



Legal Decision Expands Parity For CSWs as Court Experts

Society Member Provides "Psychiatric Evidence"

"I hold that a properly qualified certified social worker may be appointed to act as a 'psychiatric examiner' appointed by the court, the defense, the People or a party. . . ." Justice Stephen G. Crane reiterated and expanded the acceptance of CSWs as expert witnesses, following an earlier decision by Justice Benjamin Altman. (See *Newsletter*, December 1983.)

The case, reported in the July 1, 1985 issue of *New York Law Journal*, further quotes Justice Crane: "Clinical social workers . . . provide the majority of . . . psychotherapeutic services in the United States. . . [and] are particularly suited to be of assistance to the courts in resolving clinical-legal issues and in facilitating the effective administration of individualized justice in cases where issues relating to psycho-social dysfunction and mental disorders are involved."

The landmark case involved the appointment of Society member Hillel Bodek,

whose specialty is forensic clinical social work and who was appointed by the court to examine a defendant. The person in question, reported Bodek, was "suffering from a mental disease [and] lacked . . . capacity to know and appreciate the nature . . . of his behavior."

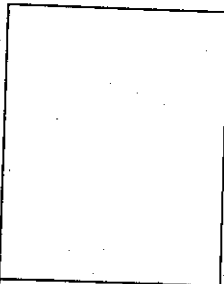
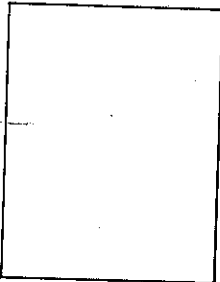
Subsequent examination by two psychiatrists appointed by the Commissioner of Mental Health produced findings that the defendant "suffered from a dangerous mental disorder. . . ." A further examination by a psychiatrist for the defense found the defendant not to be dangerous or to require psychiatric hospitalization. A second examination by Bodek as psychiatric examiner for the court disclosed that the defendant suffered from a mental illness but not from a dangerous mental disorder. The court accepted Bodek's findings but placed the defendant in the custody of the Commissioner of Mental Health.

In qualifying Bodek, and therefore other CSWs, as equal psychiatric examiners with psychiatrists and psychologists in certain cases, Justice Crane cited the earlier decision by Justice Altman with respect to the profession of clinical social work as "one of the core mental health disciplines. . . ."

Justice Crane stated, "Properly trained clinical social workers are manifestly competent to diagnose mental disorders." Moreover, a ruling by a nonmedical professional is not necessarily outweighed by the contrary opinion of a psychiatrist. "The weight to be accorded to the testimony of any forensic mental health expert . . . depends on . . . the training and professional experience of the expert. . . ."

Concluding his decision, Justice Crane said, "Indeed, during the past several years, the administration of criminal justice has been substantially enriched . . . by the participation of Hillel Bodek. . . . a dedicated and talented forensic clinical social worker. Participation in the court system by such forensic [CSWs] should be encouraged and facilitated." □

Two New Diplomates



Helen Goldberg, CSW Abbie Blair, CSW

This summer two long-time members were awarded the Society's highest status for their contributions to clinical social work on state and chapter levels. Diplomate status is awarded annually to members as recognition for "distinguished contribution to the field of clinical social work psychotherapy or psychoanalysis." In addition, members must have achieved particular clinical qualifications as well as fellowship status.

An early member of the Society, Helen Goldberg maintains a private practice in New York City. She served as member-at-large from the metropolitan area before there was

a Met chapter. She recalls those early years of development and the beginning of the National Federation as well as the formation of regional chapters.

Serving on both the membership and education committees, Goldberg was one of the first editors of the Society's *Newsletter*, responsible for its publication for four years. She notes the increasing flow of information accessible to the membership through its pages and since the establishment of the *Clinical Social Work Journal*.

