



NEWSLETTER

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

APRIL 1984 • VOL. XV, NO. 1

New Administration Takes Reins

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Jacinta (Cindy) Lu
Costello, Ph.D.

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Bobba Jean Moody,
MSW

2nd Vice President



Monty Kary, CSW

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Hillel Bodek, CSW

Recording Secretary



Abbie Blair, CSW

Effective January 1, 1984, a new slate of officers assumed leadership of the NYS Society. With one exception, all were elected uncontested. Hillel Bodek was elected treasurer, opposing Harriet Wald. See profile of new president Costello, page 6.

NAP Establishes Social Work Academy

By Marsha Wineburgh, CSW

The National Academy of Practice in Social Work, established last year as part of the National Academies of Practice, inducted 56 Distinguished Practitioners at a formal dinner in Washington in November. Florence Lieberman, DSW, is Social Work Chair.

The National Academies of Practice comprise eight Academies representing the major health care disciplines: dentistry, medicine, nursing, optometry, osteopathy, podiatry, psychology and social work. The organization is intended to become the interdisciplinary health forum addressing issues of national health. As stated by the Academies' publication, "The combined resources of distinguished practitioners coming together from many backgrounds of education, training and experience can muster greater clout and cre-

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Judge Exempts CSW From Jury Duty

"Should a certified clinical social worker be exempt from jury duty as are others under the Judiciary Law?"

Yes, ruled State Supreme Court Justice Benjamin Altman, as reported in *New York Law Journal* in December. Society Fellow Bobba Jean Moody petitioned the court under Article 515 of the Judiciary Law for exemption from jury duty as a health care professional; she was granted the exemption as a "member of the health care team . . . whose services are essential to the health and welfare of the community," according to the ruling.

Justice Altman further urged the State Legislature "to broaden its public policy" and amend the statute to add clinical social workers as exempt from jury duty.

Moody argued that her work was as important as that performed by others with exemptions based upon "the need to assure the continued health and welfare of the public." Present Judicial Law, Section 512, provides for exemption from jury service for physicians, dentists, pharmacists, optometrists, psychologists, podiatrists, registered nurses, licensed practical nurses, orthotists, prosthetists and physical therapists:

Justice Altman agreed with Moody's argu-

ment, stating, ". . . there is no . . . substantial difference in the mental health services provided by psychiatrists, . . . clinical psychologists and clinical social workers. . . . In terms of their role as health care providers members of each of these disciplines are essential members of the health care team."

Specifically regarding Moody's petition, he noted her contention that "if she were required to serve on a jury panel, her absence from the facility where she works would constitute a disruption of the services she provides and would impact on the mental health services offered by her department and to her patients."

Moody is Director of Social Work Services and Training at the New York State Psychiatric Institute and maintains a part time private practice in New York City; in addition, she is a consultant at the Spence Chapin Service. Altman's ruling concluded that "a certified social worker engaged in the full-time practice of clinical social work should be exempt from jury duty. Such exemption should apply to this kind of clinical social worker as [a] health care professional who tends to the public's constant need and welfare."

Moody was assisted by Hillel Bodek. □

COMMITTEE HEADS

PARITY BILL READY FOR REINTRODUCTION

The content of the society-sponsored parity bill for the 1983-'84 legislative session has been finalized: six years of supervised clinical experience acceptable to the State Board for Social Work in either agency or private practice or a combination of these two will be required to qualify for health insurance reimbursement now available to clinical social workers only on an optional basis. This current bill (S.6222-A in the Senate, A.7620-B in the Assembly) is the result of three years of persistent effort by the Society's parity committee and state lobbyist Martin Steadman. It carries the endorsement of the social work professional community, and once again we are fortunate to have the sponsorship of Assemblywoman May W. Newburger and Senator John E. Flynn.

This parity legislation in no way changes the current vendorship law which requires three years of supervised experience in psychotherapy satisfactory to the State Board

for Social Work to qualify for insurance reimbursement on an optional basis ("P"). In New York State, any private group insurance policy which has a mental health rider must accept both psychiatrists and psychologists as providers of service. After January 1978, when the first clinical social work vendorship legislation became effective, any company with a mental health rider could request from its insurance carrier an additional rider to cover clinical social work services; the insurance carrier was required to comply. The intent of this legislation was to provide consumers with access to all qualified mental health professionals. In fact, many consumers are not in a position to influence their employers to the extent that a change in coverage would be considered. This new parity legislation ensures consumer access to all qualified disciplines in New York State—all riders concerning mental health services will include clinical social workers as independent providers. For those members who are not sure of the parity chairs in their area, following is a list:

Metropolitan	Phyllis LaBella	(212) 663-8613
Nassau	Joe Walsh	(516) 433-4789
Westchester	Bill Hartman	(914) 949-0485
Staten Island	Andrew Daly	(212) 356-0379
Rockland	Adele Halpern	(914) 425-1500
Suffolk	Ed Feldman	(516) 261-6913
Brooklyn	Ed Siegel	(212) 768-3822
Mid-Hudson	Gary S. DeFraia	(914) 658-9550
Western New York	Eileen Hunter	(716) 436-9938
Ithaca, Binghamton	Steven Richter	(607) 723-5905
Watertown	Jim Monaco	(315) 788-5454
Albany	Greg Belardi	(518) 355-2517

Marsha Wineburgh, CSW

MEDICINE, PSYCHOLOGY PURSUE CONTROL OF PSYCHOANALYSIS

Mounting evidence since the 1980 HEW hearings on accreditation of psychoanalytic training indicates that psychology and medicine are attempting to control psychoanalytic practice as well as its training. At the 1980 hearings both disciplines testified against masters degree professionals' obtaining psychoanalytic training and practicing psychoanalysis. This includes but is not limited to clinical social workers.

