



NEWSLETTER

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

SPRING 1986 • VOL. XVII. NO. 1

New Officers Elected

Newly-elected Society officers assumed executive responsibilities in January. At this important time on the continuum of clinical practice, the winning candidates have clearly signaled both an awareness of the issues facing their professional organization—and the desire and willingness to serve.

Adrienne Lampert, Society Fellow, assumed the presidency for a two-year term. A charter member, Lampert brings a history of accomplishment and leadership to the office and, at this time in the Society's young adulthood, she will find all paths open for her talents.

Her candidacy statement reflects her direction. "Let us continue to pledge ourselves to achieving the community-wide acceptance, respect and position to which we are entitled. . . . We have an impressive amount of creative energy and an abundance of ideas. . . . [let] this wealth. . . be available to all members, . . . so that we can . . . perpetuate the excitement. . . of achievement. [Our] goals can be secure by our efforts. . . [and] talents."

Lampert is a founding member and immediate past president of the Brooklyn chapter. Its legacy under her two-year direction includes reframing into a cohesive group; the establishment of monthly educa-

continued on page 6



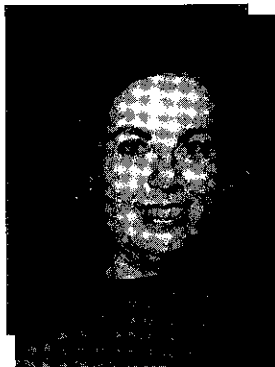
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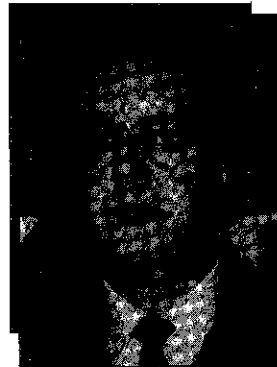
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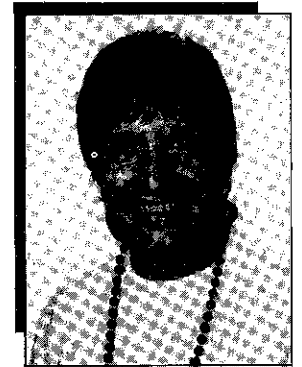
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Member-at-Large
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Member-at-Large
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Reagan Signs Vendorship Legislation to Include CSWs

By Marsha Wineburgh, MSW
Legislative Chair

In February President Reagan signed into law the Federal Employees Benefits Improvement Act, reversing his January 27th veto. This legislation provides that all FEHBA insurance plans must pay clinical social workers directly for services. Thus, if mental health services are covered in a federal insurance plan, clinical social workers cannot be denied reimbursement on the basis of discipline. No FEHBA insurance plan may require physician supervision as

a condition of reimbursement. However, a plan can require referral by a psychiatrist.

The National Federation's Washington advocate, Ken Adams, has been a major strategist in moving this bill through Congress during the past three years. Working closely with Representative Mary Rose Oakar (D-Ohio) and Senator Daniel Inouye (D-Hawaii), our supporters have persevered, protecting improvements in the bill that included the clinical social work freedom-of-choice section.

Like the CHAMPUS program (Civilian Health and Medical Program of the Uni-

formed Services), a clinical social worker is defined as one who is "licensed or certified" in the state in which he/she practices. In a state that has no licensing, one must be certified by a national organization offering certification to clinical social workers, i.e., the National Registry of Health Care Providers in Clinical Social Work and the NASW Register of Clinical Social Workers. With this victory, clinical social work has achieved direct provider status with psychology in both FEHBA and CHAMPUS. Next—the "Triple Crown"—freedom-of-choice in the Medicare program. □

EXECUTIVE REPORT

CSWs: Image in the Making

In the three months since I became your president I have learned much, with much more to learn. Members of the state board, state committees, members-at-large and Mitzi Mirkin have been most supportive and helpful in this educational process. Running an organization like ours requires the responsible, continued involvement of all concerned. I urge each of you to become active so that we can achieve the goals we have set and so rightly deserve. I hope the President's Letter has been informative and useful; I welcome ideas and criticism from members.

An issue that has struck me repeatedly in these months is that the public and personal image of the clinical social worker is far from being assured, recognized and understood. In spite of our gains in certification, parity and contribution to professional literature, we still are hidden and often overlooked.