Affiliated with National Psychological Association for Psychoanalysis in New York City, she holds the elective office of corresponding secretary and was newsletter editor for three and a half years. She is a senior member of the association and the institute and a training and control analyst. She has similar status at New Jersey Institute for Training in Psychoanalysis, Teaneck, where she is a faculty member, and is supervisor at Teaneck Consultation Center. She is also on the faculty and a supervisor at The Psychoanalytic Training Institute, New York Counseling and Guidance Services. She earned her MSW at New York University.

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EXECUTIVE REPORT

Coming of Age And Seeking Direction

The Society has come of age. With the passage of parity legislation, clinicians have entered the mainstream of professional mental health care; new challenges and opportunities offer themselves. We are

ready for them.

Meanwhile, the Society can "take a breather" to turn its sights inward: to establish new priorities; to look around at the options for new direction; to determine how best to achieve new goals; to look back at our victories—and ahead to our new status and responsibilities.

Fearing an overburdened superstructure, the founding members of the Society established an organization based on independent operations, with a wide degree of autonomy for its functioning units. Thus, its strength resides in its 10 chapters statewide, representing a broad and diverse base. From these autonomous units have emerged dedicated, energetic and enthusiastic leaders.



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However, chapters and committees, as independent entities, compete for funds, time, and resources from the Society. Increased size has also resulted in frequent overlapping and duplication of function, with no mechanism for coordination of activities.

Now, rapid growth during the past few years, together with new challenges, may require a change in organizational structure; several conditions in the present structure no longer work well for the membership.

For one thing, the Board is composed of elected members representing the statewide membership. All practicing professionals, they function in the Society on a voluntary basis. Because of the geographical spread, members often find it difficult to attend meetings; in addition, they must often travel a considerable distance. The Board has identified specific problems and is addressing itself to their solution:

1. Whether to restructure the organization to provide a more centralized functioning. (There is a reluctance to move toward what is perceived as "ineffective bureaucracy.")

2. A loss of chapter and committee autonomy as efforts are coordinated in the service of the Society as the primary unit.

3. If such a move toward centralization is to take place, more money must be generated. This could mean an increased dues structure, decreased funds to chapters and committees, and other cost-saving measures.

Current recommendations now under consideration include:

1. Employment of a fulltime paid executive director;

2. Establishment of a permanent headquarters address and support staff;

3. Establishment of a statewide educational program, i.e., a training institute sponsored and run by the Society, awarding a postgraduate certificate;

4. Development of a comprehensive statewide public relations/educational effort to enhance members' referral network and to raise public awareness of CSWs as psychotherapists.

Finally, it has been strongly put forth that the time is ripe for structural change to produce a strong, united organization to deal effectively in legislative affairs. Although a decentralized unit fought effectively for parity, this momentum may be jeopardized by the lack of a "center" of organizational responsibility.

As at any crossroads with a choice of direction, if no clear-cut destination has been determined, it is difficult to know which road to take. Proponents of each of the above recommendations provide strong arguments

in favor of their choices. Chapters and committees, heretofore autonomously functioning groups, have developed their own goals and strategies. There has been no "clearinghouse" or headquarters for dissemination of information or for statewide decisions.

To date the Society has not firmly established its own goals as an organization. For this to happen, there must be coordination and a concerted effort to decide on such goals. The next step would be determining how best to achieve them.

Whatever road the Society chooses, it would appear that additional monies will be required. This is never popular. The only way to get it is if the majority of the membership agrees with and commits to the goals of the organization. So—the members must set the goals and priorities.

The 5-year planning committee will be meeting with committee chairs in September for further discussion. However, we would like to have your thoughts:

1. What should be the major goals for the Society? Short-range? Long-range?

2. How should these goals be prioritized?

3. How best can they be accomplished?

4. Would you be agreeable to a dues increase?

5. Do you have any other ideas about fundraising?

Is it time to move toward more centralized organization? What form of structure do we want? What kind of investment are we willing to make?

Jacinta L. Costello, Ph.D., President

Upstairs Offices

According to Cornelius F. Dennis, assistant commissioner in the Department of Buildings in New York City, it is illegal to occupy residential space for office purposes. However, there are buildings with certificates of occupancy that permit offices above the ground floor. Usually these buildings do not have offices on the same floor as apartments.