By 1981 The American Academy of Psychoanalysis considered establishing an accrediting organization for psychoanalytic training but delayed doing so. A short time later The Academy of Psychoanalysis, The American Psychoanalytic Association, the American Psychiatric Association and Division 39 of the American Psychological Association

began to meet for the purpose of setting national psychoanalytic training standards.

The committee on psychoanalysis of the National Federation of Societies for Clinical Social Work requested, and was refused, participation in this national group, which meets on a continuing basis. (See May, December 1983 *Newsletters*.) This committee is pursuing all roads to inclusion in this body and is supported by the National Commission for Health Certifying Agencies.

In January of this year the New Jersey Board of Psychological Examiners ruled that psychoanalysis is a subspecialty of psychology, allowing psychology dominion over non-medical psychoanalytic training and practice in that state. Although social workers are exempt in this psychology licensing law and therefore may continue to take psychoanalytic training, they are not legally protected

in their "function," as there is presently no clinical social work licensing law in New Jersey.

Last October the Washington, D.C. Law Revision Commission set forth recommendations for the revision of laws relating to health occupations. Not only did these revisions omit clinical social workers as health providers, but placed the practices of psychoanalysis totally under the control of medicine.

The Society's committee on psychoanalysis, in conjunction with the Federation committee, is actively opposing these attempts at control by cooperative efforts with The Coalition of Social Work Psychoanalysts, the National Association for the Advancement of Psychoanalysis and with the New Jersey and Greater Washington Societies for Clinical Social Work.

Crayton E. Rowe, Jr., CSW

Society members are invited to express appreciation of support to State Senator John E. Flynn and Assemblywoman May W. Newburger for their leadership in sponsoring the Society's parity bill in both the Senate (Bill S.6222-A) and the Assembly (Bill A.7620-B). In addition, Howard Lasher, chair of the Assembly Insurance Committee, has been supportive in past efforts, and we urge his support in this session. Address for all three:

Legislative Office Building
Albany, NY 12248

A Question Of Ethics

By David G. Phillips, DSW



In previous columns we have discussed a few of the many factors that are currently redefining the responsibilities of professionals in the health care field. Among these are statutes begun in the

1960s and now in force in all 50 states which require professionals to report cases of child abuse or neglect. Further, a body of legal decisions have begun to hold psychotherapists responsible for reasonable care to protect an intended victim toward whom a patient presents a serious danger of violence.

These emerging areas of professional responsibility have received a good deal of at-

tention and are familiar to most practitioners but, as clinical social workers become increasingly accepted as independent professionals, they must also learn about other areas of their duty of care to protect themselves and their clients from actions based on negligence. The standard of responsibility that has developed in medical malpractice cases dating back to 1898 is that of the "duly careful member of the profession," and this is the standard that will be applied in the growing number of malpractice cases against all professionals.

Once a relationship is established between a professional and a client, an obligation is incurred by the professional. A negligence action is predicated on the allegation that the party who claims damages was owed some duty by the other party and that this duty was breached in a way that caused damage. It is important to consider how these standards will be applied to the services performed by clinical social workers, both privately and in agency settings.

In clinical work, for instance, we are often confronted with serious and complex emotional and/or interpersonal problems that may respond to treatment very slowly, or not at all. The legal definition of due care does not demand that we "cure" every patient, and there is no automatic inference of neglect because a patient does not improve. (In this regard, it should be remembered that "guaranteeing that satisfaction or a cure will result from the performance of professional services" is a violation of The Rule of the New York Board of Regents Relating to Unprofessional Conduct.) The law also does not demand infallibility, and a professional will not be held liable for an honest error of judgment.

The standard of due care may, however, require the prudent professional to obtain

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EXECUTIVE REPORT

Let me begin this first report by thanking everyone for their faith and support in electing me to the office of president of the Society. I am honored to have been appointed and admittedly anxious about performing effectively in this role. The latter, however, is already being allayed to a great degree by the board's and members' enthusiastic dedication and assistance.

The first two months of my tenure have been replete with activity and challenges. We have been successful in realizing initiation of the malpractice policy which became effective for subscribers February 1, 1984. Additional meetings are planned to discuss and expand the limits of the policy. Specifically, we will be negotiating to provide for open enrollment, riders for additional insured and arrangements for future administration of the policy. Joseph Walsh will continue as insurance committee chair and will keep members abreast of new developments.

