

# The CLINICIAN

Winter 1998 Vol. 29 No. 1

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

## Preparing for the 21st Century

### EXECUTIVE REPORT

by NYSSCSW President Allen A. Du Mont, CSW BCD

In this first message to you as President, I would like to express my appreciation for your confidence and support and to ask you to join me in working to strengthen our Society. As we continue to grow and to come into association with professional groups larger and wealthier, with platoons of full-time employees, it is remarkable how much of an impact we have made working as volunteers. The days we face as we approach the 21<sup>st</sup> Century will require more from us and our Society — challenges which we will be hard-pressed to meet without preparation and planning.



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FRANCES AQUINO, CSW

Promoting Public Understanding of the Profession

The focus and goal of my term of office will be to initiate the work that must be done to make our Society stronger, more efficient, more soundly financed, larger in numbers with chapters throughout the state, which will vigorously represent the profession, and which will provide valuable services to our members, to the public and to the professional community.

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### LICENSING IN 1998?

by Marsha Wineburgh, CSW, BCD

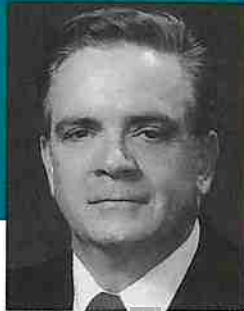
We are now prepared to launch a coordinated campaign to pass S.1123-A/A.6059-A, legislation to amend Article 154 of the Education Law to licensed social workers in New York State. Our chapter legislative chairs have been visiting local legislators over the summer and fall of 1997 to educate them about clinical social work and the need for consumer protection and to apprise them of the consensus we have forged among state social work organizations to support this legislation, a consensus which represents more than 50,000 social workers. This three-level bill with the titles "Licensed Clinical Social Worker," "Licensed Master's Social Worker," and "Licensed Baccalaureate Social Worker," is the result of an intensive six-year effort to address consumer/client protection in the context of recognized distinctions in the education and experience of social workers. Our current certification statute does not allow for adequate legal pursuit of the social worker who is practicing but is uncertified, who is providing services in modalities outside of his or her training or who is simply incompetent.

Licensing bills take years and years to achieve passage in New York State. The respiratory therapists are believed to be the last profession licensed in New York and that occurred in 1976, more than 20 years ago. There are very few legislators currently in office

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# EXECUTIVE REPORT

**Allen A. Du Mont,**  
CSW BCD,  
Society President



## Preparing for the 21st Century, from page 1

We must begin to plan for the establishment of a permanent headquarters where we will conduct the business of the Society and take our rightful place as an organization equal to others in the mental health profession. We will need to get an office where the day-to-day operations are conducted, where our staff, including an Executive Director, will oversee our affairs and represent our Society, where we will hold our meetings, house our files and records, invite legislators and other notables in a setting of which we can be proud. Currently, we are not ready to employ an Executive Director nor additional salaried staff, because we do not have sufficient structure in the organization and we do not have the financing.

An important first step in developing that structure will be to develop a manual of policies and procedures covering all aspects of the Society's op-

erations. The manual should include a job description for each position, listing all the responsibilities, a table of organization showing lines of accountability, and operational guidelines for the coordination of activities and interfacing among the various committees, personnel and officers of the Society. Such a structure will not only assist us in passing the baton to those who follow, but also will set the framework for the employment of regular salaried staff. Regular staff available at regular hours in a regular place of business will bring more predictability, reliability and stability to our operations, where often we have been at the mercy of the volunteer's schedule. Greater efficiency makes for greater effectiveness which in turn may attract social workers eager to join us.

The Referral Service Proposal currently under discussion and being developed for implementation can also attract new members while providing a resource to the public and to the professional community. Similarly, given the clinical talent and experience in the Society, we might do well to explore the possibility of establishing an Educational and Training Service which could raise the level of clinical knowl-

edge and skill of social work and other professionals while showcasing the Society as a premier resource.

If we are ever to become a truly statewide organization, we must turn our attention to chapters upstate and elsewhere in the state who call for our assistance to help them increase membership and to promote chapter development. Accordingly, I will be calling for the creation of a Chapter Development Team which will visit chapters requesting assistance, collaboratively studying and evaluating the problem and helping them to formulate an action plan for chapter growth.

All of these activities can increase our membership and our revenues from dues, which traditionally we have relied upon to finance our operations. I believe that a sound financial plan should include other sources of revenue. Accordingly, the Finance Committee will be recommending a long-term financial plan which will include the investment of a small portion of our resources in conservative but growth-oriented instruments.

On a final note, I wish to thank all our past presidents for their important and vital contributions which have brought us from 1968 to the present. ■

### To help us meet the challenges ahead. . .

- Permanent headquarters
- Manual of policies and procedures
- Referral service
- Education and training service
- Membership and chapter development
- Long-term financial planning

NEW YORK  
STATE  
SOCIETY  
FOR



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SIZE		1 Time	3 Times*
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## Licensing in 1998?

from p. 1

who remember why licensing is important. Licensing social work is not perceived by our representatives as something that HAS to be done. Consequently, it has been crucial to visit legislators to urge them to cosponsor or at the very least support licensing.

This licensing legislation restricts the practice of social work to those licensed by the Education Department or those who are exempted under law. The current "Certified Social Worker" title will be converted to "Licensed Master Social Worker." The "Licensed Clinical Social Worker" must have three years of supervised experience providing direct services, the equivalent of the P/R law in Article 43 of the Insurance Statute. "Licensed Baccalaureate Social Workers" are restricted from providing psychotherapy and must work in an agency under the supervision of a LMSW or LCSW. Continuing professional education will be required. Thirty hours triennially has been recommended. Finally, the Social Service law will be amended to mandate that a LBSW, LMSW or LCSW report suspected child abuse and complete the two hour course on identifying and reporting suspected child abuse.

To date, our sponsors in the Assembly, A.6059-A, include: the Honorable James Gary Pretlow (D-Westchester) - our lead SPONSOR, James F. Brennan (D-Brooklyn), Catherine T. Nolan (D-Queens), Earlene H. Hill (D-Nassau). Co-sponsors include: the Honorable Jeffrion L. Aubry (D-Queens), William F. Boyland (D-Brooklyn), Sandra R. Galaef (D-Westchester), Alexander J. Gromack (D-Rockland), Vito J. Lopez (D-Brooklyn), William Magee (D-Madison, Otsego, Oneida), John J. McNeny (D-Albany), Gregory W. Meeks (D-Queens) and Ronald C. Tocci (D-Westchester). Those who expressed interest in co-sponsoring include Joan K. Christensen (D-Onondaga).

In the Senate (S.1123-A), our lead SPONSOR is Senator Thomas W. Libous (R-Broome, Tioga, Chenango). Co-sponsors include Senators John Defrancio (R-Onondaga), Jess J. Present (R-Allegeny), James L. Seward (R-Herkimer, Cortland), Guy J. Vellella (R-Bronx), John J. Marchi (R-Richmond), and William J. Larkin, Jr. (R-Orange, Ulster).