One needs only to read the newspapers, listen to the radio or watch television, to be constantly reminded that the clinical social worker is rarely mentioned. Recently on TV's "Nightline," the discussion centered on insanity certification within the criminal system. Several times psychiatrists and psychologists were referred to as examiners—never a word about CSWs. This type of oversight occurs consistently and, since clinical social workers are active in prisons, courts,

mental hospitals, social agencies, schools, industry and private practice, this is inexcusable. As professional clinicians, we must be recognized as equals with expertise in psychopathology, behavior, psycho-social development and treatment.

As a private practitioner for the past 30 years, I feel sad when I realize that we are still viewed in the stereotypical role of "do-gooders," protectors of the poor and help-in-a-crisis.

Our social work training is unique in that we attend to both the psychodynamic and sociodynamic processes of development and change for individuals, groups, organizations and communities. Unfortunately, however, we have also been discouraged from an upfront, aggressive, proud attitude regarding our clinical skills. This has interfered with the public's knowledge of who and what we are, in addition to damaging our

own self-image.

It is now time for each of us to feel pride in our profession and to make a strong commitment to our identity. Our members continually pursue professional growth and education, developing new areas for practice; we are actively concerned with legislative and ethical issues related to both the CSW and the consumer.

As a state society, we are committed to establishing an image of the clinical social worker as a well-trained professional mental health provider equal to all other mental health disciplines. Each of us must take the responsibility to inform those with whom we interact that we are well prepared and function as independent mental health clinicians.

We are no longer in the closet.

*Adrienne Lampert, CSW
President*

Annual Meeting of NAP in Social Work Addresses Professional Issues

*Report by
Mildred Reynolds, Ed. D., Recorder,
and Edna F. Roth, Ph. D., Secretary,
National Academies of Practice*

The third Annual Meeting of the National Academy of Practice in Social Work was held in November in Chicago. Co-chair Betty Jean Synar led a panel on "The Present and Future Issues for the Profession of Social Work," a forum for panelists on the direction for the profession, its present situation, future goals and ways to achieve them.

Dr. Sidney Grossberg, National Federation president and Distinguished Practitioner, discussed the Federation's goals of legal regulation and vendorship in all states and continued advocacy at the national level. He noted that marketing and public relations for clinical social work will be of increasing importance.

Bernece K. Simon, Distinguished Academic Associate representing NASW, addressed the ambiguity and confusion about the purpose, mission, domain, boundaries of social work and the appropriate content for social work education. She reported that some see the diversity of the profession as a strength—others believe it fosters confusion.

Founder of NAP in Social Work, and co-chair, Dr. Florence Lieberman of NYS Society observed that direct practice formerly received more recognition than it does today. For example, few doctoral programs emphasize clinical practice. She ad-

vocates improving the status, influence and quality of social work practice.

Dr. Nicholas Cummings, president of the National Academies of Practice, noted that the organization, which is patterned after the National Academy of Science, was formed to address the issues of national health care in a non-guild, interdisciplinary fashion and to advise Congress on policy matters.

Health care is in a state of revolution, he noted, as formerly nonprofit hospitals are being taken over by giant health care corporations; these will be managed by business professionals rather than health care professionals. Concurrently, outpatient health care has also undergone reorganization, seen by the increasing number of HMOs and other group practices; these alter considerably the customary pattern of practice and, therefore, will also affect the type of information a professional will require. The professional practitioner today faces a completely new practice milieu.

A lively discussion ensued. Among the discussants, David Jeffries, executive director of the American Association of State Social Work Boards, stated that the exam now used by many states focuses on testing skills for what social workers actually do rather than what they have been taught. He suggests having a practitioner on all committees of the Council on Social Work Education and its on-site teams.

The program was capped by a banquet
continued on page 7



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CONFERENCE NOTES

Dream Interpretation: Current Status in Clinical Work

Report by Carol Brod, CSW

A two-day workshop for mental health professionals to "explore the current status of dream interpretation in psychoanalysis and psychoanalytic psychotherapy," was sponsored by The American Psychoanalytic Association in November at the Waldorf-Astoria Hotel in New York City.

Dr. Leo Rangell of the Association keyed the program, entitled "The Significance of the Interpretation of Dreams in Clinical Work," with a historical perspective. He surveyed Freud's view of dream interpretation starting in 1860, 20 years prior to the publication of *The Interpretation of Dreams*, Freud's early documentation of his own dreams. Freud's self-analysis in this early work was essentially dream analysis. Seemingly, it was easier for a dream to be regarded as ego alien—as a project of the "other"—open to scrutiny in a way in which other psychic productions were not.