The legislative committee will again be chaired by Marsha Wineburgh. Marsha's continued commitment, enthusiasm and leadership accounts for the gains already made in our pursuit of parity, and we anticipate that these efforts will culminate in the passage of the parity bill during the present legislative session.

Continuing as education chair, Micki McCabe and this committee have been pursuing the organization of a state conference for fall 1984. The Blancks will be featured and workshops focusing on their work organized for the all-day symposium.

The new institute committee was created last year to investigate the possibility of establishing a Society-sponsored training institute. Monty Kary will continue as chair. California and other states already have institutes and have agreed to share their wisdom and experience with this committee.

The Society's growth in membership over the past several years has enormously expanded the duties of the membership committee, and responsibilities will be shared between co-chairs. Florence Dutko Grossman has agreed to work with chapter membership chairs regarding membership status questions and applications for diplomate status. Sandra Wickham will chair the membership drive function and will work closely with Bobba Moody, who will remain as chapter development chair.

Both David Phillips, ethics chair, and Crayton Rowe, psychoanalysis committee chair, have already contributed a great deal to these functions. The development of the Code of Ethics and adjudication procedures and the position paper, adopted nationally, on psychoanalysis, reflect major accomplishments. We are fortunate to have both members continue as leaders of these committees.

Eleanor Perlman will remain as current chair of the referral service; a new chair will be appointed and oriented in this position. This committee is investigating the sponsorship of statewide referral service advertising.

All committee chairs and I trust that present committee members will continue their commitment—and that additional members will not hesitate to become working members of these standing committees.

In the two months that I have served, it has already become apparent that the scope of the Society's interest and involvement has broadened, the membership mushroomed and the demands placed on the voluntary board have escalated. All of these factors suggest the need to assess the present structure and future direction of the State Society. In connection with this, I will be recommending to the Board that a subcommittee be established to develop a one- to five-year plan for the Society. Hopefully, this committee could provide both immediate and long term recommendations which would enhance both the efficiency and efficacy of the Society in New York.

An additional area of personal interest is the expansion of membership and involvement in the Upstate area. Bobba Moody, Sandra Wickham and I will make every effort to be available and supportive to CSWs in the less populated areas of the state, and consistent and increased activity is planned to encourage practitioners to join and be active in the Society.

Finally—but by no means lastly—our efforts must continue in pursuit of the passage of the parity bill. There is an excellent chance for success this year with continuing effort and escalation of the support Society members have demonstrated in the past.

Let me conclude by inviting all members to be in touch with me and/or the board members about any concerns or interests involving our Society or professional issues. We can best serve your interests by hearing from you.

*J. H. Costello, Ph.D.
President*

Annual Meeting In May

The Society's general membership meeting will take place on Saturday, May 19th, in Manhattan. Member-at-large Vera Fuchsman is in charge of this year's arrangements, assisted by Agnes Rinaldi and Haruko Brown. Members will receive complete details in the mail when they are complete. □

IN BRIEF

By Hillel Bodek CSW

Confidentiality And Privilege



This column, the second to appear, will explore legal aspects of clinical practice. Correspondence on issues that readers would like discussed may be sent to the Newsletter editorial office or directly to: Hillel Bodek, CSW, 135 East 50th Street, New York, NY 10022.

Confidentiality and privilege are two closely related and often confused terms. Confidentiality refers to the right to have certain information, communicated to another, remain privileged, guarded from disclosure to others. Privilege refers to one's legal right to assert that another person, who has obtained confidential information as a result of a special relationship, be barred from testifying about such information in judicial or quasi-judicial proceedings.

Even before the legal basis for confidentiality developed, health care professionals and the clergy had a well-enunciated ethical obligation to hold secret the knowledge they gained in the course of carrying out their professional duties. About 400 B.C., the Oath of Hippocrates first set forth this obligation for physicians. In modern times, as other health care professions developed and established criteria for ethical practice by their members, they also adopted this obligation.

Historically, under English Common Law, which serves as the basis for much of Anglo-American jurisprudence, it was the rule—and remains the rule today—that every citizen has a duty to give evidence in a court of law. There are now several specific exceptions to this rule—"privileges."

This privilege was first accorded the attorney-client relationship. It was reasoned that if one were to impair the confidential nature of that relationship, it would be rendered worthless. This attorney-client privilege is the only one rooted in Common Law and continued in all 50 states.

The first privilege established by statute for health care professionals dates from 1828. Enacted in New York State, that law specifically granted privileged status to the physician-patient relationship. Privilege for the social worker-client relationship was first alluded to in the Social Security Act of 1935; that law required that state plans under the Act include safeguards to protect the privacy of public welfare recipients as a condition of receiving federal funds.

