

The CLINICIAN

FALL 2002 ■ VOL. 33, NO. 3

The Newsletter of the New York State Society for Clinical Social Work, Inc. • A Founding Member of the Clinical Social Work Federation

Landmark Psychotherapy Legislation Begins with Clinical Social Work

Marsha Wineburgh, DSW, Legislative Chair

Just before midnight, August 13, 2002, Governor George E. Pataki allowed the social work licensure bill, S.7711-A/A.11761-A, to become Chapter 420 of the Laws of 2002. With the enactment of this legislation, New York State becomes the 48th state in the nation to license social work, leaving only Michigan and Arizona to be regulated.

After more than three decades of legislative effort, New York State has finally enacted landmark legislation to protect the consumers of mental health services and to regulate the social work profession which delivers the majority of mental health treatment. Clinical social work is the first non-medical professional group to be regulated in its practice of psychotherapy in New York State. At the time of this writing, waiting in the wings to be signed by the Governor are psychology, marriage and family therapists, mental health counselors, creative arts therapists and non-traditionally trained psychoanalysts. Clean-up amendments to the social work statute will be completed this fall.

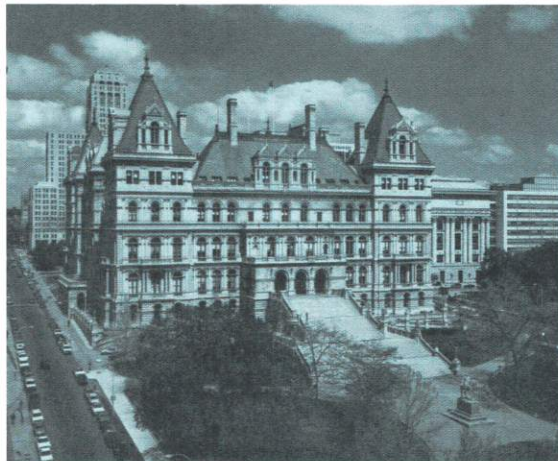


PHOTO OF NYS LEGISLATURE COURTESY NYSOSGS

New York State has finally enacted legislation to protect consumers and regulate the social work profession.

Two Tiers

The legislation, which takes effect in September 2004, creates two levels of

CONTINUED ON PAGE 3

EXECUTIVE REPORT

Mobilization of the Profession

By Helen Hinckley Krackow, CSW, BCD,
Society President

This is a time for celebration. New York State social workers and clinical social workers have gained licensure. We are the first mental health professionals, other than psychiatrists, to have such a licensure. Passage of the legislation, so important to our clinical social work identity, has taken 13 years of continuous effort led by Dr. Marsha Wineburgh, our Legislative Chair, a former State Society President as well as National President of CSWF. Countless hours were devoted to travel, lobbying, meetings, conference calls, and letter writing campaigns. Several versions of the bill were drafted before the final version was agreed upon — one that protects the public by spelling out very clearly the

CONTINUED ON PAGE 2

IN THIS ISSUE:

- 4 Concerns About Parental Permissiveness
- 5 Society Members Inducted into National Academies of Practice
- 6 Keynote Speakers at 33RD Annual Conference



Executive Report

By Helen Hinckley Krackow, CSW, BCD, Society President

CONTINUED FROM PAGE 1

scope of practice of a clinical social worker.

At times through the years it seemed that we would never move the State Legislature. Much coordination

and work had to take place, including interfacing with many other mental health organizations. Of invaluable assistance were the efforts of Hillel Bodek, the Society's Chair of Forensic Clinical Social Work, and Chair of the Committee on Ethics and Professional Standards and By-Laws, as well as the members of the Legislative Committee. The Society is very grateful to those who wrote to their legislators and to Governor Pataki and those who made calls regarding physician referral.

Society members should take heart from this success. Other seemingly impossible initiatives can be tackled

now. We must build the public's awareness of our role in clinical mental health treatment. We must mobilize to take on the managed mental health care industry. We must work with other mental health organizations to influence the insurance industry and state and national governments regarding reimbursement for mental health treatment. Agency and private practice clinical social workers need to be paid more.

Americans have been forced to look squarely at the issue of mental stress as a result of the September 11th

terrorist attacks. They are beginning to feel entitled to deal with their emotional pain and ready to stop pushing it under the carpet. We need to capture the moment for the welfare of our profession and of the public.

Do we as clinical social workers believe in supporting our professional identity financially and with our energy? I believe we do. I believe we must. Can we mobilize to protect our own profession and to practice the mental health treatment we believe in? I know we can! I have lived as an engaged activist for my entire professional life, and it has brought me great satisfaction with every dollar and day of work spent.

Long live the profession of clinical social work! I hope that you take joy in our victory. ■

Americans have been forced to look squarely at the issue of mental stress as a result of the September 11th terrorist attacks. We need to capture the moment for the welfare of our profession and of the public.

2

Adrienne Lampert Honored



PHOTO BY HENNI K. FISHER

Helen Krackow (left) and Adrienne Lampert.

On April 7, 2002, Adrienne Lampert, CSW, BCD, was honored at a Brunch Meeting of the Brooklyn Chapter of the State Society and presented with a plaque acknowledging her many contributions at the chapter, state and national levels of our organization. She founded the Brooklyn Chapter in 1978, served as its president from 1984-1989, as President of the State Society from 1987-1989 and then as President of the Clinical Social Work Federation from 1990-1992. In addition, she is a Distinguished Practitioner in the National Academies of Practice in Social Work. Helen H. Krackow, Society President, said that although Ms. Lampert recently moved from the Greater Metropolitan area to Ithaca, she would continue as State Membership Chair. "Indeed, she will continue to shine as a jewel in the crown of the State Society."

NEW YORK
STATE
SOCIETY
FOR



CLINICAL
SOCIAL
WORK,
INC.

The CLINICIAN

The Clinician is published three times each year by The New York State Society for Clinical Social Work, Inc.

SOCIETY PHONE: 1-800-288-4279

SOCIETY WEBSITE: www.clinicalsw.org

EDITOR: IVY MILLER, 31 JANE STREET, APT. 14C

NEW YORK, NY 10014 • (917) 606-0424

ivymill1@netscape.net

EDITORIAL CONSULTANTS: HELEN H. KRACKOW, NEWSLETTER CHAIR, CAROLYN COLWELL, LESLEY POST, AND SUSAN SOPH-RIVERA

DEADLINES: JANUARY 10, APRIL 5 AND SEPTEMBER 1

AD SIZE	MEASUREMENTS	1 TIME	3 TIMES
2/3 PAGE	4 15/16" W x 10" H	\$325	\$295
1/2 PAGE VERTICAL	3 5/8" W x 10" H	\$250	\$225
1/2 PAGE HORIZONTAL	7 1/2" W x 4 7/8" H	\$250	\$225
1/3 PAGE (1 COL.)	2 3/8" W x 10" H	\$175	\$160
1/3 PAGE (SQUARE)	4 15/16" W x 4 7/8" H	\$175	\$160
1/4 PAGE	3 5/8" W x 4 7/8" H	\$140	\$125
1/6 PAGE (1/2 COL.)	2 3/8" W x 4 7/8" H	\$ 95	\$ 85

Display ads must be camera ready. Classified: \$1/word; min. \$30 prepaid.

Landmark Psychotherapy Legislation Begins with Clinical Social Work

CONTINUED FROM PAGE 1

practice: the generalist level, the Licensed Master Social Worker (LMSW), and the autonomous clinical level, the Licensed Clinical Social Worker. The scope of practice for LMSW includes the functions of prevention, assessment, evaluation, formulation, implementation of plans of action based on client needs and strengths, and intervening "to address mental, social, emotional, behavioral, developmental and addictive disorders... psychosocial aspects of illness and injury experienced by individuals, couples, families, groups, communities, organizations and society." Administration of tests and measures of psychosocial functioning, social work advocacy, counseling, consultation, research, administration, management, teaching and supervision are also included. LMSWs may deliver mental health services, but, as in the "P" vendorship statute, they must be supervised by a licensed mental health professional. Anyone currently holding the title of certified social worker will be grandfathered in as an LMSW. Any person who has an MSW and five years of post-graduate social work employment can apply to be grandfathered in at the LMSW level without examination.