Grass roots support is essential. In late March, 1998, the NYSSCSW, in coordination with the other social work organizations, plans to launch an intensive state-wide campaign. Constituents - that's you - will be asked to write to their local legislators and ask for their support. Your letters as well as your agencies' endorsement do count! Political Action Committee contributions are also essential. An early spring fund raising campaign is underway. Stay tuned. This legislation will guide the accountability of all social workers in New York State for generations to come. We are aiming for passage by June 1998. ■



In November 1997, the Staten Island Chapter and the Richmond County Psychological Association (RPCA) jointly presented, "Replacing Managed Care: An Ethical Movement Toward a More Pro-Patient System," with Karen Shore, Ph.D. as featured speaker. Above, l. to r., Judith Weiss, CSW, S.I. Chapter Pres., Dr. Michael DeSimone, Conf. Co-chr., NYSSCSW, Dr. Karen Shore, Pres., Natl. Coalition of Mental Health Professionals and Consumers, Dr. Judy F. Scher, Conf. Co-Chr., RPCA, and Dr. Steve Sussman, Pres., RPCA.



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## CHAPTER & STATE EVENTS\*

\*To June '98. Subject to change. For more information please contact numbers listed or chapter leaders for local meetings, NYSSCSW office for statewide meetings only: 1-800-288-4279.

### MARCH

- 5 Met: Adoption Task Force Meeting
- 7 Westchester: "Group Therapy," Harvey Siegel, MSW
- 7 Town Meeting re: Guilds/Unions; with Professional Employ. Int'l. Union
- 8 Brooklyn: "The Alexander Technique," Jane Dorlester
- 8 Nassau: "Writing for Journal Publication," Carolyn Saari, Ed., Clinical Social Work Journal
- 13 Met: Board Mtg. open to all; Group Practice Committee
- 15 Hypnosis Committee 3rd Annual Conference, NYC, Info: (914) 632-8878\*\*
- 16 Met: Family Practice Committee
- 16 Syracuse: Mentoring Group
- 20 Nassau: "The Significance of Money for the Patient & Therapist," Lee Kramer, CSW, BCD
- 21 Syracuse: Private Practice Mtg.
- 21 Met: Comm. for the Treatment of the Mentally Ill
- 22 Rockland: "Mobilization of Clinical Social Work," Helen Hinckley Krackow, CSW BCD
- 27 Nassau: "Spirituality in Social Work Practice," Co-sponsored with NASW & Molloy College, (516) 678-5000, Ext.478
- 28 Staten Island: Annual Clinical Conf. : Short-Term Integrated Model of Couples, by Dr. Judith Siegel, Lower Great Hall, Snug Harbor, Info: (718) 720-8169
- 28 Syracuse: "Sand Play Therapy," Judith Crosley, CSW & Judy M. Friedman, CSW
- 29 Suffolk: "How to Build Your Practice with or without Managed Care," Sheila Peck, LCSW

### APRIL

- 5 Public Relations Wrkshp; 2 reps from each chapter invited\*\*\*
- 8 Syracuse: "Human Diversity," Ednita Wright, Ph.D., CSW,CAC
- 10 Met: Board Mtg. open to all; Group Practice Committee
- 18 Westchester: Annual Conference: "Who Is Difficult--Patient or Therapist?; Dr. Maryellen Noonan, SUNY Purchase, Info: (914) 478-0832
- 18 Met: Comm. for the Treatment of the Seriously Mentally Ill
- 18 Syracuse: Mentoring Group
- 19 Brooklyn: "Working with the Gay/Lesbian/Bi-Sexual Client"
- 19 Hypnosis Comm.: "The Hungry Heart: Hypnosis & Eating Disorders," Kent Jarratt, CSW
- 19 Staten Island: "Hypnosis: Does it Have a Place in Psychotherapy?" Andy Daly, CSW
- 20 Met: Family Practice Mtg.
- 26 Met: Education Com. Brunch, "Crime & Punishment: Anorexia as Characterological Metaphor," Gladys Foxe, CSW
- 26 Rockland: "Altern. Approaches to the Treatment of Mental Illness," Dr. Steven Nezezon

### MAY

- 1 Nassau: "The Use of Metaphor in Psychoanalytic Treatment," Stephanie Zemon, CSW
- 7 Met: Adoption Task Force Mtg.
- 8 Met: Board Mtg. open to all; Group Practice Mtg.
- 16 29th Annual Conference: "Secrets & Lies: Fantasy, Reality, Intrapsychic & Interpersonal Dimensions," NYC [See P. 9]
- 17 Staten Island: "Dealing with Resistance: Clinical Interventions to Prevent Premature Termination," Judith Weiss, CSW,BCD
- 17 Brooklyn: "How to Build Your Practice without Managed Care," Sheila Peck, LCSW
- 17 Hypnosis Committee: "Hypnotic Aspects of Child Sexual Abuse & Domestic Violence," Kathleen L. Friends, CSW
- 18 Met: Family Practice Committee
- 18 Syracuse: Private Practice
- 31 Nassau: End-of-year-party
- 31 Rockland: "Blended Families," Frances Aquino, CSW

### JUNE

- 12 Met: Board Mtg. open to all; Group Practice Comm.
- 20 Met: Comm. for the Treatment of the Seriously Mentally Ill
- 21 Staten Island: "Resistances & Self-Defeating Behaviors in Private Practice"

### \*\* Hypnosis Conference:

The 3rd Annual Hypnosis Conference, The Hypnotic Relationship: Perspectives from Theory and Practice, March 15, 1998 in New York City. The keynote speaker will be Erika Fromm, PhD, an internationally-recognized psychoanalyst and hypnosis researcher.

A prolific author, Dr. Fromm's books and scientific papers have become classics in the field. She has served as the clinical editor of the International Journal of Clinical and Experimental Hypnosis and as president of the Society for Clinical and Experimental Hypnosis. Among her many scientific honors, she received the American Psychological Association (Division of Psychoanalysis) 1985 award for Outstanding Contributions to Psychoanalysis and, in 1986, the award of the Society for Clinical and Experimental Hypnosis for Best Clinical Paper.

### \*\*\* Public Relations Workshop:

The Public Relations Committee will offer a workshop for all Presidents, State Committee Chairs, Public Relations Chairs or designated substitutes on Sunday, April 5, 1998, from 1:00 to 5:00 p.m., in the home of Helen Hinckley Krackow in NYC. The workshop will cover the basics of public relations for the Society: how to write press releases, getting interviewed, enhancing the image of the social work profession, brochures, chapter development, publicizing an event at low/no-cost, membership building and other topics which have been presented to the Clinical Social Work Federation Board at the Florida Conference last February and an assortment of other venues.

The idea for the workshop arose in response to numerous requests for publicity assistance received over the last few months. We thought it would be helpful to gather all of us together both for educational purposes and an opportunity to network and share ideas which various chapters have developed. In addition, you'll receive helpful handouts to take back to your chapter. Reasonable expenses involved in attending the workshop will be absorbed by the Public Relations Committee.

For further information, please call Sheila Peck at (516) 889-2688.