It was the next generation of analysts who rounded out a fuller explanation of dream formulation. With the shift to ego psychology, Erik Erikson saw the Irma dream, the specimen dream of psychoanalysis, as an event that related to the era in which it occurred. In fact, it may have been dreamt in order to be analyzed and thus form the cornerstone of psychoanalytic dream theory. He noted that Erikson broadened the understanding of dream formation and analysis through his systematic configurational analysis of the manifest dream.

Rangell cited other major figures in the history of dream analysis: i.e., Schur, who illustrated the idea that day residue can occur months before the actual dream, although the dream material itself is usually reactivated the day before the dream occurs. He also cited Jones, Rank, Sharpe and Lewin for their contributions.

The 1950s brought controversy among those who viewed the dream as equal to other material presented during treatment, e.g., Brenner and Waelder, and those like Greenson, who saw the dream occupying an exceptional position in analytic work. The renewed interest in the dream and its place in the psychoanalytic perspective was spearheaded during these years by Altman. Since the '50s neurophysiological research has added another dimension to analysis, coming closer to Freud's psychobiological

beginnings. Rangell noted that these studies add to, but do not replace or supersede psychoanalytic interpretation.

Speakers during the morning panel included Alan J. Eisnitz, who sees dreams as the dreamer's perception of himself/herself from a variety of perspectives: at once the photographer, the camera, the subject and the viewer who interprets his/her own photographs.

Paul H. Ornstein developed Kohut's concept of the self-state dream, in which the dreamer views himself as fragile and fragmented; here associations do not lead to deeper understanding.

Martin H. Stein and Jerome D. Oremland hold varying views of the differences between dream interpretation in psychoanalysis and psychoanalytic psychotherapy. In face-to-face psychotherapy, Stein believes, it is more difficult to reach the depth attainable in analysis. The presentation of dreams in psychotherapy may suggest that the patient wishes to be in analysis. Oremland holds that dreams should be treated similarly in both psychoanalysis and psychotherapy. He sees dreams as illustrating an emerging understanding of the patient via a visualized

metaphor of ideas and feelings.

Afternoon panelists presented more concrete examples of types of patients and dreams they present. Aspects included Scott Dowling's perspective that dreams represent the outcome of a different form of thought—not the same as waking or creative thought. Wayne Myers alluded to an increasing interest in the manifest content of dreams, particularly for older patients whose dreams may highlight the traumatic intensity of affects associated with the inevitability of their own deaths.

The second morning featured a dialog between panelists and discussants Robert D. Gillman and George H. Pollock, and a question period. "Is the dream special?" was the query most frequently addressed. The answers, although from differing perspectives, were generally affirmative.

Concluding the program, chair Ethel S. Person noted that dreams have a special place in history and for children. Eisnitz sees the dreamer as in a special state, allowing narcissistic protection. Paul A. Bradlow holds that the manifest dream is a unique mental product—a clear statement of what takes place in the mind during sleep.

Historically, dreams may be more important to analysts than to patients, and the history of psychoanalysis can be seen as an ebb and flow in the emphasis placed upon the significance of dreams. □

The Politics of Custody: Mothers on Trial

Report by
Wendy Wilson Kilgannon, CSW

The results that feminists have been seeking in terms of equal sharing of child care responsibilities has taken a twist—producing new problems for mothers and child custody. A conference sponsored by a coalition of women's organizations in the New York area addressed these issues.

"The First Women's Speakout on the Politics of Custody—Mothers on Trial" was held March 1st in New York City. Keynote speakers were Dr. Phyllis Chesler, author of *Mothers on Trial: The Battle for Children and Custody*, and Dr. Paula Caplan, author of *Myth of Woman's Masochism*.

Testimony of women revealed a changing court attitude toward child custody. The

primary caretaker, usually the mother, is no longer presumed to be the parent given preference in child custody. Courts are awarding fathers custody without evidence of previous demonstrable care for the children. This abrupt role change has serious consequences for all family members.

It was reported that courts are denying custody to mothers based on the fact that they hold full-time career responsibilities (putting personal ambitions before child care responsibilities), on the fact that they stay home (can't provide adequately for the children because of lack of money), and the fact that they remained single. Judges are also awarding children to fathers who remarry over natural mothers who remain single, with the assumption that mothers are "replaceable and interchangeable." Children become essential in the harrowing court procedures and are being manipulated, split apart and even kidnaped and brainwashed.

