The Clinician

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

NYSSCSW-ACE Is Approved by State To Provide Continuing Education Credits

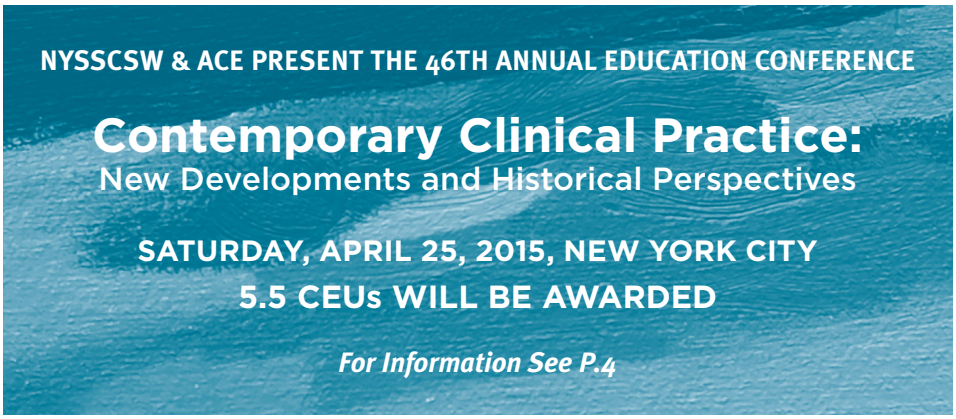
By Marsha Wineburgh, DSW, LCSW, BCD, NYSSCSW President, and Karen Kaufman, Ph.D., LCSW, ACE President

The Advanced Clinical Education Foundation of the NYSSCSW (ACE) is pleased to announce that it has been approved by New York State as a provider of continuing education credits (otherwise known as continuing education units, or CEUs).

The State Education Department approved the three conferences that were submitted: the Staten Island Chapter Conference on March 14, *The Impact and Treatment of the Opiate Epidemic on Staten Island* (3 CEUs); the Nassau Chapter Conference on March 21, 2015, *How Suicide Stigma Adversely Affects the Bereaved: What Health Professionals Need to Know* (3.75 CEUs); and our statewide event, The 46th Annual Education Conference on April 25, 2015, *Contemporary Clinical Practice: New Developments and Historical Perspectives* (5.5 CEUs).

We are eager to continue offering quality clinical education programs to keep our members, and other social workers throughout the state, current in the mental health field. The availability of CEUs will help them fulfill the new requirement for re-registration to practice in New York State. As of January 1, licensed master social workers (LMSWs) and licensed clinical social workers (LCSWs) must complete 36 hours of acceptable continuing education credits before their next triennial registration.

CONTINUED ON PAGE 9



IN THIS ISSUE

PRESIDENT'S MESSAGE

By Marsha Wineburgh

Here's hoping spring has arrived by the time you receive this edition of *The Clinician*. It has been a long, hard winter, and I believe your Board has used the time wisely, working to ensure the flourishing of the Clinical Society in these changing times.

Our success in legally establishing clinical social work as autonomous mental health profession, both here in New York State and on the federal level, through licensing and reimbursement for our clinical expertise, allows us to turn our attention to exciting new efforts. We are expanding our education mission to provide quality professional education to new MSW graduates and to our more experienced practitioners as well.

The continuing education statute for the social work profession in New York has, surprisingly, presented us with this new opportunity, and we seized upon it by founding the Advanced Clinical Education Foundation of the NYSSCSW (ACE), a not-for-profit corporation. This has opened a myriad of possibilities for clinical education, including the development of a member-faculty

CONTINUED ON PAGE 13

NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

The New York State Society for Clinical Social Work, Inc.

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Legislative Committee

By Marsha Wineburgh, DSW, LCSW-R, Chair

Important Regulations Update at the Annual Education Conference on April 25: For the latest information about social work practice regulations and guidance from the State Education Department, I urge you to attend the 46th Annual Education Conference, *Contemporary Clinical Practice: New Developments and Historical Perspectives*, on Saturday, April 25. It will feature a presentation by David Hamilton, Ph.D., Secretary of the State Board for Social Work. We have asked him to include telepractice, iCloud patient records, continuing education requirements, and mediation as clinical practice in his update. Your conference brochure will be in the mail soon, and website registration will be available as well. Sign up early to get a seat for this informative event. (See pages 4-5.)

On January 7, the new legislative session began in Albany. More than 10,000 bills have been introduced to date in the Assembly and Senate. Here is an update on those we are following:

Workers' Compensation: We were very disappointed when Governor Cuomo did not sign our bill making LCSWs eligible for reimbursement of mental health services to victims of worksite injury. His veto referenced waiting until a plan to revamp the entire worker's compensation process was completed. The NYSSCSW and the State Chapter of NASW are meeting with the redesigners and also reintroducing our bill in the legislature once again. We aim not to be forgotten. Thank you again to all that wrote supportive letters enabling the successful passage of the bill in the Senate and Assembly. We will need you to send new letters when the latest bills pass in both houses.

Business Partnerships: Some progress has been made in drawing attention to the need to modernize the corporate practice laws in New York. Legislation has been proposed to allow corporate partnership with MDs which includes LCSWs. Our Assembly sponsor resubmitted an old version of our bill to allow partnerships across mental health professions which needs to be amended. The bill numbers can be found on our website, www.NYSSCSW.org, under Legislative News, when the corrected bill appears.

Out-of-Network Benefits: There has been much activity recently on the listservs about the reintroduction of the Hannon/Rosenthal Out-of-Network (OON) legislation in New York (S.1846/A.3734). Due to the need to elect a new Speaker (following Sheldon Silver's resignation), the Assembly did not go into session to pass any bills until the week of February 9. Both houses are now engaging primarily in reviewing the Governor's proposed budget, encompassing the spending plan of New York, which is over $100 Billion. They plan to pass a final budget before the March 31 due date.

This OON legislation is the identical bill the NYSSCSW supported last session, and we will continue to do so. This year, we are working with like-minded health care organizations to support the idea of a patient's right to choose (out-of-network benefits) and encourage the legislature to take on this problem, particularly as it affects the new insurance system, the New York Health Market Place. The group includes the New York State Psychological Association, state and city chapters of NASW, hopefully the New York State Medical Society and Psychiatric Association, as well as the NYSSCSW.

WHAT YOU CAN DO: As with the most effective therapeutic interventions, there is usually a strategically good time to make a suggestion heard. With Albany legislators, it is after the budget has passed, usually in April. At that time, we will invite all of our members to be part of a coordinated campaign to target specific, appropriate legislators with letters. Until then, it can't hurt to write your legislator, and then take part in the April campaign.

This is a complicated issue, with insurance companies and Medicaid costs weighing heavily on health care social policy. See the Sunday, February 7, 2015 *New York Times* article, "Insured but Not Covered: New Health Insurance Policies Have Many Americans Scrambling," for background on this issue.