# VENDORSHIP & MANAGED CARE

John Chlaramonte, CSW BCD, Chair

## COMMITTEE REPORT

The focus of the Vendorship/Managed Care Committee (VMCC) is to promote the utilization of clinical social work services in the State of New York. The committee has responded to member complaints about problems of non-reimbursement or non-inclusion of clinical social workers in health plans as well as the varied problems that arise when working with managed care systems. This includes helping members who have experienced difficulties getting on panels, getting treatment plans approved, and denial of payment. Members who are not familiar with managed care systems have been provided with a general orientation to the managed care system, a list of managed care companies and help with completing applications. The Clinical Social Work Federation Hotline has also been very helpful in assisting members facing managed care issues and difficulties -- (800) 270-9739.

### The self insured dilemma: a solution?

A significant issue facing the VMCC is that of the self-insured company. In this environment of escalating health care costs, many companies have become self-insured as a means of cost-reduction. Since self-insured companies are regulated by Federal Law, the Employers Retirement Income and Securities Act (ERISA), they are not bound by the regulations of State Laws.

Therefore, they can make their own decisions about which types of providers they will reimburse under their own plan and they often choose to omit CSWs. The VMCC works to educate companies who do not include CSWs, in order to encourage them to change their policies. Some self-insured companies that we have influenced to change their policies to include CSWs are ATT, Merrill Lynch, GE, Electronics Data, Marriott corporation, Sony, and Local 851 Welfare Fund. Some companies which continue not to reimburse social workers are: Pepsico, Tyson Foods, TGIF's, Mercedes Benz, First Health, Sun Chemical, Unisys Corporation, the Mark Hotels, and Chemed Corporation just to name a few.

**There is hope on the horizon.** Currently there is legislation pending in Washington, DC which would make this arduous task of our committee obsolete. It is called THE PATIENT ACCESS TO RESPONSIBLE CARE ACT (PARCA) H.R.1415/S.644. It was introduced by Rep Charlie Norwood (R-GA) and Sen. Aiphonse D'Amato (R-NY), and has strong bipartisan support in the House and Senate. It is the one proposal before the 105<sup>th</sup> Congress with the momentum to break through the managed-care-debate and achieve meaningful changes. Aside from nationalizing some of the laws regulating managed care which have already been passed in New York, it would have the additional benefit to New York in that it would allow patients to be able to hold their health plan legally accountable for decisions that negatively affect patient health, and it would prohibit health plans from discriminating against health care professionals based on the type of degree or certification they hold. **This would prohibit self insured plans from excluding clinical social workers from reimbursement, as they often now do.** While it would NOT require health plans to admit every health professional, it would help ensure that patients have access to the full spectrum of health professionals. Because ERISA preempts state laws, anything short of Congressional action on this issue will leave millions of Americans exposed to the whim of their benefit plans. This bill should it become law would open up access to clinical social workers for millions of self-insured enrollees throughout the nation. PLEASE URGE YOUR CONGRESSPERSON TO CO-SPONSOR OR SUPPORT THIS BILL. CALL THE LEAGUE OF WOMEN VOTERS TO FIND OUT YOUR CONGRESSPERSON'S PHONE NUMBER: (212) 677-5050. ALSO ASK SEN. PATRICK MOYNIHAN, WHO HASN'T TAKEN A POSITION AS YET, TO BE A CO-SPONSOR OF THIS BILL: (212) 661-5150.

### NEW NYS LAW TO SANCTION MCOs FOR EXCESSIVE PAYMENT DELAYS

NYS law (S. 453D) which took effect on 1/26/98 permits the commissioner of Insurance to fine companies up to \$500 a day for every day over 45 that they are late paying bills (up to a maximum of \$5000 for each violation). In addition companies will be forced to pay the provider 12% interest after the 45<sup>th</sup> day if bills are not paid within that time frame. Additionally, if the company does not respond to the Insurance Dept in a timely fashion they can be fined \$500 up to \$7500 per inquiry. Those companies who violate the law 5 times in a period of 5 years can be fined an additional \$50,000.

### MEDICARE

Finally, the VMCC has helped members overcome difficulties in becoming a Medicare provider, obtaining and filling out forms correctly, and interpreting Medicare procedures for filing such claims and understanding the various recent fee and coding changes. Our Medicare Specialist, Alice Garfinkel, is amazing in her ability to make the obtuse clear and to connect our members to the right person in Medicare to solve those "impossible" dilemmas.

### IMPORTANT PHONE NUMBERS

Dept. of Health Managed Care Complaint Line: (800) 206-8125  
 NYS Attorney General's Healthcare Hotline: (888) 692-4422  
 NYC Public Advocate's Healthcare Complaints: (212) 669-7606  
 NYS Department of Insurance: (518) 474-6600  
 Your State Senator: (518) 455-2800  
 Your State Assemblyperson: (518) 455-4100  
 Clinical SW Federation Hotline: (800) 270-9739

### Current Outlook:

## MANAGED CARE MATURES

By Vickie H. Taylor, LCSW, BCD

After a decade of rapid growth, managed behavioral health must find new strategies to maintain market growth and profits. There are few "new markets" to pioneer, and companies face aggressive competition for the business that is available. Pressure from corporations to keep costs down, dissatisfaction from consumers who are tired of paying more for less choice and access, increased national and state regulation, organized providers willing to negotiate and assume risks, high cost drugs and enrollment of sicker patients are among the many forces that are squeezing the managed behavioral health industry.

An October 14th article in the Wall Street Journal entitled, "HMOs' Poor Health Is Unsettling Wall Street", indicates these forces are now affecting financial reports and ultimately, the confidence of investors. Both Aetna Inc. and Cigna Corp. reported reduced earnings from spiraling healthcare costs. Prudential Insurance Co. has announced that it is selling its healthcare business. And Oxford Health Plans, which has been a favored company, recently received sanctions from the New York attorney general for failure to pay claims in a timely manner. Ironically, the Northeast, which emerged as the most popular area of rapid growth a few years ago, is now cited as the problem area. Companies that concentrate their business in California such as Pacificare and United Healthcare, are believed to be in the best shape, possibly because of the strong market hold there. But over all, managed care companies are said to be "swimming against the tide".

Growth through consolidation will continue to be a strategy used by behavioral health companies. According to OPEN MINDS' industry survey conducted in January 1997, 74.8% of managed behavioral health business was

Continued on page 6

# Book Review by Joyce Edward, CSW, BCD

In her new book, "Working With Parents" Diana Siskind explores a subject that, given its generally recognized importance, has received relatively little attention in the analytic literature. This is, in fact, the first book devoted entirely to the topic that I am aware of. In it, Ms. Siskind takes what often has been experienced as a burdensome clinical task for the child therapist and presents it as an exciting challenge.

The reader is privileged to join the author in her clinical encounters. We see a lively, caring, knowledgeable therapist whose enthusiasm for her work is obvious. So clear and vivid is the writing, that one almost thinks one was present during each initial telephone call from a parent and the sessions that follow. In Ms. Siskind, we find a calm, confident therapist who can lend her strength to those parents who need it. She takes her time in developing as accurate an assessment of the parents' needs and personalities as possible, which she then uses to formulate her therapeutic interventions. We watch her tailor her approach, one always grounded in psychoanalytic theory, to the unique needs of each parent. For her, each one is a person in his/her own right who is to be treated with the same professional attitudes that generally guide analytic work. Ms. Siskind is well aware that the temptation to depart from these attitudes is not uncommon in our work with parents.

