



NEWSLETTER

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

FALL 1986 • VOL. XVII, NO. 3

NYS Coordinators Appointed For BCCSW Registry Drive

*By Marsha Wineburgh, CSW
Regional Coordinator, National Board of
Examiners in Clinical Social Work*

Four distinguished clinical social workers have been appointed New York State coordinators by the National Board of Examiners in Clinical Social Work as part of its outreach efforts to establish a registry for clinical social workers who have demonstrated their competence to engage in advanced, expert clinical practice. Each of these coordinators will be able to answer the many questions which have arisen since the announcement of the BCCSW. All are listed in the Society's directory.

Bobba Moody, CSW
(Manhattan, Bronx)

Jacinta Costello-Marschke, Ph.D.
(Westchester, Rockland,
Mid-Hudson, Upstate)

Emma Agard, CSW
(Brooklyn, Queens, Staten Island)

Carl Bagnini, CSW
(Nassau, Suffolk)

The National Board of Examiners in Clinical Social Work (NBECSSW) was formerly known as The National Registry of Health Care Providers in Clinical Social Work. In early May, 1986 the NBECSSW, an independent certifying body, established the "Board Certified in Clinical Social Work" level to identify qualified clinicians as expert practitioners. This registry is distinguished by the fact that it requires a CORE curriculum in clinical social work. The state board strongly believes that a solid theoretical base in clinical practice as well as supervised experience is essential to competency.

After January 31, 1987, clinicians seeking enrollment in the registry must pass a clinical examination in addition to meeting academic and supervised experience re-

quirements. A grandfathering period has been established (no examination requirement) for qualified clinical social workers

who apply for registry listing before that date. For further information, contact the coordinator covering your area.

Chapters' Annual Institutes

Clinical Issues in Self-Psychology Joseph Palombo Featured Speaker

Report by Joan Clark, CSW

Discussing "Current Clinical Issues in Self-Psychology," Joseph Palombo, M.A., Dean, Institute for Clinical Social Work, Chicago, was the featured speaker at Mid-Hudson's Annual Spring Institute in April. The day-long program at the Dutchess Manor Restaurant in Beacon, Dutchess County included participants from as far away as Nassau County and Manhattan.

After chapter president Marilyn Stevens

welcomed guests, program chair Amy Blumberg introduced Dean Palombo, outlining his extensive list of credentials, which include: faculty, Smith College School for Social Work Advanced Certificate Program and faculty, Child and Adolescent Psychoanalytic Psychotherapy Program, Chicago Institute for Psychoanalysis. He is also in private practice.

Initially, Dean Palombo presented a theoretical overview of self-psychology, outlining basic concepts and contrasting founder Heinz Kohut's developmental concepts with both conventional analytical structures and Margaret Mahler's formulations.

Specifically, he stressed that the Self in self-psychology is neither the Ego nor the self-representation of psychoanalytically oriented conceptualizations. Rather, the Self is the totality of one's experiences—an internal, subjective state. Unlike the undifferentiated, symbiotic infant described by Mahler, Kohut's Self is present at birth, already in cohesive form.

The neonate comes into a milieu of Self-objects and is then exposed to a variety of Self-object experiences. Inasmuch as the infant cannot perform certain psychic functions for itself, the primary caretakers must provide the nurturing experiences essential to affirm the newborn and permit healthy growth.

Self-object experiences are at first concrete; later the growing child translates them

"Getting There— Staying There" Provides Keys to Success

Report by Hank Blumfarb, CSW

Clinical social workers' combined efforts and accomplishments have carved out new territory for the further evolution of the profession. The achievement of parity poses another challenge: designing, building and maintaining its internal structure—bolstering organizational effectiveness and enabling the practitioner to develop and solidify professional and entrepreneurial skills.