Women are discouraged from fighting for
continued on page 7

Society Opposes Siegel Bill

By Marsha Wineburgh, MSW
Legislative Chair

On February 8, 1986, the Executive Board of NYS SCSWP unanimously voted to oppose S.7070/A.8293, a bill which seeks to regulate the practice of psychotherapy in New York State, but endorsed the concept of further regulation of mental health practice. The bill, sponsored by Assemblyman Mark Alan Siegel (D), is currently in the

Assembly Higher Education Committee and is not expected to move this session.

Opposition to this bill is strong in the mental health community. Many professional groups oppose any further regulation of mental health at all, believing that current licensing/certification of social workers, psychologists and physicians is adequate.

Mr. Siegel estimates there are 30,000 mental health practitioners currently charging fees for "psychotherapy services" who

are not certified as social workers or psychologists or licensed as nurses or physicians. The proposed legislation is intended to "enable the public to identify private practitioners with a greater assurance of minimally competent services." The bill applies to all persons providing mental health services for a fee. It establishes a generic mental health title, "mental health professional," and three specialty titles: "professional counselor," "marriage and family therapist," and "psychoanalyst." Certified social workers, psychologists and licensed physicians are exempt from qualifying as "mental health professionals" but all who wish to use the "professional counselor," "marriage and family therapist" or "psychoanalyst" titles would, as the bill is currently written, have to meet additional education and practice requirements outlined by the new proposed State Board—the State Board for Mental Health Professions.

Several aspects of this bill have raised concern. The educational requirements for the first level of practice, "mental health professional," lack specificity and fail to assure a consistent high level of training. The statute requires one year of "internship training" but does not specify either when this internship experience should be obtained or the number of hours which constitute one year of training. The present bill limits social workers and other licensed mental health professionals in their use of the titles psychoanalyst, marriage and family therapist, or professional counselors: to use these titles, the professional will be accountable to two different state boards. □

PRACTICE MANAGEMENT

Questions for Clinicians

In this space we will address common problems encountered by clinicians in their practice. Problems or situations to be addressed are welcome for this irregularly scheduled feature—as well as solutions. Barbara Pichler, CSW, former Newsletter chair, inaugurates this new column.

Question—How do you handle certain changes, absences, vacation schedules?

Barbara Kuerer Gangi, Metropolitan Chapter—Initially, or when the question first comes up, I set a policy that a missed session must be paid for or made up within the week. I find myself more lenient, or working harder to find a free hour with children and adolescents, maybe because of the nature of the treatment relationship and because transference is different. Also, with couples or people not "therapy sophisticated," I take a more educational approach, explaining the reasons for holding the hour. The policy is based on protecting the contract and my income, but it is hard not to hold to it more strictly when there's obvious acting-out around the time.

Policies around vacation present more of a problem for me. I have wanted to hold patients to my schedule, but it seems somewhat egocentric, especially when children or couples are involved. I am now trying a system of allowing people two weeks of vacation different from my own. Of course, promptly I had a case of a woman with separation issues who took two weeks for her acting-out right at the point of my return—a clear manipulation of my policy. We spoke about it at great length, but she only partially acknowledged the many meanings of her behavior.

The times I bend over backward to reschedule is when I have to change an hour. That may mean scheduling into family time and then I get flack about it. But in these cases I feel a lot more responsible to make up the time.

Carl Bagnini, Nassau Chapter—I don't charge clients for vacation time different from my own. I tend to see their planning their own vacations as reflecting therapeutic gains in terms of separation. I more often interpret a client's not making plans apart from mine as avoiding feelings around the issue of who's leaving whom.

Several clients make frequent business trips. I ask for 24-hour notice and try to reschedule within the week. If this is not possible, I generally charge a half-session fee. It's a good-faith kind of thing and frankly I've rarely been taken advantage of. If someone's car breaks down, I don't charge; on the day of the hurricane I gave people the choice—those who committed were held to the hour. I don't assume their basic nature is to rip me off, and I think I don't suffer from moral superiority by asking that they always conform to my schedule. My authority comes from my expertise. I find other ways to analyze aggression.

I do find myself firmer with certain clients whom I perceive to use time and money to test how much I care about them, or those who need the structure to function better, but there are gray areas, and I guess there have to be when you use your clinical judgment. The area I still struggle with is my own tendency to run over time 5 to 10 minutes, especially with abused clients who need so much. I really need to watch myself constantly with this tendency. It's also not right for the next patient who has to wait. □

Call for Papers

The quarterly journal *Current Issues in Psychoanalytic Practice* is now planning a special issue devoted to the experiences of psychoanalysts whose father or mother was, himself or herself, a professional analyst/therapist.