According to information published in *The New York Times* recently, psychotherapy is one of the home occupations permitted under the city's zoning laws. There are limitations on home occupations, including limits on noise and number of employees; a tenant may not use more than 25 percent of the residence (not exceeding 500 square feet) for the occupation. □

CONFERENCE NOTES

The Psychology Of Men

Report by Barbara Pichler, CSW, and Mark Brown, CSW

In a two-day program, the psychology of men was explored by 12 speakers who addressed themselves to clinical, theoretical, historical and literary references of male psychology and pathology, as well as to treatment issues and the expansion of some classical ideas.

A symposium presented by The Association for Psychoanalytic Medicine, in collaboration with Columbia University Center for Psychoanalytic Training and Research, addressed "The Psychology of Men: New Psychoanalytic Perspectives" early this year.

Castration anxiety and the oedipal phase, the cornerstone of analytic thinking, was given a broader definition and understanding by tracing the many concepts about it in the literature: through case examples; through consideration of how it is experienced by analysts in the treatment situation; and how the gender of the analyst impacts on what material is elicited and in what sequence.

Male fantasies about men and women included a humorous presentation of fantasies garnered from pop literature and how they belie oedipal issues, as well as a psychological analysis of Dracula. Presentations included the types of oedipal constructs and perversions seen in neurotic, borderline, and psychotic personality structures. Men's struggle against sentimentality and regression was explored as the defense against fear of reemerging with the mother. Homosexuality and its proscribed role in society, described as erotophobic, was traced from Greek times to the Middle Ages, and to its reemergence in intellectuals during the Renaissance.

The second day of the symposium covered such topics as the role of fathers in early development, detailing new research in this area. Heretofore, psychoanalytic thinking viewed the child's preoedipal relations as dyadic (with mother). New findings suggest that a triadic relationship exists preoedipally. Thus the importance of the father at this stage impacts on the ensuing oedipal drama.

Subsequent papers focused on the question: What do men want? Using clinical case material, a speaker offered the notion of male sexuality: initially aggressive in nature; progressing, during adolescence, toward a shared experience; and, ideally, in the post-adolescent male, now more self-possessed, culminating in a more yielding sexuality. Ultimately, the speaker believes, men are

looking for ways to incorporate their "feminine" side comfortably into their sexuality.

Perhaps the most interesting and provocative paper was that dealing with treatment aspects of homosexuality in both homo- and heterosexual men. A strong case emerged for not trying to change the homosexual's orientation—that homosexuals are fully capable of healthy, loving relationships. The speaker offered a schemata to help the analyst ascertain when a patient is truly homosexual, and included data on common homosexual fantasies in hetero- and homosexual men.

The presentations in this symposium, with additional contributions, are in production as enlarged articles and will be published in book form by Basic Books. □

Views on Female Development

Report by Carol Becker, CSW

"Contemporary Views on Female Developmental Psychology" were discussed at a conference sponsored by the Society for the Advancement of Psychoanalytic Developmental Psychology this past spring. Dr. Eleanor Galenson and Dr. Judith Kestenberg presented papers which reflected their years of work directly observing infants and toddlers. Rubin Blanck, CSW, and Gertrude Blanck, Ph.D., were the discussants.

Dr. Galenson's presentation, "Early Development of Girls—Clinical Implications for Women," noted the appearance of genital self-stimulation in both girls and boys between 15-19 months and their subsequent shock-like reaction when they discover their genital differences. Girls develop a regressive "preoedipal castration reaction". This is accompanied by an advancement in the richness, fantasy and symbolism of their play and may point to the flowering of an inner fantasy life.

Rubin Blanck responded to Dr. Galenson's paper by viewing feminine development holistically. Central to his discussion were the concepts of a "central steering organization" within the psyche, the positive influence of the aggressive drive in propelling separation-individuation, and the primacy of a child's object relations in determining individuality.