Autonomous Clinicians

The second tier of licensure recognizes the professional experience and education of clinical social workers and establishes autonomy, i.e., practicing without supervision, for those qualified to be licensed. Licensed clinical social workers are no longer defined by their work setting, but rather by their knowledge and experience when it meets the State's standard for competence. This professional status carries with it the ethical responsibility to update clinical skills and knowledge continuously, even though continuing education is not a requirement in this licensure statute. It also provides the clinician with a more substantial legal and ethical platform, in any practice setting, from which to advocate for patients. Licensed practitioners have an independent position from which to promote improved human services programs, whether they work in agencies, hospitals, HMOs, or contract with managed care organizations.

Under this statute licensed clinical social workers can diagnose and treat patients as well as provide the same services as LMSWs. The scope of practice for LCSW includes "the diagnostic assessment of mental, emo-

tional, behavioral, and addictive and developmental disorders and disabilities and of the psychosocial aspects of illness, injury, disability and impairment... administration and interpretation of tests and measures of psychosocial functioning; development and implementation of appropriate assessment-based treatment plans; the provision of crises-oriented psychotherapy, brief long-term and short-term psychotherapy, psychoanalysis and behavioral therapy to individuals, couples, families and groups.

This professional status provides the clinician with a more substantial legal and ethical platform, in any practice setting, from which to advocate for patients and improved human services programs.

Any CSW who has qualified for a "P" or "R" will be grandfathered in as a Licensed Clinical Social Worker. Any CSW who has the qualifications for either the "P" or "R" can apply to be qualified by the State Board for Social Work and be grandfathered in without examination.

State Society Leadership

The State Society has been a leader in social policy issues since its founding in 1972. The organization is responsible for initiating both the vendorship effort that led to mandatory insurance reimbursement for clinical social work services in 1985, and the current licensing campaign. Passage of the latter was complicated by three major problems: reaching agreement within the social work community for support of the same licensing legislation, creating a critical mass of legislator interest in licensing psychotherapy in the State, and, finally, finding a method to license the major groups delivering unregulated psychotherapy services in New York State.

The State Society is responsible for initiating both the vendorship effort that led to mandatory insurance reimbursement for clinical social work services in 1985, and the current licensing campaign.

The last problem arises because a scope of practice license defines specific functions as belonging to the specific profession being licensed. For example, if clinical social work included the functions of "diagnosis and treatment" in the license, psychologists and other mental health practitioners trained to diagnose would need to have their own licensing bills or be exempted

from the social work bill. This was further complicated by the fact that new groups of practitioners were recognized nationally and in other states but had no legal status in New York, for example, marriage and family therapists and mental health counselors. Thousands of hours were spent by hundreds of mental health practitioners over the last 11 years trying to develop a reasonable mental health policy in this arena.

CONTINUED ON PAGE 14

Some Concerns About the Current Nature of Parental Permissiveness

By Diana Siskind, MSW, BCD

*The National Membership Committee on Psychoanalysis is sponsoring, jointly with the New York State Society for Clinical Social Work, a series of articles for **The Clinician** written by distinguished members of the NMCOP. The first paper in this series was written by Jane S. Hall and appeared in the Spring 2002 issue. The paper in this issue is contributed by Diana Siskind. Future articles will appear as space allows. Please call Marilyn Schiff at 212.255.9358 if you have comments or suggestions.*

A trend toward parental permissiveness has reached such extreme proportions that it warrants the attention of our profession. In the many families whose style of parenting is representative of this trend, attitudes toward childcare have changed so much that the very face of family life has been transformed. I would like to comment on the effect of these changes on child development, on parenthood as a developmental phase, and on the role of the therapist with regard to this phenomenon.

A brief description of extreme permissiveness might sound familiar. You have probably seen and heard examples of it both in your practices and in your daily lives. The permissive parent places enormous value on denying the existence of the generation gap; consequently, children of all ages, including very young ones, are encouraged to make decisions that more traditionally fall within the domain of parents. Children as young as two and three are consulted about family menus, modes of transportation, preferences regarding taking a bath, where and when to sleep, toilet training, family vacations, choice of baby sitter, and so forth. It is not unusual to overhear, at a playground, a mother ask her three-year-old whether she wants to have lunch at home or in a restaurant; if a restaurant which one, and shall they walk there, take the bus or a taxi? If we follow this pair to the restaurant, we might overhear the child order an extraordinary amount of food, show no interest in eating, and then be allowed to play with the food and make a huge mess — all this under the benevolent eye of the parent. We will also note that the parent will do her best to accommodate any demand made by the

child, and be apologetic if unable to meet a demand, no matter how unrealistic. We might marvel at how literal but patient the parent is in her response to these demands and how unaware of the growing sleepiness of the child who, after a vigorous morning in the playground, is trapped in a restaurant under a mountain of food when she would perhaps be happiest in her own room taking a much needed nap.

What we have here is a common example of a major shift in the care-giving function of a parent. The more traditional view of parent as an adult taking charge, making decisions, soothing, teaching, protecting but also having certain expectations of her child,

are replaced by a parent who strives to be patient and democratic above all else. This parent does not say no to her child and, with the absence of a parental no, the child is denied the opportunity of taking a critical developmental leap: identifying with the no-saying parent and discovering her own ability to say no. We know from the work of Rene Spitz that the appearance of no is an indicator that a new level of psychic organization has been attained, marking the beginning of abstract thinking, self-object differentiation, autonomy, and

inner regulation. When these developmental milestones fail to take place, we see a dramatic increase in separation anxiety, narcissistic disorders, and various adjustment disorders. Among young children this has resulted in an increase of such symptoms as sleep disturbances, eating problems, very delayed toilet training, and even elective mutism.

The impact of extreme permissiveness on development is multifaceted but, if I were to chose one area

The impact of extreme permissiveness on development is multifaceted, but if I were to choose one area where the harm is most disturbing, it would be that children who are constantly praised, indulged, entertained and scheduled are denied the opportunity of developing the capacity to reflect and to recognize and regulate their own moods.

Three State Society Members Inducted Into the National Academies of Practice

Recognized for their consistent and outstanding contributions to the advancement of clinical social work practice, three members of our society were inducted into the National Academies of Practice (NAP) at its Installation Banquet on April 13 in Arlington, Virginia. They are Richard M. Alperin, Joan K. Cohn, and Carol Tosone.

Founded in 1981, the NAP is dedicated to serving as the nation's distinguished interdisciplinary healthcare forum addressing public policy, education, research, and inquiry. It is comprised of Distinguished Practitioners and Scholars from the primary health care profession, which includes Dentistry, Nursing, Optometry, Osteopathic Medicine, Medicine, Psychology, Podiatric Medicine, Social Work, Veterinary Medicine, and Pharmacy. Each year, the NAP sponsors a forum on aspects of interdisciplinary collaboration. Since only 100 members can be elected in each Academy, selection is indeed an honor.

Based on his 28 years of experience as a clinical social worker, Richard M. Alperin, DSW, a diplomate in the State Society, was elected into the Academy as a Distinguished Practitioner. He received his M.S.W. from Fordham University, his DSW from Columbia University, and a Postdoctoral Diploma in Psychoanalysis and Psychotherapy from the Derner Institute of Advanced Psychological Studies, Adelphi University. He has been in full time private practice since 1985 in Riverdale (Bronx), Manhattan, and Teaneck. From 1991 to 1996 he chaired the Society's Committee on Psycho-analysis and from 1991 to 1994, served on the Executive Board of the National Membership Committee on Psychoanalysis in Clinical Social Work. He currently teaches and supervises analytic candidates at the New Jersey Institute for Training in Psychoanalysis, the Object Relations Institute for Psychoanalysis, and the Psychoanalytic Study Center. One of three social workers in Who's Who in the World, he is the author of many publications and coedited a book with Dr. David Phillips, "The Impact of Managed



NAP inductees included three State Society members: Richard Alperin (second from left), Joan Cohn, (third from left), and Carol Tosone, (second from right).

Care on Psychotherapy: Innovation, Implementation, & Controversy.”