It is not always easy, for example, for the child therapist to remain nonjudgmental when dealing with parents who are clearly jeopardizing their offspring's development. It can also be difficult at times to refrain from giving advice or assuming the role of the parent oneself when parents seem

## Working With Parents

by Diana Siskind

Jason Aronson Inc.  
Northvale, New Jersey,  
London, 1997

unequal to the tasks at hand. Overidentification with one's child patient, as we know, is not infrequent in work with parents. Yet neutrality is essential if we are to offer them our best. It helps to bear in mind Ms. Siskind's reminder of how greatly most parents suffer from the recognition of their children's need for help and how much even the most difficult parent wants to be a good parent.

In "Working With Parents," we not only are accorded a chance to watch a therapist at

work, but we are given the chance to share in her thoughts and emotions during the therapy sessions. We see how Ms. Siskind observes and considers her own feelings as they are evoked in the therapeutic exchange. While mindful that her reactions may be personal and bear self examination, she also carefully studies her responses for their value in attuning her to what is going on within the parent or parents she is seeing. Throughout her efforts she makes use of manifestations of transference and resistance as well as countertransference. She is further guided by a broad range of psychoanalytic developmental theory. We see her tap the thinking of such analysts as Heinz Hartman, Margaret Mahler, and Rene Spitz, drawing upon their contributions when they shed light on the situation at hand but never bending her understanding to fit theory.

The wealth of detailed case material in this book is one of its most outstanding and useful features. Many readers, especially those who would like to see more preventative work being offered today, will find Ms. Siskind's sessions with parents who need help in dealing with commonplace childhood problems particularly valuable. These are the most complete

Continued on page 7

### MANAGED CARE MATURES, from p. 5

concentrated within ten companies. A more recent survey in August of this year indicated that this concentration has now reached 79.5%. Magellan's purchase of Human Affairs International (HAI) has given the Magellan/Green Spring/HAI empire the top position with 31,676,845 enrollees and 21.3% of the behavioral health market share. Value Behavioral Health, Inc. ranked second with 16.4% and Merit Behavioral Care Corporation came in third with 14.7% of the market share.

As Managed Behavioral Health (MBH) companies receive continued pressure to reduce overhead and administrative costs, clinicians are already seeing some welcomed changes. Activities such as case management and provider relations are costly and many companies are reducing pre-certification and utilization review requirements. Purchasers no longer consider reductions in care a viable cost-saving strategy and are demanding more quality and access to care. On the down side, some MBH companies are beginning to shift administrative responsibilities and risks to provider networks.

As MBH companies implement strategies for the future, clinicians should likewise, evaluate their own practice patterns and strategies. More than ever, clinicians should assess practice mix to insure that referrals and payment are coming from a variety of sources and that fee variations sustain income. This mix can be influenced by traditional networking, a solid strategy that has remained effective throughout the evolution of managed care, whether clinicians practice within or without managed care contracts. Involvement in

community and professional organizations, presentations on mental health topics, problem solving conversations with case managers and school or agency personnel, correspondence with primary care physicians and consulting psychiatrists, and letters or articles written for newspapers are among the many kinds of networking and marketing activities that provide opportunity to generate clinical referrals from a variety of sources.

While lively debate continues over the final role that managed behavioral health will take in future care delivery, there is no doubt that the mental health needs of our nation are growing. Despite many adverse conditions that continue to challenge the profession, clinical social workers are in the best position to serve these clients. Staying informed about healthcare economy and delivery, developing sound marketing activities that reflect individual interests and personality and building solid clinical knowledge and expertise are three proven strategies that will sustain practicing social workers through the next wave of change.

Vickie H. Taylor is the editor of *Managed Care News*, a bi-monthly publication of the Clinical Social Work Federation (CSWF). The *Managed Care News* is written by clinicians and offers a unique perspective on the changing events in mental healthcare delivery. It covers a variety of topics including changes in the industry, practice ethics, marketing, regulation and legislation and important issues facing the clinical social work profession. For subscription information call 1-800-270-9739 or send \$19.95 (members) or \$29.95 (non-members) to *Managed Care News*, Clinical Social Work Federation, P.O. Box 3740-VIC, Arlington, VA 22203.

accounts of such brief developmental interventions that I have found in the analytic literature. In these chapters the author focuses on situations in which a well-developing child appears to be stuck at a particular developmental point and the parents seem unable to assist the child's forward movement. In these cases, which often involve as little as one to three sessions, the parents have sought help for such concerns as toileting problems, sleep difficulties, bowel retention, etc.. One sees Ms. Siskind beginning to gain her understanding of these situations from the first moment of the first phone call. She is a highly skilled observer and listener, able to arrive at hypotheses, not certainties.

When Bonnie's mother, for example, called for an appointment, explaining that Bonnie would not sleep, Ms. Siskind's diagnostic mind was tuned for the challenge. After four more telephone conversations to set a first appointment, Ms. Siskind began to develop some tentative ideas about the mother. She recognized her ambivalence and her wish that she be accommodated in the forthcoming endeavor. Yet Ms. Siskind found her appealing, and we can feel her curiosity and interest mount as she thinks further about the mother.

When Ms. Siskind and the sleep-deprived parents finally met (both parents were involved), Mother was calm, while Father appeared more frustrated and agitated. Ms. Siskind took note in particular of the fact that Bonnie's mother presented what was happening as a problem without a solution. Might she want the problem to have no solution — while the father would wish for one?

During the interview, Ms. Siskind asked a question which, she notes, she asks at some point during each of these brief consultations. She inquires as to whether the parents have ever clearly and specifically demanded that the child do whatever it is he or she is not doing and that, therefore, has led them to the consultation. In the case of Bonnie, she asked whether the parents had ever told Bonnie that after her bedtime stories, they wanted her to go to sleep and to stay asleep all night until morning. Both parents were very surprised at the question. No, they had never done this. Mother was certain it would not work, but Father was responsive. He apparently had refrained from such action, concerned that his wife would think him "dictatorial." It became clearer as they spoke that Bonnie's mother *did* have a need for there to be no solution. It also became apparent that this mother had difficulties in placing limits in other areas as well. Ms. Siskind speculated to herself as to why this might be so, drawing upon a broad array of possible unconscious determinants. However she did not explore these at this point, but sought to gently pave the way for sharing with the parents her understanding of a more surface issue that might be limiting their ability to deal with Bonnie more effectively.

She suggested that there seem to be two possible explanation as far as she could tell at this point. One would be that Bonnie did not sleep because there was something wrong with her. The other would be that she did not sleep because there may be something wrong with her parents' expectations that she go to sleep and stay asleep, "like other little two-year-old girls." Ms. Siskind believed that it was more likely that the second possibility was operating and proposed that they work on that first. If it did not help, they would explore the matter further together.

Recognizing the father's greater comfort, it was suggested that he take responsibility for dealing with the matter. During the remainder of the session specific ideas of how to do so were discussed. Ms. Siskind was sensitive to the mother's sadness during this part of the session and remarked upon it. This led to the mother's sharing how hard it had been for her to leave Bonnie to go to work when the child was six months old

and how difficult it was to part from her each day, even now. Ms. Siskind acknowledged the pain and noted how she could understand how these feeling might make it more difficult for Mother to set limits with Bonnie.

