# The Clinician

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


## IN THIS ISSUE



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PRESIDENT'S MESSAGE

# Growing Our Vibrant Professional Community

## Plans for 2024 and Beyond

**By Karen Kaufman, Ph.D., LCSW-R**

*Karen Kaufman*

The theme of siblings in the current issue of *The Clinician* is a relevant and timely follow-up to the 54th Annual Conference in April on the subject of "the other." One of the presentations, on siblings, brought to light an often neglected or minimized relationship in therapy. At times, illness, disability, or loss of a sibling; competition, whether healthy or otherwise; or family mythology blur the significance that sibling relationships may hold. We often confront ghosts when we follow this important path of exploration, but this necessary work deepens understanding of the client. Siblings are significant sources of transferences and self-experience in the context of the family, along with developmental companions such that overlooking these relationships can create major gaps in the understanding of the client's early or current life, whether real or perceived. The articles by highly experienced clinicians in this issue contribute to this important topic.

CONTINUED ON PAGE 3

> "We're launching programs for students, graduates, and new professionals, and a statewide membership campaign, among many other initiatives."

## *Sibling Relationships Matter*

**New York State Society for Clinical Social Work**

***The Professional Voice For Clinical Social Work Since 1968***

NYSSCSW c/o TMS
55 Harristown Road, Suite #106
Glen Rock, NJ 07452

Tel: 800-288-4279
Email: info.nysscsw@gmail.com
Website: www.nysscsw.org
Facebook: www.facebook.com/NYSSCSW/info

Kristin Kuenzel, *Administrator*
Jennifer Wilkes, *CMP*
Debbie Lebnikoff, *Administrative Assistant*

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| | | |
|---|---|---|
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| Legislative | Marsha Wineburgh, DSW, LCSW-R | mwineburgh@aol.com |
| Listserv | Shannon Boyle, LCSW | shannonboyle@hotmail.com |
| Membership | TBD | |
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| Director of Professional Development | Desirée Santos, LCSW-R | director.acefoundation@gmail.com |

### Annual Membership Meeting

I'm pleased to report on other recent activities and plans for the coming year. Our annual membership meeting, held at the Red Hat restaurant in Irvington on October 22, 2023, was a well-attended event. The meeting portion included certification of the election of the 2024 Board; members honored for their contributions to their chapters, the Society Board of Directors, and the profession of clinical social work; updates on developments in the field; and things to look for in the coming year. Following this was a wonderful afternoon of socializing, networking, good food, and fun.

We look forward to the imminent launch of our upgraded website and, with the work of our PR firm and Membership Coordinator, the start of a statewide membership campaign to revive dormant chapters and develop new locations with the goal of growing the Society in other regions of the state.

> "I encourage you to volunteer the time you can spare. With your talents and expertise, we will continue to grow."

Many chapters report increased in-person programs along with those that are remote or hybrid. Mentorship and peer consultation groups are very popular offerings, along with a variety of CE programs developed by the ACE Foundation. These programs, on a wide range of clinical topics, are of excellent quality and are well attended.

Our lobbyists continue to work in Albany and keep our Legislative Committee and Board of Directors informed of developments that affect our licenses and the profession. Information is widely distributed to the chapter presidents and general membership on these matters. Be sure to stay informed by viewing the *Friday ENews* and *EBlasts* along with the website. The most current and accurate information we receive is posted regularly.

In March 2024, to commemorate social work month, we plan the expansion of the student scholarship competition to include schools of social work in the upstate regions. The students will receive $500 and membership in the Society. The format for 2024 will be different from the video celebrations in the last two years. *The Clinician* will highlight the students with their photos, bios, and summaries of their winning papers. To encourage the students to feel welcome and stay connected to the Society, a buddy system of former student scholars and board members will be paired with the students as their contacts in the organization.

Another plan for March is a two-part program for new graduates and young professionals. It will feature a lawyer presenting on navigating the NYSED LMSW application process, along with a review of the scope of practice for the LM license. This will be followed by a resume writing presentation in which resumes will be reviewed and revised as needed, along with other job search tips. Watch for posts on these valuable programs.

As always, I encourage you to volunteer any amount of time you can spare. Get involved in your chapter, join a committee at the chapter or state level, or explore a leadership role on the Board of Directors. It is only with your involvement in our vibrant professional community, through the contribution of your expertise and talents, that we will continue to grow and develop future generations of leadership in the Society for clinicians throughout New York State.

The Clinician

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Helen Hinckley Krackow, LCSW-R, Chair
Ivy Miller, Editor
E-Mail: ivy.lee.miller@gmail.com | Tel: 917-620-3460

FOR ADVERTISING INFORMATION:
SEE PAGE 40

At the 2023 Annual Membership Meeting in October.

# Save the Dates!

*The New York State Society for Clinical Social Work with The ACE Foundation Present*

**THE 55th ANNUAL EDUCATION CONFERENCE**

# Vicissitudes of a Clinical Career: From Self-Discovery to Profound Impact

## April 20 & April 27, 2024

**Both Days on Saturdays via Zoom from 9:00am–12:30pm EST!**

3.0 Live Online CE Contact Hours Each Conference Day

### CONFERENCE DAY 1 / Saturday, April 20, 2024, 9:00am–12:30pm EST

**9:00 am** **Sign-in for Registrants**

**9:15 am** **Welcome Remarks: Karen Kaufman, Ph.D., LCSW,** *President, NYSSCSW*
**Opening Remarks: Desiree Santos, LCSW-R,** *Director, Prof. Development, ACE Foundation NYSSCSW*

**9:30 am** PRESENTATION: **Phases of a Meaningful Clinical Career**
PRESENTER: **Sandra Buechler, Ph.D.**

**Description**: How did early professional experiences in hospitals affect my development as a clinician? What are the most fundamental values that can inspire long term involvement in a clinical career? How can supervisory input help hone the therapist's "signature" style? In this presentation, I explore these issues, reflecting on the sense of purpose, integrity, courage, and curiosity that can support a lifetime of clinical work. I consider the impact of the many losses we incur, including, eventually, the loss of every patient we treat. Finally, I express some of my feelings about retiring from practice, and the particular challenges retirement raises.

**10:30 am** **Audience Participation with Q & A Discussion**

**11:00 am** PRESENTATION: **Whistle While You Work: Work, Identity and Its Vicissitudes**
PRESENTER: **Samoan Barish, Ph.D.**

**Description**: In this presentation, we will look at the myriad of meanings that work holds for each of us. We all know how central work is for our sense of self-worth, purpose, meaning and our need for mastery, indeed, for our very identity. Certainly, meaningful work performs various functions for each of us. These functions may change at different stages and phases of our lives. I will present some personal and case material, and I will encourage each of you to think about the meaning of work for you, and for some of your clients.

**11:50 am** **Audience Participation with Q & A Discussion**

**12:20 pm** **Closing Remarks: Desiree Santos, LCSW-R,** *Director, ACE Foundation of NYSSCSW*

## CONFERENCE DAY 2 / Saturday, April 27, 2024, 9:00am–12:30pm EST

**9:00 am** **Sign-In for Registrants**

**9:15 am** **Welcome Remarks: Marsha Wineburgh, DSW, LCSW-R,** *President, ACE Foundation of NYSSCSW*

**9:30 am** PRESENTATION: **Healing Disconnection/s: What Therapists Might Expect and Provide for in Treating the Partners & Friends of Childhood Trauma Survivors (CTS)**

PRESENTER: **Johanna Dobrich, LCSW-R, M.A.**

**Description**: Trauma informed treatment has become a buzzword in our time. Yet, in teaching and supervising therapists, I have consistently found there is a large gap between what a mental health degree prepares one to do with patients, and what childhood trauma survivor (CTS) patients, and their partners and friends, may need from treatment *as adults*. While there is much accessible information for trauma survivors to explore in regard to their symptoms, recovery, and healing, there is comparably less for loved ones of trauma survivors, who often lack a psychoeducational context of understanding the impact of the trauma on their partner and their relationship. The cultural reference points available often depict survivors as being "toxic," "gaslighting" and "damaged" individuals and consequently do not prepare their partners and friends for the journey of loving across neuro-difference. In fact, the culture retraumatizes survivors by exiling them into a category of 'bad' and encouraging a loved one to leave and to judge the experience they are having. And while some survivors are not far enough along in their recovery to sustain or make intersubjective connection a possibility, it is an overgeneralization to say that this is true for all survivors. Dealing with trauma and difference is a ubiquitous part of all our lives at this point in time. In this talk, I will translate some of the common pitfalls and dilemmas a loved one may face and the integral role the therapist may play in helping a loved one strive to maintain *healthy-enough inter-dependent relatedness*, while examining all the other facets of self-identity that naturally become the focus of psychotherapy.

**10:30 am** **Audience Participation with Q & A Discussion**

**11:00 am** PRESENTATION: **How a Child Analyst Helps Change Society Through Litigation**

PRESENTER: **Gilbert Kliman, M.D.**

**Description**: When a woman astronaut was killed in the Challenger Disaster, the author spoke on *20/20* about children's reactions. Many attorneys viewing the broadcast began to want his help with traumatized children in the midst of civil litigation. The children were especially traumatized by sexual abuse in churches, day care centers, schools, foster care, and group homes. As he continued forensic practice for decades and aged into his nineties, rather than retiring, he was called on more and more to deal with major cases. Some cases affected decisions about statutes of limitation and some affected large social systems. Thousands of children who sued for negligent and abusive care, were helped to find their voices, were successful individually and in class actions, gaining very large awards, settlements, and verdicts. Standards of actual care responded, improving in churches, schools, and foster care systems. Many therapists have attended his forensic seminars, and some are now actively collaborating with him in developing a nonprofit service, giving voices to oppressed, marginalized, and traumatized persons seeking justice.

**12:00 pm** **Audience Participation with Q & A Discussion followed by ACE Director's Closing Remarks**

**Online registration information can be found at:**
**https://ace-foundation.net/programs/education-conference-2024**

**NOTE:** This clinical conference is appropriate for licensed mental health professionals and clinical interns with all levels of experience. See next page for NYSED CE Provider Accreditation and NYSED CE-approval.

**NYSED CE Provider Accreditation Information:** This two-day live online conference on April 20, 2024 and April 27, 2024 is approved for 6.0 live online CE contact hours (3.0 CE contact hours for each conference day). Participants are welcome to attend both conference days but must attend at least one entire conference day and complete an online survey in order to receive the 3.0 CE contact hours for that particular conference day.

SEE PRESENTERS' BIOS ON PAGE 6

## Vicissitudes of a Clinical Career: From Self-Discovery to Profound Impact

# PRESENTERS

**Samoan Barish, Ph.D.,** has an MSW from UC Berkeley, a DSW from Univ of Southern California, and a Ph.D. in Psychoanalysis from the New Center (formerly So. Calif Psychoanalytic Institute). She is a member and past president of AAPCSW. She is the former Dean and Faculty member at the Sanville Institute and has practiced and consulted in numerous agency and hospital settings and social service agencies. She maintains an independent practice in Santa Monica.

Her publications have appeared in the *Clinical Social Work Journal*, the *American Journal of Psychoanalysis* and *Other/Wise*, an online journal of IFPE. Dr. Barish has contributed a chapter to *The Social Work Psychoanalyst's Casebook* (1999) entitled, "A Woman of Her Time (Or Was She?)," and to *Therapies with Women in Transition* (2003) entitled, "Work and Its Vicissitudes: Two Women of a Certain Age Playing with Work." Dr. Barish is a frequent presenter and workshop participant at statewide, national, and international meetings.

**Sandra Buechler, Ph.D.,** is a Training and Supervising Analyst at the William Alanson White Institute. She is the author of *Clinical Values: Emotions that Guide Psychoanalytic Treatment* (Analytic Press, 2004); *Making a Difference in Patients' Lives* (Routledge, 2008), which won the Gradiva award; *Still Practicing: The Heartaches and Joys of a Clinical Career* (Routledge, 2012); *Understanding and Treating Patients in Clinical Psychoanalysis: Lessons from Literature* (Routledge, 2015); *Psychoanalytic Reflections: Training and Practice* (IPBooks, 2017); *Psychoanalytic Approaches to Problems in Living* (Routledge, 2019); and *Poetic Dialogues* (IPBooks, 2021).

**Johanna Dobrich, LCSW,** is a licensed clinical social worker and psychoanalyst with a private practice specializing in the treatment of dissociative disorders. Johanna obtained her MA from Rutgers University in Political Science, her MSW from NYU and completed psychoanalytic training at the Institute for Contemporary Psychotherapy (ICP) in New York. Johanna is the winner of the 2023 Sandor Ferenczi Award from the International Association for the Study of Trauma & Dissociation for her book, *Working with Survivor Siblings in Psychoanalysis*, which explores the developmental impact of growing up alongside a severely disabled and medically complex sibling. In addition to clinical practice, Johanna teaches courses and supervises therapists in training at the Psychoanalytic Psychotherapy Study Center (PPSC), National Institutes for Psychotherapies (NIP) and ICP.

**Gilbert Kliman, MD,** is Medical Director of Preventive Psychiatry Associates Medical Group, Inc., Medical Director of Children's Psychological Health Center, Inc., Chairperson of Harlem Family Institute, Co-Chair of Harlem Family Services, Distinguished Life Fellow and Diplomate of The American Psychiatric Association, Senior Life Fellow and Diplomate of American Academy Child & Adolescent Psychiatry, Certified Psychoanalyst for Children, Adolescents and Adults and Member of The American Psychoanalytic Association.

Dr. Kliman also founded three nonprofit organizations dedicated to mental health services after graduating from Harvard Medical School and completing his child psychiatric training and interdisciplinary fellowship in science and psychiatry at Albert Einstein College of Medicine. All three foundations are still vigorously functioning, and all were derived from the Reflective Network Therapy experience (formerly known as The Cornerstone Therapeutic Preschool Method) that he originated with the help of his colleagues (including Elissa Burian) at The Center for Preventive Psychiatry, which he founded in 1965. Dr. Kliman also founded the Foster Care Study Unit at Columbia University College of Medicine and Surgery, Department of Child Psychiatry.

He is Recipient of the Janusz Korczak Award for "World's Best Book Concerning Nurture and Well Being of Children," 2016 Anna Freud Award, 2020 Humanitarian Award of The American Psychoanalytic Association and 2020 Rieger Award, AACAP, has presented at more than 100 scientific seminars, conferences, and symposiums, and has received over 50 grants for research and services regarding psychological illness and traumatic experiences concerning young children and families.

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

# Social Work Compacts: Should New York State Participate?

In November, legislative interests turn to elections. What activity there is remains behind the scenes where our lobbyists keep an eye on our issues. Currently, we are paying close attention to two main national trends: undoing social work licensing statutes and the COMPACT initiative. This article will address the pros and cons of the COMPACT idea as far as it has been developed.

## What is a State Licensure Compact?

Licensure compacts are statutory agreements among states that allow interstate practice of a profession based on a common set of core licensing requirements. These agreements must be enacted by each state legislature.

The internet is buzzing with information about how to lobby state legislatures to agree to approve joining with other states in a private, not-for-profit social work COMPACT. The primary potential benefit is to create a system for social work license portability, i.e., a system allowing licensed clinicians to easily practice in other states.

- *The Clinical Social Work Association (CSWA), National NASW, and the Association of Social Work Boards (ASWB)* have accepted grant monies from the Department of Defense (DOD) to advocate for a Social Work Compact. The fundamental reasoning behind DOD advocating for interstate compacts—to assure portability of professional licenses for military individuals and their spouses—has recently been addressed through federal action directing all states to provide for professional practice in every state by these military individuals.

- *An expedited licensure process has been implemented in New York State.* The DOD's objectives having been met; we would not anticipate their continued interest in funding this issue.

## What We Need to Know to Make an Educated Decision

The idea of license portability sounds great. But let's investigate what is actually known at this time about what a social work compact might look like and what issues have yet to be clarified.