New York State, the first state to do so, granted privileged status to the social worker-client relationship in 1965. Section 4508 of the Civil Practice Law and Rules provides that:

"A person duly registered as a certified social worker . . . shall not be required to disclose a communication made by his client to him, or his advice given thereon, in the course of his professional employment, nor shall any . . . other person working for the same employer as the certified social worker or for the certified social worker be allowed to disclose any such communication or advice given thereon; except

1. that a certified social worker may disclose such information as the client may authorize;

2. that a certified social worker shall not be required to treat as confidential a communication by a client which reveals the contemplation of a crime or harmful act;

3. where the client is a child under the age of sixteen and the information acquired by the certified social worker indicates that the client has been the victim or subject of a crime, the certified social worker may be required to testify fully in relation thereto upon any . . . proceeding in which the commission of such crime is a subject of inquiry;

4. where the client waives the privilege by bringing charges against the certified social worker pursuant to . . . the Education Law where such charges involve confidential communications between the client and the certified social worker."

Four fundamental conditions have generally been held to be necessary to establish a privileged relationship (8 *Wingmore on Evidence*, McNaughton rev. 1961, Section 2285, p. 527).

- a. The communications must originate in confidence that they will not be disclosed;

- b. The element of confidentiality must be essential to the full and satisfactory maintenance of the relation between the parties;

- c. The relation must be one which in the opinion of the community ought to be sedulously fostered;

- d. The injury that would inure to the relation by the disclosure of the communications must be greater than the benefit thereby gained for the correct disposal of litigation."

It is well established that statutes creating privileges must be given a broad and liberal interpretation in favor of the protection of confidential communications, while a statute waiving or suspending such a privilege must be strictly construed and confined to the specific exception created by it. The social worker-client privilege is not absolute, however. Future columns will discuss the limits of social work privilege in New York State and provide relevant practice guidelines.

Non-M.D.s Gain Hospital Admitting Privileges

The District of Columbia has passed a law stating that qualified psychologists cannot be barred from admitting patients to a hospital for psychiatric treatment. Concurrent privileges include examination, diagnosis, certification of mental illness, treatment, treatment plan and discharge. (The general policy of each hospital's discretionary granting of admissions' privileges obtains.)

Washington follows California and Georgia, where similar laws exist. A psychiatrist or appropriate medical doctor must be named at the time of admission to handle the medical care of the patient. The new legislation, however, provides recognition to non-M.D.'s as qualified and competent to assume primary care and responsibility for a patient's mental condition.

Further, the new law also allows nurse midwives, nurse practitioners, nurse anesthetists and podiatrists to practice independently within a hospital setting.

This type of legislation—granting greater privileges and responsibilities within hospitals to non-M.D.s—is important for CSWs to note and to help shape for New York State.

Barbara Pichler, CSW

Growth in Corporate Programs for Employees Battling Alcoholism, Drug Abuse

The past decade has seen dramatic growth in the number of corporate programs designed to provide care for employees suffering from alcoholism, drug abuse and other emotional/psychological problems. An estimated 4,000+ such programs (compared to 50 only a decade ago) testify to their need and success within the business community.

Alcoholism alone is estimated to cost the nation \$49.3 billion annually, drug abuse another \$16.3 billion, according to the Washington Psychiatric Society. Corporations with programs in place for their employees report increased productivity, reduced absenteeism, reduced accidents and injuries—and lower costs for other health care. □

BOOKS

Men On Rape

By Timothy Beneke
St. Martin's Press, NY, 1982
Paperback, 171 pages

Reviewed by
Blossom N. Handelsman, MSW

Timothy Beneke's *Men on Rape* is deeply disturbing. Through a series of interviews which forms the main part of the book, he attempts to penetrate the psyches of a group of men to learn their thoughts and feelings about rape.

In a perceptive introduction Beneke hypothesizes how life might change for women if there were no rape, concluding that the threat of rape affects the basic quality of women's lives since it often determines where they can live and work, how they may dress and behave. In short, the threat of rape constitutes a major mental health issue for women in American culture.

Many cultural and psychological phenomena create an atmosphere that serves to enhance and/or encourage the possibility of rape. The author describes "rape signs" such as the stereotypic cartoon of a caveman, club in hand, dragging a woman (usually by the hair) to some unknown destination and fate. This image is usually met with laughter. Were the cartoon redrawn to portray a bruised and bleeding woman—if one could hear her screams as she is dragged away—would it still amuse? This rape sign, one of a number

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appropriate consultation. In a case in which the professional knows or should know that present methods of treatment are proving ineffectual, he or she may be held negligent for failure to refer the patient to a specialist if it is determined that this would be the action of a duly prudent member of the profession. Another of the most important legal and ethical duties that the professional owes to clients is that of keeping abreast of new developments in the field. Courts have recognized that rapid transportation and communication have made it possible even for professionals in isolated rural areas to be aware of advances in knowledge in their fields. A professional who is ignorant of new developments in his or her field—of advances which would be familiar to a duly careful member of the profession—will not have an adequate defense if, because of this ignorance, a patient is harmed or does not improve. It behooves professionals to pursue actively an ongoing program of continuing education as well as consistent reading in a given field to remain aware and skilled. □

of such signals that pervade American culture (in songs, advertising, pornography, etc.) distorts our vision, numbs our sensitivity and aids in the denial of the reality of rape as a brutal and violent act.