She then went on to try to help the mother see how Bonnie might profit from having expectations made of her, even though it was difficult. The little girl needed to feel that her parents were strong enough to be in charge. However, it was evident that Mother still remained uneasy and Ms. Siskind offered another session to consider the matter further. But the mother indicated that time would not help — she might as well get the matter over with.

It was decided, therefore, that they would give the plan a try. Before they left, Ms. Siskind requested a phone call from them after three or four days, whether they needed help or not. When the father phoned, he reported how well matters had gone and how good they felt after a couple of sound nights' sleep. It was a "miracle."

Ms. Siskind, in her discussion of this work, shows us it was not a miracle, but rather a demonstration of how a therapist's sensitivity, understanding and use of analytic theory can help mobilize a person's highest level of functioning. In this and in the other brief interventions described, Ms. Siskind took full advantage of the parent's wishes to be good parents. Her goal with them, as in the case of her work with other parents, was to restore their effectiveness and, in so doing, their own parental self esteem.

In the case of Max, a three and a half year old boy whose parents had been unable to toilet train him, Ms. Siskind shows us how she worked with both mother and son, using a tripartite treatment approach. In six sessions, Max began to use the toilet. There was no magic to this treatment either. Ms. Siskind very carefully details what transpired in their work together and explains how she understood its success.

There are, of course, accounts of longer treatments with children and parents who require more extensive help. There is Emmy, a psychotic child whose parents Ms. Siskind saw over time. There is Mrs. Kay, a mother who felt she never had anyone to listen to her and who could not give her children what she had never had. In her case, a far more intensive course of treatment was indicated.

In addition to the cases themselves, a variety of topics are taken up in "Working with Parents" which should be of considerable interest to child therapists, such as the referral process itself, as well a consideration of the treatment of parents who are in treatment with another therapist and the exchanges between those therapists and the child therapist. The matter of confidentiality in child treatment is given special attention. Ms. Siskind argues on its behalf for familiar reasons. However, she also underscores its importance in terms of the meaning confidentiality has for the relationship between patient and therapist, a point not ordinarily elaborated. She reminds us that when both partners recognize that what they are sharing is particular to the two of them, it tends to promote a stronger sense of connection between them, helping to forge a firmer therapeutic alliance.

This is an excellent book — informative, highly readable, and a fine addition to the libraries of analysts, whether they work with parents or not. Ms. Siskind used a word to describe a session with one of her small patients — "fascinating." She is fascinated by the creative therapeutic process. I think readers will find her fascination and enthusiasm contagious.

*"It's democratic, don't you feel? What I mean is, no one wants to dominate. Everyone's ideas are respected. It's not about anyone's authority," Dianne Heller Kaminsky responds to my query about why the Society's Education Committee works well together.*



Dianne Heller Kaminsky

brochure item. If it is 10:02, one may expect the Saturday morning meeting to have already begun, with few preliminaries apart from the usual gently exhortatory, "We have a lot to accomplish at this meeting." This is typically followed by a brief update of what she has found to attend to since the previous Saturday gathering, namely four to six details which no one, judging from the pleased surprise and relieved

"Since more individuals than I care to count have mistreated me without so much as a mea culpa, I always harbored a wish that someone, at the very least, apologize." So writes Susan Barron, in an uncommonly beguiling essay for a recent New York Times Sunday travel section about a visit to London, where her experience of its all-pervasive civility gives her continuous balm. "Clearly," she says, after ticking off numerous occasions when apologies were proffered even if none were due: "I had come to the right place."

Resolved as I have always been never to leave home to join a committee, it was with some surprise that I found myself accepting a mentor's invitation to become part of the Society's Education Committee, whose task it is to produce our annual conference in May. It was an invitation endorsed by its chairperson for the past five years, Dianne Kaminsky. While I hadn't joined in the hope of a global mea culpa from

Dianne for all the committees on which I, along with a succession of colleagues in various workplaces over the years, have been — let me put it straight to you — battered, bruised, and beleaguered, I had, nonetheless, come to the right place to be on a committee. I had, in fact, come to the London of committees.

It may not be hard to best that chairperson familiar to most of us who, at first meeting, peremptorily announces chapter, verse, and conclusion of all those to follow. Nor the committee of a friend in Pennsylvania whose chair one day, in a burst of untapped creative avoidance, decamped for an impromptu fishing expedition with a "Hey! I'm not in the mood to work today!" But still, given vaguely similar experiences, my dour levels were more or less high on the subject of committees when I joined the education group and met its chairperson.

"Dispatch. You don't want to waste people's time. And no one's tasks should be too onerous, the chair's included. That happens only when you're motivated. Everyone on our committee cares about the conference. We're all involved — we're attendees, too."

Dianne, among other things, likes tangerines. These are set out in quantity in a shallow basket on her dining-room table next to cobalt-colored napkins, a cheese board, and a plate of toasted dipping cookies. Coffee, very fragrant, very dark, and very strong ("It's my own brew."), steams on a side table next to the computer to which she will journey several times during the course of a meeting to adjust, following committee consensus, an ad, a form letter, a

nodes of those present, had thought required doing. If Dianne has an internal twelve-month clock wired to May of every year which prompts efficient committee planning, its hummings and buzzings and secondary alarms alert her also, from week to week, to the myriad particulars that need attention if the conference is to take place at all.

"When we're brainstorming a topic or title for the conference, we listen to each other. One person says something and ev-

eryone else runs with it so that you can't remember in the end what part of the whole belonged to what person. So each year we get really excited about the topic...the opportunities we hope it will open up to rethink what we do as clinicians."

This is the first Saturday in December, immediately after the deadline for proposal submissions. A slim figure in Oxford shirt and flannel slacks, Dianne is seated comfortably in her usual chair at

## Reflections on a Civil Committee

BY ROXANDRA ANTONIADIS, PH.D.,CSW

*Dianne has an internal 12-month clock wired to May of every year. . .its hummings and buzzings and secondary alarms alert her also, from week to week, to the myriad particulars that need attention if the conference is to take place at all.*

the table, the one closest to the kitchen telephone —just in case a quick call to someone will clarify discussion — a pile of papers in her lap. "Oh hi!" she says cheerfully, as committee members walk in past the open apartment door, hang up coats, and reach for coffee. Foregoing her usual update for the time being, she stands up to direct a proposal from two hefty piles in the center of the table toward the free hand of each. "Here they are, four copies of all submissions," she says, then reviews the criteria the group has developed for choosing workshops and panels. The members settle in and a long silence follows, punctuated by the rustle and flip of papers. Then the group spontaneously begins to murmur some initial observations even as the reading continues: "Great..." "Great!" "Number six?" "Right." "Well organized." "Original idea." "Number fourteen." "Is the theoretical base clear?" "This one needs a little paring down for a workshop. What do you think?" "Here's one that should appeal to a wide audience." "Number twenty-two?" "That one, too." The reading at last completed and the grids marked according to the requisite criteria, ten proposals sift down through enthusiastic discussion salted with references and comparisons to lectures, conferences, and workshops each of us has recently



attended. "Next week, you know, we agreed we'll be working together on putting out the program for the printer," says Dianne, who is now dialing from her post at the telephone as we clear the table of coffee cups and tangerines.

"Hopefully, a committee is fun. It's fun when there's a nice composition to the group. And getting that composition is...well, something of an intuitive process. And always, we're supportive of one another. No one should ever feel exposed."