There are at least seven important areas which need to be tackled before either a state legislature or an individual LCSW can make an educated decision to participate or not. These include:

- Scope of practice differences between states
- Differences in clinical supervision requirements
- Different state regulations implementing licensing
- Malpractice insurance fees
- Annual COMPACT fees
- Ethics enforcement.

The variety of social work licensing requirements arose from the unique circumstances in each state in dealing with the critical areas that influence licensing the social work profession in their respective jurisdictions. As you may know, our LCSW has the most comprehensive scope of practice and the strongest consumer protection standards.

## What We Do and Don't Know About the Idea of a Social Work Compact (SWC)

- *Each State must decide to join the initial SWC.* Seven states are needed to get it under way. To date only the Missouri legislature has passed a law to join a SWC. Apparently, there will be only one national COMPACT for social work, so that whenever a state agrees to join, it must join the original one.

- *The SWC plan has no policies establishing annual fees for states or individuals, no standards for clinical supervision, or ways to handle differing scope of practices for social work licensees.* If the initial seven states are politically conservative with many state restrictions impacting treatment (reproductive rights, LGBTQI, conversion therapy, etc.), this would conflict with New York State statutes which embrace public protection in these areas.

CONTINUED ON PAGE 8

- If New York were to agree to join a SWC, *what is the procedure for influencing these Compact policies? Undeveloped.*

- The ideal Compact increases the workforce, a current substantial problem in mental health service delivery. *However, this Compact only expands clinicians' access to patients; it does not increase the number of clinicians.*

- In a Compact structure, *each LCSW can have only one home state.* The home state controls your Compact membership and sets the licensing requirements including CEU prerequisites, etc.

### Scope of Practice Differences for LCSW Licensing

Seven states do not have scopes of practice allowing LCSWs to diagnose. This lowers the LCSW standards for practice. How can they practice in New York State?

- *Annual cost to the state and the LCSW to join the Compact:* What will the fees be? In addition to licensing and registration fees, there will be an individual annual fee for the Compact and most likely the States will pass along their annual fees to join the Compact to their licensees.

- *Malpractice Insurance increases:* Will Malpractice insurance costs rise? Liability may increase as clinical practice spreads across many states. *Still unknown.*

- *Initially, the COMPACT plan required 3,000 hours of supervised clinical practice for a clinician to join.* At this time, New York State requires only 2,000 clinical hours—supervised by a NYS licensed LCSW, psychologist or psychiatrist in an approved setting—to sit for the LCSW exam. To be more inclusive, COMPACT planners added an alternative path to the 3,000-hour requirement: two years of full-time employment; no supervision or hours of clinical work specified. This needs further clarification.

- *Fee per session:* How will LCSWs be reimbursed for mental health services? If Texas insurers allow $50/session and Kansas $100/session, won't there be cherry picking for those states with the best reimbursements?

- *Ethical and disciplinary issues:* And lastly, ethics. New York State has a strong commitment to public protection. How will practice violations be handled across state lines? It most likely requires an investment in interstate communication systems; how much will it cost, and who will pay for it? All unknown at this time.

There are many fundamental policies to be worked out by the initial seven states forming the Social Work Compact. At the moment, New York State is being asked to buy a house (agree to a Compact) which has no final design and is in an unknown neighborhood (defined by other states which have not yet joined.) With so many unknowns, why would anyone be interested in buying this house?

## Inviting NYSSCSW Members Who Practice in an Agency Setting To Join the

## Agency Practice Committee

***It is an opportunity to:***

- Be supported by other members who also work in an agency.
- Discuss the benefits and challenges of working for an agency.
- Explore and discuss policies.
- Provide education to other members regarding agency resources.
- Discuss the ways our Society can support social workers who work for an agency.

**For more information and/or to receive a link to the next Zoom meeting (on the third Wednesday of the month at 8:00 pm) please contact:**

**Patricia Traynor, LCSW-R,** *Committee Chair:*
traynorlcsw@gmail.com or 516 840-1550

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

# Announcing Three Major Accomplishments

**1 We have finalized the program for the 55th Annual Education Conference of NYSSCSW:**

***Vicissitudes of a Clinical Career: From Self-Discovery to Profound Impact*** will be held on ZOOM on two consecutive Saturday mornings: Saturday, April 20 and Saturday, April 27, 2024, from 9:00 am–12:30 pm EST on both days. 6.0 Live Online CE Contact Hours for both days are available (3.0 CEs for Each Day).

Please see the Save-the-Dates summary in this issue provided by Desiree Santos, our talented Director of Professional Development. Registration will be available with our usual early bird special opportunity at: https://ace-foundation.net/programs/education-conference-2024/

**2 We produced a comprehensive survey of attendees of our programs:**

### Program Development Survey (Summer 2023) of the ACE Foundation of the NYSSCSW

***Background***

In summer 2023, an extraordinary end-of-academic year survey was created and analyzed by Desiree Santos, LCSW, ACE Director of Professional Development. It was distributed to NYSSCSW members and past CE attendees who are not members.

The purpose of this survey was to assess CE program needs based on participants' level of clinical experience, primary state of professional licensure, availability for presentations, and preferred learning topics for professional development. The primary goal was to not only gather participants' feedback but also to contribute to the creation and Implementation of new ACE programs and initiatives.

Results were mixed. The presentation suggestions were too varied to build any consensus, but interesting in terms of the wide-ranging interests they showed. Unexpected was the number of attendees from east coast states ranging from Florida to Massachusetts, as well as from Chicago. Time zone compatibility seems to be an important marketing variable.

### ACE FOUNDATION SURVEY

**Summary of Final Results as of August 14, 2023 (n = 180):**

- 180 people completed the survey (173 NYSSCSW members and 7 non-members)
- 169 people (93.89%) identified New York State (NY) as their primary residence
- 11 people reported their primary residence is not NY (3 people live in NJ, 2 in DE, 2 in NC, 1 in CT, 1 in FL, and 1 in RI)
- 169 people (93.89%) responded that their primary professional license is in NY (2 people reported their primary license is elsewhere: 1 in FL and 1 in NC)
- 46 people (74.44%) responded that they are licensed in more than one state (These include CA, CO, CT, DC, DE, FL, IL, MA, ME, NC, NJ, PA, VT, RI)
- 134 people (25.56%) responded that they are NOT licensed in more than one state
- 68.33 % of survey participants have 25+ years of experience (13.89 % have 16-25 years of experience; 11.67 % have 7-15 years of experience; and 6.11% of have 0–6 years of experience)

**3 We will update our website, scheduled to launch in early 2024.** The update will make it easier to find programs of interest and expand our marketing efforts. Hopefully, this will bring more attendance to ACE presentations and spread awareness of the NYSSCSW to many LCSWs and LMSWs.

*By Jay E. Korman, MSW, LCSW-R, BC-TMH, Chair*

# Billing (Mis)Conceptions

Members ask questions about billing issues. Here are some of the more common questions and the answers. Some apply to in-network work, some to out-of-network, and some to either and both. All of these are offered with the understanding that I am not an attorney and my statements do not constitute legal advice. They are based on my understanding of the general situations and some specific instances may vary from what I've written. *(Note: I'm going to use different gender pronouns in my descriptions for the sake of simplicity. Nothing implies that a statement applies any specific gender orientation.)*

**I don't like the slow payment waiting for payment/reimbursement from the patient's insurance company. Can I collect the fee from my patients and let them wait for the reimbursement?** Yes, but what you collect from your patient varies based on whether (1) you are in-network, and the patient is using his insurance, or if (2) you are out-of-network, and the patient has out-of-network benefits:

- If you are in-network and the patient is using his benefits you may only collect copays, coinsurance, and deductibles from the patient. He will be reimbursed for everything except his in-network responsibility (copay, coinsurance, and deductible).

- If you are out-of-network you collect your full, regular, fee from your patient and he will be reimbursed based on the amount the insurance carrier allows, and this amount might be lower than your regular fee, minus deductible, and coinsurance. Make sure to write **paid in full** in the superbill. If you instead provide courtesy billing, you will enter the full amount paid to you in box 29.

- Either way, to ensure the payment goes to your patient and not to you, you must leave box 13 blank (empty) or check NO, depending on whether the form you are using has a signature field, or it is a YES or NO check box, and then check "NO" in box 27, "Do You Accept Assignment." Not doing either of those will have the payment sent to you.

- In other words, box 13 indicates the client's preference, whereas box 27 indicates the provider's preference, and both must indicate NO.

This leads to **Can I suggest my patient not use her insurance benefits so I can collect my full fee or not have as much paperwork?** Generally, no. Whether you would like to collect your full fee or have less "paperwork" and hassle, you generally may not suggest to your patient that they not use their insurance. We have heard of collectives that suggest to their patients that they not use their insurance and the members of the collective agree to charge a reduced fee based on the work that they've been saved, but it's a questionable position. This option would have to be offered to all patients and it's not clear how the insurance carriers would react to learning this is going on. One such collective was active in Colorado in the period around 2009 but I'm not seeing anything about it currently.

This leads to **Can my patient say she doesn't want to use her insurance because (gives reason)?** Yes, but you should have a form letter stating that your patient is opting to not use her insurance, agrees to not submit claims for any of the sessions that occur while the agreement is in place, cannot submit claims for those sessions at a later date and will not be reimbursed for any of the sessions that occur while the agreement is in place. She may end the agreement and start using her insurance at any time by giving you **notice in writing** that she is choosing to use her insurance from that time forward. Please note that if your patient is paying out of pocket, whether they are forgoing using their insurance, don't have insurance or you're out of network, you have to give them a Good Faith Estimate (GFE) of what their out-of-pocket cost will be for the year. This GFE also applies if they have a deductible that needs to be met before their insurance begins to pay out/reimburse. **Note: For Medicare patients**, you must use the form that Medicare provides on their website. Other form letters are not deemed acceptable.

**Can I bill the insurance carrier for each member of a couple for the couples session?** The short answer is "no." A billable CPT code for couples counseling doesn't exist because there is not a designated patient. The couple, the relationship, is what is being treated. What most of us think of as a "couples" session is something that is billed as 90847, Family Therapy with Patient Present or 90846, Family Therapy with Patient Not Present. Notice that each of these mentions "patient." That more than suggests that there is only one person whose insurance is billed because that is the person who is the patient. Not the family, not

CONTINUED ON PAGE 11

the couple. For more information see https://blog.therapynotes.com/a-quick-overview-of-family-codes.

While we're on the subject of couples sessions: **My couples sessions usually run longer than 45 minutes. How can I bill for the longer session? Can I use CPT code 90837 (Individual Psychotherapy 53 minutes or longer?) Can I use the Prolonged Services codes 99354 and 99355?** This is complicated. You can't use 90837 because that's for individual treatment and not for family therapy. That would be inaccurate coding at best and fraud at worst. 90847 and 90846 are "timed codes," with the times set at 45 minutes (28 minutes with patient minimum.) According to Barbara Griswold, LMFT in her article "2023 Update: A New Way to Bill for Longer Sessions?," the prolonged service codes 99354 and 99355 were discontinued by the American Medical Association (AMA) discontinued those codes in January, 02023. There are some workarounds suggested in her article, which I strongly suggest you read, though none of them are guaranteed to be successful in you getting paid or your patients getting reimbursed for your full time. The bottom line is to have a conversation with your patients about time and fees. You can find the article here: https://theinsurancemaze.com/updateextendedsessions/#:~:text=2023%20Update%3A%20A%20New%20Way%20to%20Bill%20for%20Longer%20Sessions%3F

Similarly: **My individual treatment sessions generally run longer than 45 minutes. Can I bill 90837 every week?** You can, but it might not get paid. Some commercial insurers automatically downcode 90837 to 90834. They just don't pay it. You could try getting pre-approved so that you're more likely to get paid but don't count on it. You also increase the probability of an audit to determine if the extended sessions are a "medical necessity." Medicare does not like to pay 90837 on an ongoing basis and will most likely want to see the reason for these sessions. **The bottom line, whether you are using extended session coding for Individual or Family Therapy, is to have clear and compelling documentation of medical necessity listed in the session note for each extended session, not just in the Treatment Plan.**

**The insurance doesn't pay much compared to my full fee. Can I collect the rest of my fee from the patient?** Not if you are in-network with the insurance company, no. You have contracted with them to provide service to their patients at the contracted rate and that's what you can expect to receive. What you are asking about is called "balance billing" and is not allowed by most insurance contracts. If instead, you are out of network then you collect your full fee from your patient, and they get reimbursed whatever the insurance company deems proper.

**My patient is going through a rough time financially. Can I waive the copayment?** No. If you waive the copayment you are reducing the amount you are willing to be paid for the session and the insurance company is entitled to pay you proportionately less than the contracted amount. You may be able to defer collecting the copayment but should probably document that is what is happening and be able to demonstrate that you are keeping a record of what the patient owes you. Having said that, please be aware that providing credit to a patient creates a dual relationship and can affect the therapeutic alliance because it puts you in the role of a creditor, with all the tension that can create on both sides.

**I don't want to get stuck with the credit card fees that I get charged when my patients pay me that way. Can I pass the fees along to them instead of me having to pay?** Yes, but there's a caveat. You have to advise the patient what the additional charge is going to be before you just add it on to their bill. It also means that, since you are now charging a higher amount on the credit card bill, you will be charged a slightly larger amount for the transaction. Speak with your accountant, but most likely you will be able to deduct the processing fees from your taxes, instead of charging the patient. It's a cost of doing business.

This leads to: **There are some no-fee money transfer platforms, like Zelle and Venmo. Can I use them to collect fees from my patients?** No. Neither Zelle nor Venmo are HIPAA compliant because, when last we heard, they do not offer Business Associate Agreements (BAA), which are an essential part of HIPAA compliance. Without that, they are not included in your privacy/confidentiality group. PayPal is also not HIPAA compliant because they sell user information.

**I want to give my patients the choice of paying a sliding scale if they need to. Is that OK?** It depends. If you offer a sliding scale to any patient you have to offer it to all your patients, except those with whose insurance you are in network, of course. You can't treat some patients differently than others; that's considered discrimination. You also have to base the sliding scale on some measure that can be applied to all your patients. Federal programs often use a percentage of the poverty guideline as a measure. You can look online for how that works. The point is that there has to be some rationale to your fee schedule, and it has to be uniformly applied.

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# *Honorees for Exemplary Service to the Society*

## *Jay E. Korman*

**Jay E. Korman, LCSW-R, BC-TMH,** has been a member of the Society (Met Chapter) since 2009. Attending the annual meetings and the education conferences from the beginning of his membership, he then began to take on leadership roles. With the encouragement of Helen Hoffman, then Chair of the Vendorship and Managed Care Committee, he became interested in and joined the committee.

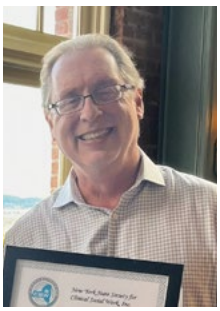
After many years that group ended, and Jay became the Chair of the new Practice Management Committee. It has been keeping members advised about changes and updates in insurance and telehealth issues as well as other aspects of the business of clinical social work practice. Jay is also a member of the Ethics and Professional Standards Committee, participating in the review and rewriting of the Society's Code of Ethics.

In addition, Jay has been a mentor to new members, and has served as Second Vice-President and Member-At-Large from Met Chapter to the Board of Directors, where he is also part of the By-Laws Committee.

Jay is currently in private practice in New York and is on faculty at the Training Institute for Mental Health where he is a field instructor for an intern from Fordham University School of Social Work, a training analyst, and facilitates the Continuing Case Seminar for the fourth year (psychoanalytic) candidates and the MSW/MHC interns.