Also elected into NAP as a Distinguished Practitioner, Joan Kirschenbaum Cohn, DSW, is a clinician, assistant professor, lecturer, and author in the social work field. She helped initiate and build community based and organizational programs with major teaching hospitals including Harvard (Brigham and Women's Hospital and Children's Hospital), Stony brook University and Mount Sinai Hospitals.

In her career as a clinician she has had the opportunity to treat individuals, groups, and families from different ethnic and socio-economic backgrounds. Her patient population has spanned very young children to senior citizens. She has served as a consultant to nursery schools, day care centers, colleges and family busi-

nesses. She also provided crisis incident debriefing for a Wall Street firm after 9/11.

Dr. Cohn was a founding member and Associate Director of Mental Health at the Mount Sinai Women's Health Program in New York City. In this academic-based interdisciplinary primary care practice, she helped train physicians about women's health issues and participated in women's health research. In addition to her clinical responsibilities as a therapist, she has been an Assistant Professor in the departments of

Each year, the NAP sponsors a forum on aspects of interdisciplinary collaboration. Since only 100 members can be elected in each Academy, selection is indeed an honor.

Collaborative Dialogue: The Clinical Process

Dianne Heller Kaminsky, Education Committee Chair, introduced May's well-attended conference. Its objective was "to look at therapeutic action and the psychodynamics of the therapeutic relationship. The particular aspects of therapeutic action that facilitate psychological change are likely to vary from person to person... Because change occurs for many different reasons, there are many different theories about which factors actually contribute to bringing it about. Each of our presenters will give their view of therapeutic action. Although this conference is not about Sept. 11th and the impact of terrorism on our lives and work, we all live in its shadow and cannot help but be affected by it, and the presentations will reflect that."

She went on to thank her committee for all their hard work. The committee included Roxandra Antoniadis, Richard Beck, Tripp Evans, James MacRae, Phylliss Mervis, Carol Silverman, Jane Stark, and Jill Winston.

Moving In – Staying Out

Keynote Review by Carol Silverman, MSW, BCD

Judith Rosenberger, Ph.D., the first of the keynote speakers, presented a stimulating and timely paper entitled, "Replenishing Depletion States in Our Patients and Ourselves." The thesis of this paper is "that we do not move on...until we move in." By "moving in," Dr. Rosenberger means a deep engagement with the product of the trauma, i.e., "fragmentation of the self." Moving in is seen as the "path to replenishment," while staying outside leads to depletion in both patient and therapist.

Dr. Rosenberger quoted or referred to the work of Sandor Ferenczi, Emanuel Ghent, Christopher Bollas, and Sigmund Freud as well as the poets Billy Collins, Wm. Mathews and W. B. Yeats to enrich her presentation of the theoretical and clinical material.

Dr. Rosenberger made three important points about depletion and replenishment. First, depletion states are the product not of engagement but of protracted hesitation between instinctual states of flight or fight. Second, pursuit of engagement with the traumatized patient's fragmentation is a quest for the transformational moment, which necessarily occurs in relationship. Third, the transformational moment is mutually replenishing.

Dr. Rosenberger talked about the flight or fight concept as a visceral instinctual response to threat. We see in the diagnosis of PTSD the phenomenon of hyperventilation and flashbacks, and the more erosive effects of protracted arousal states due to lower level but unremitting anxiety signals, as causing more insidious ego compromises.

Dr. Rosenberger suggests that Freud's idea of neurotic anxiety as arising from internally generated states of threat disregards the anxieties (protracted arousal) related to untenable social conditions, which are real "and not amplified by unconscious associations." (This writer believes that the varieties and individuality of responses to external triggers suggest that unconscious associations are involved even when overwhelming external forces predominate.)

In working with traumatized patients the clinician must be attentive to the parallel processes that are likely to ensue and to her responses to them, i.e., survivor guilt, a version of super-ego anxiety, anxiety about the gratitude for one's own safety and resentment at having to repress one's own relief. These feelings may lead to depletion, as we feel guilty about our own wish to flee, powerlessness to fight and gratitude that we are relatively safe. Ferenczi is quoted regarding the need for the clinician's awareness of failure to reach full contact with the patient's communicated distress.

We must "give up that passivity and place ourselves at the patient's disposal in a passionately active manner."

In the introduction to the poignant case example, Dr. Rosenberger describes her own struggle with compassion fatigue or survivor's guilt that depletes therapeutic reserves, the therapeutic self, and inhibits the ability to contact the passionate activity about which Ferenczi speaks. The case example is of Linda, a graduate student who had been trapped for a time in her school near Ground Zero. She was able to flee north



Judith Rosenberger

PHOTO BY SANDRA INDIG

6

Carol Silverman is a graduate of the Psychoanalytic Institute of the Postgraduate Center for Mental Health. She is in private practice in New York City.

with others and eventually to rendezvous with her father, who took her home to New Jersey. Weeks later her disrupted sleep, loss of concentration, social withdrawal, tearful hopelessness and relentless revisiting of the day were not abating. It was difficult for her to finish the school semester. She felt that people were losing the ability to be sympathetic and losing interest in her experience of 9/11. She felt ashamed and guilty of continuing to feel afflicted, especially given that she had suffered so little compared to the actual victims of the attack and their families.

Dr. Rosenberger asked her to describe the day, her feelings and the aftermath and reassured her that she had suffered and that it was appropriate to grieve. Dr. Rosenberger suggests that she had "mobilized the tools of crisis intervention, recalling her latent ego capacities, mollifying her harsh superego, placing the crisis in the context of time in which there was a before and would be an after." Using Bollas' idea of identity themes and self-image, Linda's identity theme was thought to be one of hyper-responsibility. That, in addition to feeling immature because she was still a student and living with her parents at age 26, was part of the problem.

Dr. Rosenberger describes her own experience of the session, recognizing her "internal shrinking" from the patient's description of her experiences and "helpless anguish about her failed recovery." Despite the temptation to "move out," i.e., end the session with some consoling words, a less than conscious feeling of something unsaid or undone led her to break a comfortable silence with the words, "Something else you want to tell me?" Dr. Rosenberger has no doubt that what followed had only at that moment achieved the capacity to be represented in words. The patient related that while she was running north, she passed the firehouse of a friend and she had not stopped to inquire about him. This flooded out in a way that indicated she was reexperiencing the feelings of that moment, as was Dr. Rosenberger in an empathic identification. Her friend had died in the tower collapse. She was excoriating herself for not having stopped to inquire about him, as if this would have prevented his death.

Dr. Rosenberger believes strongly that "the therapeutic moment occurred in not abandoning her to the state of unintegration of self that had kept this memory from view." She also feels that having been invited into a "facilitative encounter" enabled Linda to allow the memory to surface, and to achieve the capability of representation and communication. The source of the amnesia was the presence of a "sinister internal self-



PHOTO BY SANDRA INDIQ

Education Committee: (left to right, front) Jill Winston, Roxandra Antonaides, Dianne Heller Kaminsky, Chair; (left to right, back) Carol Silverman, James MacRae, Tripp Evans, Richard Beck, June Stark.

doubt that was equal in traumatic impact to her exposure to terror." She had departed from her identity theme. The facilitative mothering act was caring to discover the unintegrated self-dimension and to rid it of self-rebuke. Facilitation was of an unintegrated self that included parts that are previously unknown. Referring back to Ferenczi, the facilitation was one of "passionate activity," in which the invitation had to be made, urged, coaxed forward, and yet the invitation was contentless requiring unintegration in the listener.

Linda, Dr. Rosenberger said, was able to finish her school term, was sleeping better and was feeling some return of interest in the future and had accepted a referral for further clinical work.

Dr. Rosenberger suggests that our own moments with transformational objects create a memory, which we seek to recreate in our work with patients. Paradoxically, we can only use this experience by giving up our own self-integration and trusting to the mutuality of creating a re-integration with the patient's help. We attempt to fit together with the patient and one tool that we can use is the concept of surrender (a concept of E. Ghent) which Dr. Rosenberger sees as a form of passionate activity in which we ward off our own need to know, do, and think to allow for the emergence of something else.

