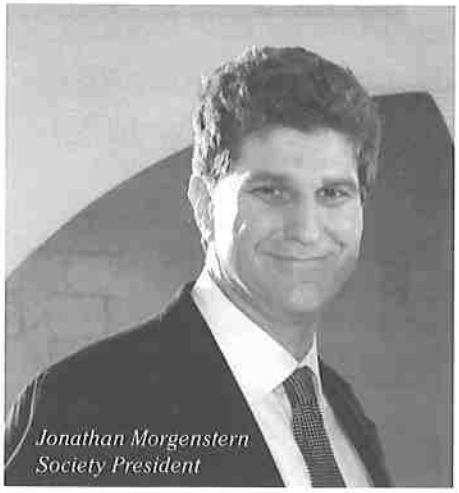
The CLINICIAN

WINTER 2008 | VOL. 39, NO. 1

THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

Happy new year. May the lessons of the past become the foundation for the successes of the future.

Letter from the New President


Jonathan Morgenstern
Society President

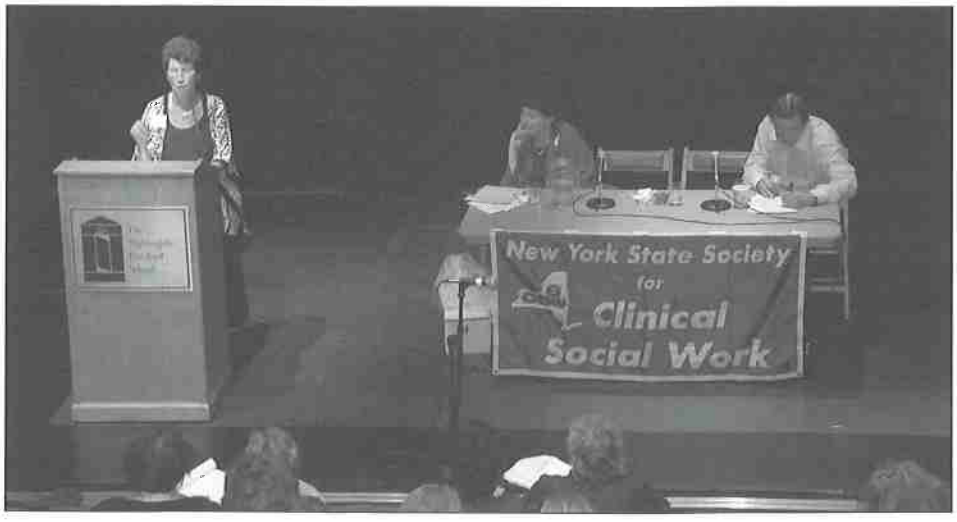
By Jonathan Morgenstern, LCSW

At the state board meeting of November 10, 2007, Hillel Bodek, our outgoing president, was toasted as follows:

" This is Hillel's last board meeting as president. It is only fitting that we take a few moments now to recognize some of his contributions to the Society during the period he served as president.

CONTINUED ON PAGE 2

NYSSCSW 38th Annual Conference



Joan Soncini Presenting Her Keynote at the 38th Annual Conference, with Dianne Heller Kaminsky, outgoing Education Committee Chair, and Jeffrey Seinfeld, the other keynote speaker. (Read about the Conference on P. 6)

IN THIS ISSUE:

Outgoing President's Message

By Hillel Bodek, MSW, LCSW, BCD

It has been an honor and a privilege to serve as your President for the past four years. Back in 2003, I was asked to consider becoming President in order to address the concerns expressed by the Strategic Planning Committee with regard to several areas of the Society's functioning. I had not aspired to be President but, realizing that the Society had a critical need of someone with significant administrative and organizational experience and skills to address the serious strategic concerns, I was persuaded to run for office. While facilitating many important changes for the Society and serving my profession has brought me satisfaction, it has been an extraordinarily time consuming and, at many times, exhausting and draining experience.

Accomplishments

With the assistance of the Board, most of the issues raised by the Strategic Planning Committee in 2003 have been addressed. Each year the Board receives training about its role and fiduciary obligations. The budget has been balanced each year, notwithstanding decreasing dues revenues. The budget

CONTINUED ON PAGE 11

Letter from the Incoming President

CONTINUED FROM PAGE 1

- Hillel helped professionalize this board by making us aware of our legal and fiduciary responsibilities as elected officials of NYSSCSW.
- He made the Society fiscally responsible by organizing our finances, including centralizing accounting, and fiscally viable by maintaining a balanced budget.
- He has made significant legal contributions by working with the Legislative Committee.
- He has provided risk management services by reviewing Society contracts with a variety of service vendors.
- He has continued to provide guidance as chair of the Ethics Committee, responding to questions from within the Society as well as from outside.

helped keep Hillel, and thus the work of the Society, organized. Please join in a toast: To Hillel." [He was presented with a gift certificate.]

As the incoming president, I plan to make the presidency and management of our society transparent, participatory and collaborative, while maintaining the effective administrative structure that was put in place by Hillel, including in the areas of finances and risk management. Board meetings will include relevant discussions of societal and chapter business, including the work of our committees. I have asked the society secretary, Mitzi Mirkin, to rejoin board meetings. She has been a steadfast asset to our society for many years.

I plan to make the presidency and management of our society transparent, participatory and collaborative, while maintaining the effective administrative structure that was put in place by Hillel.

Most of all, we should acknowledge Hillel's longstanding commitment to the NYSSCSW, manifested by his investment of time, energy and effort which he offered freely out of his belief that this organization serves as a resource not only to its members, but to society in general.

Finally, we also recognize the contribution of Hillel's wife, Hun, who has been his support through all his years of work for the Society. She has attended meetings and

We are in the advanced stage of planning a leadership retreat in March. This will be very important in terms of re-stabilizing and repositioning the Society for the future. We will discuss the Society's identity, mission and purpose and implications of them for membership and development. It is time for us to consciously recommit ourselves to the values of our Society and to working together effectively. I recognize and thank the work of the Strategic Planning Committee, led by Judy Crosley.