To keep up with new developments in the field, he is a member of the American Association for Psychoanalysis in Clinical Social Work, The Clinical Social Work Association, The American Association of Professional Coders, The New York Psychological Association, The Society for the Advancement of Sexual Health, and the Australia/New Zealand Mental Health Association. ■

## *Dore Sheppard*

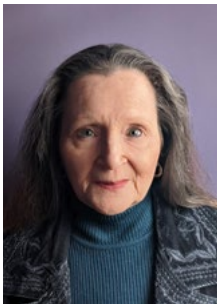


**Dore Sheppard, Ph.D., LCSW-R,** has been an inspiring leader, teacher, colleague, and mentor who has served the Society with distinction for many years. As Treasurer, he is dedicated to our financial growth and stability. He also served as Second Vice President (2012-2013) and, since 2011, as Chair of the Annual Education Conference Committee.

The Rockland Chapter has benefited from his leadership as President (2007-2010) and Vice President (2005-2006) and he is currently on the Chapter's Board of Directors.

Dore earned an MSW from Fordham University; a Ph.D. in Social Work from New York University; and a psychoanalytic certificate from the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. He has been an Associate Professor at NYU School of Social Work since 2001. He maintains a private practice in Nyack and New York City. ■

## *Beth Pagano*



**Beth Pagano, LCSW-R** is currently Second Vice President, and on January 1, 2024, she will become President Elect of the Society. She has been a dedicated member of the Rockland Chapter since 1983, when she was an NYU social work student and her professor suggested she join the Society. An active, engaged member from the start, she eventually become Co-President and then President for more than ten years.

As a member of the State Legislative Committee, chaired by Marsha Wineburgh, Beth took part in the Society's 13-year campaign to create a Clinical Social Work scope of practice and secure licensure. She has also served as a Member-at-Large, Nomination and Election Chair, and chair of both the By-Laws Committee and Leadership Committee under five Society Presidents.

After earning her MSW, Beth graduated from NYSEPH with a certification in Ericksonian Hypnosis and Hypnotherapy. She is certified in EMDR I and II and is psychoanalytically trained with a concentration in Jungian psychoanalysis. She was in agency practice for ten years with Catholic Charities and, for the past 35 years, has been in private practice in Upper Grandview, NY. ■

*Annual Meeting Photos by Shannon Boyle*

## Met Chapter

**Helen Hinckley Krackow, LCSW-R, President**

**The Met Chapter had** a great fall season. The practice groups have been holding meetings; we began with the Aging Issues and Infertility groups. The Aging Issue group discussed, "Dealing with Loss and Mastery, Mentally and Physically." We also had two workshops on retirement, in the summer and fall.

Our Infertility/Family Building Practice Committee addressed the impact of failed pregnancy on women and men [see page 21]. Our Gender and Sexuality Committee presented an ACE program on Transgender Trauma. The speaker was Reese Minshew, Ph.D., a non-binary psychologist and author of *Treating Trauma in Trans People, an Intersectional Phase-Based Approach*, (Routledge, 2023) [see review, page 23].

Based on the success of the Riverdale Clinician Group, the Chapter is organizing other area peer groups. The Westside Peer group had a planning meeting in early November. We are also reaching out to our new professional members to provide Mentorship groups.

**Jane Gold, LCSW-R, Met Chapter Honoree:** At the Annual Meeting in October, the Chapter honored Jane Gold for her many years of dedication as a Board Member; for leadership in establishing the Riverdale Clinician's Group; for contributions to the listserv; and for her Chapter Newsletters on aspects of Racial Equity. Jane is a great leader and a nurturing friend.

Any member of Met who would like to start a practice group on any clinical topic is welcome to reach out to me by Email at hhkrackow@gmail.com.

## *Jane Gold*

**Met Chapter Honoree**

### *In Her Own Words...*

Social work has always been in my blood, having a family of social justice activists, with a guitar- strumming unionizing father and a clinical social worker mother. Early on I found myself on peaceful picket lines, singing the songs of Woody Guthrie, meeting Harry Belafonte and hearing Paul Robeson's voice in person.

It's been 40 years of work in our field. After graduating Hunter School of Social Work, I continued with long-term analytic training. I was fortunate to have an agency position and excellent supervision working with children and families, an inspiring prelude to my private practice.

In 2007, I was invited onto the Met Board, having already been a member of the Society since the early 90s. At that point I finally had the time and said yes! I was brought on by Robert Berger and Lisa Miller to help launch the Interactive Listserv. We soon discovered it was a full-time job; we were on-call like good old-fashioned doctors, tweaking our bedside manner for the many enthusiastic members who were also learning the elements of this new forum.

As a Member-at-Large, I have taken on administration tasks such as keeping up with the Met-Board's listserv and contact lists and helping support other Board members in their committee tasks and executive functions.

Most proudly, I launched the Racial Equity Committee in 2020 with Helen Krackow, Michael Crocker, and my dear friend Liz Ojakian, whose recent death is a profound loss to me and to our professional community. This committee was instrumental in raising the consciousness of our membership and giving us all space to examine ourselves and our practices. We continue to plan CE programs to help keep our members informed.

One of the first stand-out webinars was The Clinical Implications of Systematic Racism, Power, Privilege and Culture. Another excellent presentation was by Grace Cho, Ph.D., whose memoir, *Tastes Like War*, explores war trauma and the psychological effects on her family.

During the first years of the Racial Equity Committee, I along with Liz wrote newsletters appearing on the Listserv each month. Newsletter essays were published in *The Clinician*, with the Winter 2021 edition dedicated to "The Antiracism Movement: Healing the Split." Other essay titles include "Racialized Trauma and the Asian Experience" and "Why Affinity Groups." We also sponsored Society members' attendance at events with some of the important voices of our time, like Bryan Stevenson, Isabel Wilkerson and Ibram Kendi, to name just a few.

Another most gratifying project is the Riverdale Clinicians group—we are celebrating our fifth anniversary. The once-a-month meetings with case presentations and theoretical discussions help us grasp modalities and assimilate feedback. The cultural changes in our world are reflected in our group discussions as we serve more diverse populations with rich and layered histories.

Riverdale Clinicians stay connected, lending support for difficult cases, creating a nurturing community for referrals, resources, and friendship. We hope the success of this local peer group will encourage the formation of others in the metropolitan area.

It is this enriching organization, NYSSCSW, which has welcomed me, as it does all members, and encouraged me to cultivate these strengths and skills. With appreciation for Helen's expansive and inclusive style of leadership and using her as a model I found my own leadership side. In addition, Robert Berger's warm-hearted social work values and confidence in me has been instrumental in my growth as a clinical social worker.

I am forever grateful! ■

## Mid-Hudson Chapter

**Barbara Solomon, LCSW-R, Interim/Acting President**

**On June 23,** the Mid-Hudson Chapter hosted a networking event in conjunction with Hudson Valley Therapists in Practice at The Academy in Poughkeepsie. We will be having another event like this in the near future. We encourage all to come out to these events and meet face-to-face if you feel comfortable.

On June 11, we held a webinar featuring Dr. Leslie Nadler on the topic of "Emotional Healing from Trauma: How Protectors of Vulnerable Parts Can Relax to Allow Healing to Occur." Our Oct. 21 webinar on "Compassionate Harm Reduction Approach to Addressing Co-Occurring Disorders" was presented by our very own Board member Crystal Marr, LCSW-R, CASAC, who has extensive experience in this topic.

Planning is in the works for a webinar, scheduled for Sunday, March 3, 2024, entitled "Mentoring the Next Generation of Social Workers," to be presented by Rob Lorey, LMSW, Director of Student Services and Associate Director of the MSW Program at Silberman School of Social Work at Hunter College, and Alicia Greene, LCSW, Assistant Director of Student Services at Silberman School of Social Work.

On Saturday, Sept. 9, a memorial and luncheon for long-time member Amy Blumberg was hosted at the home of Board member Carolyn Bersak, planned also by Cindy Marschke. Amy passed away in July at the age of 90. Several current and past chapter members attended as well as Amy's two adult daughters. Amy was a member of our local chapter since its inception in 1979. Most importantly, she was an ongoing member of our Education Committee, responsible for inviting many speakers over the years. Her contributions to the life of this chapter will be sorely missed [see *In Memoriam* on page 20].

The chapter's Peer Consultation group is still meeting via Zoom every second Friday of the month and continues to be a valued resource.

**Susan Deane-Miller, LCSW-R, Mid-Hudson Chapter Honoree:** At this year's Annual Membership Meeting on Oct. 22, our Chapter honored Susan Deane-Miller (who we know as Susie) a long-time esteemed member of the Society and of our Mid-Hudson Chapter Board.

In closing, we again want to encourage Chapter members to consider joining our Mid-Hudson Board. We welcome you to be involved by taking leadership positions on the Board. It's a great way to make friends, network more closely with other clinicians, and have a voice in our important organization. If you are interested in finding out more, please don't hesitate to contact me at BGS234@gmail.com.

Karen Kaufman, *President*; Susan Deane-Miller, *Mid-Hudson Honoree*, and Eileen Duffy Traslavina, LCSW-R.

## *Susan Deane-Miller*

**Mid-Hudson Chapter Honoree**

Susan Deane-Miller, LCSW-R, who we know as Susie, has been a long-time esteemed member of the Society and the Mid-Hudson Chapter Board. She became a social worker at age 50, graduating from Fordham University.

Susie has done a lot of difficult and challenging work: in hospices and in counseling clients at Family Services, where she worked for the Crime Victims Assistance Program. She also counseled parents sent by the Child Protective Services. In 2007, she started a private practice which she still maintains on a part-time basis.

Susie has been a valued member of the Mid-Hudson Chapter Board. She has helped at the membership table for in-person events, being a welcoming, friendly presence on many occasions. For the past few years, she has become more involved in helping with tech issues, counseling others on navigating the internet, maintaining mailing lists, and sending out Chapter announcements and invitations.

Since she seemed to know more about tech than many of us on the Board, she was quickly elevated to "IT Director," and served as the tech person for our Movie Nights, meetings, virtual get-togethers, and other events. She is extremely helpful and was especially needed during the Covid pandemic, when so much of our work moved online.

Susie has been our Chapter Vice-President for over a year, always stepping up to lend a helping hand. She has also served as a reliable back-up for the Peer Consultation Group, and she served on the Chapter's Election Committee in 2019.

Susie's wisdom, intelligence and wonderful sense of humor has been greatly appreciated by all of us on the Board. She is truly an asset to Society, and we are so happy to have this opportunity to honor her. ■

## Nassau Chapter

**Barbara Murphy, LCSW, BCD, President**

**Despite the inclement weather,** 28 social workers, both members and nonmembers of NYSSCSW, attended a cocktail party at Mims restaurant in Roslyn on August 10, 2023. Attendees welcomed Dr. Joanne Corbin, the new Dean, and Professor Donna Cohen, LCSW, of Adelphi University School of Social Work in Garden City.

Our book club meeting and breakfast at the home of board member Susan Kahn, in Great Neck on October 29, was attended by nine members. There was a lively discussion about the book, *Mad Honey*, written by Jennifer Finney Boylan and Jodi Picoult. Please check our website for future book club selections and meetings.

Our interactive workshop and networking event at Molloy University on November 5 was attended by 19 social workers, both members and nonmembers. The topic was "Cultural/Racial Self Identity: Understanding Diversity, Positionality and the Forces of Power, Privilege and Oppression." It was presented by Amy Meyers, Ph.D., LCSW, who is a faculty member and Director of Field Placement at Molloy University, and also the host of a podcast for social workers called *What Would Dr. Meyers Do?* At that time, we spoke about the possibility of resurrecting the scholarship program for Molloy's BSW program which ended about two years ago.

A third scholarship recipient for this year was Shona Joseph, an MSW student of Adelphi University. She was invited to, but could not attend, our cocktail party in August and board meeting in September.

The next Board meeting of the Nassau Chapter was in November, where plans for 2024, including more in-person events, were discussed.

**Catherine Faith Kappenberg, Ph.D., our esteemed colleague, was the Nassau Chapter Honoree this year.**

We always welcome new ideas and members on our committees: Aging, Diversity, Mentorship, Programming and Membership. If you are interested in participating, please see the Nassau Chapter section on the NYSSCSW website for contact information of committee chairs. Feel free to reach out to me, Barbara Murphy, at askier@verizon.net with any issues or concerns that you would like the board to address.

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Karen Kaufman, *President*, Eleanor Perlman, *Nassau Chapter Treasurer*, and Catherine Faith Kappenberg, *Nassau Chapter Honoree.*

## *Catherine Faith Kappenberg*

**Nassau Chapter Honoree**

A colleague who worked with Catherine Faith Kappenberg Ph.D., LCSW, at Nassau County Family Court in the 1970's describes her as one of the kindest and most professional social workers he's ever met. At the time, Faith was a Mental Health Consultant to Nassau County Family Court judges who respected her judgment, her acumen, and insight in making her psychosocial diagnoses. He recalls that Faith was always respectful toward staff and her clients.

Later on in her professional career, Faith transferred to other roles; she was Director of Student Field Placement at Adelphi University School of Social Work and Consultant for the Long Island Early Childhood Direction Center at Long Island University/Post in Brookville. In her private practice, Faith developed a specialty as a psychotherapist, supervisor, consultant, and college coach for people with disabilities, especially those affected with autism spectrum disorder.

A member of NYSSCSW since 1992, Faith was invited to join the Nassau Chapter Board in April 2020 as Chair of the Education/Scholarship Committee. She has been very effective in reestablishing ties with the social work staff of Adelphi University and Long Island University/Post to award scholarships to BSW and MSW students. We are very grateful and honored to have Faith on our Board and wish to recognize her outstanding achievements. ■

## Rockland Chapter

**Orsolya Clifford, President**

**The Rockland Chapter is excited** to announce an entire agenda for in-person meetings featuring a variety of speakers and community building activities.

In November, we were pleased to hold the seminar, Treating Substance Use Disorder (SUD) Through Safety and Relational Repair, presented by Charlotte Bareiss, LCSW. In the spring, we will host a CEU program by Adam Weitz, LCSW on using a Gestalt Approach to Treating OCD. The Chapter is also planning a Social Work Month celebration with giveaways, networking, and a very interesting CEU program on The Human-Animal Bond by New York University professor Katherine Compitas, DSW.

Our Chapter liaises closely with the Rockland Campus NYU students and plans to host a mentorship program for graduating students in April 2024.

All our programs and events are free to members and students, and are held at St. Thomas Aquinas College in Sparkill, NY. Please call our Educational Chair if you'd like to join us for a program or if you are interested in becoming a speaker.

**Lyn Leeds, LCSW-R; Dore Sheppard, Ph.D., LCSW-R; and Beth Pagano, LCSW-R were this year's Rockland Chapter Honorees,** chosen for their outstanding work on behalf of the Chapter, the Society, and their contributions and commitment to the social work profession. Lyn is a Board Member and Treasurer [see page 17], Dore is a past president and current State Treasurer [page 12], and Beth is the Society's President-Elect [page 12].

## Nassau Chapter Continued from page 15


**At the Nassau Chapter Presentation by Dr. Amy Meyers, "Cultural/Racial Self-Identity: Understanding Diversity, Positionality, and the Forces of Power, Privilege and Oppression."**

**LEFT TO RIGHT:** Sheila Rindler, *Aging Committee of the Nassau Chapter Board Member*; Barbara Murphy, *President, Nassau Chapter*; Amy Meyers, *Presenter*; Eleanor Perlman, *Chair Programming Committee, Chapter Board*; Jannette Urciuoli, *Website Committee, Chapter Board Member*; Linda Feyder, *Recording Secretary, Chapter Board Member* (Nov. 2023).

## *Lyn Leeds*

**Rockland Chapter Honoree**

We are so privileged to honor Lyn Leeds, LCSW-R, and to recognize her contributions to the Society and the Rockland Chapter. She has been a dedicated Rockland Board member, serving as Treasurer for close to 15 years. She is grounded and intuitive, curious, and genuinely kind with a special ability to inject levity to any situation.