CONTINUED ON PAGE 16

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New York State Society For Clinical Social Work and
The Advanced Clinical Education Foundation *Present*

Contemporary Clinical Practice:

New Developments and Historical Perspectives

Saturday, April 25, 2015, 8:00am–4:00pm
Hotel Pennsylvania, 401 7th Avenue, New York City

Advanced Clinical Education Foundation of the NYSSCSW, Inc., SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0056.

5.5 CEUs Will Be Awarded for This Program

You are cordially invited to The 46th Annual Education Conference of the New York State Society for Clinical Social Work (NYSSCW), presented in collaboration with the Advanced Clinical Education (ACE) Foundation, our newly formed not-for-profit center for clinical learning.

The morning program will feature two authoritative presentations. The first will be an update on clinical practice, focusing on the current thinking about diagnosis, referencing the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.

The second presentation will provide guidelines for mental health services in a technologically changing world, one that offers new, long distance treatment opportunities. The focus will be on telepractice, the use of telecommunications and web-based applications. Continuing education requirements for the social work profession will also be discussed.

In the the afternoon, Sigmund Freud and Sandor Ferenczi, two psychoanalytic titans of the early 20th century, will be brought to life through a dramatic reading of their correspondence by four currently-practicing psychoanalysts. A moderated discussion will follow.

SCHEDULE

8:15–9:00 am	***Registration, Refreshments and Networking***
9:00–9:15 am	***Opening Remarks*** **Marsha Wineburgh**, DSW, LCSW, NYSSCSW President **Karen Kaufman**, Ph.D., LCSW ACE President
9:15–10:45 am	***DSM-5 Update*** **Manoj Pardasani**, Ph.D.
11:00–12:30 pm	***Telepractice, CEUs and More*** **David Hamilton**, Ph.D.
12:30–1:30 pm	***Lunch on Your Own***

1:45–3:45 pm ***A Dramatic Reading of The Freud/Ferenczi Letters***

Sigmund Freud and Sandor Ferenczi were part of a small group of pioneers of the early 20th century who were dedicated to the development of psychoanalysis, both as a theory of mind and a treatment for emotional disturbance. These two seminal thinkers maintained a complex creative relationship for 25 years. Their correspondence reveals concerns, debates and insights that still resonate with clinicians. Today's dramatic reading of selections from their letters by four distinguished psychoanalysts will be followed by a moderated discussion.

Elliot Adler, Ph.D., ABPP; **Louise DaCosta**, Ph.D., LCSW; **Neil Skolnick**, Ph.D.; **Isaac Tylim**, Psy.D.

PRESENTERS

Manoj Pardasani, Ph.D., LCSW, ACSW, is a Faculty Research Scholar at the Ravazzin Center for Social Work Research in Aging, and an Associate Professor at the Fordham University Graduate School of Social Service. He received the 2004 and 2012 Outstanding Researcher Award from the National Council on Aging and is Principal Researcher on the National Institute of Senior Centers.

David Hamilton, Ph.D., LMSW, ACSW is Executive Secretary of the New York State Boards for Social Work and Mental Health Practitioners. The State Board assists the Education Department and Board of Regents in the licensing, practice and discipline of the professions.

Elliot Adler, Ph.D., ABPP is a current faculty member and former Director of the Westchester Center for the Study of Psychoanalysis and Psychology. He is also a former President of Section One, Division 39 of the American Psychological Association. He maintains a private practice in Westchester and Manhattan.

Louise DeCosta, Ph.D., LCSW is a faculty member, supervisor, and training analyst with the Postgraduate Psychoanalytic Institute, and a member of the C.G. Jung Foundation for Analytical Psychology. In private practice for over 30 years, she is the Creative Director for the dramatic reading of *The Freud/Ferenczi Letters*.

Neil Skolnick, Ph.D. is a faculty member, supervisor and past Co-director of the Relational Track at the NYU Postdoctoral Program in Psychoanalysis. He is also a faculty member and supervisor at the National Institute for the Psychotherapies (NIP), the Institute for the Psychoanalytic Study of Subjectivity (IPSS), and the Westchester Center for the Study of Psychoanalysis and Psychotherapy. He maintains a private practice in Manhattan.

Isaac Tylim, Psy.D. is a faculty member of the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, and a faculty member, supervisor, and training analyst at the Institute for Psychoanalytic Training and Research (IP-TAR). A member of the Editorial Board of the *Journal of the American Psychoanalytic Association*, he is also Secretary of the International Psychoanalytic Association Committee on the UN.

REGISTRATION

Register online at www.NYSSCSW.org or complete the form below and mail it with **your check payable to the ACE Foundation** (tax deductible) to the address below.

5.5 CONTINUING EDUCATION CREDITS.

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ADDRESS

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MSW STUDENT*	$75	$75

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Vendorship and Managed Care Committee

By Helen T. Hoffman, LCSW, Chair

A Moment of Reckoning:

Psychotherapists Confront the World of the Internet

Psychotherapists in solo practice who rely on insurance are approaching a digital divide. Medicare wants all communication to be electronic in five years. Other insurers are "going green," pressuring providers to accept electronic funds transfer (EFTs), to file claims online, and to obtain information about eligibility, authorization, and claim status by going to a website.

The healthcare industry is increasingly data-driven. Medicare's PQRS initiative is only an early sign of increased efforts by insurers to quantify treatment. Because "big data" makes this kind of quantification possible, more and more information about our patients will flow into the cybersphere.

"Integrative Care," as envisioned in the Affordable Care Act, provides for networks of practitioners connected electronically using "interoperable electronic health records." Integrative Care is already seen in "accountable care organizations," "medical homes," and other large scale provider groups (think New York—Presbyterian, Montefiore, Mt. Sinai, and North Shore hospitals). Whether psychotherapists in solo practice will participate will depend on their willingness to accept training in practice management software and to use it in all communications with insurance companies or with other providers in a network, such as psychiatrists.

This places us in a very tight spot if we want to accept insurance payment in the coming years. Many NYSSCSW members maintain that the Internet is not secure enough. They do not trust online claims submission or any sharing of patient information with websites maintained by insurers. The recent hackers of Anthem BCBS who were able to obtain patient demographics (name, address, phone number, social security number), but not protected health information (diagnosis, treatment records), came a little too close for comfort.

Some Society members opt to practice "off the grid" and have no relationship with insurance companies. To those of us who remember when psychotherapy was largely self-pay, this does not seem so revolutionary. However, with fewer and fewer policies offering out-of-network benefits, there will be a need for case by case negotiations with patients. Returning to "sliding scale" fees may be one option, albeit one which accepts a drop in therapist earnings.

Some members choose to remain HIPAA non-compliant for various reasons. (Note: One cannot be partially HIPAA compliant, since partial compliance with HIPAA obligates the practitioner to be fully compliant.) For those who accept insurance but have resisted becoming HIPAA compliant, there is still room to operate outside the Internet by filing paper claims and using telephone, fax, and print to communicate with insurance companies. How long this will be possible is an unknown.