Dr. Rosenberger then introduced the work of three poets and of Christopher Bollas to elucidate some of her thinking. From Bollas we learned that the need to experience unintegration in the search for a transformed integration is a giving up of an integration based on defensive paralysis, which is depleting. Unintegration in the pursuit of deeper rapport is replenishing. ■

Collaborative Dialogue: The Clinical Process

Holding, Containing and Facilitating Couples with Trauma Histories

Keynote Review by Richard Beck, RCSW, BCD, CGP

Richard Beck,
president-elect
Eastern Group
Psychotherapy
Society has a
private practice
in NYC specializing
in Trauma.

Barbara Feld's keynote address both held and contained her audience as she enhanced our understanding of treating couples with trauma histories. She described her method of incorporating both attachment and dynamic systems approaches. Ms. Feld's goal in couples treatment is "to help partners to become aware of and better regulate the co-created, interactive aspects of their relationship." When couples have a history of trauma, the clinician has additional elements to understand, namely how early traumatic experiences play out in the context of their interpersonal relationships. Traumatized persons tend to use "avoidant, disorganized or ambivalent strategies of stress regulation," according to Ms. Feld, as opposed to secure and responsive ones. They are frequently "blaming and distrustful" and in "combat or disengaged." If there was no safety in the family of origin, especially "if love was associated with the original trauma," it plays out in the couple's relationship.

Recent advances in psychoanalytic thought in individual treatment are incorporated in treating the dyadic system. These advances relate to attachment theory (based on Bowlby's work) and dynamic systems approaches and ideas about "self and mutual regulation of affect." These are the twin lenses through which Ms. Feld views her work with couples. Attachment theory research by Ainsworth identifies "attachment orientations" relating to how one views self and others in a "strange situation." They are 1) secure 2) insecure (avoidant and ambivalent) and 3) disorganized. Bowlby's "working model" describes the first five years of the reciprocal relationship between child and mother as forming the basis of later relationships." The mutually influencing systems can cause problems for couples that, Ms. Feld found, were further exacerbated after the terrorist attack on September 11th, 2001.

According to Ms. Feld, "when the security of a bond is threatened, a person responds with typical attachment-seeking behaviors that were designed in childhood to regulate anxiety." The "building blocks" of

secure attachment, "emotional accessibility and responsiveness between important others, open physical access, self-regulation, and a reflective function in the parental figures," need to become available in the treatment setting."

The dynamic systems perspective, which emphasizes the "process and systems aspects of interactions" overlaps and complements Ms. Feld's use of attachment theory. This reciprocal relational process "shapes each partner's individual state of consciousness as well as being shaped by it." In order to understand the couple, it is important to understand the system created.

The two theories described by Ms. Feld focus on different aspects of a related phenomenon, and it is with wisdom, clinical experience and expertise that she is able to utilize both. She described the "frame" within which treatment

occurs, in particular, the importance of the therapist creating a "safe holding and facilitating environment" that is helpful for the expression and exploration of the relational processes" that the partners bring to treatment. We need to be able to sit with the



Barbara Feld

PHOTO BY
SANDRA JANDI

couple and all of their affects, she said, especially the unexpected, disorganized ones. We need to provide a "secure base" from which each partner can "explore the wish to be understood by the other."

Ms. Feld references Winnicott's holding environment in couples treatment as a place where "one can grow and repair," one that the therapist needs to constantly maintain. It is a different environment from that of the family of origin of each partner. The listening stance Ms. Feld takes, one of facilitating a sense of "being attended to and understood" for both partners, helps to create such an environment. It requires "modeling direct communication and cooperative, coherent discourse to repair the cycle between people."

Ms. Feld went on to describe how the terrorist attack affected couples, especially those partners with trauma histories who were unable to turn to each other with compassion. She described one such couple in treat-



PHOTO BY SANDRA INDIG

Conferees: (left to right, front) Barbara Feld, Judith Rosenberger; (left to right, back) Florence Rosiello, Dianne Heller Kaminsky, Carl Bagnini, Gwenn Nusbaum, Rhoda Ritter, Nancy Kahn.

ment. Paying attention to their non-verbal communication was very important, as was paying close attention to her own countertransference reactions.

A masterful clinician, Ms. Feld modeled understanding, accessibility and responsiveness during this delightful presentation. ■

State Society Members Inducted into the National Academies of Practice

CONTINUED FROM PAGE 5

Medicine and Community and Preventative Medicine. She has mentored medical students and residents and taught the importance of the psycho-social aspects of disease. Before coming to Mt. Sinai, she was a supervising social worker and instructor in Pediatrics and Medicine at the State University of New York at Stony Brook.

Dr. Cohn received her undergraduate degree from Jackson College of Tufts University, a Master of Arts from Columbia University, a Master of Social Work from Boston University and a Doctor of Social Work from Adelphi University.

Carol Tosone, PhD, was inducted into the NAP as a Distinguished Scholar in Social Work. Dr. Tosone is an Associate Professor at the New York University Shirley M. Ehrenkranz School of Social Work and a recipient of the Distinguished Teaching Award and Medal.

Dr. Tosone serves on the editorial boards of *Psychoanalytic Social Work*, *Psychoanalysis and Psychotherapy*, *Social Work in Mental Health* and *Social Work in Health Care*. She is the author of profes-

sional articles on the topics of countertransference, short-term treatment, trauma and women's issues. Dr. Tosone is co-editor of two books, *Love & Attachment: Contemporary Issues and Treatment Considerations*, and *Doing More With Less: Using Long-Term Skills in Short-Term Treatment*.

Prior to joining the faculty of NYU, Dr. Tosone was an Assistant Professor of Psychiatry (Social Work) at Temple University School of Medicine in Philadelphia. Dr. Tosone received her M.S. from Columbia University, her Ph.D. from New York University Shirley M. Ehrenkranz School of Social Work, and her certification in psychoanalysis and psychotherapy from Postgraduate Center for Mental Health, where she was the recipient of the Postgraduate Center Memorial Award. Dr. Tosone was appointed to the National Study Group of the National Membership Committee on Psychoanalysis in Clinical Social Work and also serves on the Executive Board of the State Society in the capacity of First Vice President. ■

The Society's Referral and Information Service has changed its name to TherapyResource (TR) because it is easier to remember. Since full members of the TR panel must have P or R certification, a new category of membership, associate member, has been developed. Associates are not required to have a P or R, but may participate on committees and may be

eligible for special events. All Society members are eligible to participate as speakers with the Speakers' Bureau.

If you would like to join as a full or associate member, please call Marilyn Paschel at (718) 961-8332 or email her at mjpaschel@aol.com for an application form.

Therapy Resource ads are being placed in community papers. Below is an example. ■

How to Find an Experienced Psychotherapist.

TherapyResource (TR) provides a personal and reliable way to find a suitable, experienced psychotherapist. Part of the New York State Society for Clinical Social Work, TR draws from an extensive database to match you with a therapist who is right for you — someone who offers the type of treatment and expertise you need, and whose office location and insurance coverage fit your needs.

Many TR therapists have private offices throughout the metropolitan area. All are certified by New York State and have extensive training and experience. Their clients are adults, teenagers and children who come to therapy with many different kinds of problems.

These problems include low self-esteem, anxiety and stress, couple and family relationship issues, parenting concerns, depression, bereavement, job and career pressures, sexual dysfunction, separation/divorce/custody issues, school problems (including LD and ADHD), chemical and alcohol dependency, traumatic experiences, or just a general sense of unhappiness or lack of direction.

In addition to providing referrals to psychotherapists, TR offers information about community resources and mental health issues and provides help during crises. For example, many members volunteered at the Family Center helping bereaved families after September 11, 2001. TR also provides speakers on various topics for community groups, school and corporations.

How does TR work? When you call the 800 number, a clinical social worker will call you back. You can request general information about emotional and behavioral issues, help in locating community resources, connection to the TR Speakers' Bureau, or, if you wish, referrals to one or more therapists whose expertise fits your specific needs. Your inquiries will be treated with respect and tact. Calls are confidential and free of charge.