Under the tentative title "Growing Up Observed: Tales of Therapists' Children," the journal welcomes papers from analysts/therapists whose fathers or mothers were psychoanalysts, and who will describe any aspect of this special experience—the pleasures, pains, irritations, advantages, disadvantages.

The deadline for manuscripts is May 1986. Those interested should submit material to: Dr. Herbert S. Streat, Editor, *Current Issues in Psychoanalytic Practice*, 1780 Broadway, Suite 202, New York NY 10019. □

BOOKS

Resolving Resistances In Psychotherapy

By *Herbert S. Strean, DSW*
John Wiley & Sons, 1985, 293 pages

Reviewed by Emery Gross, CSW

Well, he's done it again! Herb Strean is fast becoming social work's answer to psychiatry's Robert Langs, a prolific author of more psychotherapy texts than one is able to keep track of. In erudition and scholarship they are much alike. The critical difference is evident in Strean's latest work, *Resolving Resistances in Psychotherapy*—it is eminently readable. I am confident that this latest addition will take its rightful place as a classic text in modern psychoanalytic technique.

However one chooses to describe resistance and its place in understanding people, one thing seems clear: for most psychotherapists this clinically observed phenomenon is the stuff that makes us earn our fees. It is the sine qua non of the psychotherapeutic experience—perhaps of human nature itself—typically manifested in the perplexing condition of a person who appears unwittingly determined to maintain a status quo of personal discomfort or worse, in spite of sincere and earnest efforts by both therapist and client to find relief.

The first two chapters of this book review the extensive literature of major contributors to the subject—both pioneers and more recently published authors. Strean's summaries focus on each contributor's definition of resistance and view of the role of the therapist in resolving resistances. He examines implications for the activity of the therapist (technique) and the potential for unconscious therapeutic collusion in resistance phenomena (counter-resistance), recognizing the encounter as interactional process.

The remaining two thirds of the book interweaves Strean's practical applications of these prominent contributors' theories together with his own. These are discussed in the framework of typical forms of resistance and counter-resistance in the phases of treatment.

There is much of value for beginning therapists in this comprehensive yet unimposing volume, especially in the practical applications of theory. Advanced practitioners will also benefit from a careful reading of the excellent synthesis of new and old in psychoanalysis, especially in the sections relating to counter-resistance. In the application of theory to practice, Dr.

Strean's clinical material and discussion reveals the terse simplicity of mastery.

Most important in their impact on the reader are the fresh, lively and abundant clinical vignettes in which psychoanalytic treatment often functions in a sensitive and empathic fashion, contrary to the unfortunate stereotype.

Despite my own considerable bias in favor of a relatively traditional psychoanalytic approach, however, I must take issue with some aspects of the book's treatment of resistance phenomena. Strean's treatment of contributions by psychoanalysts in ego psychology, self-psychology and developmental psychology, object relations and modern psychoanalysis will be greeted by many readers as partisan. I believe that these newer psychoanalytic approaches and others have a great deal to add to our understanding of the psychotherapeutic experience. A greater appreciation of more recent efforts would provide a more balanced view.

Space does not permit complete discussion here, but it may be worthwhile for readers with more orthodox views to consider a logical extension of a principle presented by Strean: understanding and interpretation require adequate client preparation. In discussing the work of Charles Brenner, Strean states that dictum for interpretation "can at times be held too rigidly"; that therapists have noticed with many clients that "if sufficient preparatory work has not been done and if defenses have not been sufficiently soothed. . . , interpretations of clients' anger or sexuality can create too much anxiety. . . and they can be driven out of treatment." (P. 97)

I put it to you, that this preparatory work (if treated in the manner of Eissler's "parameters") can take many years and many forms that may, if casually examined, seem inconsistent with the metapsychology and goals of traditional approaches. These can include responding directly to clients' requests without analytic inquiry; permitting exposure to extra-analytic modalities; or permitting certain types of gratification of infantile needs (smoking or eating). Such clinical decisions can be made without a commitment to unending gratification or the implied promise of exquisite responsiveness without further investigation.

So long as these decisions are grounded in a sound and individualized understanding of the transference implications and the possible unconscious impact of the decision, they can be viewed as appropriate responses made out of respect for defenses, until such time as the treatment strengthens capacity to tolerate the frustrations of more orthodox ground rules. Such unorthodox

decisions may, for instance, aid in preparing a client for developing the critical analytic capacities for free association, fantasy, expression of affect and to help resolve resistances to the experience and discussion of transference phenomena.