For psychotherapists ready to embrace the "integrated" world, the best approach is step-by-step experimentation. You might start by filing claims electronically, or accepting EFTs, then explore electronic note-taking and educate yourself about practice management software. Lately, the Internet has produced a staggering array of practice management websites offering to store and manage patient information, file claims, and provide a portal through which patients may schedule appointments. You can learn about these resources from the Vendorship and Managed Care Committee, which recently issued an update of "Billing Essentials." In it are listed many sources for practice management software, clearinghouses, and online payment options. Go to our webpage at www.NYSSCSW.org/vendorship-and-managed-care-committee. As you review these services, ask yourself what exactly are the needs of your practice. Some services are intended for large groups, but some are appropriate for the solo practitioner.

Our tech savvy patients may take all this for granted. While we may long for the safety of Freud's consulting room, they seem to feel no threat to privacy from the Internet. As the landscape changes rapidly, we need to hold onto all that is precious about the therapeutic relationship: the slow exploration of a problem, the luxury of confidentiality, the value of a safe space. We need to recognize the meaning of "letting a third party into the room."

How much to accept the Internet as a necessary part of doing business will be a very individual choice. The expedience of the Internet has long ago captured our tech savvy patients. Perhaps, especially for them, our office needs to remain a secure reference point, an alternative role model.

Proceed with caution.

For news, articles and chapter contacts, visit www.NYSSCSW.org/vendorship-and-managed-care

Clinical Social Workers as Diagnosticians: Legal and Ethical Issues

PART 3: Misdiagnosis

By David G. Phillips, DSW, LCSW, Co-Chair of the Committee on Ethics & Professional Standards

The following material is summarized from an article published in Volume 41, No. 2 of the Clinical Social Work Journal*, June 2013, a special issue on the Implications for Social Work Practice of the DSM-5.*

In Part Two of this article, published in the *The Clinician* of Fall 2014, I discussed the problem of what might be referred to as "accidental" or "mistaken" misdiagnosis. This problem may occur when a professional makes a diagnosis that he or she is not competent or qualified to make because the client's problems are outside of the professional's scope of practice, that is, outside of the professional's area of knowledge, training, experience, or licensure.

In this section I will discuss the problem of what might be called "purposeful" misdiagnosis, those situations in which the professional over-diagnoses, so that the client will be eligible for insurance reimbursement, or under-diagnoses, in order not to reveal information that the client might find embarrassing or otherwise problematic.

Barsky points out (2010, p. 321) that the current system creates financial incentives for both the professional and the client to record a diagnosis that will qualify for insurance reimbursement. If the professional's motivation is to receive insurance reimbursement, we may question if he or she is actually working in the client's best interests, but it is difficult to know whose motivation primarily determines the professional's actions in such a situation.

At the same time (Dolgoff et al., 2012, p. 139) acknowledges that there may be many reasons for under-diagnoses, or "mercy diagnoses," and that many social workers engage in this behavior and justify it as being harmless or actually in the client's best interests. This type of mercy diagnosis may minimize the communication of potentially damaging information to non-professionals, such as employees in insurance companies. They also avoid the stigma and possible adverse impact to the self-esteem of the client by labeling him or her with a more severe diagnosis, and may be seen as protecting the client's employment status or ability to purchase other forms of insurance.

So the practice of purposeful misdiagnosis is common among clinical social workers and other professionals. It can be argued that the practice is in accord with the principle of beneficence (doing good for the client) and non-maleficence (avoiding doing harm to the client). The fact that it is common practice and that there are arguments in its favor do not mean, however, that the clinical social worker will have an adequate defense if accused of malpractice or other forms of professional misconduct. Reamer, for instance, (2003, p. 212) lists submitting false information on claim forms to third party payers as a common form of fraud. He also notes that the Code of Ethics of NASW (2008, standard 4.04) specifically states, "Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception."

In some clinical situations, patients, or the parents of children in treatment, may actually insist on having a more severe diagnosis in the hope of becoming eligible for enhanced insurance benefits (Hillowe, 2013). In New York State, for example, "Timothy's Law" requires significantly greater insurance benefits for mental illnesses which are considered to be "biologically based." (The law was named after Timothy O'Clair, a 12-year-old boy from Schenectady, who was being treated for severe behavioral problems and major depression. He committed suicide in 2001 after the mental health benefits in his family's insurance plan were exhausted).

It is easy to see why both the professionals and the clients might prefer to use a diagnosis of major depression, which is on the list of conditions covered by Timothy's Law, rather than a diagnosis of dysthymic disorder, which is not. In making this decision, however, they may not consider the many other possible consequences of giving the patient the more severe diagnosis, which may not be consistent with the clinical picture. While the practice of over-diagnosis may be common among professionals, it is difficult to prove (Hillowe, 2013), since diagnosis is not an exact science, and the courts and other regulatory bodies tend to rely on the judgment of professionals operating in their fields of practice.

As noted above, however, if there is an accusation of fraudulent misdiagnosis against a clinical social worker in a particularly blatant situation, that individual will be supported by neither the law nor the generally accepted ethics of the profession, and will have difficulty claiming that he or she was merely looking out for the welfare of the client.

In regard to the question of under-diagnosis, I can report on a conversation I had with Eric Marine, Vice President for Risk Management of the American Professional Agency, who has graciously given me permission to quote from our discussion. The APA was the first, and for many years the only, company to offer liability insurance to social workers, and there are few people in the country

CONTINUED ON PAGE 8

PLEASE WELCOME THE NEW MEMBERS OF THE NYSSCSW*

NAME	CHAPTER
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Dorlester, Jane R.	MET
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Floyd, Cindy	NAS
Flum, Joan W., LCSW-R	NAS
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Genende, Jane, LCSW-R	MET
Glogowski, James E.	MET
Goldberg, Miriam, LMSW	QUE
Guaccero, Susan, LCSW-R	MET
Henry, Alicia	MET
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Im, Christina L.	MET
Jacobson, Adam	MET
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Jones, Linda, MSW, LCSW-R	MET
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Pollack, Jane, LCSW	ROC
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Reilly, Jacqueline A.	WES
Remaly, Jill	WES
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CHAPTER KEY: **MET–Metropolitan, MID–Mid-Hudson, NAS–Nassau County, QUE–Queens County, ROC–Rockland County, SI–Staten Island, WES–Westchester County.** **These new members joined between October 2014 and March 2015.*

Clinical Social Workers as Diagnosticians CONTINUED FROM PAGE 7

who have as much experience as he does in working with professionals who are accused of malpractice or other regulatory violations.

Mr. Marine has seen many examples of professionals who underdiagnose clients in the belief that this will protect the client but, in fact, both client and professional may be harmed if the record is examined in a court case or another legal procedure. If the record is seen as inaccurate, the professional loses credibility, and other aspects of the record are also called into question.

Mr. Marine has seen many records in which clients are noted to be suffering from anxiety or depression, but the professional is reluctant to note an associated problem with substance abuse. On many records, the professional does not update the diagnosis as more information becomes available, or as the client changes over the course of the treatment. In some records, the client is noted as suffering from post-traumatic stress, but no trauma is noted. Although Mr. Marine has not seen cases in which professionals got into trouble solely because of an under-diagnosis, he has seen many in which other legal or ethical problems were compounded because of the professional's inaccurate records.