Another area of focus will be that of enhancing society communications—Web site, membership directory, and *The Clinician*. There will be increasing reliance on e-mail so that we remain fiscally responsible (saving the considerable costs of printing and mailing).

I will appreciate your sharing with me your reactions and feedback. Please consider offering your services in some capacity—we need help in diverse areas and will work with you in terms of what you can offer (time and skills). This is our society and we manage it together.

I look forward to our work together.

Jonathan Morgenstern
E-mail: mjonathanm@aol.com

2008 Society Board Members—See Page 7

NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

The Clinician

The Clinician is published two times each year by
The New York State Society for Clinical Social Work, Inc.
www.clinicalsw.org
SOCIETY PHONE: 1-800-288-4279
EDITOR: Ivy Miller. 31 Jane Street, Apt. 14C
New York, NY 10014 | tel. 917-606-0424
ivy.miller@yahoo.com
NEWSLETTER COMMITTEE CHAIR: Helen Hinckley-Krackow
DEADLINES: January 10 and September 10

Vendorship and Managed Care Committee Report

by Jonathan Morgenstern, LCSW

This is the last Vendorship and Managed Care Committee column I am writing as committee chair; I have left this position in order to assume the position of Society President. It has been my pleasure to serve in this capacity for the past several years along with chapter vendorship chairs who have contributed their time and effort to remain current about issues of reimbursement and help Society members with that aspect of their practices. I confidently pass the committee chair to Helen Hoffman, who has responded to the call and has volunteered to take over. She has a proven history of keeping current on the relevant issues and maintaining a level head in terms of digesting rapid changes and evaluating their impact on our practices. She is genuinely helpful, responsible and responsive.

The committee continues to function in a supportive role to Society members in their dealings with insurers and managed care organizations. Our goal is to help membership become efficient and effective in managing practice reimbursement. We track relevant trends in the field and report them to the membership. Inquiries are welcome and should be made to the representatives listed below.

Conference in March 2007

The committee held its first conference on clinical social work practice and managed care last March. John Chiaramonte, former chair of the VMCC, provided a retrospective overview of managed care as an approach to controlling expenses related to mental health treatment reimbursement by standardizing rates and number of sessions authorized. Over time, regulation evolved and some restrictions were relaxed. He predicted movement toward a one payer system. Marsha Wineburgh, Legislative Chair, who wrote her doctoral dissertation on the managed care industry, characterized private practitioners as small business owners who must be mindful of managed care as partners in, and with impact on, the care of the client. She provided a review including changes in the field of managed care, including the concentration of managing benefits in the

CONTINUED ON PAGE 5

Managed Care Tool Kit

Psychotherapy Finances:
Http://www.psyfin.com
800-869-8450
Subscription: $79 for new members
Many articles are available from the website without subscribing.

To order CMS1500 forms:
$12.50 plus shipping and handling for 500;
$27.03 plus S&H for 2500
http://www.filerx.com/Catalog/Browse/sku.asp?catagory=Billing%20%26%20Insurance&code=CMSHCFA-LN1

To obtain an NPI number:
https://nppes.cms.hhs.gov or
http://www.nucc.org
800-465-3203

For guidance in becoming HIPAA compliant:
The New York State Society for Clinical Social Work website
http://www.clinicalsw.org

Instructions for filling out the CMS1500:
http://www.empiremedicare.com/partb-ny/1500/instructions0805.htm

To obtain training in filing Medicare claims:
"Introduction to Medicare" (free)
Yorktown Seminars 914-248-2819
Long Island and Manhattan Seminars
631-244-5410

Software for completing the CMS1500:
EASYCMS 1500 Form Filler is available for $55 at http://www.littleguysoftware.com

Software for practice management:
For computer–based record keeping you may explore demos by the following:

Therapist Helper
http://www.helper.com

ShrinkRapt
http://www.shrinkrapt.com

Practice Magic
http://www.practicemagic.com

The Therapist
http://www.beaverlog.com

CAQH Universal Credentialing Data Source:
https://caqh.geoaccess.com
888-599-1771
An aid in credentialing, CAQH maintains an online database for use by managed care companies. The provider completes a questionnaire online and gives permission for access to the insurance company. CAQH reminds the provider quarterly to update and reattest to the data.

Office of New York State Attorney General Andrew Cuomo: Health Care Bureau Helpline
800-771-7755 | Fax: 518-402-2163
http://www.oag.state.ny.us/health/health_care.html

New York State Insurance Department:
General telephone number: 212-480-6400
Prompt pay complaints: 800-358-9260

Prepared by Helen T. Hoffman LCSW, Chairperson, Vendorship and Managed Care Committee, Met Chapter

Please contact at **helenhoffman@verizon.net** with updates or corrections.

Education Committee Report

by Susan Klett, MSSW, LCSW-R, Chair

I am honored and pleased that Hillel Bodek, LCSW, outgoing President of the Society, has appointed me the new Chair of the Education Committee to replace Dianne Heller Kaminsky, who retired as Chair after the May 2007 Annual Education Conference. Dianne has been an outstanding role model. Her 17 years of passion, hard work and commitment to excellence have been inspiring and we are all happy that she will remain on as a consultant to the committee.

The Education Committee's goal is to provide an excellent, annual, day-long continuing education program to enhance clinical knowledge, sharpen and promote skill building, provide exposure to various theories of human development and behavior, and various modalities, techniques of treatment, and results of clinical research in order to enrich the professional knowledge and skills of clinical social workers. We are determined to provide a rich intellectual community and to promote professional growth of both the individual practitioner and our profession as a whole. In so doing, we will help to increase Society membership from all practice settings.