The program is coming together. The cheese board is empty: it has been another long session. One detail remains: how to name the workshop which will focus on the movie, "Secrets and Lies," from which the title of our upcoming conference this May is taken. A familiar game of verbal table tennis suddenly begins. Sallies and repar-tees, sustained by the group's laughter, are lobbed back and forth, until one interjects, "Reel to Reel?" "R-e-e-l to R-e-a-l, you mean?" "I didn't, but that's better!" "I've got it! 'Screen Memories!'" Dianne, bent over the papers in her lap, is trying to catch her breath. "Let's find another movie so we can use that title, too!"

■ ■ ■

Not long ago, I made an evening telephone appointment with Dianne to report on a committee assignment. I called at the designated hour. No response. Twenty minutes went by. In my experience, Dianne is always early and gives the calming impression, furthermore, that she is prepared for any turn that a given meeting or conversation will take. Which she is. At 8:25, Dianne called, slightly winded. "I was just leaving my office when a patient walked in. He's been confused about appointments. The last time he arrived at 9:00 on New Year's Eve. This time he made sure to point out to me he was on time. He was, too! Only he got the date mixed up and was 24 hours early. I know I'm late calling you. I apologize."

There it was...mea culpa!

Thanks, Dianne — from all of us on the committee.

**Dianne Heller Kaminsky, CSW, BCD:** Graduate, Columbia University School of Social Work; psychoanalytic training (certificate) in individual psychoanalysis, in group psychotherapy and in the supervision of the psychotherapeutic process from the Postgraduate Center for Mental Health. Faculty and supervisor, Psychoanalytic Institute of the Postgraduate Center for Mental Health in individual and in group; faculty and supervisor, the Institute for Contemporary Psychotherapy and the Center for the Study of Anorexia and Bulimia; training analyst, the Blanton Peale Institute for Religion and Health; adjunct faculty, NYU School of Social Work and social work faculty, the Department of Psychiatry, New York Hospital-Cornell Medical Center; private practice, New York City. Experience in NYSSCSW: Diplomate of the Society and a member since 1972; served as Recording Secretary serving as Vice-President and Member-at-Large; Education Chair of the Society for the past three years.

**Roxandra Antoniadis, PhD, CSW,** maintains a private practice in Manhattan. She holds a Ph.D. in comparative literature and presents workshops on symbols of the self from a Jungian perspective.

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## Challenging Reading

# FOSTERING HEALING AND GROWTH

## *A Psychoanalytic Social Work Approach for the Clinical Social Work Classroom*

By Laurie S. M. Hollman, Ph.D.

Addressing the educational needs of contemporary clinical social workers is a complex task. They bring a wide range of clinical training and work experiences to the postgraduate classroom where they avidly seek clinical direction and focus to their work. In this essay, I will discuss the contribution of a new book, *Fostering Healing and Growth: A Psychoanalytic Social Work Approach* (Edward & Sanville, 1996), to clinical social work education. In this volume, two scholarly editors, Joyce Edward and Jean Sanville, offer a collection of articles with an impressive array of detailed clinical vignettes used to illustrate psychoanalytic approaches to understanding case material. Many features of the cases in this contemporary text are similar to those presented in a case seminar I am teaching at New York University in the post-masters Advanced Certificate Program in Clinical Social Work. I will use my classroom experience to illustrate the specific value of this volume to case seminars in clinical social work.

I offer a developmental psychoanalytic approach to understanding and intervening with a wide spectrum of cases presented by my stu-

dents, who are working on what Margaret Frank so aptly names, "front-line practice" ("A Clinical View of the Use of Psychoanalytic Theory in Front-Line Practice," p. 59). Teaching treatment technique to postgraduate students with cases on the front-line is a humbling experience. Some examples include treatment of a 30-year-old white man incarcerated for assault seen in prison; a 50-year-old white married woman with a history of suicide attempts and bulimia seen in a mental health center; an Hispanic 38-year-old mother who physically abused her daughter and lives in a shelter, seen in a treatment center for children; a 14-year-old African American male teenager recently separated from his incarcerated father, his primary caretaker, seen at a school; and a 40-year-old white Jewish woman, the daughter of Holocaust survivors, struggling with a life-long sense of bereavement, seen in private practice. Treatment is once or twice-weekly, individually and/or in groups.

I will refer to my students by name because this essay is the result of a cooperative endeavor. The students' responses to the chapters in this text form the basis of this article, followed by my recommendation for choosing this valuable book as part of clinical social work curricula. While the students' cases cannot be discussed in this brief article, the application of the ideas presented in this book to their treatment situations will be discussed.

The students are clinical social workers in a post-masters program with two to 12 years of clinical experience. Very few, however, have had organized training in treatment technique. They strive for a cohesive way to order their thinking during a session so that they know when, why, and how to intervene. Each takes up the challenge of presenting detailed process recordings of treatment sessions to the class. Their colleagues listen for themes, identify defensive and adaptive styles, and construct possible interventions, mindful of the interplay of transference and countertransference. The class becomes sensitized to the idiosyncratic way their "patients not only tell their stories but ... show them to us" and how this therapeutic work takes place "within carefully constructed treatment relationships" (Saari, "Psychoanalysis and Social Work Education," p. 407.) The luxury of the university classroom offers the context for collegial debate about technique. The students work toward becoming well-versed in metapsychology in their other courses, so that this seminar does not focus on which psychoanalytic theory to embrace, but rather on how to identify reasons for intervening and how to do so in everyday language with the purpose of promoting developmental and structural change and growth.

Reading Edward's chapter, "Listening, Hearing and Understanding in Psychoanalytically Oriented Treatment" (pp. 23-45), set the stage for the seminar. Edward's analysis of Mrs. Miles' nightly gown ritual informed the class about behavioral derivatives of unconscious fantasy. We began to entertain the idea of treatment as a series of unfolding psychodynamic puzzles that emerge in the therapist's mind that he or she formulates and tests out silently before choosing to intervene. Luba Shagawat describes Edward's chapter as "clear, concise and easily understandable...If you're looking for a defense of a specific theoretical model, you're in the wrong place. She does not try to convince the reader of anything. Rather, she describes a treatment session based on psychoanalytic understanding as it happened....She explains the process of communicating as the way we can understand the person."

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**Dr. Laurie S.M. Hollman describes the responses of her students, CSWs in a post-masters program, to the book, *Fostering Healing and Growth: A Psychoanalytic Social Work Approach* (Edward & Sanville, 1996). She recommends choosing this valuable book as part of clinical social work curricula.**

Reading Coleman's article, "Transference: A Key to Psychoanalytic Social Work," brought forward a discussion about how the nuances of conceptualizing transference affect the therapist's choice of how to word a transference interpretation. Some students lean toward conceptualizing transference as an idiosyncratic perception of reality based on the patient's experience. We discuss the notion that when therapists can identify with a patient's construct of reality, they are at the beginning of the process of empathy utilizing the mechanism of trial identification. Prior to the choice of intervention, the therapist continues the process of empathy by stepping back with an observing ego to consider the impact of the patient's psychic reality on his or her everyday life and on the treatment situation. Turrini's elaborate glossary is a fine resource for this discussion. She defines and distinguishes transference, transference fantasies, and transference ideation.