Dr. Kestenberg's paper, "The Complex Nature of Feminine Identity," outlined that boys experience themselves as a "closed system" whose focus is primarily external. Girls experience themselves as an "open system" whose focus is internal. Both Drs.

Galenson and Kestenberg noted that the little girl blames her mother for her lack of a penis and turns to her father in a flirtatious, exhibitionistic way. Through identification with the father, a girl learns to love her mother less ambivalently.

In response to Dr. Kestenberg's remarks, Dr. Gertrude Blanck positively emphasized that little girls do recover from phallic loss and feelings of inferiority. Little boys, likewise, suffer from feelings of incompleteness. She cautioned that "penis envy" is a metaphor, not to be taken literally; she redefined the problem as a lack of parental attunement. □

AGPA Conference Addresses Media Therapists, Eating Disorders, Couples Groups

Report by Susan Zuckerman, CSW

The 42nd annual conference of the American Group Psychotherapy Association took place February 14-18 in New York City, bringing together therapists from across the U.S. and Canada. Participants exchanged views in small group workshops and experiential groups and attended a variety of seminars.

At the "Invisible Mass Media" panel, chair Murray List outlined the controversy over radio and TV shows that feature "therapists" who respond to call-in listeners. While conceding the potential for harm of "diagnosing" on the telephone, he also noted that these shows reach millions who might never go to a therapist. Listeners feel safe only in the anonymity such "therapy" provides.

"Group Therapy for Eating Disorders," a half-day discussion/demonstration group, presented a variety of approaches to anorexia, bulimia and other compulsive eating disorders.

Chicagoan Carol R. Coven, MSW, presented her work with compulsive overeaters, describing a 3-pronged approach: 1) psychoeducation stressing cognitive options and helping group members to look at the function of food at that moment; 2) focus on the gender-specific issues of growing up female in today's society (Coven works with females although all panelists agreed that these problems are probably similar for males); and 3) use of the therapist and group as substitute for

Continued on page 4

AGPA (continued)

the function provided by food. In time group members learn to regulate their own internal tension states.

The benefits of working with couples in couples groups was the theme of a workshop, "Marital and Couples Therapy." Advantages cited included expanded opportunities to observe conflicts played out in multiple intracouple and cross-couple interactions; increased risk-taking regarding someone else's spouse rather than one's own; and a diminution of a couples' use of projective identification.

Another workshop addressed the problem of transferring groups to other therapists, which is a problem common to large training institutions with periodic rotation of interns. Surprisingly, there is very little literature on this issue of multiple terminations.

Additional symposiums addressed depression in women, short-term group therapy, self-psychology and object relations in group psychotherapy. □

A QUESTION OF ETHICS

Fees and Reimbursement: One Clinician's Dilemma

By David G. Phillips, DSW

A clinical social worker called a few months ago to ask advice about an issue which troubled him deeply. A former client, seen privately, had lied to him about her financial situation when a fee was being

established at the beginning of therapy. After a difficult period of treatment, characterized by continual struggles over a variety of issues, the client had terminated abruptly, still owing the therapist for a portion of the therapy. After termination, the former client had sent the social worker a set of insurance forms, asking him to complete and submit them so that she could be reimbursed for that part of the treatment for which she had paid.

It is not surprising that the clinician was reluctant to complete the insurance forms for his former client; she was still indefinite about settling her unpaid bill, and he felt that withholding the insurance forms was the only action that gave him any bargaining

power. On the other hand, she was asking that he complete forms only for sessions for which she had actually paid. The practitioner did not know whether he had the legal or ethical responsibility to complete the forms and had consulted with a number of professional friends. None of them knew the answer, and none could tell him where to find out.

This is hardly a typical situation, but it does contain a relevant and disturbing issue; neither this concerned and conscientious social worker, nor any of those he talked to, knew one of the most basic elements of professional responsibility toward patients who carry private insurance.