So what are clinical social workers to do, working as they do in situations they did not create, in ways that may conflict with their values and beliefs, and bearing unwanted responsibilities and potential liabilities?

I will attempt to answer with a statement from Beauchamp & Childress (2009, p. 295) which is addressed to physicians, but is equally valid for all health care professionals:

"Physicians confront a tension between their traditional roles as patient advocates and their roles within institutional structures that control financial resources…physicians should seek alternative, non-deceptive courses of action such as formal appeals and should work to alter unduly restrictive systems. The understandable temptations of deception in these systems pose a threat to physician integrity as well as to fairness of distribution of benefits in these systems"

Or as Mr. Marine said about record keeping, with less formality but no less accuracy: "If it's there, it's there, and it should be in the record."

References available upon request.

Membership Committee

By Richard B. Joelson, DSW, LCSW, Membership Chair, State and Metropolitan Chapter

I am very pleased to report that our membership growth has been vigorous this past year. Most chapters have enjoyed an influx of new members from all practice settings—academic, agency, and private practice—and with an age and ethnic diversity that is very gratifying. It seems that new members are finding our organization an excellent "professional community for the clinical social worker," which is the very inscription on our promotional ball point pens.

Last May, we had a total membership of 1,485. In the following months, our ranks swelled by 192, so that by the end of 2014 we had a total of 1,677 members. The pace has continued this year; during the first three days of March, for example, we added nine new members, a rate of growth I believe is unprecedented.

Credit for the membership increase is shared by every chapter. Recruitment efforts have expanded considerably, with recruitment strategies built in to many professional chapter events, which present ideal opportunities for engaging prospective members. Some chapters hold receptions for both new and prospective members, helping them feel connected to the Society and the chapter, and explore ways to become actively involved. Both new and long-term members are also encouraged to bring non-member colleagues and friends to events, which has proven to be an effective recruitment strategy, since those who may be reluctant to come on their own are often more likely to attend when accompanied by a colleague. The Met Chapter has had success with this strategy. In the past, about 30 people attended its two yearly member receptions. In the last two years, however, Met hosted between 70 and 80 people at each reception, including members and their guests.

Member-Get-A-Member (and a gift)

We have begun a statewide Member-Get-A-Member campaign, asking every member to help our recruitment efforts by informing social work friends and colleagues about our Society and its value to them. Enthusiastic members are always our best ambassadors, informing potential members about us, and steering them to the website for more information. The clincher is often the personal invitation to attend an event, and follow-up contact.

As a token of the Society's appreciation, any member who recruits a new member will receive either a $10 Starbucks gift card or a $10 gift card from Barnes & Noble. The Society is bearing the cost of the gift cards, not the chapters. The Met Chapter has been successful with this program for years, and we hope it will catch on statewide.

Going beyond these programs, we plan to extend our reach to the legions of social workers in the state who may never have heard of our Society. There were 27,855 LMSWs and 27,445 LCSWs in New York State as of January 2014, for a total of 55,300; only three percent of them are Society members. We are developing a new recruitment brochure that will be sent to thousands of potential members statewide, targeting those who reside near one of our chapters.

Finally, I believe that a good deal of our recruitment and retention success can be traced to the personal interest we show each new member. It includes welcome letters from the State and their chapter of choice, the invitations to receptions, the e-mails and phone calls—all the efforts we make so each new recruit can feel welcomed and valued, and can find a place in this growing organization with so much to offer.

Continuing Education Credits CONTINUED FROM PAGE 1

Susan Klett Named ACE Director of Professional Development

On March 1, the Board of the ACE Foundation welcomed a most able Director of Professional Development, Susan Klett, LCSW-R, BCD, former chair of our State Education Committee. She brings a wealth of experience, both as a clinician and an educator. She will be the contact person for all chapters and committees seeking continuing education credits for their programs. (Please see page 2 for a list of ACE Board members.)

As we go forward, we are focusing on those chapters and/or committees seeking CEUs for their local programs. Members interested in proposing individual CEU presentations should contact their chapter education committees or the appropriate state committee chair. Please note that, even though we have provider approval, each educational program must be submitted by ACE to the State Education Department for approval as well. This requires three to four months of advance planning.

In addition to conferences and workshops, we hope to build an office-based program for small group education experiences. Teachers will be members of NYSSCSW whose education and experience meet state standards for offering workshops. A comprehensive website for the ACE Foundation, to be linked to www.NYSSCSW.org and our Facebook pages, is now in development.

Chapter Reports

Metropolitan Chapter

Karen Kaufman, Ph.D., LCSW, President
Karenkaufman17@gmail.com

The Met Board continues to expand to serve the membership with a wide range of educational, social and networking programs. Most recently, we welcomed Jodi Zisser, LCSW as the newest Member-at-Large and we look forward to her working with the Board.

Ongoing activities include the ever-popular Membership Committee programs: Speed Networking (scheduled for April 18), and Member Receptions (on May 1); Education Committee Brunches, Trauma Studies, Family Practice, Substance Abuse, The Aging Client and Clinician, Committee on Psychoanalysis, LGBTQ, and Mentorship groups for new and recent graduates will all have new offerings. The Listserv Committee keeps the membership informed and in touch, so please watch for important announcements.

Board members and committee chairs are always happy to hear from our members about your interests and professional needs. Earlier in the year, we formed a task force to address human rights issues in connection with mental health, and the chapter will host a stimulating presentation Friday, April 10 titled "Race in the Countertransference," presented by Christine Schmidt, LCSW and Rudy Lucas, LCSW, CSAC.

We encourage you to find an area of professional practice that piques your interest and join us; get involved in your chapter and its educational programs and chapter leadership. All contact information is available in the Met Chapter section of the website.

New Met Committee on Psychoanalysis Offers 3 Programs

We, Barbara Lidsky and Janice Michaelson, would like to introduce the new Metropolitan Chapter Committee on Psychoanalysis, which has offered three programs for the 2014-2015 season. Our first program was a salon, held on November 2, 2014 at the home of Janice Michaelson, LCSW. She presented a paper, "On the Narcissism of Minor Differences" as applied to understanding prejudice between groups of people who otherwise share many cultural similarities, i.e., Jews and Palestinians or Turks and Greeks. The title comes from Freud's "Civilization and its Discontents;" however several other sources were also used.

The theory contains ideas regarding the unwanted projections and the magnification of the self-esteem. A very lively discussion ensued, with those present requesting there be a course on the topic of Prejudice and Psychoanalysis. A sumptuous brunch by Janice was served.

Our second program, on February 8, 2015, was the presentation of a new paper by Dr. Susan Kavaler-Adler, titled, "The Beginning of Heartache in Character Disorders." "At what point does someone who has had early life Trauma become capable of symbolizing their affective and internal world experience, so that they could mourn the Primal Trauma and finally enter the world of internal and external relatedness?" At the end of the presentation, there was a meditative experience; participants were able to access their own unconscious with regard to problem clients. Refreshments were served.