The language of sex in our culture also sets the stage for rape. When discussed by men, sex is often expressed as:

- achievement (I'd like to make it with her);
- a hunt or conquest (I'm going out to get a piece of ass);
- triumph (I really stuck it to her);
- performance (I'm terrific in bed);
- possession (I'd like to have her for a night);
- women as objects (how would you like a little bit of that?)

For many heterosexual men, it is apparent that sex has more to do with status, hostility, control and dominance than with sensual pleasure or sexual satisfaction.

The interviews with a variety of men—"men on the street" as well as rapists, law enforcement officials, lawyers, doctors and therapists—illustrate a dramatic and pervading theme: men's perception of women's power over them. Such power is believed to derive from women's attractiveness, and men often feel overwhelmed by the "weapon." If sex is viewed as achievement, then the mere presence of an attractive woman may make a man feel that his masculinity is at stake if she cannot be "possessed." In another distortion men rationalize rape by stating that since the woman dressed herself attractively, she must have wanted sex, i.e., the rape was not a rape.

This brings forth the popular notion that women provoke rape, and if women would change their behavior, men might stop raping. Beneke states clearly, however, that rape is a brutalization of women by men, an act of physical and psychic violence that threatens the very existence of the victim. It is men who rape and men who have the power to end rape.

It should be stated that the verbalizations of some men indicated a sensitivity to, and a genuine attempt to understand the experience of rape for a woman; unfortunately,

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ate new visions in the resolution of old problems."

Patterned after the National Academy of Sciences, membership in NAP is by election as a Distinguished Practitioner by one's peers. Present criteria for selection is stated in the organization's *Bulletin*: "Such a candidate must have spent a significant portion of his or her professional career, as a practitioner, in the direct delivery and practice of health care to the consumer." □

others who perceived themselves as sensitive to women were far more concerned with their own images and with furthering the myths that abound about rape. The great majority of men interviewed appeared to have the need to deny the violence and brutality of rape and to perceive it as an extreme form of sexual seduction, or as sexual aberration.

Although I agree with Beneke's insistence that men assume responsibility for acknowledging rape as a crime of violence, it is obvious that rape has become a national epidemic and must be addressed as a major problem by both men and women, with the assistance of all mental health professionals. Timothy Beneke, one of the very few men to address the subject of rape, has made an excellent contribution to our understanding of it. His book is important reading for legal, medical and mental health practitioners. □

CHILD THERAPY TRAINING PROGRAM NEW HOPE GUILD CENTERS

Applications are now being accepted for the 3 year training program in individual psychodynamic psychotherapy of children. The program is tuition free and begins in September, 1984.

Admission requirements are certification in Social Work, Psychology, Psychiatry or a field approved by New York State Department of Mental Health. A personal therapy experience is necessary.

This 9 hour-a-week program includes weekly seminars, individual supervision and 6 patient hours. New Hope Guild is a licensed Psychiatric clinic. A certificate is awarded upon satisfactory completion of this program.

Contact:

Jeanette G. Levitt, M.A.
New Hope Guild Centers
1777 East 21st Street
Brooklyn New York 11229
(212) 252-4200

Lobbying Effectively

In addition to contributing to a specific Political Action Committee, or PAC, an effective method of influencing proposed legislation is contact with your legislator—by visit, telephone call or letter.

These methods almost always win a legis-

lator's attention; however, it is important to have a good case—to be prepared for defeat—and to be committed enough to go back and fight again. The following points should structure your lobbying efforts:

1. Know beforehand what results you want to achieve from the contact;
2. Be able to state your case succinctly—stay with one issue;
3. Do not present your arguments in an angry or threatening manner;

4. Listen carefully—establish a dialog rather than your own monolog;
5. Do not “hype” the facts you present or you will damage your credibility;
6. If possible, know the legislator's personality, interests and “sore points;”
7. Establish that you are a member of a professional association; briefly describe the organization and its purposes.

If you do write, keep your letter short, concise and original. If it is appropriate, describe an experience that relates to the issue you are discussing.

Telephone calls are most effective just preceding an election and even more effective if you have already established contact through letters and visits.

Visits on the “home front” may be more productive, as there is a greater likelihood of personal contact with the legislator. However, if the legislator is unavailable (as may be the case if he or she is in Washington), state your case in the same manner to the staff member in the same way; your message will be carried to the legislator.

Add those in government whom you wish to influence to any mailing list to receive pertinent information on the issues that concern you, and invite your elected representatives to meetings at which legislative issues will be discussed. □

PROFILE

Jacinta L. Costello, Ph.D.



Jacinta Lu (Cindy) Costello, Ph.D., heads the new administration as Society president. As president of the Mid-Hudson chapter from 1981 through 1983, Cindy was familiar with the structure and function of the Executive Board; a former member of the Queens chapter, she is a Society Fellow. Moving Upstate to Ulster County in 1980 has given her a wider perspective, she believes: “I am aware of the common and unique concerns of both metropolitan and rural practitioners.”