Resolving Resistances reflects an emphatically classical psychoanalytic orientation which many practitioners may find excessively confining, but it is nevertheless an important work for a wide audience to read and consider carefully and one which, for all clinical social work psychotherapists, raises the standard and status of the social worker in clinical practice.

Emery Gross, CSW, is a psychoanalyst in private practice in Manhattan. He is a former Editor-in-Chief of the Metropolitan chapter Newsletter, a graduate and Fellow of the American Institute for Psychotherapy and Psychoanalysis, and a graduate of Hunter College School of Social Work. Mr. Gross would like to acknowledge the encouragement and support of the late Mary L. Gottesfeld, CSW, Dr. Florence Lieberman, and the Friday Group.

IN BRIEF

Exemption from Jury Duty

By *Hillel Bodek, M.S.W., C.S.W.*

Part of the backbone of American justice is the jury system, whereby factual issues in legal proceedings are determined by a jury of our peers. There are two kinds of juries: grand juries, which hear evidence and determine whether there are sufficient facts to charge someone with a serious crime; and petit juries, which resolve factual issues in criminal and civil cases at trial.

New York State law provides for the exemption of certain persons from jury service. These exemptions from jury service are provided for under section 512 of the Judiciary Law to members of the clergy; various health care providers; attorneys regularly engaged in the practice of law; police and peace officers; persons over 70 years of age; the parent or guardian whose principal responsibility is the daily care and supervision of a child under the age of 16 between the hours of 8:00 A.M. and 6:00 P.M. (except while the child is in school); and full-time sole proprietors of businesses employing no more than two additional persons.

continued on page 9

NEW OFFICERS (continued)

tion programs; and a membership increase of 60 percent to its present 80 members.

The Society, based on strong chapter structure, has served its constituents well, Lampert believes. "This personal touch with one another, through close chapter affiliations, makes the Society unique as an association." To support this structure, she has established a presidents' committee to meet monthly with chapter leaders to address chapter issues. "As more people become involved at the chapter level" (encouraged by motivated chapter leaders), "I believe the next step is involvement on the state level—I'm very excited about this."

Her monthly President's Letter, broadened from its beginnings in Brooklyn, keeps members current with all chapter events and executive changes and enhances the concept of continuing individual contribution through chapters.

Lampert earned her MSSA at Case Western Reserve University, Cleveland, and her psychoanalytic training at New York Freudian Society. Her private practice is based in Brooklyn, and she serves as co-director of the Guidance Center of Flatbush. A regular contributor to the *Brooklyn Progress* newspaper of the Chamber of Commerce, her column, "Working It Out," addresses management and supervisory problems from the human relations point of view.

Elected for two years as first vice president, **Harriet Wald** is immediate past president of the Metropolitan chapter. She believes that "the Society is at a very important fork in the road." A Fellow, she has been active in referral service, on the early steering committee, and served as referral committee representative for her chapter.

In addition to her supervisory function at both Postgraduate Center for Mental Health and National Institute for the Psychotherapies, she maintains a private practice. Her MSSW from Columbia University School of Social Work is complemented by psychoanalytic training at Postgraduate Center. Wald observes: "It is important to educate the community. . . about who we are."

Treasurer **Hillel Bodek** begins his second two-year term. A Fellow since 1983, he also served as first vice president. In his function as Society treasurer, his re-election bid noted his previous two-year record in implementing "a computerized accounting system, decreasing. . . accounting costs. . . increas[ing] financial accountability on. . . State and Chapter levels and establish[ing] uniform accounting practices for [each]."

Bodek is known to Society members as well as to many in the legal profession concerned with mental health issues. Articles

in the *Newsletter* during the past two years have highlighted his accomplishments in helping to establish new areas in which clinical social workers' expertise has been recognized and formally acknowledged in New York State courts. Some six precedent-setting decisions handed down in recent months are attributable in no small measure to Bodek's efforts.

On the national level, he testified for the National Federation on Criminal Justice Mental Health Standards in 1983, and is currently co-chair, committee on forensic and clinical social work for the National Federation.

Bodek was formerly director of the Developmentally Disabled Offender Project (1980-1984) and director of Clinical Social Work, Protection and Advocacy System for Developmental Disabilities, 1979-1980. His private practice in New York City deals with individual and family therapy as well as forensic clinical social work.