Lyn joined the Society in 2008 while still a student at the NYU School of Social Work, graduating in 2010. Actually, she was one of my first students and she often reminds me of our meeting on the first day of class. Both of us had some nervous excitement: me telling the class, "This my first class teaching Clinical Work with Families," and her saying, "That's okay, this is my first class too." And there it was—that warm sense of connected humor. Dore Sheppard, our past Board President, was also one of her professors and Lyn recalls him as "always encouraging me to attend a Society meeting, so I did."

Social work was actually Lyn's third career. She initially trained to be a teacher, but the field wasn't hiring at the time she graduated, and so she turned to her other passion—the fashion industry. She enjoyed a career in fashion that later supported her return to teaching.

As an early education teacher working with very young children, Lyn discovered she had a wonderful ability to detect challenges and perceive their special needs at an early age. This led her to become an advocate, working with families to get resources much sooner than if they had waited for others to identify disabilities and interventions. Lyn found herself unofficially partnering with parents on a regular basis on their journey of helping their young children. Her diagnostic skills and empathic partnership with parents soon became noticed by the school district and she started to receive formal recognition for her work and to be called upon to aid in complex cases.

Following her heart, Lyn decided to go back to school to study social work. "I wanted to formalize what I knew intuitively, and have it be supported and understood theoretically," she said. "I wanted to receive a formal education diagnosis and treating, and have it be my profession." Following graduation, she attended the National Institute for the Psychotherapies, a four-year integrative adult psychoanalytic program.

Lyn now enjoys a thriving eclectic private practice and an interesting mix of patients. She loves the work, thinking of it as "a never-ending process of learning, not just about others but also yourself."

There's another special fact about Lyn: she is part of a remarkable family of empathic healers and helpers. Two sisters, her daughter, a niece, and a nephew are all clinicians. Her daughter is a recent Social Work graduate of Columbia University.


**Orsolya Clifford, *Rockland Chapter President*; *Society President* Karen Kaufman; Lyn Leeds, *Rockland Chapter Honoree*, and Ashley Leeds.**

Our Board members wanted to add their thoughts about Lyn. Dore Sheppard, Past President, said, "Lyn is a devoted, thoughtful, and invaluable Board member and Treasurer of the Rockland Chapter. She has a wonderful mix of steadiness and sharp problem-solving skills while exhibiting a witty sense of humor. Her long-term participation on the Board, her skills as Treasurer, and her ability to advise on issues important for the growth and development of our Chapter, makes her highly deserving of the NYSSCSW award."

Kevin Melendy, our Education Chair, said, "Lyn has offered invaluable contributions while serving as Treasurer and on various committees. Behind the scenes, Lyn is both thoughtful and inquisitive, with a penchant for pursuing clinical knowledge. As a colleague, she is especially supportive and complimentary, while being generous in sharing knowledge and ideas to help others with professional and life development. On a personal level, I'm grateful for her friendship, patience, attunement, and sage advice. Interactions with her lead you to feeling positive and open to life's possibilities."

These sentiments make our Chapter Board so special, and it wouldn't be the same without Lyn. We have a membership that connects empathically and a core Board where Lyn's sincerity, intuition and intellect has enriched our roles as members and permeated our relationships from professional to personal. Thank you Lyn for being here with us. ■

*—Orsolya Clifford, November 2023*

Karen Kaufman, *President*; Mindy Levine, *Westchester Chapter Vice President*; and Paula Gilbert, *Westchester Chapter Honoree*.

Karen Kaufman, *President*; Mindy Levine, *Westchester Chapter Vice President*; and Terry Nathanson, *Westchester Chapter Honoree*.

## *Paula Gilbert*

**Westchester Chapter Honoree**

Paula Gilbert, LCSW-R, has a passion for counseling young college students that began before she attended social work school. She was a high school teacher and an academic advisor at the University at Albany (SUNY) and resident advisor at Stonybrook University.

Early in her work as an academic advisor, she realized that the academic success of students was often thwarted by depression, anxiety, and attention deficit disorders, in addition to family traumas and economic problems. In the 1990s, in order to enhance her work with college students, she earned her MSW at Hunter College.

While finishing her degree, she began her affiliation with the Westchester Chapter Mentorship Program, coordinated by Rosemary Sacken and Pearl Stark. In 1995, Paula became the Director of Psychological services at BCC, working with students ages 16 to 60 in a complex university setting. This position was interesting, and gratifying, if very challenging.

After 13 years, Paula began her private practice, with continuing support from our Chapter through monthly clinical presentations, membership in the individual practice group, and with wonderful networking opportunities.

Paula was determined to give back to the chapter by providing service in many ways. She shared the responsibilities of hospitality on the Chapter Board, served as Secretary for five years and then as Treasurer for five years.

Paula believes that it takes a village to run the chapter and volunteering for jobs, large and small, helps us remain effective. Her wish is for the Westchester Chapter's outstanding programs and committees to attract more developing and seasoned clinicians in order to continue our significant work. ■

## *Terry Nathanson*

**Westchester Chapter Honoree**

Terry Nathanson, LCSW, joined the Westchester Chapter in 1998 and immediately added new energy. He took the reins of our newsletter, created our Westchester logo, infusing it with character, and it became a staple of our community outreach.

Terry brought his creative out-of-the-box thinking to our Leadership Council, providing the Chapter extensive marketing and organizational know-how and, at times, a valuable, irreverent perspective to our decision and policy making.

His Neuroscience and Mindfulness practice group was a revolutionary concept for our monthly Saturday morning sessions. A professor who participated in the group asked Terry to consider teaching the subject at NYU School of Social Work. Terry accepted and remained an adjunct professor for 14 years, bringing a meaningful and radical addition to their analytic orientation.

Terry has made presentations on many topics for our meetings, including psychogenetics, a generational approach to couples therapy, embodied eating and mindfulness, and working in the unknowable and uncertainty in clinical practice. He was also a keynote speaker for the Staten Island chapter on neuroscience and psychotherapy.

Throughout the Covid pandemic, Terry stepped up to provide much needed webinars, guiding us through unprecedented changes with skill and compassion. We present this award with pleasure and gratitude for Terry's commitment to our chapter and community. ■


Andy Daly, *Staten Island Chapter Honoree*; Dennis Guttsman, *Staten Island President*; and Karen Kaufman, *Society President*.

At the annual meeting in October.

## *Andrew Daly*

**Staten Island Chapter Honoree**

Andy Daly, LCSW-R, joined the NYSSCSW in 1981, shortly after the founding of the Staten Island Chapter, and has been an active member for over 40 years. He became Chapter Legislative Chair in 1982 and began the long, arduous campaign with Marsha Wineburgh and others to protect our professional status. He met with local legislators, made innumerable phone calls, and rallied others to do the same. He was a fighter in the battle for the "P" legislation, "R" legislation, and licensing bill. In addition to his work on the Chapter level, he served on the State Board as a Member-at-Large and First Vice President.

Early in his Chapter membership, he served as a peer supervisor and mentor, as well as a presenter on the topic of family and martial therapy. He also was a trainer for the volunteers in the hospice program at St. Vincent's Hospital in Manhattan.

Andy is a graduate of Catholic University in Washington, D.C.; received a certificate in family therapy from the Institute for Family Therapy in Westchester; and certification in clinical hypnosis from the American Society of Clinical Hypnosis.

He was a social work supervisor on an admitting unit at South Beach Psychiatric Center for over 25 years and maintained a private practice until December 2021. Although he is retired, he plans to remain active in the Society. ■

## *Joann Joseph*

**Staten Island Chapter Honoree**

Joann Joseph, LCSW, was first introduced to the Staten Island Chapter of NYSSCSW in 2004, when one of her classmates won a Chapter award. She joined the chapter a year later when she became a licensed social worker.

Joann has been Secretary of the Chapter since 2007. For the last 17 years, she has been working at the OMH facility, South Beach Psychiatric Center in Staten Island. For the first 12 years of her tenure there she was in the inpatient unit as a unit social worker; for the last five years she has been working in the outpatient clinic as an Intake Coordinator & Social Work Supervisor. [Photo of Joann Joseph not available.] ■

# *In Memoriam*
## Amy Blumberg

***In tribute to Amy Blumberg Cole,*** who passed away in her sleep at home at the age of 90. Of course, if you asked Amy, she was always 39, and in those 39 years, she lived a full and interesting life.

Born on May 23, 1933, in New York City, Amy was raised in Croton on Hudson, NY, until she was eight years old. When her parents divorced, she moved back to New York City, where she spent the remainder of her childhood. After graduating from George Washington High School in Washington Heights, Amy spent her first year of higher education at Antioch College in Ohio, then completed her undergraduate degree at the University of Connecticut and her Masters of Social Work at Columbia University.

It was in New York City that she met her first husband on a blind date, Harold Blumberg, a surgical resident at Jacobi hospital. When Dr. Blumberg was drafted into the Air Force and sent to Izmir, Turkey, Amy, with her adventurous spirit was delighted to live abroad. This is where they had their first child, Kate. Harold and Amy then traveled around Europe and Israel prior to coming back to New York City to complete Harold's surgical residency. After moving back to The Bronx, Amy & Harold had their second child, John, before settling in Poughkeepsie, where they had their third child, Jennifer.

As Harold began his surgical practice, Amy worked as a clinical social worker in many local settings, including the YELL hotline and the Mental Health Association. As the children got older, Amy decided to complete a four-year post-graduate training in psychoanalytic psychotherapy from The Institute for Contemporary Psychotherapy (ICP) and a two-year training from the Center for the Study of Anorexia & Bulimia in NYC. She was on the senior staff at both institutes, and she traveled to them weekly, working long hours of required training, all while successfully balancing her home and work lives.

After graduating from the ICP in 1976 and the NY Society of Ericksonian Psychotherapy, Amy started her psychotherapy private practice in 1977. She utilized an integrated approach, combining cognitive, psychodynamic, and interpersonal psychotherapy, EMDR, and more to provide individual, couple and family therapy, as well as treating a wide range of emotional disorders including trauma and anorexia & bulimia.

Amy was a diplomat for and one of the original organizers and members of the New York State Society of Clinical Social Work (NYSSCSW) Mid-Hudson Chapter. For over 20 years, she was a member of the Education Committee, arranging countless education events for the professional community, notably conducting a Dream Workshop which was very well received by Society members. She was also on the Board for Family Services of Hudson Valley.

After 20 years of marriage, Amy and Harold divorced, in 1985, and Amy married Irwin Cole with whom she spent 17 wonderful years until his passing in 2004. At the age of 86, Amy still saw an average of 30 to 40 patients weekly and enjoyed life with her family and friends until retiring after a stroke in 2019.

Amy enjoyed socializing with friends and family, horseback riding, and was an avid tennis player—a member of both The Dutchess Racquet Club and The Poughkeepsie Tennis Club. She loved to dance, particularly The Charleston, performed many lead roles in children's theater, including the *Jabberwocky*, *Rumpelstiltskin,* and *Pockets*, the jester character who introduced the elementary school plays while her kids were small. In 2017, at 84 years old, Amy had her professional acting debut as Grandmum Jaeger in The Theatre of Terror's short film, *The Book Worm*. Amy continuously brought the Arts into her family life with regular trips to New York City museums and Broadway shows. She is fondly remembered by the long car rides when she led the kids in singing rounds of "White Coral Bells'' and "Row Row Row Your Boat," as well as leading the parody versions of the 1925 popular song "Show Me The Way to Go Home."

> "Amy was one of the original members of the Mid-Hudson Chapter, which was founded in 1979."

Amy was a strong-willed, independent, and bright woman who fought for her children and her patients, always a champion for the underdog. She loved to laugh and enjoyed delving into everyone's story. She was a mom of three, a wife of two, and a friend to many. When her best friend, Patricia Fasolino, died in 1972, she welcomed Pat's children, Elizabeth, Brigit, and Margy, into her family as her own. She loved to travel, loved her St. Bernards, Musty and Mac, her cats, Phlumpus and Oedipus, and cherished Martha's Vineyard where her parents lived and where she took her family on yearly vacations.

Amy was predeceased by her husbands, Irwin Cole and Harold Blumberg, MD, the father of her children. She leaves her loving family who will miss her dearly: her three children and their spouses Kate Blumberg Dunmore-Smith and James Dunmore-Smith, Jennifer Jiles Taylor and Philip Taylor, and John and DeeAnn Blumberg; her grandchildren Isabelle Dunmore-Smith, Miles and Cormac Taylor, Daniel Blumberg, Nicholas Blumberg and Jessica Osterloh; her great grandchild Hannah Osterloh; her stepsister Valerie Razavi; and her stepchildren Loren, Michael and Suzanne Cole and their families.

# New Infertility/Family Building Committee Is in Full Swing

**By Adam S. Banks, MA, LCSW, CASAC, Chair**

**We're very proud** to have started the Infertility/Family Building Practice Committee in January 2023. The goal of the committee is to bring attention to this issue through clinical discussion, readings, and educational workshops. This includes addressing the causes of infertility, assisted reproductive technology, the impact of infertility on mental health and interpersonal relationships, as well as psychotherapeutic approaches. As the supports for men are few and underutilized, focus is given to resolving the barriers to engaging men in the therapeutic process.

We have had many fascinating discussions on articles and case studies, such as engaging men in both their own individual and couples therapy with their partners. In addition, Committee Member Marni Rosner, Ph.D., LCSW presented her dissertation, *Recovery from Traumatic Loss: A Study of Women Living Without Children After Infertility*. Her study focused on the long-term transition to living without children after pursuing treatment for infertility, and the impact living without children after infertility has had on marriages, relationships with family and friends, and identity.

We are also planning a joint event with the Gender and Sexuality Committee on the challenges of family building in the LGBTQIA+ community. Please let us know if you have any suggestions for the meetings and events. For more information about the committee or when the next meeting is scheduled, please contact Chairperson, Adam S. Banks, MA, LCSW, CASAC by telephone at 929-483-5337 or by email at adambankslcsw@gmail.com.



We have offered a plethora of opportunities for participation by our members in recent months. In September, Inna Rozentsvit conceptualized, researched, and hosted two events:

- First Neuropsychoanalytic Grand Round @ORI, on the topic of "Transdisciplinary Approach to Beholder Share Phenomenon: Neuropsychoanalysis, Arts, and Psychohistory" (9/03/23) https://orinyc.org/neuropsychoanalytic-grand-rounds-ori-transdisciplinary-approach-to-beholder-share-phenomenon-neuropsychoanalysis-arts-and-psychohistory/
- A 5-week CE course, "Neuropsychoanalysis: Attachment and Object Relations through the Lens of Functional Neuropsychobiology and Brain Mapping" (9/07/23–10/05/23) https://orinyc.org/neuropsychoanalysis-attachment-and-object-relations-through-the-lens-of-functional-neuropsychobiology-and-brain-mapping/

Sandra Indig led a visit to the Whitney Museum for members to enjoy and learn from Ruth Asawa's exhibition, her visual life story, mother of six children, visual artist, master of a multitude of mediums.

## Upcoming Events

Museums visits (note that museums offer free on-line tours of their exhibits):

- December 16, 2023 (Saturday), New Museum, 235 Broadway, "Judy Chicago" feminist.
- January 7, 2024 (Sunday, 11am), Neue Galerie, 1048 Fifth Avenue, "Max Beckman, Crisis and Rediscovery." Phone: 212-628-6200.

**Virtual conference and seminar:**

- November 18 (Saturday, 12–3pm): Inna hosts a free virtual conference, "Born of Love: Two Books Celebrating the Work of Michael Eigen."https://mindmendmedia.com/born-of-love-two-books-celebrating-the-work-of-michael-eigen/
- March 10, 2024: "A Plea for a Measure of Abnormality: Transdisciplinary Approach to Understanding & Embracing Neurodiversity" (https://orinyc.org/a-plea-for-a-measure-of-abnormality-transdisciplinary-approach-to-understanding-embracing-neurodiversity/).