Call 1-800-673-9030

TherapyResource

A SERVICE OF THE
NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK
Formerly Referral and Information Service

The Practical Practitioner

by Sheila Parks, LCSW

Using the Internet to Build Your Practice

When marketing yourself, remember that the Internet is a potential source of referrals and a way to gain name recognition, a kind of electronic networking. There are many sites where you can list yourself by specialty or geographical area, often at no cost. One example is Psychotherapy Finances (psyfin.com/directory/) Another useful site is run by Pat McClendon at clinicalsocialwork.com/join.html. There are a number of others (If you'd like an electronic list, please send me an e-mail at the address below.)

You can also become known by belonging to a professional on-line mailing list (sometimes called e-group or listserv). Although clinicians from all over the country belong, sometimes a need for a referral may arise in your area. Such a list can also be a valuable backup for information about professional or practice management issues or even consultation on a difficult case. Some clinical social workers have formed a list at yahoogroups.com. To become a member, go to the site

and search for clinical social work. (You'll find several other sites, too, which may be of interest.)

Many sites are also looking for articles to post. Visit AOL's Social Work Forum and you'll find a number of excellent pieces which are seen by clinicians nationwide and which could be a source of referrals, should you place something of your own there. And, of course, you might want to consider developing your own site as a source of referrals. We'll write more about that in the next issue.

As a professional in private practice, it is particularly important to be connected to the Internet. More and more clients are on line and sometimes use e-mail to connect with their therapists. If you find yourself overwhelmed by the idea of using a computer, get someone to help you learn how, or take an adult education class. You can reach me at Sheila2688@aol.com or by telephone at (516) 889-2688. If you have a site of your own, please let me know, since we'd like to write a column on that topic. ■

Public Relations

COMMITTEE REPORT

by Sheila Parks, LCSW, Chair

On Matters Electronic

We've been focusing much of our energy on our Web site and our e-mail list. Recently, in the licensing battle, we placed a pop-up window on the site (clinicalsw.org) first advising people about the struggle over getting our version of the bill accepted, then, when that was settled, advising site visitors to write to the governor urging him to sign, and finally, at last, letting people know that WE HAVE LICENSING!!

Working with president Helen Krackow and Legislative Chair Marsha Wineburgh, we've used our e-mail list of members to keep them abreast of the same developments. Most recently, we sent out a notice about the latest HIPAA regulations. If you haven't received these e-mails from us and would like to be added to the list, please e-mail me at the address below (and MAKE SURE YOU INCLUDE YOUR CHAPTER). We hope to use this process more and more as members come on-line, both for speed and economy (it's a lot cheaper than mail).

In an attempt to organize the process for placing content on our Web site (clinicalsw.org), I will be sending

out a monthly e-mail to all of you requesting whatever information you'd like to be placed on the site about your chapter or committee for that month.

The site is growing and people are visiting it. I plan to have a counter placed on our front page so we can keep track of "hits." We get three or four membership requests a week from the site, as well as a variety of other e-mails.

We are also in the process of developing policy for advertising, since we've received some requests about this. Probably we will accept ads on a monthly basis with rates somewhat less than our newsletter. More next meeting.

Please keep in mind ways in which you can use the site to announce your events, post pictures, etc. We can also use book reviews and clinical articles. Professionals ARE visiting us and we've entered it into many of the more popular search engines. Our next step will be to develop materials relevant to the general public. Please send me an e-mail at Sheila2688@aol.com ■

Some Concerns About the Current Nature of Parental Permissiveness

CONTINUED FROM PAGE 4

where the harm is most disturbing, it would be that children who are constantly praised, indulged, entertained, and scheduled are denied the opportunity of developing the capacity to reflect, and to recognize and regulate their own moods. This places them in the vulnerable position of protracted dependency and the anger and depression that so often accompany seesawing between helplessness and grandiosity.

But what about these ultra permissive parents, parents who, with the best intentions, have brought about this state of affairs? Who are they and why have they adopted this mode of child rearing? This is where I become uncertain; how this trend came to be so entrenched is very unclear. The reader might think that this trend must exist among the very affluent, for who else would take children to restaurants and let them waste piles of food? It does seem to be prominent among affluent and well-educated parents, but it exists in many middle-class families as well. The reader might think that it exists in homes where both parents work and their indulgence is a measure of their guilt at being so often apart from their children. I have found that full time parents are as likely to be overly permissive as working parents. You might think that older parents are more likely to be permissive because they waited so long to have a child, and their child seems a veritable miracle to them. That might be true, but I have found this trend among younger parents as well. While I have been unsuccessful in understanding the force of this trend, I can describe something about the state that these parents are in when I see them professionally, either as the parents of a child patient, or simply as adults in treatment.

The ultra permissive parent is typically sleep-deprived, overworked, overwhelmed, yet unwilling to take charge and institute changes to reduce the disorganized home climate. For instance, if the sleep deprivation is caused by a young child's sleeping in the parental bed and demanding meals, videos and storybooks during the night, the parent behaves as if yielding to these demands is a natural part of being a parent. This view of parenthood as a state of having to surrender totally to the demands of a child, with little regard for one's own needs, is a curious and puzzling phenomenon and suggests that something radical has shifted in the parental ego ideal. While the child is simultaneously adultified and infantilized, the parent clings to the belief that parental fairness consists of not imposing

anything on the child or of not making any decisions without his permission. Consequently, the attitude that the parent takes pride in upholding seems to the therapist an abdication of parental care and protection. What is lacking in the ultra permissive homes is the creation of an environment that has a particular structure, that provides a sense of order and predictability, and that imposes standards of behavior, in other words, what Hartmann called "an average expectable environment." The ultra permissive home is chaotic, with family members all laboring hard and feeling great distress. If we were to choose a good indicator that parents had reached the emotional development that parenthood requires, their

ability to provide a holding environment would be an excellent one. The ultra permissive parent is not separate enough from his child to have attained this developmental stage, and everyone suffers. What we have instead is a situation wherein unconscious fantasies and unresolved conflict have gained the upper hand with reality lagging behind.

Psychotherapists who work with the parents of their child patient are often able to intervene

and help the ultra permissive parents. But what about the therapists of adults who listen to patients talk of their children and family life and reveal that theirs is an exhausting child-dominated home climate? While it is true that very often these patients are not consciously asking for help in this area, they are letting us know that they chronically feel uncertain and unsafe in one of life's most important tasks. While some therapists might view parenthood as falling outside of their traditional domain of love, work and issues of identity, I propose we view parenthood as the ultimate blending of love, work and identity. To help adults struggling with this aspect of development is very much a part of our work, so long as we do not lose our psychotherapeutic perspective and fall into a mode of advice giving rather than exploration and interpretation. Our training as psychoanalysts and psychoanalytic psychotherapists gives us the tools we need to address this area of human development. Our careful listening and fine-tuning will, as in all other matters, guide us in applying these tools and helping this growing population of parents and children in distress. ■

REFERENCES:

- Hartmann, H. (1958). *Ego Psychology and the Problem of Adaptation*. New York: International University Press.
- Spitz, R. (1959). *A Genetic Field Theory of Ego Formation*. New York: International University Press.

While some therapists might view parenthood as falling outside of their traditional domain of love, work and issues of identity, I propose we view parenthood as the ultimate blending of love, work and identity.