Carolyn Kennedy's comments about Shechter's chapter, "Maria's Second Chance: Resolving Oedipal Conflict in the Transference" further deepen this discussion of transference. Kennedy is taken with Shechter's clinical summary where she illustrates how to track treatment progress following an oedipal transference interpretation.

The importance of the intended purpose and the result of an interpretation is taken up again by Annette Lebor. After reading Chescheir's chapter, "From Holding to Interpretation," Lebor notes that Chescheir attempts to "bridge the transitional space between social work training and sophisticated social work practice." Lebor utilizes the ideas set forth in this chapter to examine the dynamic importance of the patient's reaction to the therapist's interventions. For example, she observes that an "interpretation may be heard as an intrusion or impingement on the patient's space" or that the particular style of interpretation may foster a transference reaction to the therapist as an authority. As Lebor attempts to integrate Chescheir's description of Winnicott's concepts, she thoughtfully evaluates Chescheir's dichotomy of the classical versus process-centered interpretation.

Following their reading of Graziano's chapter, "The Adult Survivor of Childhood Sexual Abuse: Linking Inner and Outer World," Marci Goldberg and Lynne Moses raise stimulating questions about the need for therapists to have clear objectives that support their use of particular parameters when conducting psychoanalytic psychotherapy with survivors of childhood sexual abuse. Moses highlights the need for treatment technique to meet the challenge of promoting structural change in patients whose defenses foster disconnection and fragmentation in their inner world. Goldberg highlights the challenge to the therapist of defining a holding experience for patients with acute difficulties in trusting others and the therapeutic impact of the therapist offering concrete, physical suggestions or activities in the treatment situation.

Both Goldberg and Moses appreciate Graziano's ability to raise these questions in a clear and organized presentation. Joseph Gagiano and Elliot Levitch are thoughtful about a companion paper, "The Good-Enough Social Worker: Winnicott Applied," by Applegate, that complements Graziano's chapter. They find Applegate's discussion of the ori-

Continued on page 12

# PSYCHOANALYSIS

By Marilyn G. Schiff, CSW, Chair

## COMMITTEE REPORT

In the months since I have been chairing the committee, we have found that the larger chapters, where members live in reasonably close proximity to each other, are eager to expand the peer study group concept with many kinds of new groups with new members. We have also found, not too surprisingly, that the process of convening is much more difficult in areas where members are fewer and live further apart. Convening a monthly group in such areas becomes either a half or full-day project. In other words, we have found that the difficulties encountered throughout the State have been reproduced in trying to launch the salons to afford practicing therapists with opportunities for professional growth and collegiality.

Therefore, it is a particular pleasure to report that the Metropolitan and Nassau chapters' groups are moving ahead strongly, and the Suffolk and Westchester chapters have begun groups which show promise. Mid-Hudson and Queens chapters are still struggling. Response has been very low from upstate Chapters.

Goals for the upcoming months are to spread expertise from the more successful Chapters to the others and determine how the Committee may assist the Society in strength-

ening far flung chapters.

**Met:** Joanne Horwitz, (212) 477-0047, reports about six mostly psychoanalytic groups. Efforts are underway to develop interest groups combining those practitioners with psychoanalytic and psychoanalytic psychotherapy foci. **Mid-Hudson:** Marian McClellan, (914)679-4389, has been struggling to find a concept around which the Chapter could coalesce. She would appreciate help. **Nassau:** Karen Solomon (516) 377-9084 is working on a questionnaire for those interested in peer groups. Judith Schaervery recently began a peer study group for group therapists. Also, there are child study and family therapy groups, informal discussion groups, and a newly-formed group for clinicians with one to three years of experience, organized by Estelle Rauch. **Rockland:** Janet Droga's changing work responsibilities have forced her to resign. Anyone who is interested in picking up the ball, please contact Janet or the Chapter president. **Suffolk:** Pat Firestone (516) 588-2857, reports she has had one group meeting. **Westchester:** Susan Freyberg (914)253-8144, has a small psychoanalytic group and would welcome more members for this or other groups. ■

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## Fostering Healing

continued from p. 11

gins of the concept of the holding environment essential to understanding patients who experience disruptions in their internal and external stability.

Rachel Terte and Oliver von Birkenwaldau develop the question of parameters further in their review of Miller's chapter, "A Psychoeducational -Psychodynamic Approach to the Treatment of Drug Addicts." Terte comments that Miller is effective in her use of clinical illustrations to support her assertion that she could not have maintained a working alliance "if she had ignored her patient's concrete needs...confirming the experience of many clinicians in a wide variety of outpatient mental health settings." Von Birkenwaldau similarly states that Miller's recognition of the day-to-day issues of an addict in treatment are combined with the necessity of "addressing the underlying feelings of guilt, shame, and denial." Terte concludes from her own experience that "as therapists, we may find it necessary to help patients with the practicalities of adjusting to life outside of residential treatment. However, unless we help them to gain insight into their behavior patterns and coping skills, they run a higher risk of repeating their past. In an effort to help patients grow, adapt, and understand themselves, many of us find ourselves juggling various roles as Miller illustrates in her article."

The class found Aronson's chapter, "The Use of the Telephone as a Transitional Space in the Treatment of a severely Masochistic Anorexic Patient" and Weintraub's chapter, "From Parental Failure to Foster Parent: Facilitating Development in the Life Cycle" particularly sensitive illustrations of unusual therapeutic work. The class was intrigued with Aronson's clear conceptualization and illustration of the use of the telephone as a transitional phenomena. They were impressed with the detailing of her patient's slowly emerging capacity to move along a developmental continuum toward the time when she could evaluate the need for the transitional activity herself. This is a fine illustration of a purposeful use of a parameter with enduring structural change as a result. Weintraub similarly demonstrates creative therapeutic work geared toward strengthening ego and narcissistic development when she describes her engagement of a physically disabled foster

Continued on page 14

## STUDY GROUP FORMING

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## Fostering Healing

continued from p. 12

mother in the care of an infant. Because this moving account of an extended at-home intervention is so out of the ordinary, it poignantly highlights the importance of ongoing diagnostic assessment and well-thought out therapeutic contact.

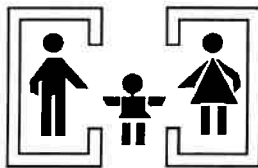
In Felberbaums's chapter, "Psychoanalytically Oriented Psychotherapy with the HIV Infected Person," further considerations of the nature of ongoing assessment are illustrated. R. Stephen McNulty comments that "Felberbaum clearly delineates the difficult issues confronting both patient and therapist dealing with potentially fatal illness and death." Cindy Teixeira finds that Felberbaum "sensitizes the reader to the multi-faceted, complex treatment issues of the patient who is HIV positive." According to Teixeira, Felberbaum indicates that "somatic diagnosis should not supersede and overshadow psychodynamic formulations" and that the clinician needs to take into account "the patient's personality configuration, including his or her ego capacities, and the unique meanings the illness has assumed for the patient" (p. 245). Teixeira points out how Felberbaum accentuates "the reparative and developmental opportunities available for the therapist who works with a patient who is dying" (p. 246)

Michelle Dunn continues this discussion of the importance of assessment on technique. She is impressed with Siskind's chapter, "The Child Therapist and the Child's Parents: A Precarious Alliance Viewed from a Psychoanalytic Perspective." According to Dunn, Siskind's emphasis on "the importance of assessing the parent's strengths and weaknesses in order to develop an empathic and professional stance" is an essential part of child treatment. From her reading, Dunn concludes that "this assessment provides an invaluable shift of focus in which the parent is viewed as a person in his or her own right. This, in turn, propels the treatment and forges the essential working alliance." Dunn applauds Siskind's suggestion that "using a psychoanalytic perspective to understand how developmental successes and failures promote or inhibit a parent from being able to care for his or her child" is more effective than an educational approach. The common usage of an educational approach where parents are offered advice they may not be developmentally ready to understand can sabotage the treatment.