It is our pleasure to answer your questions and hear of your wish to attend any of our events. More detailed information will follow on our listserv. Your interest is appreciated.

**Sandra Indig, LCSWR/LP, NCpsyA, ATR-CB**, *Chair*
psych4arts@hotmail.com
**Inna Rozentsvit, MD, Ph.D.**, *Co-chair*
inna.rozentsvit@gmail.com

# Understanding Trauma and Systemic Oppression in Gender Diverse Communities

**Presented by Reese Minshew, Ph.D. | Reviewed by Kathryn Sedgwick, LCSW, Committee Chair**

**On October 1, 2023,** the ACE Foundation and the Met Chapter's Gender & Sexuality Committee presented, via Zoom, Dr. Reese Minshew's "Understanding Trauma and Systemic Oppression In Gender-Diverse Communities," a three-hour, three-credit introduction to the subject tailored specifically for a cis-gender, heteronormative audience—that is, an audience who, for the most part, would be generally unfamiliar with the subject.

Dr. Minshew (they/them), who is a non-binary therapist in private practice and the author of *Treating Trauma in Trans People: An Intersectional, Phase-Based Approach* (Routledge, 2023), began with a section entitled Trans 101, in which they highlighted the difference between gender identity (e.g., female/woman/girl; male/woman/boy; other genders), sex assigned at birth (male/female/other [such as intersex folx]), and those to whom we are physically and/or emotionally attracted (women/men/other genders). Awareness of this matrix of possibilities gives clinicians a more nuanced and accurate yardstick with which to assess a presenting client's identity.

Dr. Minshew followed up with a primer on pronoun use, stressing how important the proper use of pronouns can be for clients who, perhaps for the first time, are being addressed by others as they truly see and feel themselves to be (think about it). They next highlighted important elements of social transition including altering name, dress, and hairstyle, while also underlining the high cost many trans people pay for making these changes, such as rejection by family, friends, and community. The two other components of gender transition, legal and medical, require navigating a complex set of typically obtuse, even hostile gatekeeper bureaucracies in order to obtain necessary legal documents and gender-affirming health care such as hormone therapy and surgical intervention—though this is slowly changing in more enlightened parts of the country such as the New York metro area (where I, for instance, was all but given a lollipop at New York Civil Court when I changed my name to Kathryn. Everyone was lovely, including the judge.)

There followed a review of the Standards of Care for trans people and how they've evolved over the years, along with a primer for clinicians on writing required medical-support letters. Interestingly, in a thematic analysis of open-ended survey responses from 64 trans people, their most commonly reported micro-affirmation of clinicians was "the absence of microaggressions" (about which more follows)—a very low bar indeed. As Dr. Minshew observed, "Surely we can do better than this."

A section entitled "Trauma Exposure" came next: Dr. Minshew breaking down in detail the DSM-V Criteria (A-D), with which most of us are familiar, for Post-Traumatic Stress Disorder, with a brief history of the clinical evolution of PTSD from World War I to the modern era. As they noted, "The PTSD diagnosis was developed to describe the experience of American veterans of the...[w]ar in Vietnam. [I]t centered a particular experience of trauma.... traumatic stressor[s] were limited to what were considered extraordinary events, such as exposure to combat or natural disaster." Ironically, the PTSD diagnosis first appeared in 1980, in the same edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) that brought us the now-discredited "Transsexualism," which, like the word "transsexual" has been retired from clinical parlance and should not be used.

> "Dr. Minshew followed up with a primer on pronoun use, stressing how important the proper use of pronouns can be for clients who, perhaps for the first time, are being addressed by others as they truly see and feel themselves to be."

While Criterion A stressors, particularly, are important trauma indicators, as Dr. Minshew noted, there are other forms of trauma and toxic stress that differentially impact

## Gender Diverse Communities Continued from page 22

transgender and gender-expansive (TGE) people. Adverse Childhood Experiences, or ACEs, for example, were a set of ten experiences in childhood that were queried as part of a study on physical health and health behaviors. The original study, and the many others since, demonstrate a strong relationship between the number of adverse experiences in childhood and adult diseases, including cardiac incidents, hypertension, chronic pain, kidney disease, mental illness, diabetes, and sexually transmitted infection. One recent study focused on an LGBTQ+ sample of 477 participants, of whom 21% were transgender and gender-diverse (TGD). The TGD group endorsed more ACEs, and more of the TGD group endorsed all of the ACEs queried than the cisgender sexual minority group. Betrayal (i.e., institutional) Trauma and the Gender Minority Stress Model were also examined.

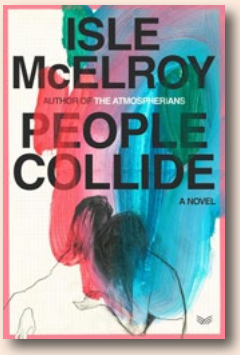
Winding up, Dr. Minshew addressed the subject of microaggressions, noting that the term derives from the work of Derald Sue and focuses on brief interactions containing everyday acts of violence (racial slights or insults) inflicted on Black, Indigenous, and people of color (BIPOC) by white people. Three recent studies introduced the Gender Identity Microaggressions Scale (GIMS), adding additional validation of the Sexual Orientation Microaggressions Scale (SOMS). Analysis of the GIMS questions described five categories of microaggressions related to gender identity and expression: denial of gender identity, misuse of pronouns, invasion of bodily privacy, behavioral discomfort, and denial of societal transphobia.

One does not have to be a genius to see that microaggressions reflecting anti-trans bias take place across multiple domains of experience and in the context of multiple types of relationships. I, for example, was recently forced to listen to an ad—decrying "the transgender lie" and urging listeners to avoid "mutilating" their bodies—while awaiting my burrito in a local Riverdale restaurant. Reader, I nearly hurled my margarita at the sound system.

An interesting Q&A followed, rounding out this altogether excellent presentation. *Well done, Reese!*

## *Announcing—The Gender & Sexuality Book Club*

**We are pleased to** announce the launch of the online Gender & Sexuality Book Club, and we're kicking things off with a bang by featuring the sensational novel *People Collide*, by Brooklyn author Isle McElroy (they/them), as our first selection. As the *Washington Post* noted in its favorable review:




"In *People Collide*, Eli and Elizabeth are a newly married couple living in Sofia, Bulgaria, where Elizabeth has a teaching fellowship. One day, Eli unexpectedly finds himself in Elizabeth's body and discovers that his own body has gone missing. Soon, everybody is commiserating with "Elizabeth," because they assume her husband has abandoned her, and Eli is forced to listen to all the worst things people think about him…"

A story about a man in a woman's body seems tailor-made to get to the heart of our current anxieties about gender roles—but *People Collide* is also interested in exploring the artificiality of prestige and privilege.

McElroy's storytelling prowess lies in their ability to examine the power of connection, serendipity, and the butterfly effect. The characters' lives intersect in the bustling heart of New York City, where destiny, choice, and circumstance collide to create a tapestry of human experiences. Each decision, no matter how small, can have a ripple effect that reaches far beyond what we can see.

The book will help us identify clinical issues experienced by making the transition into a new body. If you are interested, please contact me at kathrynsedgwick122@gmail.com.

Kathryn Sedgwick, LCSW, *Chair of the Met Chapter Gender & Sexuality Committee*

# *The Other: Listening for Sibling Dynamics And How They Shape Us*

**By Susan Klett, Ph.D., Psy.D., LCSW-R**

**Susan Klett, Ph.D., Psy.D., LCSW-R,** training and supervising analyst, ICPLA; training and supervising analyst and faculty at various institutes in NYC. Past president and board member of Postgraduate Psychoanalytic Society (2009-2011) and former Co-Director and board member of Washington Square Institute of Mental Health (2012-2014). Dr. Klett is the Co-Author of *Analysis of the Incest Trauma: Retrieval, Recovery, Renewal* (2015 Karnac-2018 Routledge) and journal articles and reviews on trauma, couple treatment, eating disorders and the psychoanalytic process. She maintains a private practice in Manhattan working with individuals, couples, groups and provides supervision to clinicians and consultations to education organizations.

suzanneklett@aol.com

**Although "the other"** has taken on many meanings in the field, especially in today's political, social, and cultural climate, I have chosen to explore its meaning within the sibling relationship. After all, it is our siblings who first socialize us into the world of "the other" our peers. Our sense of self is not only developed through the gaze of our mother and/or father, but the position in which they value us in relationship to our siblings, and how we continue to establish our identity through our differences and alikeness to others throughout our lifespan.

I opened my keynote presentation by encouraging participants to "invite their siblings into the room," to keep them in mind as they listen to various meaningful sibling dynamics, which affect our development and are often overlooked in treatment. Little research and scarce attention have been paid to sibling influences in psychoanalytic literature, and often have been neglected in theory and practice. The aim of my presentation was to "call for change," and I am delighted that it sparked enthusiasm and was a catalyst for a "call for submissions" on siblings for the theme of this issue of *The Clinician*.

> "Little research and scarce attention have been paid to sibling influences in psychoanalytic literature, and often have been neglected in theory and practice."

**Dr. Susan Klett Gave the Keynote Presentation at the 54th Annual Education Conference, Spring 2023**

At times in psychotherapeutic treatment, unfortunately not always or thoroughly, complex feelings of traumatic sibling experiences are explored and processed such as when a sibling has a severe disability, mental illness, a serious drug or alcohol addiction, or upon the death of a sibling or an unresolved trauma in relation to the birth of a sibling. The profound impact of more common sibling dynamics remains unrecognized. Sibling relational dynamics, include sibling rivalry, the parentified sibling, enmeshment with a sibling, binaries between siblings, and sibling sexual abuse, which is often unreported or dismissed as sexual experimentation.

The prevalence of intergenerational and transgenerational passage of sibling trauma, and enactments has taken a great emotional, psychological, and physical toll on many and led to my research and this lecture. A number of contemporary psychoanalytic authors have begun to call attention to the neglect of sibling dynamics in theory and practice. Jeanne Safer, deeply impacted by life with her brother, studied this phenomenon. She reports "my own treatment is typical: in fifteen years of intensive work, I spent no more than fifteen minutes discussing my

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brother, and my analyst, whom I later learned had a borderline sister herself, has never noticed. Her own efforts to differentiate herself from this sister must have made her consider my attitude as a natural, reasonable fact of life rather than an anxiously constructed and precariously maintained compulsion (p. 11)."

In 2003, Safer embarked upon a qualitative study; interviews of 60 psychotherapists revealed the neglect of working with sibling dynamics in their own treatment and the benefits that resulted from opening space within these interviews to begin to explore and address various ways their siblings impacted their development and career choice. This study shows that sibling relationships were significant in their own right and not solely as the consequence of parental transference.

More recently, Johanna Dobrich (2021), undertook a similar study, which was a qualitative narrative story study, with a very small but specific sample size of 15 therapists who had a severely disabled sibling. She has found a lack of in-depth attention to siblings in their own treatment, despite the profound, and for some, traumatic impact their sibling experience had on their sense of self, self state in relationships, and career choice.

A longitudinal research project of 35 psychoanalytic cases over 23 years by Ian Graham (1988) revealed that, "multivaried combinations of sibling enmeshments seem to require their own specific form of resolution and atonement in analysis, which leads to release from the attachment and an augmented sense of individuation from the sibling, together with formation of new relationships to peers, colleagues, co-workers, partners, and other loved ones." He found this phenomenon in 28 of his 35 (patients) subjects (p. 101).

In my presentation, I have discussed various sibling dynamics, such as the parentified child, the replacement child and enmeshed sibling relationships, the tragic death of a sibling and "othering" within a stepsibling relationship, as well as sibling rivalry and a binary between siblings, with implications of potential problems if left untreated, and with some examples of therapeutic interventions within case illustrations.

I anchored my presentation in two theories which I explained prior to the case presentations. Developmental Sibling Relational Systems Theory (Klett, 2016, 2017, 2023) was illustrated through both case studies and Sibling Thinking Theory with emphasis on the concepts of "The Law of the Mother" and "Seriality" (Mitchell, 2000, 2003, 2013) was illuminated throughout Case Study #2. Due to the scope of this discussion, I will share a part of one of my Clinical Case examples.

### Clinical Example from a Section of Case Study #1

This study illustrates to an extraordinary degree, the impact that a challenging sibling has on their siblings, parents, and the family dynamic.

**Presenting Problem:**

From our very first session it was clear that Adrienne had been deeply shaped by her family traumas throughout her life. A slender, attractive, articulate, and insightful 26-year-old, Adrienne entered my office on crutches with broken bones in her foot and ankle. She smiled warmly but her huge brown eyes betrayed her sad and troubled affect. She was between freelance jobs as a writer for three months, a very long time for her. Yet her most pressing problem was her parents' recent separation; it was shattering and elicited a strong desire in her for stability and connection.

Adrienne seemed wise beyond her years (Ferenczi's "wise baby," 1931). She had been living independently of her parents since she graduated from college. For this reason, I was especially struck by the impact of her parents' separation and her strong need for stability and connection, as if she were on shaky ground.

I came to learn that Adrienne would be assigned as the legal guardian of Beatrice, her mentally challenged sister, upon her parents' death or their incapacity to make decisions, and of her concerns that her parents' separation may cause her mother to descend into a severe depression.

I was curious about Adrienne's relationship with Beatrice and about her early experience of her mother's depression which I felt was re-emerging. I listened carefully for the entwined roles of her sibling and her mother regarding their impact on the developmental challenges of attachment, identifications, her deeply ingrained, organizing principles (Stolorow, Atwood and Orange, 1997), and other ways in which the complexity of these primary relationships may have influenced Adrienne's psychic life.

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**Sibling relationship:**
Adrienne's mother had a child from a previous marriage, a daughter, Beatrice, who has genetic physical and cognitive deficits. She was six years old when Adrienne was born. At the time, Adrienne felt secure in her relationship with her mother; she claimed that her mother was happy, and her half-sister Beatrice enjoyed helping her mother in feeding and playing with her as if she were her doll/baby. Adrienne would look up to Beatrice and follow her around, and in time, at around ages three through five, she experienced her as a peer.

However, at age six, she outgrew Beatrice. The sharp contrast between them was compounded as Adrienne is gifted. She loved Beatrice and was protective of her. At a young age, Adrienne was deeply hurt, even though she did not have words for it, to witness Beatrice being seen and treated as the "other," stating that Beatrice was often excluded from playdates with peers, and at times bullied or taken advantage of by others.

It was precisely at this time, Adrienne recalled, that her mother descended into depression. A marked shift had occurred as Adrienne no longer felt secure in her attachment. She recalled getting herself dressed and making herself lunch before getting onto the school bus, "letting her mommy sleep" when her father was traveling on a business trip. "The house was always dark." She learned to be independent and to take care of herself so as not to burden her mother.

Adrienne adapted by developing a pathological accommodation character style (Brandchaft, Doctors, Sorter, 2010) to stabilize her mother's depressive moods and to maintain their attachment tie. Her parents enrolled her in after-school dance lessons, and she performed exceedingly well. This led her to be discovered by a talent scout, an event which coincided with the lifting of her mother's depression.

It seemed magical; Adrienne now had the power to stabilize her mother's moods and maintain their attachment tie. She believed her achievements helped her mother, that they compensated for Beatrice's disability and provided her mother with a competitive edge over her rival, Aunt Shirley, who was always trying to outshine her. While exploring Adrienne's present intimate relationships, we unearthed the enactment of her attachment style, identifications, and her developmental struggles within the separation-individuation process.

**Processing and working through trauma, breaking the repetitive relationship cycle:**
In exploring Adrienne's relationship that she had just ended, and all that it meant to her, we uncovered her emotional knowing experience of her first love object which she linked to her longing and desire to enliven a "dead mother" (Andre Green, 1999).[1] She deeply mourned three irretrievable losses: the absence of her mother during her depressive episodes, the realization that her disabled sister would never be her peer and the disruption to "her going on being" (Winnicott, 1960).