The third program, on March 13, was a Movie Night presentation of the film, "The Jewish Cardinal," which tells the true story of Jean-Marie Lustiger, son of Polish-Jewish immigrants raised in France. He staunchly maintained his cultural identity as a Jew even after converting to Catholicism at age 14, at the beginning of World War ll. He later became Archbishop of Paris at the request of Pope John Paul II. The internal and external conflicts in his choices were many. The speakers, Norbert Sinski, LCSW and Dr. Benito Peri, LCSW, Ph.D., both psychotherapists as well as ex-priests, spoke about the issues raised by the film. Refreshments were served.

We would love to welcome those interested in these subjects and other relevant psychoanalytic issues to join our Committee. We have fun, as well as and share ideas and creativity. Please contact co-chairs: Barbara Lidsky, LCSW, barbaralid@aol.com and Janice Michaelson, LCSW, janicem4@gmail.com.

Mid-Hudson Chapter

Rosemary Cohen, MSW, LCSW, President
rosemarycohen@gmail.com

We call on our Mid-Hudson Chapter members to participate in the continuation of our commitment to provide clinical education workshops in the Hudson Valley. We welcome suggestions for workshops and presenters with specialized postgraduate clinical training.

The Mid-Hudson Chapter Board honors the vision and commitment of its long time Education Committee members, Amy Blumberg, LCSW, Thaddy Compain, LCSW and Cynthia Muenz, LCSW, in planning and organizing four annual workshops, open to all mental health and health workers and students; its Peer Consultation Group facilitators, Linda Hill, LCSW and Susan Deane Miller, LCSW, for its year-long monthly meetings open to clinicians licensed to practice independently, and St. John's Church in Poughkeepsie, which has provided its meeting space nine years. We also recognize the Mentorship Group leaders, Carolyn Bersak, DSW and Crystal Marr, LCSW, for offering support and guidance to social work students and new MSW graduates, and the Adelphi University Hudson Valley Graduate School of Social Work, for promoting and supporting this endeavor, and providing space for the meetings in its new Poughkeepsie offices.

We also honor the vision and commitment of the Membership Committee, including Judith Elkin, LMSW, Myrna Sadowsky, LCSW, Chair Gloria Robbins, LCSW, and Louise Marcigliano, LCSW, for their continuing vigilance, assistance and guidance at Board meetings and workshops; Gloria Robbins, LCSW, for her leadership in collaboration and conference planning with NASW Hudson Valley Division and the Adelphi University Hudson Valley; and Cynthia Muenz LCSW, for promoting our support for the Hudson Valley Guild of Mental Health Professionals. We thank Laura Eastman Follies, LCSW, Division Director for NASW Hudson Valley, for the

continuing opportunity to collaborate in planning and cosponsoring local clinical education conferences.

Queens Chapter

Fred Sacklow, LCSW-R, President
Freds99@aol.com

The Queens Chapter will present five speakers this year. Most events will take place on Sundays at York College. Each day's agenda begins with our Board meeting, followed by a networking session from 11:00 am to 11:30 am, and then the speaker's presentation from 11:30 am to 1:00 pm. There is ample parking and convenient public transportation. Complete details can be found at www.NYSSCSW.org, and on the Queens Chapter listserv. In addition, please note that the chapter offers peer consultation and mentoring groups.

On May 17, we will conduct special training with Sabine Wilhelm, Ph.D., a professor at Harvard Medical School, who will present on "Comprehensive Behavior Intervention for Tics." She is a well-known researcher in the areas of obsessive-compulsive disorder, body dysmorphic disorder and tic disorder, and one of the original developers of the CBIT method. The training session will be from 9:30 am to 12:30 pm at York College. Attendees will learn about this new, evidenced-based approach and the principles of functional assessment and habit reversal training.

In addition, we are asking for members to join the Queens Chapter Board. We will be discussing this with interested individuals at a special year-ending Board meeting on May 17 at 1:00 pm.

Rockland Chapter

Orsolya Clifford, LCSW-R, President
ovadasz@optonline.net

The Rockland Chapter Board continues to expand to serve the membership with a variety of programs, including educational and social events. This year, we offered monthly clinical case discussions and educational programs at St. Thomas Aquinas College, in Sparkill, NY.

We look forward to offering our members CEU credits starting in fall 2105, and to kick-off the year with an engaging presentation on hypnosis with Ita Sullivan, LCSW. Many thanks to our Education Committee Chair, Kevin Melendy. In addition to our CEU programs, we plan to offer case discussion groups, networking events, and film programming.

Our Mentorship Group for second-year NYU MSW students, led by Kevin Melendy, LCSW and Sharon Forman, LCSW-R, helps new social workers enter the field, and offers support as they search for employment and prepare for licensing exams.

Prospective members are welcome to join us at any event to meet the Board and other professionals. We invite you to get involved in a stimulating community of clinicians. Contact information for Board members, as well as programming info, is available at www.NYSSCSW.org.

Westchester Chapter

Jody Porter, LCSW-R, Co-Chair
Jodyp100@aol.com

Vibrant energy continues to permeate our chapter's meetings. At our annual film event in February, Jackie Mann, LCSW moderated a lively and timely discussion about racism, following a screening of "Crash." The film elicited powerful reactions about the impact of racism on our culture, on ourselves, and our clients, leading to a deeply meaningful conversation about the impact of racism on our clinical work. As an outgrowth of the meeting, a decision was made to pursue future educational presentations focused upon clinical work with marginalized client populations.

In March, a presentation by Maya Benattar, MA, MT-BC, LCAT on music psychotherapy was enthusiastically received by an unusually large group of attendees. At our meeting on April 4, Terry Nathanson, LCSW will be presenting an educational workshop titled, "The Power of Engagement: A Hunger to Know We Matter." Following that, at our May 2 meeting, our speaker will be Robert Mueller, Ph.D., whose presentation is titled, "The New Referral: Important Considerations for Treatment." A presentation on the impact of racism upon clinical work is in the planning stages for June.

In addition to our stimulating monthly educational presentations, small practice groups meet prior to the larger meeting. Our current practice groups are: Mentorship; Group Practice; Neuroscience, Mindfulness and Emotional Regulation; Children, Adolescents and Their Families; and Adult Peer Consultation.

The chapter is continuing to enjoy its collective leadership format in which two Co-Chairs work with a collectively-run Leadership Council. We are finding this to be an extremely effective and satisfying model which brings creativity and productive collaboration to the work of running our chapter.

Headquarters Update

The past several months have been very busy. Dues renewal is going very well. The second notice was sent out at the beginning of February and we hope to have everyone on the paid list by the end of March. If you are not paid by then, your name will be removed from all listservs that you are on.

Welcome news—the Advanced Clinical Education Foundation was established in the fall of 2014 and has just received approval by the State Education Department to provide CEU's for three programs. The first program will be sponsored by the Staten Island Chapter on March 14, the second by the Nassau Chapter on March 21, and the third program will be the Society's Annual Educational Conference, co-sponsored by the ACE Foundation on April 25. More information on all of these programs can be found on the Society's website.