The educational programs are developed for clinical social workers who work with a wide range of patient populations. These include children and adolescents, the elderly, those who suffer from chronic mental illness, the developmentally disabled, those who suffer from chronic physical disorders or disabilities or who are terminally ill, and those who seek psychotherapy in order to address relational problems or emotional crises in their lives, to name just a few. Our programs are planned for clinicians in health, mental health, child welfare, educational, employee assistance and other agency and institutional settings, as well those as in private practice. They employ a variety of theories and a range of treatment modalities and techniques.

The members of the Committee are Meryl Alster, LCSW; Gildo Consolini, Ph.D., LCSW; Charlotte Ekin, LCSW; Tripp Evans, Ph.D., LCSW; Gail Grace, LCSW; Justena Kavanagh, LMSW; Carol Silverman, LCSW.

We have been very busy working on the 2008 Annual Education Conference, to be held at The Nightingale-Bamford School Auditorium on Saturday, May 10, 2008. Two renowned keynote speakers are preparing presentations on the vital issue of identity. Our call for proposals was sent out in September. We invite you to submit proposals to present afternoon workshops.

A brief personal note: While I have been analytically trained, I have also spent many years working in a hospital-based outpatient psychiatric clinic, in a psychiatric emergency room and in other mental health clinics/agencies. I have had the invaluable opportunity to work with a wide range of patients—from young children to seniors, from various social, cultural and economic backgrounds—suffering from a wide spectrum of disorders. I have come to appreciate the critical importance of tailoring specific theories, modalities and techniques of treatment to meet the needs of the particular patient in order to maximize the potential for effective outcomes. Currently, I am a faculty member, supervisor and training analyst at Washington Square Institute, on faculty of the Psychoanalytic Institute of the Postgraduate Center for Mental Health and in full time private practice in Manhattan, New York City.

I look forward to working with you and welcome your ideas and comments. I can be reached at 212-755-4765 or by e-mail at **Suzanneklett@aol.com** ■

NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK
39th Annual Conference

IDENTITY:
The Psychological Concept of a Largely Unconscious Process of Self in Relation to Other

KEYNOTE PRESENTATIONS BY
Eda Goldstein, Ph.D., LCSW and Paul Geltner, LCSW

SATURDAY, MAY 10, 2008

The Nightingale-Bamford School
20 East 92nd Street
New York, New York

8:00 AM	Registration, Refreshments
9:00 AM	Keynote Presentations
12:15 PM	Luncheon
1:45 – 3:45 PM	Workshops

For More Information e-mail **suzanneklett@aol.com**

Disaster Preparedness Committee Report

By Maureen Buckley-Fox, MSW, LCSW, BCD, Chair

Volunteer When Disaster Strikes

State Education Department Provides Photo ID Cards to Health Care Professionals

While we all hope disaster never strikes the New York Metropolitan area or anywhere else in our country or world again, recent history has taught us that we are not invulnerable, and that it is important to be prepared if and when a disaster strikes.

In an effort to contribute to our state's level of preparedness, the New York State Education Department's Office of the Professions has commenced a program to provide photo ID cards to each licensed health care professional in the state who desires to obtain one.

These photo ID cards will indicate the name of the individual and the profession in which he or she is licensed. These ID cards will be critical in identifying qualified health care professionals who wish to volunteer in a disaster situation. The card costs $20 and is valid for the period of the professional's triennial registration, at which point it must be renewed.

If you would like to receive further information on how to obtain this an ID card, call 1-800-567-7704 or go to the NYS Education Department's Office of the Professions' Web site at **http://www.op.nysed.gov/photoid.htm.**

Additionally, when disaster strikes, some members of the Society ask, "What is the Society doing to do to respond?" Since we are the Society, it is vital that we do our part now to be prepared to respond to a future disaster. As Chairperson of the Disaster Preparedness Committee, I need to know a few things:

- Who is able to volunteer in a disaster?
- Who is trained is disaster response and through what agency he or she was trained as a responder?
- Who has experience in disaster response and with what agency he or she worker as a responder?

Over the past year, 33 of you have contacted me with your information. I am most appreciative. If there are other members who are currently volunteering and/or obtaining training through the Red Cross, the Medical Reserve Corps, or some other organization, please send me your information. This information will enable us to contact you should a need occur.

Please feel free to share your volunteer experiences with the rest of us. Your story may inspire others to get involved. You may send your information to me by e-mail at **mbuckleyfox@optonline.net** or by phone at 516-662-2263 ■

Vendorship Committee Report

CONTINUED FROM PAGE 3

hands of fewer companies over time; coverage parity; potential legal and ethical conflicts; issues of informed consent; confidentiality; and appeals. Fred Waxenberg, Chief Clinical Officer—Magellan, provided a perspective that reflected the industry's approach, including the linking of policies to cost; focusing on positive treatment outcomes measurement as a way of managing provider networks and costs; managing provider quality through network credentialing; and basing decisions on research. There were workshops on practice essentials, effective practice marketing, ethical & legal issues and evidence-based practice. Attendee feedback questionnaires reflected a high level of satisfaction with the conference. [Information courtesy of a report by Martin Lowry].

Other Updates

United Behavioral Health, the behavioral health division of United HealthCare, has instituted a program to replace its former system of authorization which may have more far-reaching effects than seen at first glance. Instead of requiring regular submission of an Outpatient Treatment Report from the therapist, the company is substituting a Wellness Assessment questionnaire to be completed by the patient and discussed with the therapist. Compliance by the patient is voluntary. UBH will be monitoring the Wellness assessment for evidence of a patient at risk and on occasion has used the WA as justification for calling the patient, and even the therapist, if it appeared to UBH that

CONTINUED ON PAGE 10

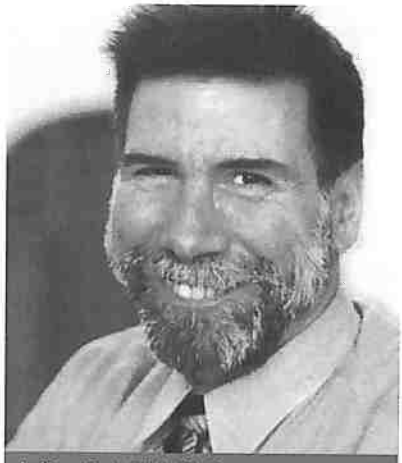
When Feelings Are Split Off:

Treatment of Dissociated States:

Transference and Countertransference Issues

Keynote Presentation by Jeffrey Seinfeld, Ph.D.