In 1981 Cindy joined the Ulster County Mental Health staff to run the Crisis Unit; she became Division Director of 400 Broadway Clinic in 1983, involved in program and policy development; she has clinical supervision of some 50 staff professionals. The facility is the principal outpatient clinic for Ulster County's mental health network and provides continuing outpatient case management, as well as a drug and alcohol unit.

As often seems the case, Cindy's interest in social work dates back to adolescence: “All my early jobs, beginning at 14, were in counseling or helping”—camp counselor, hospital volunteer, working with dependent children. Her degree at Trinity College in Vermont was in sociology because “There was no degree in social work.” She earned the MSW at Fordham University and a Ph.D. at Smith College. Since 1978 she has been a research adviser for Smith graduate students in social work; she is clearly enthusiastic about it.

Her work with a borderline patient during the mid-'70s “changed my life,” Cindy recalls. She began research in borderline psychopathology and developed a special interest in the work of James Masterson, M.D., noted authority on research and treatment of character disorders. She worked and collaborated with him, co-authoring a book, *From Borderline Adolescent to Functioning Adult: The Test of Time*, published in 1980. The collaboration had begun when several clinicians from the Queens chapter approached Dr. Masterson for case conference.

The clinical data and resulting statistical analysis for the book emerged from Cindy's research and formed the basis for her doctoral dissertation, *A Follow-Up Study of Formerly Hospitalized Borderline Adolescents*.

As to present training in social work, Cindy noted changes taking place in academic programs. The generic focus on general principles of social work, including developmental theory models, which came into vogue during the 1970s are giving way, she believes, to a more practical and clinical approach. “Students want more concentration on actual work and a program designed to provide hands-on training and clinical involvement.”

She comments on the difference in case load in a more rural area contrasted with big-city practice. “In a large city such as New York, people are more sophisticated and can enter therapy to achieve self-realization, to explore within. It becomes a way of life. Up here people generally come into therapy with a specific problem to solve and, when it is worked out, people leave therapy. They may return from time to time, but the object is problem solving, not self-exploration.”

Cindy was reared in Upstate New York, spent a good deal of her adult life in New York City and, after her move back, has recently bought a house. In addition to her work with the county, she maintains a part time private practice.

A person of diverse talents and professional commitment, Cindy says, “I love the field of social work, and I'm honored to have been elected president of the Society; I look forward to working with the Board on all the things yet to be done. We must all continue to support the efforts for parity, which is now so close. And I want to encourage membership and involvement for colleagues Upstate—the Society needs a broad base for its membership so that the needs of all members can be served.” □

Rand Study Predicts Mental Health Coverage Cost Effective If Widespread

A *New York Times* article, reporting on a Rand Corporation study, indicates that both employers and insurance companies would face only a small increase in costs if they offered full mental health coverage to participants in health care plans.

In a federally funded study of more than 7,000 people, selected at random in six areas of the country, a full coverage health plan paid out an average of only \$24 a year per insured family for mental health treatment—about 5 percent for all health services. Approximately 5 percent of those fully covered sought psychotherapy.

It must be noted that these results could be expected only when full mental health coverage is widespread. Otherwise, those offering more generous coverage would find people flocking to their plans.

The study showed that those with full coverage made twice as much use of psy-

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CHAPTER NEWS

NASSAU

The chapter presented a clinical conference in March conducted by Esther Menaker; the subject was "The Relevance of Otto Rank's Psychology to a Modern View of Masochism." A spring program for recent MSW graduates is planned.

The education committee hosted a presentation on substance abuse, delivered by John Imhof. Another program is planned for April, with Joan Spector discussing adoption.

The Society will be visible to the professional community in April at the Long Island Conference of Social Workers. Marsha Wineburgh will lead a workshop, "The Struggle for Professional Identity"; Sandra Wickham, Suffolk chapter president, and Marcia Zigelbaum, Nassau president, will be co-leaders of a workshop, "Using Personal Power: An Intra-Psychic Dilemma." Nassau past president Maria Warrack will act as liaison at the Conference.

Marcia Zigelbaum, CSW

ICAPP Conference In August

The 23rd International Conference for Advancement of Private Practice of Clinical Social Work will take place August 25-29 at Banff, Alberta, Canada. The theme is "Short Term and Long Term Therapy: Two Divergent Approaches Within the Spectrum of Psychotherapeutic Intervention."

ICAPP was formed in 1960 when clinical social workers in part or full time private practice were invited to meet to identify requirements for establishing the private practice of clinical social work as a recognized field of expertise. From the efforts of the 200 founding members who attended came the definition of social work in terms of private practice.

The organization seeks to establish and maintain professional standards and offers a continuing program of seminars and forums. □

A SEMINAR IN CHILD THERAPY

with
Diana Siskin, ACSW

Two 15 week semesters
beginning in September
call or write

THE NEW YORK SCHOOL FOR PSYCHOANALYTIC PSYCHOTHERAPY

200 West 57th St. (1307)
New York, N.Y. 10019
(212) 245-7045

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RAND STUDY *Continued from page 6*

chotherapy services as those with \$1,000 deductible policies. Since only a small portion of insured employees seek out therapy, however, a researcher observed, "You don't break the bank. Mental health is still only a small piece of the health care pie." □

Notice to our Advertisers

Because of rising costs and so that we can maintain present rates, all ads must be submitted ready for printing.