While we recognize that the Society provides a great deal of professional information to its members, it is not the issuer of regulations regarding the credits needed to renew a license. Those regulations are issued by the New York State Education Department, Division of Social Work. They can be reached at 518-486-2981, or at www.nysed.gov/licensed-professionals or by e-mail at swbd@maikl.nysed.gov.

Hope everyone has a wonderful spring and summer!

Sheila

Sheila Guston, CAE, Administrator
Kristin Keunzel, Admin. Assistant
800-288-4279, info.nysscsw@gmail.com

Committee for Creativity & Transformation in Clinical Practice

Recently, we have added an International presence to our committee which is now into its seventeenth year. In September 2014, we were invited to present at the IFP, International Forum of Psychoanalysis. Our presentation on Post Traumatic Growth included a panel of three. We (Inna Rozentsvit, Sandra Indig, Victoria Grinman) spoke about the wisdom of the mind, its clinical and neuropsychoanalytic vicissitudes. It was here that we met many wonderful presenters and two of them were invited to speak for us: Ona Lindquist and Antonio Alvim.

Their original and outstanding material meshed so perfectly with our work of last year based on Eric Kandel's *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain*. Their work represents our efforts to continue the work of Kandel in narrowing the perceived gap between art, mind, and brain. Alvim and Lindquist bring to life the subject of creativity in a psychoanalytic context with bioneurological implications.

Our meeting/seminar of March I, "Revisualizing Trauma," featured two presentations. The first most original and refreshing paper was by Ona Lindquist: "Swimming in Space: A clinical presentation in verse–working with a schizophrenic patient." By way of an introduction to an audience of 20, she said:

> "The chaos that is my patient, Jacinto's world, was reflected in my experience of pulling this presentation together. Notes upon notes- undated, unnumbered; windows open, breezes blowing yellow pages everywhere. Session after session seemed to unravel more often than unfold. At risk of fragmenting myself, I began, unbidden, to organize this experience of chaos into verse, representing my early effort to survive as a therapist in the room with Jacinto."

The second mesmerizing and informative paper written by Antonio Alvim was read by Inna Rozentsvit. Antonio's presentation was titled, "From Earthquakes to Good Vibes: a Bionian approach to transformation of trauma through hallucination." The following is a synopsis of his case:

> The vicissitudes of an analytic psychotherapy process with a 6 years old girl suffering from severe epileptic seizures since birth, with consequent general development impairment, are exposed and discussed. The therapist's ability to learn his patient's language behind words through his rêverie capability is proposed as a key aspect in the process of transforming the traumatic experience of uncontainable and unthinkable threatening emotions. More than words, the analytic process unfolds gradually through the analyst's availability to engage in a deep internal working through of being with the patient, and from his capacity to learn from the patient's experience–the import of this resonance process being proportional to the severity of trauma.

The following are short bios of the authors:

Ona Lindquist, LCSW, is a psychoanalyst and senior supervisor in private and clinic practice in New York City specializing in work with creative and performing artists. She is the author of many published poems which are also important and noteworthy statements on the relationship between reading/writing poetry and practicing psychoanalysis. Before becoming an analyst, she was a practicing visual artist. She recently archived on line her major work from the1980's, *Objets Vend'art by Vendona*, which can be found on the website, objetsvendart.com.

Antonio Alvim, AP, is a psychoanalyst/psychodramatist who lives and works in Lisbon, Portugal. Antonio employs the object relations Bionian approach working with children who suffered psychological and psychoneurological trauma. Antonio's paper had won the 1st Prize in the competition of papers presented by candidates in analytic training–at the 2014th International Forum of Psychoanalytic Societies (Kaunas, Lithuania).

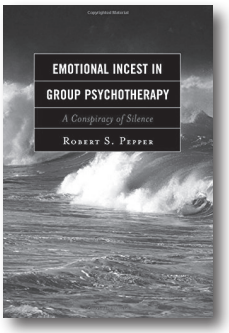
Museum visits: Our museum visits have met with much enthusiasm. Two of our very well attended gatherings included the MoMA for the Matisse and DuBuffet and the Neue Museum for Egon Schiele. Our future goal is to explore an interactive format through which committed members can investigate and make connections between our clinical work, creativity, and neurobiology. We hope to post relevant articles, member comments made during museum, etc. visits, and put up pictures of what we have seen.

In summary, as outreach to sister societies and organizations has been cited as one of our Society's goals, we are continuing our efforts to do that by participating in national as well as international conferences. This committee will present at The Psychoanalysis and Science Conference this March in Talin, Estonia. In May, we were invited to present at the Ferenczi Conference in Toronto, Canada. Lastly, we will be on home turf to participate at the International Psychohistorical Association conference at New York University. Member attendance at these events is most welcome.

Sandra Indig, LCSW-R/ LP, ATR-BC, State Chair, Creativity & Transformation Committee
Inna Rozentsvit, M.D., Ph.D., MBA, MSciEd, Neuropsychoeducation Workshop Chair

BOOK REVIEW

Reviewed by Helen Hinckley Krackow, LCSW, BCD



Emotional Incest in Group Psychotherapy: A Conspiracy of Silence

By Robert S. Pepper, CSW, Ph.D., CGP
2014, Rowman & Littlefield Publishers,
pp. 146 CG

This work by Dr. Robert S. Pepper is a thorough presentation of the pitfalls of breaking the frame of group psychotherapy in training programs that allow dual relationships to exist between trainees, their supervisors and analysts, as well as clinic staff. This is a particularly generous and honest treatise, in that Dr. Pepper shares his own personal experiences as a group member, trainee, and group leader who unwittingly violated the frame himself. He learned from the errors of other analysts and his own missteps.

This work should be read by all clinicians in the field, as it offers case after case of iatrogenic violations of ethics by group therapists. The lessons can also be applied to individual therapists.

The book became emotionally overwhelming to this reader two-thirds of the way through, as it is hard to see so many violations occurring. Like Dr. Pepper, I have been in practice for about three decades, and I attended the cult-like analytic institute he describes in the book. It was two years before I could not stand it anymore and dropped out.

Later on, I attended the National Institute for the Psychotherapies and Psychoanalysis. The leaders of this institute bent over backward to have checks and balances to avoid any destructive blurring of therapeutic lines. Students were always encouraged to "say everything." Every class had a student delegate to an administrative board. I served my class, and the class after mine had another student delegate who was also a leader of NYSSCSW. We were allowed to effect a very important change within the institute. In addition, my class objected to being taught by an analyst who had married his supervisee. As a result, he was not rehired the following year.

Dr. Pepper devotes a chapter to describing his experiences with cult-like training programs and institutes. These organizations are run by the kind of people described in Dan Shaw's book, *The Traumatic Narcissist*, which I reviewed in the last issue of *The Clinician*. Dr. Pepper gives credit to many of these leaders and teachers as having helped him in many aspects of his life, as well as having hindered him and other group members.