Bodek's BA in Social Work and Urban Affairs is from Queens College, where he graduated summa cum laude; he earned his MSW at Adelphi University. Further training in psychoanalytic psychotherapy at American Institute for Psychotherapy and Psychoanalysis was followed by specialized training at American Academy of Psychiatry and the Law.

He plans to "continue to address issues relating to our right to practice. . . [with] full parity with other mental health professionals." Further, he asserts, "We must become more visible and vocal in demonstrating our skills and expertise in a variety of forums."

Marcia Zigelbaum, member-at-large, is also the new chair of the state education committee, reinforcing her candidacy statement to "commitment to ongoing professional education."

An energetic and active member, she co-chaired the sparkling parity celebration at Tavern-on-the-Green last year. She is immediate past president of Nassau chapter, having earlier served as vice president/program chair.

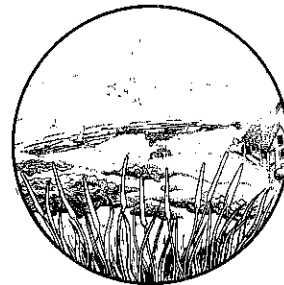
Her MSW from Adelphi University Graduate School of Social Work was followed by certification from New York School for Psychoanalytic Psychotherapy, for which she serves as member-at-large. Her continuing presence on the board will enhance efforts for "the fuller participation of the profession. . . in the political process."

A founding member of Brooklyn chapter (the first meeting took place at his office in 1977), **Philip Banner** will serve two years as its state member-at-large. An active chapter member, he has chaired various committees and currently serves as treasurer. Under his direction the chapter has computerized many of its administrative functions.

Banner is supervisor of the social service staff at Brookdale Hospital's Department of Psychiatry for its inpatient units and in private practice. He received an MSW at Wurzweiler School of Social Work and a certificate from the Institute for the Study of Psychotherapy.

Banner observes "much progress. . . in enhancing the image of the clinical social worker on a Federal, State and local level,"

continued on page 7



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Using Clinical Skills in Corporations	Janice Eddy
Possibilities for Impossible Patients	James Francek
Treating Women - Special Clinical Issues	Nina Evans
Self-In-Relation Theory	Theresa Bernardez
The Alcoholic Family	The Stone Center, Wellesley College
Creating & Building A Group Practice	Joseph Kern, Mark Cohen
	Maryellyn Duane, Stephanie Kravec

For personal assistance and brochure call: Lynne Jones & Wendy Levine, (212) 799-8553 or write: **GetAway Seminars for Professional Advancement, Inc.**
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New York, New York 10029

Events Calendar

Society Chapter Events

- BROOKLYN**
June 8 **Membership brunch and to honor Philip Banner and Rosemary Lavinski**
- STATEN ISLAND**
May 3 **Spring Conference—Couples Therapy; Stages of Marital Discord**
 Dr. Barbara Rothberg
Information: Rosemarie Gaeta—718-356-8881
- May 1** **Techniques of Structural and Strategic Family Therapy**
NY Hospital—Cornell Medical Center
White Plains, NY
Information: 914-997-5743
- June 5-7** **Alcohol Impaired Driving—National Conference**
Kona Kai Resort Hotel, Shelter Island, San Diego
Fee: \$225.00
Information: UCSD Extension, X-001
University of California—San Diego
La Jolla, CA 92093
- June 22-27** **The Masterson Approach to the Borderline Personality Disorder**
Longboat Key, Sarasota, Florida
Fee: \$325.00
Information: The Masterson Group, PC
60 Sutton Place South, 1C-N, New York, NY 10022

NEW OFFICERS (continued)

but "little progress . . . amongst our own colleagues, many of whom view themselves as unimportant, . . . powerless and, consequently, unmotivated. . . ." We can provide that motivation, he believes, by "reaching out to the unaffiliated. . ." and thereby strengthening our base as well.

Yolanda Herrmann, member-at-large from Queens chapter, will "participate in the . . . expansion, integration and strengthening of the work and quality standards" of the Society.

Herrmann, who earned an MSW at Catholic University, Washington, D.C., is a graduate of Advanced Institute for Psychoanalytic Psychotherapy. A supervisor at New Hope Guild and a staff member at several mental health facilities, she is also in private practice.

Herrmann has developed a workshop, "Making a Diagnostic Assessment in One Session," and is the author of "The Core Dynamics of the Masochistic Personality Structure," an article now in production.