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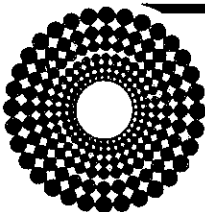
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Ads for July and November issues are due June 1st and October 1st.

Please enclose full payment with ad.

Checks should be issued to the NYS Society of Clinical Social Work Psychotherapists, Inc. and sent to the *Newsletter* editorial office:

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NYSPP

Training in Ego Psychology for Psychotherapists

Few psychotherapists leave graduate school with an adequate knowledge of Freudian theory, and even fewer leave with a knowledge of modern Freudian 'ego psychology' as a foundation for clinical diagnosis and therapy. Hartmann, Spitz, Anna Freud, Jacobson and Mahler reflect the refinements, corrections and extensions of Freudian theory. These contributions have been expanded and integrated into a sophisticated and comprehensive framework for psychoanalytic psychotherapy by Gertrude and Rubin Blanck.

NYSPP provides an intensive three-year curriculum in ego psychology and its application to psychotherapy. This successful program features small classes, case presentations and individual supervision by staff who have had advanced training with the Blancks. An advanced seminar in Child Psychotherapy is also offered. **NYSPP** is an affiliate of the Council of Psychoanalytic Psychotherapists, and is Provisionally Chartered by the Board of Regents of the State of New York. Classes meet in Manhattan and Long Island. Clinical affiliations.

For further information write:

New York School for Psychoanalytic Psychotherapy
200 West 57th Street New York, NY 10019 212 245-7045

ADVANCED INSTITUTE FOR ANALYTIC PSYCHOTHERAPY

is now accepting applications for admission to its

PART-TIME TRAINING PROGRAM IN PSYCHOANALYTIC PSYCHOTHERAPY

- **treatment experience provided by the Advanced Institute**
- **courses in contemporary and classical psychoanalytic theory**
- **individual supervision**
- **clinical case seminars**
- **convenient study on a part-time basis**

The Advanced Institute is chartered by the Board of Regents of the University of the State of New York, and grants a certificate in psychoanalytic psychotherapy.

For information and application, contact:
Mollie LeBoit, Dean of Students
Advanced Institute for Analytic Psychotherapy
178-10 Wexford Terrace
Jamaica Estates, NY 11432

212-739-7099

The institute does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.

The Psychoanalytic Society

of the

New York University Postdoctoral Program
for Study and Research in Psychology

DIVISION OF CONTINUING EDUCATION

Seminars & Workshops
will be offered from mid May through July, 1984.
The offerings vary in length and starting dates.

Topics include:

- Review of Theory and Technique
- Use of Self in Therapy
- Transference
- Facilitating Change
- Object Relations
- Daughter as Projective Screen
- Sibling Relationships
- Difficult Resistances
- More Difficult Patients
- Projective Figure Drawings
- Borderline Personality
- Holocaust Survivors
- The Acting-Out Patient
- Aging and Body Image
- Working With Dreams
- Pregnant Therapist
- Treatment of Alcoholism
- Adolescent & Young Adult
- Once-A-Week Patients
- Kohut's Contributions
- Termination
- Sexual Politics and Practice
- Gender of Therapist
- Single Women at Mid-Life
- Treatment "Errors"
- The Concept of Love

For a brochure with complete information, contact:

David Webb, Ph.D.
Director of Continuing Education
205 West 89th Street
New York, N.Y. 10024
212-362-8094

TRAINING IN PSYCHOANALYSIS AND PSYCHOTHERAPY

Postgraduate Center for Mental Health is now accepting applications from licensed psychiatrists, psychologists and social workers for its Adult Fellowship Training Program.

This four-year, part-time, interdisciplinary psychoanalytic training program includes supervised clinical experience and an academic curriculum emphasizing theory and techniques of psychoanalysis.

Other programs are also available to qualified applicants.

For further information and application forms, contact:

Peter Buirski, Ph.D.
Director of Adult Fellowship Training
124 East 28th Street
New York, NY 10016
(212) MU9-7700, ext. 266,267

MANHATTAN INSTITUTE FOR PSYCHOANALYSIS



Certificate in Psychoanalysis
Certificate in Psychoanalytic Supervision

PROGRAM IN PSYCHOANALYSIS

The Manhattan Institute for Psychoanalysis offers to qualified psychiatrists, psychologists and social workers an advanced, comprehensive training program in psychoanalysis within a contemporary interpersonal and existential framework. The program aims at providing a broad base of scholarship that will form the foundation for thoughtful and creative psychoanalytic exploration.