I want to list the kinds of boundary violations that he describes and leave it to you to read this valuable book to help you to avoid blurring boundaries in your work. They are:

1. Breaches of confidentiality
2. Looping
3. The pass-along effect
4. Gaslighting
5. Overstimulation
6. The "emperor's new clothes" effect
7. Scapegoating.

Guarding against these effects, instead of keeping them incestuously secret and denied, is the task of every individual and group therapist. We must be able and willing to listen to the complaints our clients make as checks and balances on our power. I believe Dr. Pepper's work should be a training manual for every therapist.

Robert S. Pepper, Ph.D. is Director of Education and Training at the Long Island Institute for Mental Health in Queens, and Adjunct Professor of Behavioral Science at New York Institute of Technology in Manhattan. He is also in private practice in Queens.

PRESIDENT'S MESSAGE

CONTINUED FROM PAGE 1

division to teach in private therapy offices, and the expansion of chapter programing and practice committee activities. Eventually, we may offer online seminars.

ACE was approved in February 2015 by the State of New York as a continuing education provider for the next three years. We have hired an experienced, well-qualified Director of Professional Development, Susan Klett, LCSW-R, known for her past work as the Society's State Education Chair.

It is interesting to take a look at what some of the other professional health organizations are doing (or not) about education. In the March issue of national *NASW news*, for example, Paul R. Pace has written a full page story on field education for MSWs and BSWs, quoting CSWE field education specialists, social work professors and students. All are in firm agreement that field work is the "signature pedagogy" of social work education, equal in importance to the classroom curriculum.

There is even an organization called the North American Network of Field Educators and Directors (NANFED) covering the U.S. and Canada. Founded in 1987, its mission is to strengthen social work field education and promote it within CSWE. Its current President/Treasurer is Lisa Richardson, the director of MSW field education at St. Catherine University – St. Thomas School of Social Work in Saint Paul, Minnesota.

CONTINUED ON PAGE 16

Frozen Grief and Emotional Eating

By Mary Anne Cohen, LCSW

Brenda was a beautiful woman with long black hair who came for therapy and recounted her story: "Two months ago I had a double mastectomy. At that time, my husband left me for another woman. My daughter, who saw me through all this, is leaving next month for school in California. Now I have no one. Both my parents died in a car crash when I was 12. I went to live with my grandmother, who died when I was 17. That's when I got married. And now I have no one."

She stared straight ahead, lost in reverie. The image of her parents' violent death, her mastectomies, and all her other losses were overwhelming.

"Brenda," I asked, "you've been through so much. How would you like me to help you?"

She straightened up suddenly, and said with determination, "I'm here because I'm fat and I need to lose weight!"

The language of pain comes in many dialects. Emotional eating problems and the fear of being fat is one such dialect in which we recruit our bodies to express what we cannot utter in words. Eating problems become a vehicle to communicate matters of the heart that have no other channel. The language of food and fat is a symbolic one, a way to express our inner emotional battles over feelings of emptiness and fullness, vulnerability and protection, urge and restraint, desire and despair.

When we cannot express the depth of pain we carry, we transform our emotional pain into physical pain. In the case of food problems, we move our focus from our heart to our stomach. We crystallize all our emotional pain into one concrete problem: "I am fat. I hate myself. I need to lose weight."

This is not to minimize the very real upset that people experience when their eating is out of control. Treatment for emotional eating–binge eating, bulimia, anorexia, body image disorder, chronic dieting–needs to incorporate psychotherapy with behavioral/cognitive strategies, and sometimes medication. However, as in the case of Brenda, the obsession with food and fat is all too often a shorthand way of expressing much deeper layers of yearning and pain.

Brenda had been assaulted by so many massive losses in her life that she could not bear to face her grief, rage, and abandonment. Her wish to lose weight was a safe, clear way to express her pain–a language that so many people speak.

Unexpressed pain and unresolved mourning fuel the anguish of many eating disorder patients. Even after patients begin the process of relinquishing emotional eating, we clinicians must pay particular attention to help them fully grieve and mourn their losses in order to prevent relapse.

"Suppressed grief suffocates, it rages within the breast, and is forced to multiply its strength."
—Ovid

Patty was an obese binge eater who was four years old when her father died. Her family told her, "Daddy went to Heaven. He is in a better place." Daddy was never spoken about again.

"Tell me more about him," I asked. "There's nothing to tell," Patty replied. And with that, she began to cry, as the accumulation of 32 years of stifled tears came surging up in a tidal wave of pain. "Oh my God. I have never shed tears for my father before," Patty sobbed.

With each succeeding session, Patty cried deeply over the death of her father. Then, one day she exclaimed, "I wonder if after so many years my fat has been like frozen grief. I think with all these tears, my grief is melting and becoming liquid!"

Grief–frozen by fat, frozen by the numbing of overeating, starving or purging–can be held in the body for years and even decades. Grief has no timetable. Time does not necessarily heal all wounds. Unspoken loss continues to exert its power. There is no expiration date to memories or pain.

Death is not the only grief that wounds the heart and soul. The pain of any loss or change or trauma or transition in one's life can feel like a threat to a sense of stability and self. Divorce, the breakup of a romantic relationship, sexual or physical abuse, personal or family illness can lodge inside without resolution. Unable to dislodge the "knot" in one's throat by crying and grieving, many eating disorder patients turn to the pain-relief "medication" of bingeing, purging, or starving.

Why Do Emotional Eaters Freeze Grief?

Our culture, deeply uncomfortable with death, dying, and grieving, encourages us to stifle our feelings. Mourners are advised: God never gives you more than you can handle. Keep busy! Be strong! Time heals all wounds.

But, sometimes, absence makes the heart grow frozen.

Emotional eaters, obviously, are not the only people to freeze grief. But emotional eaters are prone to derail, detour, and divert difficult feelings through food. Emotional eaters believe that if they open their hearts to feel their pain, it will never end. "If I ever started to cry, I would never be able to stop," Yvette, an anorexic woman, declared. Simon, a bulimic man, stated, "My Dad has been dead two months already. Shouldn't I be over it already and not really feel so sad anymore?"

"Give sorrow words
The grief that does not speak
Whispers the o'er fraught heart,
and bids it break."

—Shakespeare

Yvette and Simon's beliefs about bereavement reveal common traits of people with eating disorders: impatience with themselves, the conviction that strong feelings are scary and should be avoided, black or white thinking, and critical and perfectionist commandments to the self. Rather than tolerating the process of digesting and metabolizing their feelings, emotional eaters seek the "quick fix." In their attempt to "just get over it," they turn to the numbing and anesthetizing behavior of bingeing, purging, or starving.