It would be redundant to speak, in this space, of the progress that clinical social workers have made in New York State in being accepted as independent providers of mental health services. It may be, however, that this is an appropriate time to briefly review some of the most important responsibilities that accompany this progress.

One of the most basic obligations of any practitioner is that of informing clients, as fully and as clearly as possible, what can be expected from the treatment process. Section IIIa of the Code of Ethics of the NYS SCSWP explicitly requires members to inform clients not only of the extent and nature of the services available to them, but also of any limitations of the services that might affect the client's decision to enter into or continue the treatment relationship.

This precept requires members to inform potential or ongoing clients that current law in New York State establishes a complex system for determining the eligibility of clinical social workers as reimbursable providers. Not every CSW will be eligible as a reimbursable provider, and it is probable that, at least initially, only a small number will be eligible for mandatory reimbursement under the newly enacted parity law. Reimbursement for some clients may be delayed while the State Board for Social Work establishes procedures and begins to process qualifying applications of those applying as reimbursable providers under the new law. Further delays in reimbursement may result as businesses and insurance companies become accustomed to dealing with the complexities of the new system.

The receipt of insurance reimbursement is also a mixed blessing for clients, and it is important to inform them of what is involved. Clients may not realize that reimbursement demands a psychiatric diagnosis and, as insurance companies are increasingly requiring, a full and specific description of symptoms and areas of emotional and functional impairment. Although it is no longer the case in this state, in a number of other states information submitted to insurance companies is no longer privileged and may be subject to subsequent subpoena. Practitioners

would be well advised to discuss all this with their clients and to keep a copy of every piece of paper transmitted among therapist, patient, and insurance company.

And finally, to return to the question that began this column, the social worker does have a clear responsibility to complete the insurance forms for his former client; this is explicitly stated in the Rules of the Board of Regents Relating to Unprofessional Conduct. The practitioner can charge a "reasonable fee" for filling out these forms but cannot require payment due for professional services as a condition of completing and submitting such forms. □

National Registry 10 Years Old

As clinical social workers come into their own with public recognition as independent health care providers, issues of third party payment, employee assistance programs, vendorship and peer review assume growing importance.

A recent release by The National Registry of Health Care Providers in Clinical Social Work, celebrating its 10th year of publication, reminds CSWs that listing in its annual directory can be helpful in practice development. According to the Registry, some reimbursement programs duplicate the Registry's directory eligibility requirements.

The Registry is made available to insurance carriers and anyone needing information about the qualifications of CSWs. Its directory provides the following data:

- Graduate degree, school and year
- Post-master's education that meets specific criteria
- Current and past employment
- Preferred client groups
- Preferred methods of practice
- Specialized areas of practice interest

An independent directory which does not require membership in any association or organization, the Registry depends solely upon listees' meeting its own requirements:

- Master's degree in social work from an accredited school with a core of clinical course work, or demonstrated equivalent; or advanced degree in clinical social work from a state approved educational institution
- Graduate school field work placement of 1200 hours (or equivalent), providing direct clinical services to individuals, families or groups
- Minimum of two years (3000 hours), or equivalent, or post-master's supervised clinical social work experience
- Current licensure, registration or certification for those residing in states where such

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BOOKS

Becoming a Psychotherapist: A Clinical Primer

By Rosemary Marshall Balsam, M.D.
and Alan Balsam, M.D.
University of Chicago Press,
Second Edition, 1984, 333 pages

Reviewed by Selma Samuel, CSW

The clinical primer, *Becoming a Psychotherapist*, is akin to "everything you always wanted to know about therapy but were afraid to ask." And, like its analogous counterpart, words cannot describe the actual experience until one becomes an active participant. Even then, no two experiences are identical, and one's understanding of and response to being a therapist is always uniquely one's own.

One becomes a psychotherapist as one practices psychotherapy. Hopefully, growing on the job. The beginning therapist develops and matures cognitively and emotionally as the practice becomes better defined and as personal and professional satisfaction increases. We grow on the job, learn from doing and, most of all, learn from our patients.

