abilities tested.

The Licensing Study Group is free with your membership. Please register at www.nysscsw.memberclicks.net/lsg

If you know someone who is interested in joining the group, but is not yet a member, please direct them to www.nysscsw.org/benefits-of-membership so they can join the Society and then register for the study group.

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