Her belief is that "As we are clearer and firmer [in] our own psychotherapeutic role, . . . as we are strengthened from within . . . , we then affect [those] outside." □

NAP (continued)

and installation ceremony in the evening at which six Distinguished Practitioners in Social Work became members, as well as

MOTHERS (continued)

custody because of lack of funds, unfamiliarity with courtroom procedures and unwillingness to see children pulled apart by a custody fight. However, this attitude works against women. The fear of facing a custody fight and the threat of losing their children kept some women in marriages in which physical and emotional abuse was common.

one associate and one affiliate.

Plans for the 1986 meeting are under way. The program, open to all health care professionals, is scheduled for September in San Francisco. □

Testimony also revealed cases in which courts, in awarding custody to fathers, did not take into account previous family violence, former convictions of sexual assault of the children involved by the same father (using the theory that the man has been rehabilitated), and lack of payment of past child support.

This first "Speakout" opened the door for further discussion on these controversial issues around family health care. □



The New York School for Psychoanalytic Psychotherapy and The Society for The Advancement of Psychoanalytic Developmental Psychology

presents

"THROUGH A GLASS DARKLY", INGMAR BERGMAN'S AWARD WINNING FILM

Dr. David Milrod, training analyst at The New York Psychoanalytic Institute, will discuss the film from the point of view of the psychoanalytic theory of psychosis.

This presentation is for mental health professionals; students, graduates, and members are invited.

Tishman Auditorium
 Vanderbilt Hall
 NYU School of Law
 40 Washington Sq. South, NYC
 Friday, June 6th

Registration - 6-7 PM
 Admission: \$10.00
 Film: 7-8:30
 Discussion: 8:30-10 PM
 (SAPDP is the membership association for NYSPP and ISP)

Note— Annual Meeting

The Annual Meeting of the Society will take place on Saturday, May 17, 1986 at the Gramercy Park Hotel, Lexington Avenue at 21st Street. The social hour/brunch, beginning at 11, will be followed at 1:30 by the business meeting. Philip Johnston, executive secretary of the State Board of Social Work, will be the featured speaker on "The State of the 'R,'" among other topics.

Further information has been sent by mail to all members.

Tri-State Membership

The state board has resolved that SCSWP members may be affiliated with the societies in neighboring states, i.e., New Jersey and Connecticut. Primary membership shall be held in one state. Corresponding membership can be held in other states for \$50 annual dues per state. This entitles the member to all mailings and reduced prices for conferences. Voting privileges and receipt of journal are held in primary state membership only.

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Advertising for the 1986 issues is due March 1, June 1, September 1, December 1.



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CSWs are not among those enumerated health care professionals who are entitled to an exemption from jury service. However, a certified social worker engaged in full-time private practice may qualify for a jury exemption under the provisions of Judicial Law 512(5) which provides for an exemption from jury service to “A sole proprietor or principal manager of a business, firm, association or corporation . . . who is actually engaged full-time in the operation of such business as a means of livelihood.”

Although a certified social worker has a part-time staff position in addition to a private practice, an exemption from jury service may be obtained if the income from the part-time salaried (not consulting) position is less than a certain percentage of total income.

To apply for this exemption, a CSW must request exemption and provide the Commissioner of Jurors with proof of sources of income for the past year by providing a copy of the tax return.

If a social worker is called for jury service, and it would be a hardship to serve during the particular period for which the clinician is scheduled, he or she should request a deferment to a future date. In general, Commissioners of Jurors have been cooperative in granting deferments. However, after the fifth postponement, one cannot usually put off serving.

Simply ignoring a summons to appear for jury service can subject one to criminal and civil liability. Instructions for requesting exemptions and deferments from jury service are usually printed on the summons.

American citizenship carries benefits and responsibilities. As an ethical clinical social worker, one should weigh the particular hardship—and the unique opportunity—of serving before seeking an exemption. □

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of the

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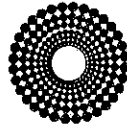
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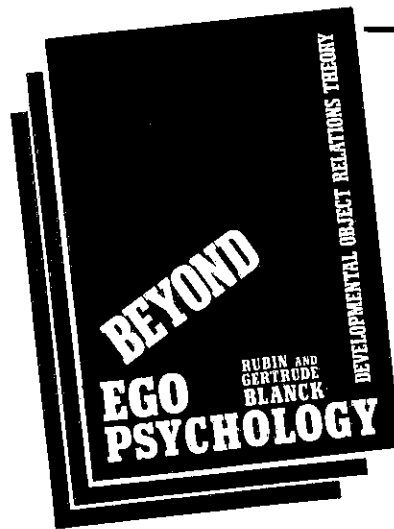
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