"[Adrienne] mourned three irretrievable losses: the absence of her mother during her depressive episodes, the realization that her disabled sister would never be her peer and the disruption to "her going on being" (Winnicott, 1960)."

She was now able to connect to her own warded off depression, stating: "If I were in touch with my depression back there, then, we all would have drowned." Additionally, Adrienne now realized how her relational pattern echoed her father's, who was a parentified child, protective of his siblings, and drawn to rescuing those in the throes of depression; however, he was also capable of abandoning a disappointing object. Now, she was able to hold two opposing feelings toward him, empathy and anger, without fear that her anger would destroy their attachment bond.

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1. Andre Green's attachment to his mother was disrupted when he was 2 years old; she withdrew into a severe depression resulting from the loss of her sister who was burned alive in a fire (Chevet, 2013). Andre Green's early experience influenced his career choice as a psychiatrist and psychoanalyst and led to his significant, often quoted concept of the "dead mother" which describes a clinical phenomenon by which the image of "a living and loving mother is transformed into a distant figure; a toneless, practically inanimate, dead parent. This produces a depression in the child, who carries these feelings within them into adult life, as the experience of the loss of the mother's love is followed by the loss of meaning in life." (Kohon, 1999)

**Transference, illustrating a shift and the recovery of Adrienne's true self (Winnicott, 1960):**
A transference emerged when I self-disclosed for the first time; it had to do with matching Adrienne's concern about climate change as we both have friends/colleagues in states affected by dangerous storms. She reacted by shouting, "No. I do not like this, it does not work." In exploring this reaction, we learned that she feared my changing, as her relationship with me was the first consistent one in her life that she could identify. She had concerns that I would begin talking about myself, as her mother often did when she would broach a subject of importance. However, unlike her mother, who would then lose sight of Adrienne, I stayed with her. My attempt was to share an experience-near concern.

We uncovered her fear of how our work may change, and I informed her that I had always listened to her and myself on multiple levels, but that now, I had something more to listen for. However, I hesitated and reflected on her concern and then acknowledged that something had changed, my relationship to her had become more fluid and bi-directional.

This was a turning point; a developmental achievement was noted. Adrienne did not need to accommodate me; she was able to connect to and express her needs and feelings. She expected mutual recognition and responsiveness. This new relational pattern became evident, as it transitioned outside of treatment as demonstrated by her ending a relationship with a depressed male, who was incapable of reciprocity.

**The Lateral (Sibling) Transference/countertransference:**
Adrienne spoke to me about a project she hoped to do on siblings and asserted her desire to engage me in assisting her with research. I reflected on Winnicott's (1969) concept of "object usage," an important stage of development which Adrienne missed resulting in her premature focus on other people's needs. This was another example of Adrienne's development of a cohesive sense of self.

I wondered aloud, checking for a parental transference with Adrienne, whether her interest in writing on siblings may be her way of focusing on my desire to shed light on the importance of sibling relationships.

She reflected on my question and said, "I am not aware of wanting to do this for you, however, I think there is a need for it, it would be very insightful and would open up a conversation with my peers." I nodded and experienced a sense of twinship/siblingship between us. I then reflected on something more, an unspoken known, a relational experience and a concept suggested by Jeannine Vivona (2013):

> "In contrast to sibling identification, parent identification can and perhaps often does offer a more stable solution to the challenge of the lateral dimension, as the child unconsciously selects aspects of the parent to emulate in order to secure both a sense of uniqueness among siblings and a special position with a parent, simultaneously addressing the challenges of identity and desire." (p.82)

In conclusion, I turn your attention to the question posed by Harry Guntrip, in the title of his 1975 paper, "My Experience of Analysis with Fairbairn and Winnicott: How Complete a Result Does Psycho-Analytic Therapy Achieve?" It is here, that Guntrip suggests the therapeutic action of psychoanalytic theories have suffered from this significant gap. I have found and demonstrated through my clinical case studies, the need for analysis of sibling relationships as well as parental relationships for as complete a result as possible. It is important that we keep an open mind, listen with even hovering attention, and adhere to Guntrip's advice, "[Theory] is a useful servant but a bad master...we ought always to sit light to theory." (p. 145)

> "The nature of sibling relationships, in all their complex forms of love and hate, still remains more of a mystery than the passions and developmental vicissitudes of parent-child relationship." (Sharpe & Rosenblatt, 1994, p. 491)

Without awareness of the importance of attending to sibling dynamics, opportunities to forge new routes to the unconscious can readily be overlooked in treatment. I strongly suggest that in order to expand the scope of analytic practice, it is crucial that analysts are exposed through psychoanalytic training and literature to the importance of expanding their listening for lateral transference and for considering the role siblings play, in addition to parents, as developmental organizers.

REFERENCES ON PAGE 38

# The Sibling Abuse Survivor's Internal Working Model

**By Amy Meyers, Ph.D., LCSW**

**Amy Meyers, Ph.D., LCSW** is a Professor of Social Work at Molloy University. She has been in private practice for 30 years in New York City and is podcast host of "What Would Dr. Meyers Do?"

Website: amymeyersphd.org
Podcast: linktr.ee/drmeyerspod

**Sibling abuse** has been situated as the most common form of family violence and has increasingly been identified as having deleterious repercussions on development. Studies available on sibling abuse pale in comparison to the abundant research indicating the widespread ramifications of parent-child abuse. Yet, the experience is traumatic, and its ramifications are long-lasting.

It is critical to not only define sibling abuse but to distinguish it from normative sibling rivalry. Sibling abuse is characterized by insistent and persistent charges of inadequacy, intimidation, or control where there is intent on the part of the aggressor to cause physical or emotional pain or injury. It involves behavior that is rejecting, isolating, terrorizing, or corrupting which engenders fear, shame, and hopelessness in the victim. Sibling abuse differs from sibling rivalry regarding the power differential. In sibling rivalry, power shifts, whereas with sibling abuse, one child holds the power consistently. Sibling rivalry is a normative, developmental state of childhood involving conflict between siblings that is occasional or intermittent as opposed to unrelenting. It is important to note that sibling rivalry can foster skills of competition, negotiation, and conflict resolution whereas there are no positive outcomes of sibling abuse.

Given that sibling abuse can imply parental neglect due to a potential lack of adequate response and intervention that perpetuates its existence, it is important to acknowledge the sense of abandonment that is experienced by the survivor due to parental failure to effectively intervene. This is coupled by a societal lack of validation of the experience due to normalizing the experience as common sibling rivalry. In addition, child welfare organizations do not have statutes to identify and intervene in cases of sibling abuse; and clinicians may not be versed in the impact of an abusive sibling relationship on the emotional/psychological development of survivors.

To date, there is a lack of theoretical application in literature to understand the implications of an abusive sibling relationship. Psychodynamic theories of object relations and ego psychology, as well as trauma theory, have the potential to capture the ways in which the sibling abusive relationship shapes the survivor's development and perception of self and others.

Some developmental psychologists assert that exposure to any type of abuse during childhood disrupts the course of normal development and causes maladaptive behaviors in later ages. We know that siblings influence socialization and learning and provide both direct and indirect effects on skills, expectancies, tasks, and interpretations of companionship. These dynamics help to cultivate a preferred level of intimacy and a distinct style of communication (Leader, 2007). Sibling transference has been found to influence partner choice and may be equally or more important than the effects of parent-child relationships on intimate relatedness. It has been stated that a key resource for couples resolving conflict is to explore themes of sibling experiences. Recognition of current themes of power and hierarchy, fairness and justice, communication styles, conflict resolution, friendship, loyalty, and complementary role development are important in the context of the sibling relationship (Mones, 2001).

Case studies have revealed that siblings contribute to personality development and psychodynamics as they are objects of

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internalization of experiences and communication. Object relations theory focuses on current interpersonal relations as representations of reactivated internalized interpersonal relations from the past, emphasizing the lasting impression of early life relationships. The concept of transference is a cornerstone of this theory. Prior experiences serve as a lens through which people view subsequent relationships. Transference involves the integration of early experiences, an internalization of emotions from those experiences, and a projection of internalized and unconscious manifestations of experience onto another person. Through this unconscious process of projection, figures of attachment in adulthood become substitutes for earlier relationships.

Fairbairn's work with abused children illustrates transference and can be extrapolated to the sibling abuse survivor's capacity for, and quality of, interpersonal relatedness. He found children have an intense connection and loyalty to abusive parents. Although the pleasurable parent-child bond leads to a "healthy" and pleasure-seeking relationship with others, when parents provide mostly painful experiences, children learn to seek pain as a form of connection rather than avoidance of pain. Because of negative interactions with key figures and early caregivers, children build subsequent relationships that mirror these early interactions. Object relations theory proposes that siblings have considerable influence on each other and can influence adult expectations, feelings, behavior, and relatedness with others. Furthermore, a sibling would be considered a primary attachment figure since a sibling can also serve in a caregiver role, and aspects of power and hierarchy within a family system may be unhealthily structured. It is often the recreation of this dynamic within the sibling subsystem that shapes the internalized experiences and projections onto adult interpersonal relationships.

> "Sibling abuse must be conceptualized as a complex trauma and the manifestation of this overwhelming experience leads the target to employ defenses as a manner of survival."

Object relations theory asserts children have a basic need to feel safe in their home environments and that when children experience inconsistent, rejecting, or destructive patterns from parents, it threatens attachment, compromises development, and children develop defenses to maintain attachment. Victims of parent-child abuse still need attachment to their caregiver, and this need dictates the preservation of the image of the "good" parent; otherwise, the child may feel alone in the world. However, the cost of preserving this positive image of the parent is to sacrifice the self, resulting in splitting. Victims of abuse develop a sense of inner "badness." This identification with the abuser's badness and even the abuser's possible perception of the victim as bad causes the victim to develop a belief they caused the abuse.

In addition to the internalization of the sibling's perception of self, the lack of intervention from parents leads the victim to question their interpretation of abusive behavior, resulting in the normalization or deservedness of abuse. Survivors of sibling abuse create a similar split with their abusive siblings. Cast in the role of caregiver by passive, absent, neglectful, or abusive parents, older siblings are frequently the paramount caregivers to their victims yet create an inconsistent and frightful environment. This severely compromises the victim's security and trust. Their desire to have a loving and stable relationship with their most important peer, and a primary agent of socialization, leads victims to preserve the image of a "good" sibling by sacrificing their own ego, resulting in low self-esteem and feelings of worthlessness. This in turn, affects survivors' relatedness. For one, the survivor's adaptation involves attempts to placate the abuser, and the child develops into someone whose aim is to please others.

Attachment theory contends that issues of trust, conflict, communication, and self-esteem are critical aspects of connectedness. It has been found that survivors have a compromised level of trust, an intense discomfort with dependence, and avoid conflict. Bowlby asserts that early attachment relationships result in the development of both conscious and unconscious "internal working models." These contain information about the self, others, and relationships and determine the interpretation of the meaning of interpersonal interaction. The perception of the caregiver's accessibility and responsiveness forms expectations about the self in relation to others and one's assessment of self-worth. Based on the construction of internal working models, the influence of the sibling is clearly an important one. When abuse replaces support and protection, the victimized sibling is prone to develop an internalized representation of low self-worth.

Ainsworth and colleagues characterized an anxious and ambivalent style of attachment by feeling misunderstood and unappreciated, lacking confidence, viewing others as unreliable, and unable to commit (Ainsworth, Blehar, Waters & Wall, 1978). The individual may have a strong need for care and attention, but harbor uncertainty about another person's ability to respond to his or her needs. Avoidant attachment styles indicate suspiciousness, aloofness, a skeptical view of partners as unreliable or overly eager to commit, and discomfort with dependence

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and intimacy. These behaviors are defenses against feeling rejected which is the result of a history of consistent unresponsiveness, rejection, and inhibited physical and emotional relatedness. There may be a tendency towards feelings of fear, anxiety, loneliness; low self-esteem; high rates of relationship dissolution; and extreme self-reliance.

Trauma theory highlights the impairment of ego functioning which results from traumatic events. This includes a compromised ability to connect; poor interpersonal skills; and difficulty modulating affect (Van der Kolk, 1987). Like object relations theory, trauma theory identifies the internalization process as a key element of interpersonal relatedness. The literature on traumatic family abuse focuses on the impact of parent-child abuse; in this context, victims of child abuse experience their most powerful adult as dangerous. Again, we can see the implications of emotional abandonment from caregivers who fail to protect children and then experience a sense of betrayal and the perception that others are indifferent to their well-being. Ultimately, children become vulnerable, distrustful, and feel unworthy (Herman, 1992). Survivors of traumatic childhood sibling abuse often avoid intimate relationships to ward off repeating the familiar but uncomfortable and often intolerable feelings: they may defend against intimacy with a false sense of control; simply avoiding relationships as adults (Meyers, 2020, 2011). Or survivors of sibling abuse may attach themselves to partners who are unable to provide emotional nurturance, also a replication of early relationships (Meyers, 2020, 2011). Although they strive to gain the love and attention of their mates or romantic prospects, they may ultimately experience these relationships as disappointing, rejecting, and abandoning.

Trauma theory also highlights the aspect of acquiescence and accommodation that results from conditions of terror. In cases of parent-child abuse, the home environment becomes fraught with terror and as a result, adaptation is required, often taking the form of hyper-vigilance to one's surroundings. One study of child abuse found that in conditions where the family environment was laden with pervasive terror, children developed pathological connections to the abuser even at the cost of their own welfare. As a result, survivors often became intensely attuned to the emotional states of others. To ward off the likelihood of abuse, survivors of sibling abuse tend to anticipate the emotional temperature of their abuser. The reality, however, is that the attacks are often unpredictable. Like victims of parent-child abuse, survivors of sibling abuse strive to avoid—but find—conflict. However, they also develop a resounding ability to please others and they can become quite skilled at accommodation.

Each and all these struggles by survivors of sibling abuse causes one to consider Pearlman and Courtois' definition of complex trauma: consistent exposure to chronic trauma; repetitive; prolonged; begins in childhood; occurs during developmentally vulnerable times. Complex trauma is interpersonal and deliberate, and it is imposed by primary attachment figures where there is a violation by adults entrusted with the child's care. This type of trauma creates an uncertain and unpredictable world. Survivors have alterations in systems of meaning; they are hopeless about finding anyone to understand them or their suffering. Those suffering from complex trauma are unable to trust the motives of others and unable to experience intimacy.

I am suggesting that sibling abuse must be conceptualized as a complex trauma and the manifestation of this overwhelming experience leads the target to employ defenses as a manner of survival. This conceptualization is imperative to us as clinicians to understand the behavior that resonates and the ways in which the survivor adapts.

"We cannot continue to undermine the significance of abusive sibling relationships. As mandated reporters… it is incumbent on us to explore the nature and quality of sibling relations as readily as we explore historical and current parent-child relationships. As clinicians working with adults, it is important to name the experiences of survivors so that they no longer feel alone."

We cannot continue to undermine the significance of abusive sibling relationships. As mandated reporters responsible for the well-being of children, it is incumbent on us to explore the nature and quality of sibling relations as readily as we explore historical and current parent-child relationships. As clinicians working with adults, it is important to name the experiences of survivors so that they no longer feel alone. Sibling violence/abuse is not the same as harmless rivalry.

So many of our clients present themselves with interpersonal dissatisfaction. Working from a psychodynamic or psychoanalytic lens deems it necessary to develop awareness of the prevalence of sibling victimization as well as its impact on interpersonal development, functioning, and relatedness. Armed with an ability to assess, we can then effectively intervene.

# Zero Siblings: Reflections of an Only Child

**By Mary Anne Cohen, LCSW**

**Mary Anne Cohen** is Director of The New York Center for Eating Disorders and author of three books on this subject. Her latest book, published by NASW Press, is *Treating the Eating Disorder Self*.

Website: EmotionalEating.org

**I am an only child.** This has shaped my identity—my sense of being special as well as my sense of loneliness. These dual characteristics have also given me deeper insights into patients in my practice who are only children.