This concise volume provides a clear, comprehensive, protective overview for the beginning professional. Regardless of their theoretical orientation and discipline, new therapists enter their profession with theories of their own, with theoretical formulations, and with a mix of ideas and ideals about what to do and how to do it. According to the Balsams, anyone who can heal someone's pain is a psychotherapist. They raise, then, the question of what is it that distinguishes the professional from the well-intended, caring friend or neighbor.

The timeless Socratic theme of "know thyself" connects the varied case studies in this informative primer. Anecdotal stories about therapists' experiences and challenges are presented, and the implication is that these are facsimiles of those faced by all of us globally and each of us individually. After opening an office, decorating it appropriately (and unobtrusively), the real work—the assessment and treatment of patients with a variety of presenting problems—begins. Long- and short-term treatment plans must be formulated and, of course, these will vary depending on the level of experience and the competence of the therapist. The Balsams also present definitive ways of coping with issues such as time, money, resistance, and with individual countertransference responses.

The psychoanalytic model is accepted by the Balsams as the predominant methodology; variations on the theme and faster, more expedient modalities are explored briefly. However, psychoanalytic psychotherapy is offered as a basis for the understanding of psychic development; it forms the framework within which therapists can use their own words, feelings, and intuitive understanding to help patients understand and resolve their own inner conflicts.

The therapist is wisely addressed by the Balsams. For example, the therapist's age, sex, etc., are acknowledged as influencing factors in the treatment milieu. For the beginner, it is comforting to know that human qualities and frailties are acceptable and even useful as therapeutic tools. In time, one

becomes accustomed to patients' comments and attacks and learns not to personalize them but to see them for what they are—opportunities to know each patient's idiosyncratic ways of experiencing the world.

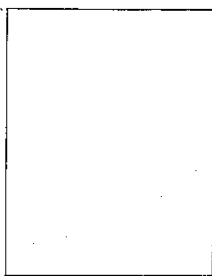
Becoming a Psychotherapist is a fine place for the early practitioner to start. It will awaken the neophyte to the profession he has chosen and can serve as a constant reminder of how much we all have to learn.

Selma Samuel, MSW, received her graduate degree from the University of Pittsburgh. An experienced clinician, she is affiliated with the New York City Board of Education. A former clinical consultant and teacher, Samuel maintains a private practice in Riverdale, New York City.

IN BRIEF

Child Abuse And Neglect

By Hillel Bodek, MSW



Child abuse and neglect have escalated to epidemic proportions in the United States. To provide protective services to children at risk, most states have passed statutes mandating that human service

professionals report cases of suspected child abuse and neglect.

Since 1973, social workers in New York State have had the obligation to report cases of suspected child abuse/neglect when they have "reasonable cause" to believe that a child under age 18 coming before them in their professional capacity is abused or maltreated (neglected). It is a criminal offense to fail to carry out this obligation; the knowing and willing failure to carry out this duty to report can render social workers civilly liable for damages resulting from their failure to report. The law provides that persons acting in good faith in reporting suspected cases of child abuse/maltreatment have immunity from criminal and civil liability.

In 1984, the statute was broadened to require the reporting of suspected cases of child abuse/neglect where the social worker has "reasonable cause" to believe that a

child is abused/neglected. In this instance, the responsibility involves cases in which the person legally responsible for the child's care comes before social workers in their professional capacity and informs them (based on personal knowledge) of facts, conditions or circumstances which, if correct, would render the child an abused/neglected child.

Persons legally responsible for the care of a child may include the parent, guardian, custodian or other person responsible for the child's care, including any person regularly found in the child's household whose conduct causes or contributes to the abuse/neglect of the child.

Neglected (maltreated) children are children less than 18 years old whose physical, mental or emotional condition has been impaired or is in immediate danger of being impaired as a result of the failure of the person legally responsible for their care to supply them with adequate food, clothing, shelter or educational and health services. To constitute neglect, the impairment of the child's mental or emotional faculties must be such that the child's psychological/intellectual functioning is diminished substantially (i.e., in relation to failure to thrive, control of aggressive or self-destructive impulses, ability to think or reason, acting out and misbehavior). Such impairment must be clearly attributable to the unwillingness or inability of the person legally responsible for the child's care to exercise a "minimum degree of care" toward the child.