FIRST YEAR: *Evolution and Development of Psychoanalysis I and II: The first fifty years; Clinical Seminar: Transference and countertransference I and II.*

SECOND YEAR: *Classical Freudian Theory I and II; Clinical Seminar: Dreams; Clinical Seminar: Language and psychoanalysis.*

THIRD YEAR: *The Existentialists and the Humanists; Sullivan; Contemporary Freudian Theory; Contemporary Interpersonal Theory.*

FOURTH YEAR: *Object Relations Theory in Relation to Interpersonal Theory; Clinical Seminar: Transference and countertransference; The Psychology of the Self; Contemporary Issues in Psychoanalysis.*

PROGRAM IN PSYCHOANALYTIC SUPERVISION

The Institute offers to graduates of approved psychoanalytic training programs a one year program in supervision of the psychoanalytic process. The faculty consists of senior analysts and supervisors all of whom have made distinguished contributions to the field of psychoanalysis.



For information and application forms to both programs contact:
Marcia Pollak, Ph.D., Director of Admissions, 3 West 73rd St., New York, NY 10023.
541-5598

QUEENS CHILD GUIDANCE CENTER

Seventh Annual Clinical Conference

Fathers—Are They Really Necessary?

Developmental and Clinical Issues

Thursday, June 7, 1984
St. John's University, Jamaica, N.Y.
9:00 A.M.—3:30 P.M.

MORNING SPEAKERS

James Herzog, M.D.: "Father's Impact on the Child"
John Munder Ross, Ph.D.: "The Psychology of Fatherhood"
Lora Tessman, Ph.D.: "Fathers and Daughters:
Early Tones and Later Echoes"

LUNCHEON Noon—1:00 P.M.

There will be nine workshops in the afternoon.
Each workshop will be repeated so each registrant
may attend two different workshops.

Registration fee is \$35.
For further information write or phone:
Queens Child Guidance Center
88-29 161 St.,
Jamaica, N.Y. 11432
(212) 657-7100

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- Washington Square Center
- Branch Campus
at Dominican College in
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Now you can fulfill all requirements for the post-master's Advanced Certificate in Clinical Social Work program at either of two locations. The main campus is located in the heart of Greenwich Village. The branch campus is convenient to northern New Jersey; Rockland, Orange, Ulster, and Westchester counties; and Connecticut. It is located in Orangeburg, New York; only minutes from Palisades Parkway, Garden State Parkway, and Tappan Zee Bridge.

The certificate program offers social workers with at least two years of experience an opportunity for advanced professional training through part-time study. All classes are offered in the evening.

The school also offers Master of Social Work programs at both locations and the Doctor of Social Welfare program at Washington Square. Preadmissions counseling is available.

For complete information,
mail the coupon below or
call (914) 359-4609 or
(212) 598-7631.

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School of Social Work
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New York, N.Y. 10003

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New York University is an affirmative action/equal opportunity institution.

NYSSCSWPN 4/84

PSYCHOANALYTIC PSYCHOTHERAPY

A Part-Time Training Program for Clinical Social Workers

The Long Island Institute for Mental Health

(Chartered by the N.Y. State Board of Regents)

is accepting applications for admissions to its Three-Year Training Program for the academic year beginning September 19, 1984

The curriculum is divided into four major areas:

- I. Psychoanalytic Theory of Personality
- II. Psychopathology
- III. Theory of Technique
- IV. Practicum

Clinical experience begins with the first year. Weekly supervision. 3rd year specialization includes: child, family and group therapy opportunities. Classes are held each Wednesday, late afternoon and evening.

Requirements: New York State Certification in Psychiatry, Psychology, Social Work or Psychiatric Nursing.

Fees: Tuition: \$545.00 per semester includes all academic courses, supervision and clinical experience. Application and Registration Fee—\$25.00 non-refundable.

The Institute is affiliated with
The Long Island Consultation Center
Robert Moteki, MSW, Executive Director

For Application, Write or Telephone:

Henry M. Seiden, Ph.D., Director
Long Island Institute for Mental Health
97-29 64th Road
Rego Park, N.Y. 11374
(212) 896-3400

This Institute does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies and other school-administered programs. Veterans Tuition Benefits Available.

Training Program Established 1958
Long Island Consultation Center Founded 1953

METROPOLITAN INSTITUTE FOR TRAINING IN PSYCHOANALYTIC PSYCHOTHERAPY (MITPP)

(affiliated with the Metropolitan Center for Mental Health)

Applications are now being accepted for the three-year training program in Psychoanalytic Psychotherapy, commencing September 6, 1984.

This is an intensive program based on both traditional and modern psychoanalytic theory and technique and generally requires a minimum of 15 hours per week for Seminars, Group and Individual Supervision as well as treatment of patients at the Metropolitan Center for Mental Health. All student therapists are afforded three years of extensive experience in treatment with a varied patient population including severe character disorders and borderline states, beginning with the first semester of matriculation.

Applicants are accepted from the fields of Social Work, Psychology and Psychiatry; graduation entitles the student to a diploma authorized by the Board of Regents, New York State Department of Education.

In addition, adjunct training experience is available in Child, Adolescent and Group Therapy, as well as a supervised two-year psychological Internship Program.

For brochure and application write to:

Metropolitan Institute for Training
Richard Mulliken, Ph.D.
333 Central Park West
New York, New York 10025
212-864-7000

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