Jeff Seinfeld began his delightful and dynamic keynote presentation by asking, "How many of you dissociate?" Seinfeld claimed his authority to speak on the topic was based more on his personal familiarity with dissociation than on his extensive and impressive resume, experience and publications. Seinfeld shared that he dissociates often, regaling us with several personal and professional anecdotes where his dissociating provided creative links and connections to the work he has done with some of his patients. In one example, Seinfeld recounted that while a female patient was describing first doing very well in her presentation at a conference and then experiencing a lot of anxiety, he heard a mouse scurrying around in his office. Seinfeld was preoccupied with the mouse's intrusion until his patient uttered: "I feel like a mouse." In the subsequent session Seinfeld mentioned the actual mouse's audible intrusion to which the patient admitted she had been oblivious. He used this piece of unconscious disassociation to illustrate her real unconscious intuition.



Jeffrey Seinfeld, Ph.D.

On a more personal note, Seinfeld explained the benefits of dissociation especially during those more tedious faculty meetings. He can blissfully reside "on cloud nine" until someone brings him back with a "Hey, Seinfeld." Being no stranger to dissociating, Seinfeld would regroup quickly and rejoin his colleagues. On another occasion, he said, while waiting recently for a friend to arrive by taxi at the Jewish Board in the Bronx, his mind wandered, leaving him astonished minutes later to see a cab pull up in this neighborhood where there are seldom cabs. These examples were very helpful in bringing alive the theme of this year's conference: "When Feelings Are Split Off: From Dissociation to Integration in The Clinical Process." More importantly, it demonstrated how comfortable Seinfeld is using dissociation as an effective and creative clinical tool.

In yet another clinical example, Seinfeld told us of a time early in his career when he was in his office with a preadolescent male. The boy threw a ball to Seinfeld and Seinfeld just held it. "Throw it back, stupid," said the boy. Seinfeld threw it back. Gradually, they start doing tricks and ultimately it turned into a casual game of catch. At one point, Seinfeld, lost in reverie, missed the ball. "You're not paying attention!" the boy accused him. Reviewing the case notes after the session, Seinfeld read that both the boy and his mother had blamed one another with the same offense of not paying attention. Had Seinfeld just grown bored or was he engaged in a narcissistic and/or objective countertransference? Regardless, Seinfeld's dissociation in the session and his ability to factor it into his treatment proved fascinating.

Seinfeld further depathologized, destigmatized, and normalized dissociation. In answer to his opening question—he believes we all often dissociate. Dissociation is a universal phenomenon that can be used in our work with our patients. However, there are two important distinctions: first, between conscious and unconscious dissociation and second, between adaptive and maladaptive dissociation. Seinfeld's daydreaming during a faculty meeting is obviously conscious once he is brought back and, at least he would claim, it is adaptive as well. It is, of course, the unconscious and maladaptive dissociation that is of import to us as clinicians.

Woven in with his personal and professional examples, Seinfeld painted a colorful and succinct historical overview of dissociation. He cited Ferenczi, Fairbairn, Janet, Charcot, and Bromberg as contributors to the study of dissociation. He integrated Sartre's concept of existentialism with Fairbairn's concept of dissociation in British Object Relations theory.

From Dissociation to Integration in the Clinical Process

Fairbairn theorized that a baby recognizes his mother much sooner than previous theory had suggested. In fact, according to Fairbairn, the connection with the mother happens as soon as the child is born. He went on to posit that a baby is very frightened that his excessive need for love could destroy his mother as well as by the potential separateness of the mother.

Just as swiftly as he had engaged the audience twenty minutes earlier, Seinfeld ended his talk to a hearty applause. It was such an enjoyable whirlwind that I would guess many did not want it to end so soon. As Jeff Seinfeld took his seat to listen to the contrastingly structured, thoughtful and case-oriented presentation of his colleague Joan Soncini, we all knew a bit more about the quintessential absent-minded professor, and a bit more about the history of dissociation itself. ■

Education Committee members (l. to r.) front: Carol Silverman, Dianne Kaminsky, Gail Grace; Back: Susan Klett, Tripp Evans, Meryl Alster, Juntena Kavanagh, Gil Consolini