State Society Board

Officers

President

Helen Hinckley Krackow,
CSW, BCD
212-683-1780
hhkrackow@aol.com

Vice Presidents

Carole Tosone, Ph.D., CSW
Ct2@nyu.edu

Sheila Peck, CSW

516-889-2688

sheila2688@aol.com

Recording Secretary

Mark Maginn, CSW
914-591-7357

Treasurer

Stephen M. Bayer, CSW, BCD
718-727-0198
terrqb@aol.com

Past President

Allen A. Du Mont, CSW, BCD
718-224-4886
allendumont@aol.com

Members-At-Large

Judith J. Crosley, CSW
315-422-0300
crosleyj@yahoo.com

Joseph Gattano, Ph.D., BCD
516-623-6715
ato66@aol.com

Jacinta Marschke, Ph.D., BCD
845-255-5466
cindy210@frontiernet.net

Roberta Omin, CSW, BCD
914-941-8179
goodomin@bestweb.net

Marsha Wineburgh, DSW, BCD
212-595-6518
mwineburgh@aol.com

Chapter Presidents

Brooklyn

Ethel Barber, CSW
718-722-7144
ethelbarber@msn.com

Henni Fisher, CSW, BCD

718-646-7001

hennifisheraarc@aol.com

Capital District

Katherine Dayton-Kistler,
CSW, BCD
518-462-4418
kmdk5@earthlink.net

Metropolitan

Murray Itzkowitz, DSW
212-348-7315

Mid-Hudson

Carolyn B. Bersak, DSW, BCD
845-452-1553
cbersak@aol.com

Nassau

Lee R. Kramer, CSW, BCD
516-569-8455
lrkramer8@aol.com

Queens

Debbie Kaplan, ACSW, BCD
718-793-9592
dlkap80@aol.com

Rockland

Beth Pagano, CSW
845-353-2933

Staten Island

Joyce A. Daly, CSW, BCD
718-351-8728
jdalycsw@aol.com

Suffolk

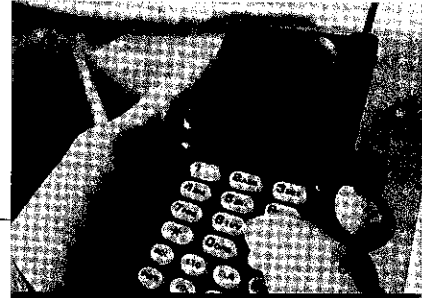
Eleanor F. Perlman,
CSW, BCD
631-368-9221
elliep5@aol.com

Syracuse

Linda Troia, CSW
ltroia@hotmail.com

Westchester

Patricia Lawrence, CSW
plawrencecsw@att.net



Get Involved!

Call to find out
about a project
that interests you!

Western New York

Laura Salwen, CSW, BCD
(contact person)
716-838-2440
lvs@macronet.com

Committee Chairs

Arts in Clinical Practice

Sandra Indig, CSW
212-330-6787

Crisis Response

Mark Maginn, CSW
914-591-7357

Education

Dianne Heller Kaminsky,
CSW, BCD
212-369-7104
dhkaminsky@aol.com

Ethics/Forensic/By-Laws

Hillel Bodek, CSW, BCD
212-753-1335
bodekmsw@mindspring.com

Family Practice

Rita Gazarik, CSW, BCD
212-727-1568

Group Psychotherapy Practice

Phyllis Mervis, CSW, BCD
212-369-8879

Guild

Allen A. Du Mont, CSW, BCD
718-224-4886
allendumont@aol.com

Clinical Hypnosis

Susan H. Dowell, CSW, BCD
Kathleen L. Friend, CSW, BCD
914-632-8878
klfcsw@aol.com

Independent Practice

Rosemary Lavinski, CSW, BCD
718-783-4295
rlavinski@aol.com

Iris Lipner, CSW, BCD

212-353-9721

ilipnercsw@aol.com

Legislative

Marsha Wineburgh, CSW, BCD
212-595-6518
mwineburgh@aol.com

Membership

Adrienne Lampert, CSW, BCD
718-434-0562
alamp12619@aol.com

Newsletter

Helen Hinckley Krackow,
CSW, BCD
212-683-1780
hhkrackow@aol.com

Psychoanalysis

Marilyn Schiff, CSW
212-255-9358

Public Relations

Sheila Peck, CSW
516-889-2688
sheila2688@aol.com

Referral Service

Joanna B. Strauss, CSW, BCD
914-478-1267
joannabstrauss@post.harvard.edu

Research

Jacinta Marschke, Ph.D., BCD
845-255-5466
cindy210@frontiernet.net

Strategic Planning

Judith J. Crosley, CSW
315-422-0300
crosleyj@yahoo.com

Marsha Wineburgh, DSW, BCD
212-595-6518
mwineburgh@aol.com

Vendorship/Managed Care

Alice C. Garfinkel, CSW, BCD
917-424-3545
aglcsw@aol.com



THE INSTITUTE FOR PSYCHOANALYTIC TRAINING AND RESEARCH

1651 Third Avenue at 92nd Street
New York, New York 10128
212-427-7070

If you are thinking about advanced training in
PSYCHOANALYSIS or **PSYCHOTHERAPY**,
here is what **IPTAR** has to offer:

- **TRAINING PROGRAM IN PSYCHOANALYSIS**

a certification program with a
contemporary psychoanalytic curriculum

- **INTRODUCTORY PROGRAM**

an introduction to psychoanalytic theory and practice
for people from the humanities, social sciences, and
other disciplines, as well as mental health professionals

- **IPTAR CANDIDATES ORGANIZATION
AND MEMBERSHIP SOCIETY**

a lively community for on-going professional development

- **IPTAR CLINICAL CENTER**

a clinic that offers patient referrals and free
supervision to all IPTAR candidates

- **INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION**

affiliation with the IPA is available to all IPTAR members

- **CHILD AND ADOLESCENT
PSYCHOTHERAPY PROGRAM**

- **SOCIO-ANALYTIC TRAINING PROGRAM
IN ORGANIZATIONAL DEVELOPMENT
AND CONSULTATION**

To find out more, please contact:
Brett Gorkin, Ph.D. 212-765-7961
and visit our website at www.iptar.org

Licensed Psychotherapist

Fee Per Session Basis

Adults & Children

Managed Care Experience Helpful

Develop your own practice on our site

Send resume to:
Counseling & Psychotherapy
3594 East Tremont Ave.
Bronx, NY 10465
Fax: [718] 792-2496

-- Landmark Legislation

CONTINUED FROM PAGE 3

In 1993, the State Society introduced legislation to license the clinical social work level of the social work profession in the State. It was a bill designed to stand alone or to become integrated into a multi-level bill reflecting other tiers in the profession, similar New Jersey's legislation. For many years, we sought the cooperation of other social work professional organizations on this legislation, including the State and City Chapters of NASW and the deans of the social work schools. Many versions were drafted and discussed. Finally, early this summer, in cooperation with the State and City Chapters of NASW, we were able to agree on the two tiered bill and together defeat a mandatory physician referral amendment. The legislation will have a lasting impact on how social work is practiced in New York, particularly on the generalist level. For clinical social workers, the licensing statute means we will never again have to defend our right to diagnose and treat, to practice psychoanalysis or the many varieties of psychotherapy. ■

Take the train every other weekend and you can get a *meaningful* degree at the Clinical Social Work Institute

Do You Still Want a Clinical Social Work PhD?

Our expert clinical and research faculty, and highly motivated and diverse students, create a stimulating culture for integration and individual learning.

Use and teach advanced theory and practice knowledge!
Solve complex clinical and research problems with confidence!

To learn more about the clinical doctoral program developed by and established for clinical social workers visit our website; Call, write or email us for info and to request a catalog and application

The Clinical Social Work Institute, Inc
5028 Wisconsin Avenue, NW, Suite 404
Washington, DC 20016
(202) 237-1202
Website: www.wdc-cswi.org
Email: cswi@mindspring.com

W&PP

WESTCHESTER
CENTER FOR THE STUDY OF
PSYCHOANALYSIS &
PSYCHOTHERAPY

Professional Education Is A Lifelong Process

- Four-Year Psychoanalytic Training Program
 - Psychoanalytic Fellowship Available
- Two-Year Psychotherapy Program
- Two-Year Child and Adolescent Program
- One-Year Supervisory Training Program
- Treatment Service (Sliding Scale)

Chartered by the Regents of the University of the State of New York in 1974, the Westchester Center provides training in psychoanalysis and psychotherapy across a range of contemporary psychoanalytic approaches.

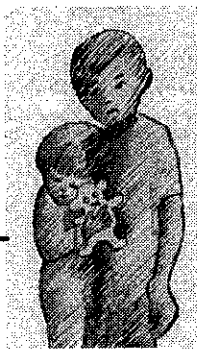
WCSP, 29 Sterling Avenue, White Plains, NY 10606

Please call for a brochure and information about our next Open House: **914-946-9462**

15

New Program

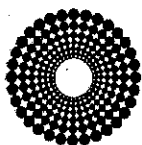
IN
CHILD AND ADOLESCENT
PSYCHOTHERAPY



A unique two year training program responsive to the concerns of vulnerable children and adolescents, particularly those who have been affected by the current crisis and impacted by its rippling effects.