As I watch the TV series *Nineteen Kids and Counting*, I am envious of seeing so many siblings who I assume are best friends. At the same time, I am horrified at the thought of having to share your parents' love with so many interlopers. All these siblings confirm my conviction that, as an only child, I am unique in my parents' eyes, but I often feel that I am left out and on the outside looking in. Abundance and Deprivation. Both.

Often, as I try to fall asleep, while other people are busy counting sheep, I am counting only children that I know of. My list has grown to 89. Frank Sinatra, Brooke Shields, Franklin Roosevelt, Leonardo de Caprio, Gandhi, and Charlize Theron share this in common with me. Also, Cinderella (minus those wicked stepsisters.) And Anne of Green Gables for whom I'm named.

Even though I had no knowledge of sibling rivalry as an only child, I inexplicably developed a keen awareness that my stuffed animals might. I didn't want anyone to feel left out and have their feelings hurt, as I often felt. So, I made equitable schedules as to which animal could sleep with me each night.

### Research on the Only Child

The only child has not been treated well historically. Granville Stanley Hall was the first president of the American Psychological Association. In his 1896 study, "Of Peculiar and Exceptional Children," he went as far as to declare, "Being an only child is a disease in itself."[1] He believed that an only child would be spoiled, narcissistic, and become a social misfit. Sigmund Freud, in the 1920's, also had a dim view about how only children were prone to sexual identity problems because they were coddled exclusively by the parent of the opposite sex and failed to experience the beneficial competition of sibling rivalry.

By 1942, *The New York Times* published, "Kind Words for the Only Child," and research showed that we evolved in the media from "unsocial brat" to be "strikingly" more popular than children from families with siblings. We finally got our due![2]

By the 1980s social psychologist Toni Falbo painstakingly studied only children including the impact of China's One Child Policy lasting from 1979 to 2016. Research showed few differences between Chinese only children and their peers although only children did experience more pressure from higher parental expectations than their peers with siblings. Falbo also points out that self-esteem studies are quite contradictory—they determined only children have placed above, below, and at par with others! She concludes, "It's tough to distinguish inherent only-child qualities from those that develop in a sibling-centric world."[3]

> "In my practice, only children fall along a continuum from "I always yearned for a sibling" to "I've always been deeply content to be alone."

In our present day, the decision to have only one child is now on the rise—by single parents, adoptive parents, homosexual

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parents, working mothers, and career driven families. Other factors leading to one child families include improved contraception, infertility struggles, economic constraints, divorce, trying to get pregnant later in life resulting in less viable eggs and sperm, Single Mothers by Choice, or illness. Psychotherapist Rebecca Greene, LCSW, writes, "The largest growing family unit in the U.S. over the last 40 years is the family with one child, and around 22% of U.S. families have this dynamic according to the Pew Research Center." [4]

This is light years away from Granville Hall's 19th century "disease concept" of the only child! Sometimes, the less the merrier!

**Stereotypes of the Only Child: True? False? Both?**

Stereotypes still abound about only children: they are more comfortable with adults than peers, high achievers because of parental expectations, spoiled from not learning to share with siblings, and develop rich imaginations from learning to play alone.

As psychotherapists, we know that stereotypes don't explain how every child is unique as a fingerprint, a product of both nature and nurture. A child's personality depends especially on the depth of a secure attachment with a nurturing parent or caretaker as well as genetics, the environment, and possible trauma. None of this is dependent on the existence of a sibling.

In *Only Child: Writers on the Singular Joys and Solitary Sorrows of Growing Up Solo*, Deborah Siegel and Daphne Ulliver invite 21 authors to muse on the wide range of experience of only-hood. The authors agree it's hard to separate the "only" from the childhood. They agree that the question, "What is it like to be an only child?" yields as many answers as there are only children. Non-lonely only vs. lonely only? Single vs. singular? [5] Apparently, there is no such thing as the "classic" only child.

**The Psychology of the Only Child**

Although the stereotypes have largely been debunked, I have discerned at times in my practice that only children do share some qualities that separate them from those with siblings.

Years ago, my patient Cara said, "I could never save my mother from her difficult childhood." Cara, an only child, had been exquisitely attuned to her mother's depression and tried mightily to make her happy. Therapy helped Cara realize that no amount of being the perfect, cooperative child could fully repair her mother's own suffering. This was a wonderful realization for Cara whose wish to help people's distress turned her into a compassionate therapist. Perhaps too compassionate.

In "Blood of My Blood," Rebecca Walker echoes what a therapist who is an only child might say, "The people I saved, or tried to save, were all me. They were the me I didn't know how to articulate, the me that needed an intimate other—blood of my blood, flesh of my flesh—to swoop down into my only-child life and make sense of things." [6]

Cara's story could be mine. There was no one to buffer me from my parents' arguments, my mother's sadness, my father's anger. I was It. Just like the iconic photo of those two penguin parents peering down on their little penguin chick. Nowhere to run. Nowhere to hide.

And yet the fun we had as a threesome was, at times, joyful and overflowing with laughter. Like the time a Thanksgiving chestnut rolled off the dining room table and camouflaged itself on our Oriental rug. We three all crawled playfully under the table looking for that wayward chestnut.

**Case Examples**

In my practice, only children fall along a continuum from "I always yearned for a sibling" to "I've always been deeply content to be alone."

Deeply content to be alone was never the story of Sonya, who ached for a sister. When she began therapy with me for depression and loneliness, she revealed that her mother had died while giving birth to her.

She then said, "By being born, I murdered my mother." Her shame and guilt caused her to push people away so no one would discover her true "badness"—that she had caused her own mother's death. Confessing this secret helped us better understand the connection between this birth trauma and her conviction about being a toxic person. Secretly she harbored an intense wish to have a sister—an older sister who would remember their mother

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Photo: Paul Nicklen Photography

and recount their shared history, who would forgive Sonya for their mother's death, and buffer her against the pain of being alone. A mini mother-sister.

She then told me another confidence. Every time it rained, she would cry for all the broken, discarded, unloved umbrellas that were left by people in garbage cans because they had been ruined in the storm. Sonya truly grieved for these umbrellas, and we came to see that she considered them "orphaned umbrellas," much like she herself felt like an orphan in the storm of life.

Sonya died many years go, but her legacy lives on in me—I can never see an orphaned umbrella on the street without thinking of her and her tragic, magical imbuing them with sorrow, abandonment, and sisterhood.

Karen R. Koenig, LICSW, therapist, author, friend, and only child reflects, "My mother was a complainer extraordinaire, and I would listen to her ongoing grievances. Perhaps that sensitized me as a child to listening to other people's problems. When I was at camp at age 14, I'd sit at the back door of my bunk on the top step of a metal staircase, and campers would line up (yes, literally line up) to tell me their problems. I have no idea what I advised except that I enjoyed helping them. I both laugh and shudder now to think how many of those campers are now in therapy/mental health facilities/jail due to the inexperienced advice I might have given them back then!"[7]

Helena is an only child patient of mine. She was a renowned opera singer and struggled with binge eating during her career. Now, at age 75, she has had many decades to reflect on the meaning of not having siblings. Helena explains, "It's hard to separate how I feel about being an only child from my father's alcoholism. My mother couldn't control Dad's drinking, so she put all her focus on me. I felt like I was under the microscope as she tried to control and micro-manage my weight, my clothes, my friends, and my career. Mother was a real 'stage mom.' I catapulted myself out of my troubled family into an early and doomed marriage. Food kept me company during all these transitions."

Helena seemed like the opposite of the stereotypical only child—very sociable, relishing becoming a famous star and enjoying the lights and parties and glamour of her profession as she sang throughout Europe and the U.S. She described throwing lavish parties with her second husband in the role of the consummate hostess. Until her husband died when she was 55. Now retired from the opera, Helena retreated from public life to live alone, relishing her solitude for the past 20 years. Helena loves her seclusion, has taken up painting, and enjoys her friendship with Blanche, her cat.

Helena reflects, "I realize how much food became the fuel to keep me going—to be vivacious and outgoing in the public eye. It was a role I played for many years, but it wasn't truly me. Since Charles died and I've retired, I have reclaimed the deep solitude of being an only child but with an enjoyment I didn't have when I was growing up. I just love it." She adds with a laugh, "As they say, it's never too late to have a happy childhood!"

### Sibling Substitutes

Of course, the only child is not doomed to live in isolation from other children; their lives can be enriched by friends, cousins, sports, clubs, and pets. Although her parents adhered to "one and done," Shari, age six insists, "My poodle Leo is my brother."

### A Final Reflection

I am 10 years old, and we are taking a family road trip. My parents in the front seat, me in the back. I have snuck onboard boxes and boxes of Good and Plenty candy. In truth, I hate the pink and white candy with its licorice insides. But the name, Good and Plenty! They reassure me as I secretly pop the candies into my mouth. My licorice siblings keep me company in the lonely back seat of the car.

It occurs to me, whether we are only children, have many siblings, come from divorced parents or an intact family, isn't this what we all want: Good and Plenty!

FOOTNOTES

1. https://www.washingtonpost.com/archive/lifestyle/wellness/1995/10/24/the-only-child-lonely-or-lucky/ec6eedc4-d198-4770-abcc-66da9005af27/ and https://daily.jstor.org/myth-lonely-only-child/
2. https://timesmachine.nytimes.com/timesmachine/1942/09/06/85049152.pdf?pdf_redirect=true&ip=0
3. https://eric.ed.gov/?id=ED236504 and https://onlinelibrary.wiley.com/doi/abs/10.1002/9781119171492.wecad218
4. Greene, Rebecca, LCSW. (2023). *One and Done: Raising a Happy Only Child.* Cal: Familius. 2023, pp. 10, 40
5. Siegel, D. and Uviller, D. Editors. (2028). *Only Child: Writers on the Singular Joys and Solitary Sorrows of Growing Up Solo.* New York: Three Rivers Press.
6. Walker, Rebecca. "Blood of My Blood" in *Only Child: Writers on the Singular Joys.* Op cit. pg. 133.
7. Koenig, Karen R, LICSW. Personal communication. 2023

# Siblings: Their Devlopmental Impact on the I, You, We, Paradigm

**By Hanna Turken, LCSW, BCD. LPsyA**

**Hanna Turken LCSW, BCD, LPsyA**, is a past Board member of the NYSSCSW Queens Chapter; Continuing Education Committee and Senior Member of NPAP; Research Associate at the Psycho-history Forum; and member of many other organizations. A published author, she has presented her clinical papers widely on topics of culture, sexuality, female development, culture, fathers, trauma, and psycho-history, among others. She has maintained a bilingual (Spanish) private practice in Queens and Manhattan.

hjlturken@gmail.com

**My patient L. and I** have similarities that may seem to present a challenge to the therapeutic neutrality. She is one of six siblings. The oldest and the youngest are males and the four females are in between. I am also one of six siblings with the same family configuration. We both chose psychology as a profession, and I feel that independent choices have to some degree marginalized us from our siblings and others.

One could assume that having siblings would facilitate group interaction with others outside the family system, but the opposite seems to be the case for L. and to some degree for myself. For L., the feeling of abandonment as well as her sense of competence is more intense. Doubt, discontent, and feeling overwhelmed by responsibility is what brought her into treatment. The question for me is whether the therapeutic relationship has been helped by these similarities or has it been impaired. When does a situation in treatment become transferential, countertransferential, or inter-subjective as we address the I, you, and we within the context of a session?

Historically, concepts of neutrality in therapeutic situations have evolved from theories of the id, to the ego, to object relations, and to self-psychology. They changed from attempts to suppress all countertransferences to the utilization of the transference/countertransference phenomenon as the inter-subjective system of reciprocal mutual influence (Stolorow, Brandshaft, and Atwood, 1987).

Neutrality involves a professional commitment to the client/patient in which the therapist's stance is not overly detached or overly involved in the patient's life. Neutrality is not to be confused with a withdrawal from the patient's suffering. It should be seen as the agent that encourages the expression of embarrassing and very private thoughts and fantasies.

There is a developmental difference between me and L. that has enhanced the inter-subjectivity of our interactions. I was the third child in my family. There is a five-year difference in age between me and my older sister and a four-year difference with the sister that followed. My two older siblings were very close to each other, as were the three younger siblngs. With the older siblings in school, I had space and attention of my parents for four years until the next child was born. On the other hand, L. was the sixth child in her family with about two years difference between siblings. While I needed to learn how to attach and merge with my siblings, L. had to learn how to separate so as to not be enmeshed. As far as choosing the same profession is concerned, this element has enhanced our interactions as well. We are both very much attuned to each other and to the other's nuances.

One of the most problematic issues to overcome in L.'s treatment has been her resistance to remembering. When asked about events in her childhood that might relate to the present situation the answer is, "I don't remember." She does remember spending a great deal of time in her room away from what she experienced as chaotic and overwhelming interactions between her siblings. She has a good relationship with her younger brother and

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a somewhat tender relationship with her older sister who often took care of her, but the relationship with her other siblings remains undefined, ambivalent and inconsistent. The pattern that she presents is feeling disrespected for her beliefs about maintaining good physical and mental health. L. is very particular about her healthy eating habits, structure, and punctuality. Recently, her sister T. asked to celebrated her daughter's birthday at L.'s house. On the day of the party, the family showed up much later than expected and brought "junk food" for all to eat. The same thing happened a month before when L. celebrated her youngest daughter's birthday.

"I cannot deal with this; I don't want to deal this with anymore," L. says about her sister's pattern of behavior. Yet, she always makes herself available when needed, mostly as the logical thinking problem solver for the family.

Her siblings generally consolidate as a group around what their mother approves or disapproves of. L.'s mother is rigidly disapproving of L.'s divorce from her ex-husband and is unaccepting of her present husband, while allowing T., who is separated from her husband, and T.'s daughter to live with her. It is her mother's concept that L.'s ex-husband was a good one, and T.'s husband was not. Their father, who died five years ago, did not offer much of an opinion in those matters.

L.'s dual role within the family, that of the problem-solver and the outsider, interferes with conflict resolution—deciding who she is and the choices that she makes in her private life. Sometimes these decisions are as simple as buying a couch and then feeling it is the wrong choice, but not returning it and then living with the ambivalence.

A number of her dreams take place in her old high school corridor. She needs to find classmates who would tell her where she needs to go, but she can't find anyone. These dreams are indicative of her ongoing need to rework her sibling relationships in order to consolidate her identity and find others with whom to relate on an equal level.

L. married her high school sweetheart, with whom she reconnected after separating from her husband. He is a cheerful, playful man who can make her laugh but leaves all the problem solving and responsibility of the household to her, very much like her father used to do.

"L.'s dual role within the family, that of the problem-solver and the outsider, interferes with conflict resolution—deciding who she is and the choices that she makes in her private life."

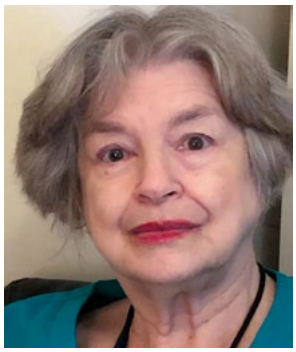
Syvie Angel, in her article, "Sibling Relationships" (2003), quotes R. Kaes as referring to this need as a sibling complex. For Angel, "the sibling relationship represents a fundamental object constellation in the psychic organization of the individual." Kaes holds that the sibling relationship contributes to the construction of identity. The sibling bond maintains the sense of belonging in the family.