2008 NYSSCSW BOARD MEMBERS

Executive Committee

PRESIDENT
Jonathan Morgenstern
MjonathanM@aol.com

1st VICE-PRES
Marsha Wineburgh
mwineburgh@aol.com

2nd VICE-PRES
Shannon Boyle
shannonboyle@hotmail.com

TREASURER
Helen Hinckley Krackow
hhkrackow@aol.com

RECORDING SEC'Y
Judith Crosley
crosleyj@yahoo.com

PAST-PRESIDENT
Hillel Bodek
bodekmsw@verizon.net

Members-at-large

Claudette Duff
Director@integrityseniors.com

Henni Fisher
hennifisher@aaarc.com

Bobba Moody
bobbaj@nyc.rr.com

Beth Pagano
Bethpagano678@msn.com

Gloria Robbins
grobbins@hvc.rr.com

Chapter Presidents

BROOKLYN
Carole Kamine-Brown
c.kbrown@cohme.org

BKLYN REP.
Sharon Lasky
laskys@nychhc.org

MET
Ariane Sylva, Ph.D.
DrSylva@Dr.Sylva.com

MID-HUDSON
Rosemary Cohen
rosemarycohen@gmail.com

NASSAU
Sheila Peck
sheila2688@aol.com

QUEENS
Fred Sacklow
FredS99@aol.com

ROCKLAND
Dore Sheppard, Ph.D
doreshep@yahoo.com

STATEN ISLAND REP
Janice Gross
jgross1013@aol.com

SUFFOLK
Mary M. Marcincuk
marcinm@sunysuffolk.edu

WESTCHESTER
Martin Lowery
mlowery@maryknoll.org

Committee Chairs

ARTS & CREATIVITY
Sandra Indig
Psych4arts@earthlink.net

BYLAWS
Hillel Bodek
bodekmsw@verizon.net

CHAPTER DEVELOPMENT
Helen Hinckley Krackow
hhkrackow@aol.com

EDUCATION
Suzanne Klett
suzanneklett@aol.com

ETHICS
Hillel Bodek
bodekmsw@verizon.net

FORENSICS
Hillel Bodek
bodekmsw@verizon.net

LEGISLATIVE
Marsha Wineburgh
mwineburgh@aol.com

MEMBERSHIP
Helen Hinckley Krackow
hhkrackow@aol.com

MENTORSHIP
Helen Hinckley Krackow
hhkrackow@aol.com

NEWSLETTER
Helen Hinckley Krackow
hhkrackow@aol.com

PALLIATIVE CARE
Hillel Bodek
bodekmsw@verizon.net

RESEARCH
Jacinta (Cindy) Marschke
Cindy210@hvc.rr.com

STRATEGIC PLANNING
Judith Crosley
crosleyj@yahoo.com

VENDORSHIP & MANAGED CARE
Helen Hoffman
helenhoffman@verizon.net

When Feelings Are Split Off:

Who Am I and Who Are You?

Dissociation in the Context of Couples Therapy

Keynote Presentation by Joan Soncini, Ph.D.

In her very lively, theoretically and clinically rich keynote presentation, Joan Soncini extended the discussion of dissociation in the clinical situation to the treatment of couples. Dr. Soncini, Adjunct Professor New York University School of Social Work, and author of "Intercultural Couple Therapy" in New Paradigms for Treating Couples (Jason Aronson, 2006) by Jill Savege Scharff and David E. Scharff', used her own work with couples along with conceptualizations from psychoanalytic object relations theory to do so.

Soncini began by distinguishing between the most severe manifestations of dissociation as seen in victims of sexual abuse or in extremely chaotic, war-torn areas of the world and those less severe manifestations more typically encountered in clinical work. She then used the contributions of various object relations theorists to discuss her understanding of the dissociative processes she identified in her work with a married couple—the "Johnsons."

Joan Soncini, Ph.D

From the outside, Allison and George looked like the perfect couple with the perfect family—two young, attractive, successful African-American parents of three healthy, beautiful children who were pillars of their community. However, as they confided to Soncini, this was all at the point of collapse as the result of George's discovery of Allison's several long-term sexual affairs with other men. How could she do such a thing? What possibly could be so wrong with their marriage?

To frame her discussion of the initial phase of their work together, in which Soncini helped them to understand why this had happened, she used theoretical and clinical conceptualizations of Fairbairn, Scharff, Winnicott, Tosone, and Bromberg. These theorists help us understand the intrapsychic and interpersonal functions of dissociation—the adaptive as well as the pathological aspects—and why we encounter it so frequently in our work. At the heart of the matter is that we are all involved to a greater or lesser extent in avoiding the truth about ourselves and about others.

In Allison's case, this moral leader at times lost touch with her moral sense and moral values in order to pursue a more emotionally compelling goal—her need to be wooed and adored outside of the marital relationship. What made this so compelling? Soncini found, in Allison's case, that it had a great deal to do with how she had internalized the experience of her father's leaving her, her mother, and her siblings early in her life to start a new life and raise a family with another woman—Allison had "identified with the adulterer" if not "with the aggressor." Of course, in time she found a partner with whom she could repeat aspects of this experience. Because of his own less-than-satisfying experience with external reality and his related internalizations, George played a complementary role—he accepted many of Allison's projections. Unaware of any lingering hostility toward her father and desire to punish him, Allison instead punished and humiliated George.

Soncini also indicated the importance of recognizing cross-cultural aspects of experience in work with couples. She helped Allison and George see that there were some significant differences in their backgrounds that they had not fully appreciated. They thought that they had both come from the same place, so to speak. In fact, while George was raised in a middle-class, very religious African-American family with a stay-at-home Mom, Allison's African-American-Caribbean family was quite different in

certain respects. What seemed especially important in her case was the tacit approval in Caribbean culture of a man to have more than one family, as did her father.

Soncini described how the work of uncovering and exploration appeared to be proceeding well until they reached what seemed at first be an impasse. As it turned out, Allison was unable to give up her relationships with other men after all—and George was not the only one who felt betrayed! Soncini admitted that she wanted to "kick them both out of treatment." How could they do this to her? She had been such a good therapist! She then very openly and eloquently discussed how her very positive countertransferential response to the couple—which included the stirring of her own narcissism—had prevented her from paying more attention to their needs as individuals as well as their marriage. Fortunately, she recovered and adjusted well. She found an individual therapist for each of them, which enabled them to proceed with their personal development. They separated for a time, though eventually returned to the marriage—each one stronger and more secure. Individual treatment was crucial in allowing them to grow enough as people to make their partnership work.

Soncini found that Allison and George had had little time to get to know each other before they began to start a family and to raise their children. As she stated, "Both viewed

We need to stay in touch with our own split-off experience if we are to be able to help others do so.

fulfilling their respective roles as the way to recognition, success, and happiness, yet resented the roles—self-representations in response to external demands and impingements—which they felt were assigned to them... They didn't really know themselves or each other when they met and married. Only the affairs gave them permission to reintegrate aspects of themselves and each other that had been disavowed."