Courses will address their special needs within the context of expanding your knowledge and technique in the practice of child and adolescent psychotherapy.

A certificate in 'Child and Adolescent Psychotherapy' will be awarded at the end of the completed program.



THE NEW YORK SCHOOL FOR
PSYCHOANALYTIC PSYCHOTHERAPY
AND PSYCHOANALYSIS

200 West 57th St. NY, NY 10019 (212) 245-7045
www.nyspp.org - or - www.nyspp.com

Professional Practice Specialist Robert S. Asher, Esq. Attorney at Law

Robert S. Asher, J.D., M.P.A.

Fmr. Dir. Prof. Reg. N.Y.S. Board. of Regents

Representation in:

- Professional Misconduct Proceedings
- Licensure and License Restoration
- Impaired Professional Proceedings
- Medicare and Special Prosecutor Proceedings
- Buying/Selling: Business Practices
- Professional Advertising
- Third-Party Reimbursement
- Litigation and Defense of Professional Malpractice Actions
- General Practice of Law

295 Madison Avenue, Suite 700
New York, New York 10017
(212) 697-2950

Also Available in Westchester County

Psychoanalytic Training at the New York Freudian Society

We offer:

- A contemporary curriculum
- Adult and child training programs
- Programs in New York and Washington, DC
- An infant-toddler program
- New two-year psychoanalytic psychotherapy program
- Outstanding analysts who provide training analysis and supervise psychoanalytic practice
- A consultation service which provides patient referrals for candidates
- An effective Candidates' Organization
- A variety of financial aid options — tuition assistance, affordable supervision, reduced fees for psychoanalysis
- A supportive collegial society
- International Psychoanalytical Association membership upon graduation

Call us for more information about our training programs and our Open Houses: (212) 752-7883.

Fax: (212) 750-3114

Website: www.nyfreudian.org

Professional Offices for Rent

- Ideal Midtown location
- Penthouse
- Windowed, furnished offices suitable for psychotherapy and counseling - Full time, part time and hourly
- Reception and telephone answering services, cleaning, all utilities and local phone use included
- Networking collegial interaction

Call:

Barbara Herman
(212) 947-7111

Private Practice Center
New York, N.Y. 10001

16



Thinking about Psychoanalysis?

Do Your Training at NPAP

Celebrating 50 Years of Open Intellectual Inquiry and Clinical Practice

Think about our training program.

- clinical preparation in traditional and contemporary theories.
- choice of your own schedule at your own pace.
- low-fee analysis.

Think about our referral service.

- direct referrals into your own practice from the Theodor Reik Consultation Center.
- your choice of supervisors with a wide range of clinical approaches.

Think about our Institute.

- a congenial, egalitarian culture, a strong student voice, and a broad range of clinical approaches.
- outstanding workshops, case seminars and scientific meetings.

Be a part of the NPAP Community.
Call us at (212) 924-7440.

Or contact us at info@npap.org
150 West 13th Street, New York, NY 10011
<http://www.npap.org>

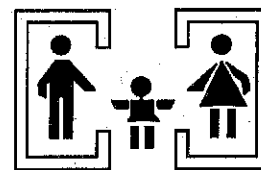
Preparing Psychoanalysts for the Next Millennium
Chartered by NYS Board of Regents.
Publisher of *The Psychoanalytic Review*.

NPAP

National
Psychological
Association for
Psychoanalysis

Divorce Mediation Center of L.I.

Established 1982



- Mediation Explained
- No Cost Consultation
- Brochure Available
- Legal Referrals Provided

Mineola and
Commack Locations

For Information Call:

Emanuel Plesent
Ed.D., R-C.S.W., B.C.D.
Director

(516) 747-1344

CLASSIFIED ADS

Study Group on The Application of Psychoanalysis to The Understanding and Treatment of Patients with Eating Disorders. Location: 150 East 94th St. Day, time and cost to be arranged. Contact: Dianne Heller Kaminsky, CSW, BCD, 212-369-7104.

Office for Rent/Part Time. 430 East 86th Street, NYC. Excellent psychotherapy office. Large waiting room, 4 office suite; well furnished. Doorman. Separate street entrance. Pre-war building. Afternoon availability. Monday-Saturday. Reasonable rates (hourly/daily). Call 212-746-3804.

Fee for Service Psychotherapists CSW. Build your practice/ongoing referrals available. Own office Bklyn./Queens. EOE. Send resumes to Search Committee, PMB #226, 847A 2nd Ave., New York, NY 10017-2945.

Office for Rent/Part time. Ideal midtown location (34th St. & 8th Ave.) Bright, newly renovated, private waiting room, beautifully furnished. Day & evening availability. Very reasonable. Call: 917-532-9939.

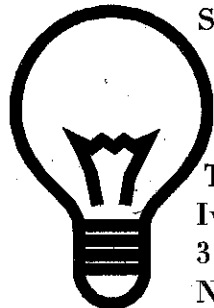
Couple Therapy Workshop. Focus: applications of psychoanalytic ideas. Reading and case discussions. Meeting alternate weeks. Day and time to be arranged. Manhattan upper east side location and close to subway and buses. Call Harriet Pappenheim, MSW at 212-427-6625 or e-mail HARRIETPAPPENHEIM@juno.com.

Individual and group supervision being offered by experienced child and adolescent therapist in mid to eastern Suffolk. I have expertise in networking and ethical/legal issues related to the treatment of young people. Contact Irene Dashiell, RCSW, 631-289-8765.

Flatiron/Union Square. Special office space available full-time in unique professional suite. Beautiful waiting area with waterfall rock sculpture. 24-hour doorman building & 24-hour access to office. Network with other practitioners. Call Juliette: 917-407-6424.

Setauket-Centereach area. P/T psychotherapy office space available. Excellent location in prof. bldg. on main hwy. Long estb. practice. Attractive, sunny and fully furnished. Referrals available. 631-751-9600. Setauket-Centereach area. Fee for service psychotherapist needed. Prefer "RCSW" and affiliation with managed care. Generous terms. Fax resume to 631-751-1300.

Your ideas are always welcome.



Send news items and articles
(in digital format only,
please) as well as photos
with captions for
THE CLINICIAN to
Ivy Miller, Editor
31 Jane St. Apt. 14C
New York, NY 10014

email: ivymill@netscape.net



Continuing Professional Education 2002-2003

*A unique series of workshops on key clinical issues
and controversies with leading contributors in the field.*

Anna Ornstein, M.D.

Narcissistic Rage and the Treatment of Personality Disorders
Saturday, October 5, 2002, 10 a.m. to 3 p.m.

Lewis Aron, Ph.D.

Authenticity and Empathy in the Relational Tradition
Wednesday, November 6, 2002, 7 p.m. to 10 p.m.

Professor Paul Williams

Delusions, Voices and Internal Objects
Saturday, January 25, 2003, 10 a.m. to 3 p.m.

Edward Corrigan, Ph.D. & Pearl-Ellen Gordon, Ph.D.

*Separation Anxiety and Potential Space:
Mind Objects, Worry Objects, Persecutory Objects*
Saturday, February 1, 2003, 10 a.m. to 3 p.m.

Jeffrey B. Rubin, Ph.D.

*Psychoanalysis and the Good Life: Reflections on Love,
Spirituality and Creative Living*
Saturday, March 15, 2003, 10 a.m. to 3 p.m.

Muriel Dimen, Ph.D.

*The Disturbance of Sex: Sexuality in the Analytic Relationship
and the "Eew" Factor*
Saturday, March 29, 2003, 10 a.m. to 3 p.m.

Joseph Newirth, Ph.D.

*The Subject of the Unconscious: Understanding and
Developing Unconscious Experience in Psychoanalytic
Treatment*
Saturday, April 26, 2003, 10 a.m. to 3 p.m.

Sandra Shapiro, Ph.D.

*Exploring the Landscape and Working Through: Integrating
EMDR™ into the Psychoanalytic Dialogue*
Saturday, May 10, 2003, 10 a.m. to 3 p.m.