Continued on page 16

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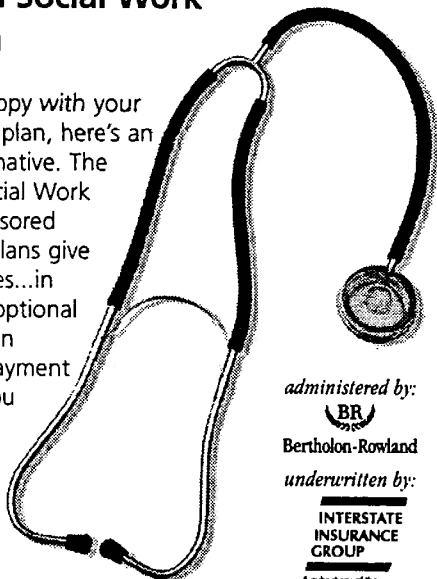
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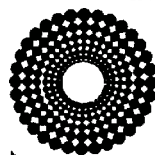
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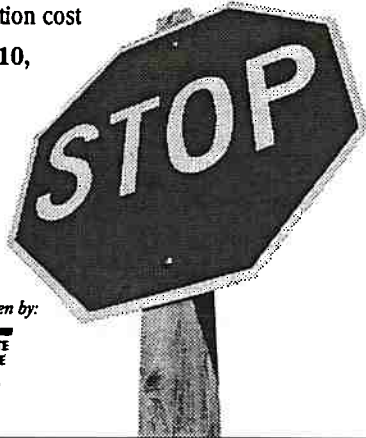


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## Fostering Healing

continued from p. 14

Mary Ricciardi Mastria indicates that William S. Meyer's chapter, "In Defense of Long-Term Treatment: On the Vanishing Holding Environment" is "validating for clinical social workers working in the trenches at agencies with patients who have histories of severe trauma and little ego strength." Ricciardi Mastria underscores how Meyer "eloquently expresses his concerns about how the current managed-care market is negatively affecting clinicians and the way in which they practice." Mastria indicates that "the tension between managed-care mandates and professionals' judgment leaves social workers...worried about the effects of short-term treatment...It is nice to be reminded, in these tenuous times, that long-term treatment ... may be the preferred treatment..."

It is clear that this text is well-received by my students. Unfortunately, every chapter of this distinguished book could not be discussed in this article, and every important aspect of the chapters that were reviewed could not be elaborated. However, this volume is more than a loose collection of articles. While the contributors to this book did not sit down at a table to discuss their work together, when the chapters are taken as a whole, implicit in the text is a debate among the authors about treatment, a debate that readily takes place in my classroom and any number of other clinical social work classes. The chapters become the stimulus for rich discussions, not about psychopathology, but about technique.

The idea that technique can be discussed without embracing a singular psychoanalytic orientation is impressive. It points to the universality of some principles of psychoanalytic technique and perhaps to an aspect of the "common ground" ("Postlude," pp. 419, 421) Sanville refers to that psychoanalytically-oriented social workers seek. It is also testimony to the capacity of a group of motivated clinical social workers to regularly work toward conceptualizing and putting into practice the complex technical tasks that confront and challenge them. Finding scholarly texts to support this work is the task of curriculum makers and this volume is a fine recommendation for required reading toward that end.■

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Laurie S. M. Hollman, Ph.D., B.C.D. is a training and supervising analyst at the Society for Psychoanalytic Study and Research where she is on the executive board and curriculum chair. She is an adjunct assistant professor at the Ehrenkranz School of Social Work, NYU. Her most recent publication is a contribution to the Psychoanalytic Study of the Child, Vol. 52, 1997 ("Developmental Considerations in Female Latency: A Discussion of Kidnapping Fantasies in Nine-Year-Old Girls"). She practices psychoanalysis and psychoanalytic psychotherapy with adults, and psychoanalytic psychotherapy with children and adolescents in Cold Spring Harbor, NY.



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# Spotlight

## **Frances Aquino, csw, ROCKLAND CHAPTER**

### **WHO:**



Frances Aquino, CSW, President or co-President of the Rockland County Chapter since 1992, will step down later this year. She received her Master's degree from New York University School of Social Work. She completed the Advanced Certificate Program at the Post Graduate Institute of the Center for Family Learning in New Rochelle. Ms. Aquino is a former faculty member of this institute, where she taught and supervised postgraduate students. She has maintained a private practice in Rockland County since 1983 in family systems therapy specializing in nontraditional families and couples.

### **MISSION:**

To educate the public about the field of clinical social work. In her job as office holder in the Rockland chapter, she accepted all invitations for the Chapter to speak or be represented — at psychological and psychiatric association dinners and meetings, on a school-based committee for outreach to families in crisis, as a volunteer in the first multi-disciplinary effort of the Chapter, conducting depression screenings for the Mental Health Association at a health fair in "The Mall." Distributed the Rockland Chapter's brochure, defining clinical social work, on college campuses and elsewhere. The message on her answering machine begins, "You have reached the Clinical Social Work Practice of ..."

### **COALITION BUILDING:**

Helped reinforce ties to the Mental Health Coalition, so that the mental health community can speak with one voice. In 1996 she represented the Society on the newly-formed Rockland Coalition for Mental Health (RCMH). With Chapter member Carol Olori and Coalition member Dr. Lois Kroplick, among others, worked to make the Chapter better known and respected.

### **SCHOOL PROGRAM:**

The first project of the RCMH was born of her strong belief that mental health classes should be part of the school curriculum. As education co-chair of RCMH, she helped launch a program at Stony Point Elementary School, where both her children attend classes. Met with principal, Ted Lindenberg, school psychologist and fifth grade teachers to discuss mental health problems of the students, including ADHD, childhood depression and the stigma of mental illness.

### **THE ARTS:**

The Rockland Players, affiliated with the local mental health association, presented three skits to a fifth grade assembly. They portrayed a student with ADHD, a child saddened by his mother's depression and a child struggling with the emotional turmoil of his parents' divorce. A lively discussion between the children and mental health professionals followed. The message conveyed was that mental illness is no one's fault, it's treatable — and we all have to take care of mental health, just as we do of spiritual or physical health. Art therapist Terry Schoenfeld helped students share their feelings with art projects. In a follow-up meeting two weeks after the assembly program, coalition members met again with the principal and fifth grade teachers, who said they were touched by the presentation and wanted more of the same.

### **RECOGNITION:**

The program has since been repeated in two other elementary schools and has been nationally recognized in psychiatric and several other association newsletters.

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