Presenters of the afternoon workshops at the conference: (l. to r.) Tripp Evans, Susan Klett, Sharon Klayman-Farber, Janet Burak, Carl Bagnini, Valerie Bryant, Susan Tye

Of course, Allison and George would not have been able to engage in the healing process they needed to deal with something as devastating as an affair without Soncini's masterly therapeutic assistance. In addition to helping them work as a couple, she set them on the path they needed to take to do their individual work. In addition to her command of the theory related to this topic, what was especially impressive to this reviewer was how she was able to use her countertransference as a tool—both as a means of enhancing her understanding of what was happening in the clinical situation as well as adjusting her approach—to help this couple heal and grow—and her openness in letting her audience in on how she did this.

At the end of her presentation, she spoke briefly about her work with another couple that also indicated the significance of dissociation in the treatment situation. In keeping with the theme of the conference as well as current thinking in the field, Soncini was able again to illustrate in an open and lovely way what is required of us as present-day practitioners to integrate the split-off experience of our patients—we need to stay in touch with our own split-off experience if we are to be able to help others do so. ■

Reviewed by Gil Consolini, Ph.D., LCSW

Vendorship Committee Report

CONTINUED FROM PAGE 5

the therapist was not acting quickly enough. This appears to be a serious intrusion into the client-therapist relationship. UBH, on the other hand, presents the practice as providing a further service to the client calling it "care advocacy outreach."

Following up on this, UBH introduced a new initiative July 2, 2007 called the ALERT program, making more explicit the requirement of obtaining the Wellness Assessment from the client on the first and fifth visits. The insurer may request it again at a later date. UBH will sample the WA's from patients of clinicians who have seen at least 15 UBH patients in the last year. The results will be used to identify and rank providers according to the insurer's criteria of clinical proficiency in order to create a Clinician Quality Index. Medical doctors are already confronting similar ranking schemes and protesting.

The Committee would like to hear from any member who has had personal experience with the ALERT program. To give feedback, please contact Helen T. Hoffman LCSW at **helenhoffman@verizon.net**.

Timothy's Law

Managed care is in the process of rolling out its implementation of Timothy's Law. There are three basic principles to this new legislation: (1) Mental health benefits must provide for a minimum of 30 days of in-patient care and 20 sessions of outpatient care; (2) Co-payment for mental health must be on par with co-payments for other specialists; and (3) individuals with biologically-based disorders (schizophrenia/psychotic disorder, major depression, bipolar disorder, delusional disorders, panic disorder, OCD, bulimia, and anorexia) are entitled to unlimited outpatient sessions. Ruth Washton, LCSW, surveyed the members of the Metro Chapter Listserv to find out what experience clinicians have had to date with the implementation of Timothy's Law. Here are her findings:

- No clinician has reported so far having been asked for documentation. A verbal diagnosis is all that has been required.
- Each managed care organization is implementing the awarding of "unlimited sessions" in its own way. For example, Oxford and United Health Care have confirmed that there are no limitations on the number of sessions/calendar year. However, one Oxford Care Manager stated that patients, under "conversion of benefits," one may buy back days of in-patient care allotted by their policy, and trade a proportion of such days for outpatient mental health sessions. Value Options and GHI have been reported as granting additional sessions, the former based on OTR's, the latter, a few at a time.
- Oxford recently implemented a co-payment of $25 or $30, depending on a patient's policy, reducing it from the customary 50% co-payment (retroactive to January 1). Reimbursements of overpayments are now being sent to providers, who are expected to reimburse patients. Oxford gave no prior notification to implementing this new policy. It is the only company reported as doing this at this time.
- One member reported having legitimately changed a diagnosis to a biologically-based one derived from her ongoing work with a patient, and was questioned on this by a managed care representative who was "suspicious" of the change.
- One member reported that HIP sent a memo to its subscribers informing them that they were NOT necessarily covered entities if they were already receiving the mandated 20 sessions/calendar year.

The roll out of Timothy's Law is still in process. Please feel free to contact Ruth Washton by email at **rwashton@verizon.net** or phone 917-584-7783 with any new developments you experience so that she may pass these along to the membership. ■

VMCC Representatives

Metropolitan	Ruth Washton rwashton@verizon.net	917-584-7783
Queens	Shirley Sillekens ssillekens@aol.om	718-527-7742
Staten Island	Colleen Downs eve114@aol.com	718-816-0712
Nassau	Susan Kahn shkahn@verizon.net	516-482-1269
Westchester	Sue Ronige sueroniger@aol.com	914-834-0596
Statewide	Helen Hoffman helenhoffman@verizon.net	212 873-3052

Outgoing President's Message

CONTINUED FROM PAGE 1

allocations track and are closely related to the missions of the Society as set forth in our by-laws and articles of incorporation. The finances have been centralized and the finances of the chapters (which are not independent from the Society, which is the single legal corporate entity) are now handled through the Society's unified financial accounting system. We have enacted policies and procedures to assure the Society's compliance with its legal status as a not-for-profit corporation and as a professional association. We have put in place a variety of risk management policies and procedures to assure compliance with applicable laws, regulations and standards, and to protect our fiscal integrity. The Strategic Planning Committee and the Membership Committee worked together to produce a membership brochure which has been distributed. Facilitated dialogues between Board members and the leadership of the each chapter were held.

Much has been accomplished over the past four years, but several critical areas remain unfinished and problematic.

The Society now provides continuing professional education credit (CEUs) for chapter and statewide educational events upon request of the sponsoring chapter or committee. The Education Committee, which plans and implements the annual education program, has worked to change its focus from a psychoanalytically-oriented program to a more eclectic program that will hopefully attract more clinical social workers to the Annual Education Conference.

Over the past four years, the new LCSW/LMSW licensing law has been fully implemented. In 2005, a court decision relating to the new social work and psychology licenses held that, "in terms of clinical functions, the scope of practice of psychology and the scope of practice of licensed clinical social work, although described using some different words at times, do not vary in substance and are wholly equal and the same." *People v. RR*, 12 Misc.3d 161, 179; 807 N.Y.S.2d 516, 528 (SupCt, NY County 2005). We worked successfully with the state Education Department to defeat an attempt by the NASW and the deans of the schools of social work to utilize LMSWs to supervise clinical practice by social work students in field placements. We have also been working to hold the MSW programs in our state more accountable for providing quality social work education that prepares students with the knowledge and skills they will need for current and future practice in all areas of social work. We are recommending a number of steps to be taken in response to the 51% failure rate of students from state MSW programs on the basic MSW-level licensing examination (which is written at a tenth grade reading level).