When a situation arises in which a social worker is called upon to consider whether a child may be abused/neglected, the social worker should make an appropriate inquiry to determine whether there is "reasonable

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CHAPTER NEWS

WESTCHESTER

A stimulating program in March was attended by 100 to hear Peggy Papp, CSW, present her views on work with couples in marital therapy. Papp, well-known for her work both here and abroad, formulated a unique presentation of her marital work, including the use of fantasy as a therapeutic tool.

She stressed the need for the clinician to evolve a central theme in working with a couple, and to make use of that theme for the couple's understanding and as a way of avoiding blaming. Members of the audience participated in role play to demonstrate the use of fantasy. Some time was spent in a discussion of the need to regulate change; to assess the possibilities for change early in the therapy and to avoid too rapid change.

Rhoda Green

STATEN ISLAND

Recent elections resulted in the following members assuming office in June:

President: **Robert J. Evans**

Vice President: **Michael De Simone**

Treasurer: **Theda Salkind**

Secretary: **Elisabeth Schuman Grotjahn**

The chapter sponsored a dream symposium in June entitled "The Dream in Contemporary Psychotherapy — An Ego Psychological Viewpoint."

Agnes Giantini

ELECTIONS AT ROCKLAND

A new administration includes the following:

President: **Catherine LaChapelle**

1st Vice President: **Marilyn Kotcher**

2nd Vice President: **Adele T. Halpern**

Corresponding Secretary: **Judith Silver**

Recording Secretary: **Suzanne Lipten**

Treasurer: **Estelle Symons**

Members-at-Large: **Steven R. Green**
Shirley Ross

NEW SLATE AT MET

Recent elections bring to office the following officers of the Met chapter:

President-Elect: **Phyllis L. LaBella**

2nd Vice President: **Sidney H. Kleinman, Ph.D.**

Treasurer: **Helen Hinckley Krackow**

Member-at-Large: **Ylisa Kunze**

Because of the scope of the president's duties, the new office of president-elect will afford a year's orientation for these responsibilities. LaBella will assume chapter presidency in September 1986. Harriet Wald will complete her unexpired term. □

State Slate: '86-'87

The 1986-'87 candidates for state office include:

President: **Adrienne Lampert (B)***

1st Vice President: **Harriet Wald (M)**

Treasurer: **Hillel Bodek (M)**

Members-at-Large: **Philip Banner (B)**

Yolanda Herrmann (Q)

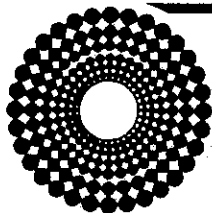
Marcia Zigelbaum (N)

A summary of credentials for each candidate, together with a ballot, will be mailed to members; return ballots will be counted in November and results published in the Winter issue.

All elected officers will serve two-year terms beginning January 1, 1986.

* Initials in parentheses indicate chapter

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DIPLOMATES (continued)

Abbie Blair was Society president from 1978-1980, following her two-year term as recording secretary, an office she currently holds following election in 1984.

For the past five years she was the newsletter editor for the National Federation, creating, for the first time, a planned and regularly produced publication. She also developed the first capabilities brochure for the Federation.

A member of the Westchester chapter, she has served on its board for some 10 years as vice president, communications; as member-at-large (currently) and as newsletter editor. She maintains and monitors the chapter's referral service and has created a variety of innovative means to generate referrals, including presentations of skits and vignettes by a performing group.

Blair received an MSW from Columbia University School of Social Work; psychoanalytic training includes work with Drs. Jane Shick and James Masterson.

Co-author of "The Critical Incident in the Psychotherapeutic Interview," she has published articles as well. Her private practice is in Westchester. □

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IN BRIEF (continued)

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