The Process of Thawing Grief

Sorrow needs to speak. In order for patients to thaw their grief, therapy will help them to:

- Recount fully the story of their loss. As author Isak Dinesen wrote, "All sorrows can be borne if we put them in a story or tell a story about them." Patients need to mourn for what they have lost, for what they did not have, for what they wished they had, and for what they will never have again.
- Express their anger/guilt/self-blame/regrets.
- Consider the connection between their loss and their history of bingeing, purging, starving, drinking, taking drugs, or any other addictions.
- Experience the deep relief of tears. Crying is our natural healing process of releasing emotions that well up. Tears are a gift from deep inside. "There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of overwhelming grief, of deep contrition, and of unspeakable love," wrote Washington Irving. Liquid tears can thaw frozen grief.
- Integrate a ritual or create a memorial to honor their loss.
- Cultivate other secure relationships - a support group or therapy—which will encourage them to nourish themselves without the crutch of emotional eating.

Glenn, a widower and in recovery from compulsive overeating, describes his progress in therapy:

"My wife, Camille, and I always loved to go out to eat. We would go to this local restaurant, Aubergine. That's French for eggplant. After Camille died, I had this series of dreams of the two of us going to Aubergine for dinner. It was soothing and comforting, as if she were still with me. Then two years after her death, my dream changed: We went back to Aubergine, but they had changed the restaurant's name to Au Revoir! That's French for goodbye. I realized that Au Revoir also means 'til we meet again. The dream felt like my wife was telling me to move on with my life and that we would see each other again. The dream made me sad, but it also made me laugh—Camille was sending me a message from heaven!"

As Dr. Judith Viorst writes, "The only choice we have is to choose what to do with our dead: To die when they die. To live crippled. Or to forge, out of pain and memory, new adaptations. Through mourning we acknowledge that pain, feel that pain, live past it. Through mourning we let the dead go and take them in. Through mourning we come to accept the difficult changes that loss must bring—and then we begin to come to the end of mourning."

Grieving the Loss of an Eating Disorder

As emotional eaters begin to recover, they also need to grieve the loss of their best friend and enemy (their "frenemy") of bingeing, purging, starving, and chronic dieting. People often experience grief when recovering from their eating problems because they lose a tried and true way of soothing themselves, a way of giving meaning and focus to their life, a well-worn way of coping with stress, and the magical belief that weight loss will solve all their problems, repair their self-esteem, and help them feel happier. Grief includes the realization of how much wasted time, energy, money, and obsessing the eating disorder has consumed.

Eventually, through the process of healing in therapy, patients need to part from their eating problems, honor the soothing but temporary help the eating disorder did provide at one time, say goodbye, and go their separate ways. Through therapy, patients will learn to sink their teeth into life, not into excess food.

Mary Anne Cohen, LCSW, is Director of The New York Center for Eating Disorders and author of *French Toast for Breakfast: Declaring Peace with Emotional Eating* and *Lasagna for Lunch: Declaring Peace with Emotional Eating*. www.EmotionalEating.org

PRESIDENT'S MESSAGE CONTINUED FROM PAGE 13

It is noteworthy that no reference appears in this article to the new phenomena of "online field placement," in which actors simulate client/patient interviewing experiences. Nor is there a hint of what the national NASW position is on online clinical education.

New Practice Issues

Closer to our interests in mental health, the *Psychiatric Times* focuses on practice issues we often share. In the December 2014 issue, Allan Tusman, M.D. evaluates the Affordable Care Act (ACA): is it a hit or a miss? He praises the new psychiatric coverage and the additional requirement for substance abuse services. It has expanded mental health services to Medicaid patients in many states. On the other hand, Medicaid mental health payments are managed, and are among the worst. Consequently, few private practitioners, across all disciplines, are willing to accept Medicaid patients, and this contributes to the problem of two unequal levels of care.

The use of electronic billing is also a mixed picture. Continuity of care is improved when all clinicians involved with a patient have access to all of his/her medical records. Electronic records are also ideal for analyzing population-based data that may eventually lead to ascertaining best practices. The utilization of PQRS data by Medicare is another source of analyses. But the system needs to be user friendly, not overly time-consuming, and work off of a single template with some consistency year after year.

Dr. Tasman also notes that, although research continues to produce ever increasing knowledge about the structure and function of the brain, practice has changed very little. We are years away from having an etiologically-based diagnostic system and even further from developing treatments based on this knowledge. He states that by far the biggest problem is that we work in a "fragmented and underfunded system with treatments that are pathologically based." Prevention and recovery-focused care are still insignificant aspects of our work, in part because they are not reimbursable.

As a glaring example of a fragmented and underfunded system, Allen Frances, M.D., writes in the same issue of *Psychiatric Times* about the deteriorating, disgraceful care for the chronically mentally ill. With de-institutionalization, the number of state hospital beds has been reduced from 650,000 to 65,000, but the number of prison beds for them has increased. These patients do not fit well into the rituals of prison life; they are particularly vulnerable to physical and sexual abuse, and are disproportionally the victims of the 200,000 prison rapes each year. He states that, "at this time, the U.S. may be the worst place ever to be seriously mentally ill."

We in private practice are somewhat shielded from working with the severely mentally ill, primarily because the kind of outpatient services we offer are not comprehensive enough to handle their serious issues. But many of us deal with a relative who is seriously compromised by drug or psychiatric issues. Finding appropriate treatment for our own nearest and dearest, even a protective environment for them, is very difficult, if it exists at all.

Pace, Paul R., *Field Education Graduates to New Levels*. NASWnews, v. 60, 3, pp.9-10.

Tasman, Allan, *The Greatest Hits of 2014?*. Psychiatric Times, v.xxxi, 12, December 2014, pp1, 6-7.

Frances, Allen, *Fixing the Mental Health System: Snake Pits, Dungeons, and Back Alleys*. Psychiatric Times, v.xxxi, 12, December 2014, pp1, 7.

Legislative Report CONTINUED FROM PAGE 3

Affordable Care Act (Obamacare): The Supreme Court recently heard arguments in a case that could impair ACA. *King v. Burwell* challenges a key provision of tax credits for the purchase of health insurance by low-income individuals in states that have not established state health exchanges. (In New York, the exchange is the New York Health Market Place.) Last July, the U.S. Court of Appeals for the Fourth Circuit, in Richmond, Virginia, ruled that Congress clearly intended to make subsidies as widely available as possible to make insurance more affordable. The Court believed that the IRS had a right to a strict interpretation of the law; that people in all states would be eligible for tax credits. Conservative opponents of ACA argued that the language of the statute indicates that premium subsidies can be extended by the IRS only to individuals purchasing insurance through state-established health exchanges. What will happen if the Supreme Court finds for the narrower interpretation is up for debate.

Telehealth Legislation: A bill that significantly amends legislation requiring reimbursement for telehealth was signed by the governor in December. It has been passed again by both houses of the state legislature, and will be signed by the governor. **(UNCLEAR why this is happening again)**.The legislation calls for insurance reimbursement for physician-referred Skype sessions. Telephone sessions are not included, and the new requirement does not become effective until January 2016.

New Jersey: Applications are now available for certification as a New Jersey State Certified Psychoanalyst at: www.njconsumeraffairs.gov/psyan. Look for the link to Applications.

Note: A psychoanalyst is not required to have a New Jersey state certification in order to practice psychoanalysis in New Jersey. It is not a license; it only entitles holders of current certificates to call themselves a "New Jersey State Certified Psychoanalyst."

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