As Chairperson of the Society's Committee on Ethics and Professional Standards, I continue to respond to approximately 600 inquiries annually about ethics and professional standards and practice issues from members, non-member social workers, other professionals, and agencies and other organizations. Last year, at the request of the state Education Department's Office of the Professions, I provided a training workshop on legal and ethical issues in social work supervision to the State Board for Social Work. In addition, Joint Commission Resources, the arm of the Joint Commission on Accreditation of Healthcare Organizations that publishes and disseminates information regarding accreditation, standards development and compliance, good practices, and health care quality improvement, is publishing parts of the Guidelines for Clinical Documentation which I prepared for the Society several years ago as part of the new edition of its book, A Practical Guide to Documentation in Behavioral Health Care. The Society continues to work to assure high standards for education and practice in social work in general, and in clinical social work in particular.

After much delay, our new Web site should be up and running soon and will be very useful. By early April, the online membership directory, a resource for obtaining referrals, will be completed and accessible to the public as well as to members of the Society.

Unfinished Business

Much has been accomplished over the past four years, but several critical areas remain unfinished and problematic.

Membership: On the whole, our membership is aging and our numbers are dwindling. When I first became President, my analysis of the membership found that the mean age was 58, the median age was 59, and 84% of our members were 50 or older. This year our mean age is approaching 65. Membership has decreased by 22% over the past four years. More important is the fact that membership has declined 26% among the core membership—full members, fellows and diplomates.

Approximately 90% of our operating revenues come from membership dues. With more members taking senior status (and paying reduced dues), with student members leaving

CONTINUED ON NEXT PAGE

CONTINUED FROM PAGE 11

in significant members once they are required to pay full dues (a trend also noted in a recent study by the NYS Chapter of NASW), and with the decrease in membership due in large measure to aging, our dues revenues have decreased 20% over the past four years. If this trend continues, they will have decreased 26.6% between 2004 and 2008.

The way to recruit new members is through personal contact by current members who participate in Society activities.

Over the years, the Society has been able to attract new members through our advocacy for a variety of issues that are important to clinical social workers: to defeat an attempt by psychologists to have enacted, in the late 1960's - early 1970's, legislation that would require clinical social workers to be supervised by psychiatrists or psychologists; to pass vendorship legislation for clinical social workers in 1977 (the "P" law) and 1984 (the "R" law); and to secure licensure for clinical social workers in 2002.

Many state societies for clinical social work formed around the issue of licensure and most of them have now disbanded. Our Society is different, and that difference has enabled us to continue to be relevant. We provide a far broader variety of services and activities than many other state societies, including opportunities:

- to network with other clinical social workers on a regular basis
- to obtain mentorship, if you are a student or new to the profession
- to participate in peer consultation, if you are a more advanced practitioner
- to attend a educational programs, some of them for continuing education credit
- to participate in practice committees that address specific areas of practice
- to obtain consultation and assistance in dealing with ethical, standards, vendorship, and practice issues
- and to work with other Society committees on a variety of issues (e.g., legislative activities, vendorship, education, etc.).

We continue to provide ongoing advocacy with regard to issues which affect clinical social workers locally, as well as nationally through our affiliation with the Center for Clinical Social Work. We are not a one-issue organization.

The way to recruit new members who are most likely to remain members is through personal contact by current members who participate in and benefit from Society activities. Sending out membership materials, going to conferences and to the schools of social work to market the Society is fine, but it has not yielded a significant amount of new members who will remain members in the long run. The Society needs each of you to reach out to your clinical social work colleagues, particularly those in agencies, and to encourage them to join with us.

Volunteerism: Volunteerism is decreasing among Society members. Some of the reasons are that a number of members have reached an age when they have significant family responsibilities for elderly parents and for children of college age. Of course, whether in agencies or in private practice, we are all working harder to earn a decent living, further cutting into our free time.

As with any other volunteer-dependent, not-for-profit membership organization, particularly one of relatively small size, we depend heavily on volunteers to accomplish much of our work and maintain the breadth and quality of the services and programs we offer. Professional social workers have an ethical obligation to give back to the profession. One way to do so is by participating fully in professional associations. We offer many opportunities for volunteers, including building the chapters or serving on committees. We need you to contribute your time, in some measure, to help the Society function well and to grow.

Clinical social work identity: For me, one of the most important issues facing the Society and the profession is the failure of many clinical social workers to refer to themselves as such. They prefer to call themselves psychotherapists and, in many instances, to see themselves as no different than other psychotherapists. At my first Board meeting, many members indicated that they did not want to be labeled as social workers, a status they viewed as being pejorative and demeaning.

In fact, a recent survey of Society members indicated that 56.2% of those who responded to the question, "what title to you use most often when describing yourself as a professional?" answered psychotherapist (or a close variant), while 43.8% used the title clinical social worker (or a close variant).

Both ethically and legally, under the doctrine of informed consent, licensed healthcare professionals are obligated to disclose their profession and license to those who seek

their professional services. Putting that important reason for disclosure aside, there is an even more significant issue at hand: If clinical social workers feel that title is pejorative or demeaning and therefore avoid it, how can they expect to be respected as the professionals they are?

We need to be clear about who and what we are and the distinctions between licensed professional social workers and non-licensed paraprofessionals who are allowed to call themselves social workers. We need to educate the public and to be proactively proud about our profession. When we act otherwise, we fail to respect who we are, and in so doing, diminish the public's respect for our noble profession. And we also fail to honor and advance the important framework of knowledge, skills and philosophy of practice that makes clinical social work so critically different from other professions that also provide psychotherapy services. Clinical social workers are more than psychotherapists.