"Mature dependence," rather than "independence," is a term that Fairbairn (1986) considers more accurate in describing the process of relationships. What distinguishes mature dependency from infantile dependency is that a differentiated individual has the capacity for cooperative relationships with differentiated objects. We evolve from a stage of infantile dependency to a transitional stage to a stage of adulthood and mature dependence. It is the transitional stage in which the difficulties and conflicts are found. Here, defensive techniques in ego development (constructive and destructive) are designed to separate and differentiate from the object and to preserve the relationship with the other. For Winnicott (1988) the use of the transitional object and space is where we learn to play alone and with others. Through play we develop our creativity, learn to distinguish between what is real from what is not, and become responsible for ourselves and others. For Erickson (1985) this is a stage in which we define love and hate, learn cooperation and willfulness, and develop freedom of self-expression and its suppression. From self- control without loss of self-esteem comes a lasting sense of goodwill and pride. From a loss of self-control comes a propensity for doubt and shame. Obsessive-compulsive behavior is one way to hide the confusion.

This search for relationships with our siblings and others that are manageable or not problematic is an ongoing process that has been primary in L.'s treatment. It focuses on letting go of what is unworkable, finding other relationships outside the family that are rewarding, and being unafraid of enmeshment and loss of independence. This drive to achieve a level of mature dependency without losing a sense of identity in relating to others who achieved it is an ongoing process that is reworked in every stage of the life cycle.

# Sisters in Purple

**By Betsy Robin Spiegel, LCSW**



**Betsey Robin Spiegel, LCSW** is a psychotherapist in private practice for over 30 years. She is Supervisor/Senior Psychotherapist at the Blanton Peale Counseling Center and Institute. She has published on the topic of working with addictions through integrating AA steps of recovery with concepts from psychoanalytic theories. She has also published on woman's issues in the workplace. Ms. Spiegel has facilitated numerous workshops and has been an adjunct faculty member at NYU Silver School of Social Work and Adelphi School of Social Work. She currently serves as Co-chair of the Addiction Committee of NYSSCSW's Met Chapter.

**From the moment** my mother returned from the hospital carrying an infant, I was intensely competitive with my sister. I had no intention of relinquishing my favored position as an only child. Once baby Vicki was home and thriving, I suggested to our parents that they "throw her in the toilet!" That wish lasted for decades.

Our family described us as "Betsy, the pretty one," and "Vicki, the smart one." We acquiesced at first but eventually rejected our titles. The years were good to us as Vicki realized that she was pretty, and I discovered that I was smart. We never discussed the fact that our narcissistic mother had named us after British royalty.

Vicki recently travelled from her home on Whidbey Island near Seattle to visit me in Manhattan. I look forward to these visits, as we have become friends as well as sisters. As reluctant siblings, we have joined forces, unraveling our ambiguous attachment to a powerful mother. We cherish our strong bond that we consider a miracle. It took a long time to develop.

When our mother died in 1976, Vicki could not be found. I needed her, my sister, to cope with devastating feelings of loss and abandonment. Police in Washington State finally found her and gave her the news. She didn't call. She didn't come home. I could not remember a time when I felt more alone.

Vicki had postponed adulthood by joining with her partner, Joe, and friends to live communally in a large recreational vehicle. Eventually, they discovered new freedom and happiness. Encouraged to "follow your bliss," many began to thrive with diminished economic demands. They espoused a philosophy not based on the accumulation of wealth and developed the program of "voluntary simplicity." After years of nomadic traveling, the group settled in Seattle where Joe began giving workshops about living frugally, saving money, investing wisely, and becoming financially independent.

A New York literary agent heard about Joe's workshops and suggested he and Vicki write a book. The result was *Your Money or Your Life*, which became a national bestseller. Vicki emerged as the spokesperson.

Many years ago, when they came to New York for meetings with their agent, Vicki became distraught, claiming she had nothing to wear to a coveted appearance on *Oprah*, other than the dreadful (my words) dress she wore that day. I sprang into action and found my favorite purple cashmere sweater, purchased at Loehman's years before and worn until it became too tight.

When Vicki donned the sweater, it was a perfect fit and I suggested she keep it. She wore it on Oprah's show. Vicki and Joe went on to become famous, appearing on national TV and radio, and lecturing across the country.

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I never stopped being envious of Vicki. How could I? Envy was a cornerstone of our family dynamic, but our complicated sisterhood contained so much more. We struggled with our inherited intellectual gifts and physical appearance. But we found the authenticity we both shared in our struggle to free ourselves from our difficult mother.

My sister and I were not the first in our family to achieve professional recognition. Our mother had a degree from Columbia as a teacher and eventually earned her Ph.D. in psychology from Teachers College.

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> “Over time, Vicki and I grew to appreciate our inherited intellectual gifts and accepted our ambiguous relationship with our flawed but cherished parent as we loved and accepted each other.”

After our father died, she gravitated again to academia and earned her Post-Doctoral Certificate in Psychotherapy from Adelphi University on Long Island.

Haunted by my mother’s success, I avoided thinking of the day she would receive her Post-Doctoral certificate. That was the same day I would earn my Masters in Social Work, also from Adelphi. She told the family, “Betsy and I are graduating together.” She was a hard act to follow.

Not so secretly, I rebelled by wearing my purple paisley maxi dress, handmade in Fresno, California when I was married to my ex-husband. He headed an office of lawyers protecting the legal rights of migrant farm workers. The dress was perfect for the wife of a left-wing lawyer suing major government agencies and challenging the status quo that benefits large agricultural corporations and monopolies.

After the graduation ceremony, our mother suggested the family attend the cocktail party given by her post-doctoral program. Posing as a dutiful daughter, I smiled at the camera with my purple paisley maxi dress peeking out from under the black graduation robe.

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I have thrived in the clinical social work profession and as an active member of NYSSCSW. Much of my work has involved therapy with substance abusers. In addition to my private practice, I co-authored a professional paper on understanding ego development and the process of recovery from addiction utilizing the 12 Steps of the Anonymous Program.

I developed and presented well-attended workshops, increasing my visibility among a small group of professionals in the field of addiction. This earned me a spot as an Adjunct Lecturer in the school of social work at New York University.

Devoted as I have been to my private psychotherapy practice, my real pride has come from teaching and training. Yet, when I compared myself with my sister, I could not stop feeling inadequate next to her national success.

Our mother was not a good parent, but she was my hero, nonetheless. Vicki and I both admired and feared her as we struggled to unravel our tangled destinies. The struggle bound us together as fellow travelers on a complicated journey.

Over time, Vicki and I grew to appreciate our inherited intellectual gifts and accepted our ambiguous relationship with our flawed but cherished parent as we loved and accepted each other.

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One item I inherited from my mother was a small chair covered in white linen. She often sat in that chair in her home office where she saw her psychotherapy clients.

Several years after our mother died, I moved into a brownstone on West 88th Street where I lived and worked in my psychotherapy practice. My office had a brick wall, a fireplace, and a window with a southern exposure. The morning light steamed in, hitting the hardwood floor, leaping across to the white couch, and onto a copper pot graced by flourishing plants.

One sky blue day in my beautiful office, I met my authentic self. Sitting in the same white linen chair, doing the same things that my mother had done, I began to wonder if abandoning the chair could be part of my destiny.

I had been the rebellious daughter who secretly never left home. Now, I was at peace and flourishing in my work. Eventually, the chair became hopelessly tattered, and I threw it out.

## SIBLING DYNAMICS Continued from page 27

REFERENCES:

Agger, E.M. (1988). Psychoanalytic Perspectives on Sibling Relationships. *Psychoanalytic Inquiry* 8: 3-30.

Balsam, R.H. (2013). Sibling Interaction. *The Psychoanalytic Study of the Child* Ed.. 67: 35-52.

Bank, S., Kahn, M. (1997). *The Sibling Bond.* Chapter: Siblings in Conflict: Bonds of Aggression and Rivalry, pp.197-231. Basic Books, New York.

Blum, H.P. (2009) Van Gogh's Fantasies of Replacement: Being A Double and A Twin. *Journal of American Psychological Association.* Pp. 1311-1326.

Brandchaft, B., Doctors, S and Sorter, D. (2010). *Toward an Emancipatory Psychoanalysis: Brandchaft's Intersubjective Vision*. Psychoanalytic Inquiry Book Series vol. 31, Routledge, Taylor & Francis Group, New York. London.

Dobrich, J. (2021) *Working with Survivor Siblings in Psychoanalysis: Ability and Disability in Clinical process*. Routledge, Taylor & Francis Group, New York, London.

Edwards, J. (2011). *Siblings as Developmental Partners.* Chapter 1, pp.1-24; Chapter 3. pp. 39-51, in *The Sibling Relationship: A Source for Growth and Conflict.* New York, Toronto, Boulder, Plymouth, U.K., Lanham: Jason Aronson.

Ferenczi, S. (1931), Child-analysis in the analysis of adults. *Int. J. Psycho-Anal.,* 12: 468-482.

Graham, I. (1998). The Sibling Object and its Transferences: Alternate Organizer of Middle Field. *Psychoanalytic Inquiry* 8: 88-107. : 145-156.

Guntrip, H. (1975). My Experience of Analysis with Fairbairn and Winnicott: How Complete A Result Does Psycho-Analytic Therapy Achieve? *International Review of Psycho- Analysis.* 2: 145-156.

Mitchell, J. (2013). Siblings Thinking Theory. *The Psychoanalytic Study of the Child.* 67: 14-34.

_____, . (2013). The Law of the Mother: Sibling Trauma and the Brotherhood of War. *Canadian Journal of Psychoanalysis*, 21 (1): 145-159.

Orange, D., Atwood, G. and Stolorow, R. (1997). Working Intersubjectively *Contextualism in Psychoanalytic Practice*. The Analytic Press. Hillsdale, New Jersey and London.

Safer, J. (2003). *The Normal One: Life with a Difficult or Damaged Sibling.* New York: Delta.

Vivona, J. (2010). Siblings, Transference and The Lateral Dimension of Psychic Life. *Psychoanalytic Psychology.* 27 (1): 8-27.

_____, (2007) Sibling differentiation, Identity Development, and the lateral Dimension
Winnicott, D. W. (1969). The Use of An Object and Relating through Identifications. In *Playing and Reality*, pp. 86-94. London: Tavistock, 1971.

Winnicott, D.W. (1960). Ego Distortion in terms of True and False Self. In *The Maturational Processes and the Facilitating Environment.* New York: International Universities Press, 1965, pp. 140-152

## BILLING Continued from page 11

**Can I tell the insurance company that I collected more than I did so my patient doesn't have to pay their co-payment?** No. Just plain no.

**My patient doesn't really have anything that matches a diagnostic code. Can I code them for General Anxiety Disorder (F41.1) or Persistent Depressive Disorder (Dysthymia [F34.1]) so the session gets paid by the insurance?** No, not really. You are expected to be honest in your assessment and coding. If a patient doesn't merit an actual ICD-10 (DSM5) code then they don't get one and can pay you out of pocket. The "worried well" still may want treatment but it's not billable. Insurance will pay only for medically necessary care.

**What should I put in box 24F ($CHARGES)?** That depends on whether you are out-of-network or in-network (commercial and Medicare).

- Out-of-network: Box 24F should indicate what you were paid by your patient, not your full fee unless that is what you collected.
- In-network (commercial): There are two differing schools of thought on this.
  - List your full fee. It will get discounted to the contracted rate by the insurance company and show up on the Explanation of Benefits (EOB) as an overcharge and will show what you were actually paid and the patient responsibility (if any.) This is to accurately reflect the current state of the market and (hopefully) influence the insurance carriers' fee decisions.
  - List the contracted rate because that's what the charge is to which you agreed and so that's the charge.

**This Q & A by no means includes all the questions that could come up. If you have others please feel free to contact us through the office, info.nysscsw@gmail.com or 1-800-288-4279.**

*Jay E. Korman, MSW, LCSW-R, BC-TMH, is Chair of the Practice Management Committee and Member of the Ethics and Professional Standards Committee*

## NEW MEMBERS OF NYSSCSW

| | |
|---|---|
| Barrett, Lauren | NAS |
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| Coello, Anthony | MET |
| Contreras, Antonieta, LCSW, LCSW-R | MET |
| DiGirolamo, Alea, LCSW | MET |
| DiNitto, Kristen, LCSW | MET |
| Dixon-Berisha, Ashadene | MET |
| Durand, Alana, LMSW | MET |
| Ford, Kathryn, LCSW | MET |
| Freeman, Alyssa, MSW, LCSW | MET |
| Gerace, Nicole, LCSW | MID |
| Hall, Alivia, LCSW | MET |
| Hendrix, Rebecca | MET |
| Hernandez greco, Doreen, LCSW | ROC |
| Hursh, Lianna | MET |
| Joseph, Shona | NAS |
| Kline, Janice, LCSW | MET |
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| McDougall, Gerarda, ACSW, BCD, LCSW-R | NAS |
| Means, Julia, LMSW, MSW | MET |
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**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.**

## HEADQUARTERS UPDATE

**On October 22, 2023,** the Society held its Annual Membership Meeting and Luncheon at Red Hat on the River in Irvington. Members and guests enjoyed the presentations of awards to outstanding members of each chapter, and updates on Society activities, along with good food, conversations, and camaraderie.

The 2024 membership renewal emails were sent out in November. As always, if you need assistance renewing do not hesitate to contact our office.

We are working on several key projects in 2024, including the student scholarship awards and a program in March for students and new graduates. We also continue to work with the chapters on their educational presentations and membership programs.

TMS welcomed a new member to our team, Alexandra Loukeris, who joins us with experience in customer service and event planning.

We wish you all a happy and healthy holiday season.

*Kristin*

**Kristin Kuenzel,** *Administrator*
**Debbie Lebnikoff,** *Administrative Assistant*

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## We Welcome Submissions

We encourage you to submit an original article or review to *The Clinician*. In general, the article should—

- Be of interest to a broad range of clinicians.
- Focus on clinical issues and treatment.
- Be clearly written and jargon-free.
- Use case examples where possible.
- Not exceed 1,000 words. Shorter is better.
- Include your brief professional bio.

Please send a description of your proposed article in advance. We look forward to hearing from you.

**Helen Hinckley Krackow, LCSW-R, Committee Chair**
*hhkrackow@gmail.com*

**Ivy Miller, Editor**
*ivy.lee.miller@gmail.com*



The Clinician

THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

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# NYS Early Intervention Program Needs YOU!

The NYS Early Intervention Program serves infants and toddlers with developmental disabilities and delays from birth to age three and their families in their own homes and communities statewide.

## Why our current providers work for NYS Early Intervention (EI):

"I consider it an honor to empower EI families to become their child's best role model and advocate."
– From a Speech-Language Pathologist with over 40 years of service.

"Every EI family has a slightly different dream, but all have the same goal for their children. As a provider we feel immediately appreciated. Family members embrace us as 'their own' and your impact on their family will be felt for a lifetime."
– From an EI Administrator with 42 years of service.

"It is amazing to be a part of our children and families' journey while helping pave the way for a successful future!"
– From an Occupational Therapist with 28 years of service.

## If you choose to work in NYS Early Intervention, you can:

### Help Children and Families

- Witness many of the "firsts" that infants and toddlers reach (first steps, first words)
- Help set the educational foundations for lifelong learners
- See the results of your work – sometimes instantly!
- Develop close partnerships with families
- Help parents see the beauty in their child's strengths and possibilities

### Job Perks

- Create a good work-life balance with flexible work schedule (part-time/full-time, evenings/weekends, caseload size)
- With qualifying experience, be your own boss and create your own business (set your own schedule!)
- Work in different settings (home, community, telehealth, and facility)
- Build a large professional network

## We currently have a shortage of qualified providers to deliver services to children and families.

We are seeking providers with the following New York State certifications and licenses:

- Audiologists
- Behavior Analysts (LBA/CBAA)
- Mental Health Practitioners
- Nurses
- Nutritionists/Dieticians
- Occupational Therapists
- Physical Therapists
- Psychologists
- Social Workers
- Speech-Language Pathologists
- Teachers (special education, vision, hearing, speech and language)

If interested in a job opportunity in The NYS Early Intervention Program, visit our website at **https://health.ny.gov/EINeedsYou** or email us at provider@health.ny.gov or by calling 518-473-7016 (Option 1 - Provider Unit).

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