NIP 14th Annual Conference

Jessica Benjamin, Ph.D. *Erotic Transformations:
Beyond the Fiction of Masculinity and Femininity*
Saturday, February 8, 2003, 10 a.m. to 4 p.m.

All workshops take place in Suite #204 on the 2nd floor at
330 West 58th Street (btwn. 8th & 9th Avenues) in New York

NIP's 14th Annual Conference is being held at
Union Theological Seminary
90 Claremont Avenue
(one block west of Broadway at West 122nd Street)
New York, NY 10027

The National Institute for the Psychotherapies

330 West 58th Street, Suite 200, New York, NY 10019

Phone: 212-582-1566, Fax: 212-586-1272

Webpage: www.nipinst.org, Email: info@nipinst.org

Chartered by the Board of Regents of the University of the State of
New York

Save the Date!

POSTGRADUATE PSYCHOANALYTIC SOCIETY WINTER SCIENTIFIC CONFERENCE

Saturday, January 25, 2003

The Interplay of Therapist and Patient: Analyzing Dissociative States and Dream States

MORNING PROGRAM

Donnel Stern, Ph.D., *Dissociation, Enactment, & Understanding*
Faculty, Training, and Supervising Analyst, William Alanson White Institute, New York

Robert Bosnak, PsyA.J.D., *Multi-focal Dream Work: Weaving Affect,
Image and Sensation together with The Subjectivities of Characters in Dreams*
C.G. Jung Institute, Boston

AFTERNOON PROGRAM

A Demonstration: *Entering The Dream* WITH ROBERT BOSNAK

LOCATION: 310 East 67th Street, NY Blood Center Auditorium

For Information please call Robin Macdonald at (212) 662-9250

18

Announcing Richard Joelson's New Seminar: "Developing Your Private Practice"

Richard Joelson, DSW, instructor of the popular course, "Developing a Private Practice" is no longer affiliated with Hunter College School of Social Work. His course, designed for both the new and experienced independent social work practitioner, is now a two-day seminar offered on November 9th & 10th at Washington Square Institute, 41 E. 11th St., 4th Flr., New York, NY 10003. Seminar fee: \$250.

Course brochures including registration information will be sent out in September. For further information, please call The Event Design Team at 917.841.9393 or check the course website at www.privatepracticedevelopment.com

What former students say about Dr. Joelson's class:

"It's helped me to be more entrepreneurial in an acceptable way." — M. Hortens, MSW

"Pragmatic and wide-ranging." — E. Lehman, PhD

"...this workshop was one of the most valuable, professional, sensitive, honest, and forthcoming with actual materials, than any graduate course I've attended." — D. Greenberg, CSW

"Excellent, inspiring..." — S. Jacobs, MSW, BCD

"Private practice is no longer scary and mysterious." — J. Billingsley, CSW

Among the topics covered in the seminar:

- ❖ FUNDAMENTALS OF SETTING UP OR INVIGORATING YOUR PRACTICE
- ❖ THE OFFICE
- ❖ MONEY AS AN ISSUE IN TREATMENT
- ❖ FEES and FEE POLICIES
- ❖ THE FIRST SESSION TASKS & CHALLENGES
- ❖ BASIC MARKETING PRINCIPLES
- ❖ NICHE MARKETING
- ❖ DEVELOPING AND MAINTAINING REFERRAL SOURCES
- ❖ THE INDEPENDENT CLINICIAN AS ENTREPRENEUR
- ❖ UNDERSTANDING MANAGED CARE
- ❖ RELATING TO EAPs
- ❖ RESISTANCES & SELF-DEFEATING BEHAVIORS

THE NEW YORK CENTER FOR PSYCHO- ANALYTIC TRAINING

Manhattan, Hudson Valley, Long Island

JOIN A GROWING PSYCHOANALYTIC COMMUNITY

NYCPT OFFERS:

One Year Certificate
Introduction to Psychoanalysis

Three Year Certificate
In Psychoanalytic Psychotherapy

Six Year Certificate
Full Program In Psychoanalysis

NYCPT Consultation Center
*Patient Referrals for Psychotherapy
And Psychoanalysis*

Advisory System
Individual Attention to Students' Needs

**Reduced Fee Psychoanalysis
and Supervision**

Small Classes
Taught in Instructors' Offices

**Ongoing Workshops
and Scientific Meetings**

NYCPT Membership Division
*Opportunities for Continued
Professional Growth after Graduation*

**Chartered by New York State
Board of Regents**

For Further Information,

**Call (212)
757-9200**

2002-2003 Curriculum of

HYPNOSIS TRAINING

Provides all requirements necessary for ASCH Certification

- ⊗ **INTRODUCTORY COURSE** in hypnosis-20 HOURS
- ⊗ **INTERMEDIATE COURSE** in hypnosis- 20 HOURS
- ⊗ **ADVANCED SEMINARS - 3 HOURS**
Integrating Hypnosis & Psychoanalytic Psychotherapy
Hypnotic Approaches to Working with Anger
Enhancing Body Image with Hypnosis
Hypnotic Strategies for Health and Healing
- ⊗ **FRIDAY NIGHT SEMINAR WITH PIZZA**—2 HOURS
Emotional Intelligence and Hypnosis
How To Develop a Practice in Adjunctive Hypnotherapy
Working with Dreams in Hypnosis
Developmentally Based Hypnotherapy
- ⊗ **SUPERVISION GROUPS**
- ⊗ **ASCH APPROVED CONSULTATION**
- ⊗ hosting **Daniel Brown, Ph.D., Conferences in Hypnotherapy**



CENTER FOR THE ADVANCEMENT OF TRAINING
IN CLINICAL HYPNOSIS

class locations:

NYC, Brooklyn, Westchester & Connecticut

CATCH FACULTY

Susan Dowell, CSW
Robert Friedman, MSW, Ph.D.
Judith Kurzer, CSW
Marie McDermott, CSW

For **brochure** of courses, dates, times and locations, **Call CATCH** at (212) 531-1322

nyfs announces a new

Two-Year Psychoanalytic
Psychotherapy Program

To meet today's career and training demands
this program of once a week evening classes
features:

- * curriculum that spans the life cycle and developmental issues
- * theoretical foundation in models of the mind
- * technique and application to clinical practice
- * distinguished lecturers and experienced faculty

Free weekly supervision included in tuition and a certificate
is awarded upon program completion.

For details about open house and brochure call
Louise L. Crandall at 212-724-7600

**Basic & Advanced
Training in
Divorce Mediation**

NEW YORK CITY 2002

November 1, 2, & 3 and
November 15, 16, & 17 2002

NEW YORK CITY 2003

March 28, 29, 30, 2003
April 11, 12, 13, 2003
June 6, 7, 8, and
June 20, 21, 22, 2003
October 31, November 1 & 2, and
November 14, 15, 16, 2003

**Center for Family &
Divorce Mediation
New York, NY**



Call for Details: (800) 613-4867
www.divorcemediation.com



POSTGRADUATE CENTER FOR MENTAL HEALTH



138 East 26th Street, New York, NY 10010-1843

Applications are being accepted for the following programs:

- Adult Psychoanalysis
- Introductory and Two-year Programs in Psychoanalytic Psychotherapy
- Child and Adolescent Psychotherapy
- Family and Couples Therapy
- Analytic Group Therapy
- Supervision of the Analytic Process
- Clinical Career Counseling
- Pastoral Counseling

For more information about our programs and events, please contact
 Mary Beth Cresci, PhD., Dean of Training
 Tel.: (212) 576-4168

*50 years of excellence in training
 mental health professionals
 (MSW, PhD and MD)*

*Clinical experience provided in
 many programs*

*Scholarships provided based on
 financial need*

*Join an established and extensive
 professional network*

New York State Society for
 Clinical Social Work, Inc.
 350 Fifth Avenue, Suite 3308
 New York, NY 10118

Address Correction Requested

NEW YORK

STATE

SOCIETY

FOR



CLINICAL

SOCIAL

WORK,

INC.

Std. Presort
 U.S. Postage
 PAID
 Permit No. 9513
 New York, NY