Commitment to social justice: A recent survey of Society members revealed that of those who responded to a multiple choice question about social justice:

- 37.6% endorsed the statement that "clinical social workers in private practice are equally concerned and equally willing to help address issues of social justice as are agency clinical social workers"

- 38.1% endorsed the statement that "clinical social workers in private practice are equally concerned about issues of social justice but are less willing to help address issues of social justice as are agency clinical social workers"

- and 24.3% endorsed the statement that "clinical social workers in private practice are less concerned and less willing to help address issues of social justice as are agency clinical social workers." Thus, almost two-thirds of those surveyed believe that clinical social workers in private practice are less willing than those in agency practice to work to address issues related to social justice, even when they are concerned about social justice issues.

It is noteworthy that there was a significant disparity between two groups in the survey who answered the question relating to social justice—the group of self-labeled clinical social workers (the "SW Group") and the self-labeled psychotherapists (the "Therapist Group"):

- 51% of the SW Group and 33.1% of the Therapist Group believed that "clinical social workers in private practice are equally concerned and equally willing to help address issues of social justice as are agency clinical social workers."

- 26% of the SW Group and 44.8% of the Therapist Group believed that, "clinical social workers in private practice are equally concerned about issues of social justice but are less willing..."

- And 23% of the SW Group and 34% of the Therapist Group believed that, "clinical social workers in private practice are less concerned and less willing..."

These results indicate that whereas 49% of the SW Group believes that clinical social workers in private practice are less willing than those in agency practice to work to address issues related to social justice, 66.9% of the Therapist Group believes that statement. This suggests that willingness to address concerns about social justice is related to professional identity as a clinical social worker vs. professional identity as a psychotherapist.

The Codes of Ethics of the Society and of the NASW are both clear. As professional social workers we have an ethical obligation to work to achieve and to advocate for social justice. This ethical obligation as a professional social worker is not worksite-dependant or area-of-practice-dependent. It is a core ethical obligation for professional social workers.

I ask each and every one of you to reflect on your commitment to social justice and to think seriously about what you can do to meet that important ethical obligation as a professional social worker. For example, if you are in private practice, do you provide any free or reduced-rate services to people who need but cannot otherwise afford them? Regardless of work setting, do you volunteer to help advocate for social justice issues?

Preparing members for future practice:
The healthcare environment is undergoing significant changes. It appears likely that some form of universal health care coverage will become a reality after the upcoming presidential election. Various groups have been clearly identified as posing major service challenges for the healthcare system older adults, persons with severe chronic or terminal physical illnesses and their families, and those with severe chronic mental illness and their

CONTINUED ON NEXT PAGE

 CONTINUED FROM PAGE 13

families. These are the big ticket items in healthcare financing. We need to make sure that our members understand and recognize the impending changes in healthcare and the significant public health needs that will drive them and must be addressed. We need to help our members prepare for the future through education and training and by reorienting their practices, attitudes and expectations.

The Society is planning to offer a comprehensive course in working with chronically and terminally ill patients and their families (so-called palliative care) and a course in clinical supervision for members. I have asked the chapter presidents to get together by region (Suffolk, Nassau and Queens; Metropolitan, Brooklyn and Staten Island; and Westchester, Rockland and Mid-Hudson) to determine if enough members are interested in this training, and to train regionally. If you are interested in one or both of these programs, please let your chapter president know.

Agency social workers: Historically, the Society has been viewed as an organization of private practitioners. The overwhelming majority of clinical social workers are in agency-based practice, some of whom also have part-time private practices. Agency-based clinical social workers deal with the most complex and difficult clinical issues and problems, utilizing not only their diagnostic and psychotherapeutic skills, but their skills as case managers and advocates. The Society needs to work hard to recruit and welcome clinical social workers from agencies, not only for our survival, but because if we do not do so, we are ignoring a significant number of clinical social workers, those whose interests we claim to represent.

In closing, I am pleased to turn over the leadership of the Society to our new President, Jonathan Morgenstern. He has a range of both agency and private practice experience as a clinical social worker and as an administrator. He has worked with both the NASW and the Society during his career. He has served on the Society's Board for the past three years and has been Chairperson of the Society's Vendorship Committee.

Being President is important and often arduous work. The challenges facing the Society are going to be far more difficult in the next few years. Their outcome will determine whether or not the Society is able to continue its work, particularly to advocate for and to protect high standards of clinical social work education and practice. It is up to each of you to support the Society with your dues, your time, your efforts to recruit new members, your dedication to the ethical and principles and values of clinical social work practice, and your proactive pride in clinical social workers. ■

A New Direction in Health!

introhealth plus®

An Affordable Health Care Option!

A New Direction in Health...

For Small Business Owners (Groups of One or More and Their Employees). Ages 18 to 64 Years Old are Eligible.*

IntroHealth Plus Utilizes Three Separate Components to Provide You with:

- **A 365-Day Hospital-Only Plan**
- **Limited Medical Benefits for Accidents and Sickness**
- **An Optional Discount Generic-Only Prescription Plan**

* Subscribers cannot maintain coverage past their 65th birthday.

LOW MONTHLY RATES!

Rates Differ from Region to Region.

New York State Business Group, Inc.®
Administered by Conference Associates, Inc.

180 East Main Street, Suite 205, Patchogue, NY 11772

Call Stephen Gambino at

1-800-456-9724 Ext. 172

for More Information

Specializing in Health, Life, and Property & Casualty Insurance

www.nysbg.com

ANNOUNCEMENT

New Advertising Requirements for The CLINICIAN

All display ads must be submitted in **DIGITAL FORMAT** (pdf preferred) via email to:
ivy.miller@yahoo.com
or on CD to the address below.

For questions or assistance, contact:

Ivy Miller, Editor
31 Jane St. Apt. 14C
New York, NY 10014
Tel.: 917-606-0424

New York 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, N.Y.