The Met chapter's spring conference addressed this issue. "The Successful Practice: Getting There—Staying There," of-

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EXECUTIVE REPORT



Since I have been writing a monthly report, the editor's call for a State Newsletter Executive Report caused me to stop and think—is there more to report? Regarding the business of monthly State

board meetings, probably not, but as to how it all gets to work, there is much to say.

Your State board, committees, chapter presidents and Mitzi Mirkin work very hard to organize and attend to the important issues facing our profession today. These include legislation, vendorship, public relations, education and membership, and continue to be at the forefront in clinical social work, both professionally and in practice.

To accomplish our goals, clarification as to the function, parameters, coordination and responsibility of the State board, state committees and chapters is necessary and timely. Communication and cooperation are the cornerstones in achieving the best possible results in terms of money, energy and efficiency. Not an easy job.

Each committee, chapter and member has its own agenda—and rightly so—and views its business as a priority. Sitting as president of a volunteer organization, I am constantly impressed with the devotion, dedication and very hard work of one and all. I would like, however, to promote an increased awareness of the interrelatedness and interdependence of all parts: committees,

chapters and members. The State Society is an ecosystem that needs the energy of each component interfacing and collaborating to ensure its nourishment and growth. This Society singularly represents the clinical social worker. We are a “we” because each of us, in joining this membership group, is

*The Society
is an ecosystem that needs
each element.*

committed to a well defined image and the integrity of the professional clinician. It is sometimes so simple to lose sight of the whole purpose when one is too close to the single, individual goal.

If one chapter flounders, its impact on

the organization is deeply felt. Independence, clear boundaries, well defined individual goals are necessary and desirable. Equally vital is the smooth integrated function of the total group, to be embraced by each component of the “we” through support, cooperation and non-competition. This system provides the synergy necessary for the structure, composition and establishment of an organization achieving its purpose and goals.

Now is the time—clinical social work is on the threshold of true recognition, and only with awareness of the interrelatedness and interdependence within our organization, our profession and the community at large will we achieve the recognition as providers of expert mental health services.

*Adrienne Lampert, CSW
President*

GETTING THERE (continued)

ferred a forum for CSWs to exchange ideas and strategies—to find ways to develop talents and self-confidence for building financial and professional success.

Shifting Emphasis in Practice

A featured speaker, Isaac Z. Youcha noted that the day's theme was a reflection of the strides the profession has already made, suggesting a stronger thesis: “The Evolution of Social Work in the 20th Century.” An orientation which initially involved the wish to help others to one in which both the interests of the client and the practitioner are considered involves a shift to improve the quality of life for both. Clinicians are moving away from the “parent” position of the profession toward a healthier state of narcissism, greater ego strength and greater differentiation between self and object. As professionals, we are becoming better able to integrate the earlier professional identity with the present one; balancing altruism with healthy self-interest.

Phyllis LaBella, newly elected chapter president, reflected this trend in her introductory remarks. “Pride in the profession and in ourselves generates enthusiasm for success, organizational and individual strength, enhances our ability to help others, and contributes to the improvement of the quality of life.”

Arlene Newman, education committee chair, introduced the program by urging the audience to “stretch yourself beyond your limits.” Her introduction of each speaker evidenced her warmth and personal regard, which allowed participants to begin to know each other.

Panelists included Victor J. Goldman, Shirley Schechter Levene, Mary E. Woods and Isaac Youcha.

Victor Goldman discussed “Resistances to Success.” Humorously, he suggested that each of us, striving for our own version of success, will eventually have to experience and work through our own difficult feelings. Areas likely to stir up intense feelings:

- going out in the community and selling our services and talents
- conflict between “being in it for myself” and interest in humanitarian values
- self doubts and the danger of grandiosity as an overcompensatory mechanism for feelings of inferiority
- economic insecurities—paying bills and weathering the dry times
- anxieties of working for oneself and the isolation of one's office.

Formulas for Success

Shirley Schechter Levene, in a forthright and delightful manner, stressed the luck factor in success: “I feel I've led a charmed professional life being able to do the work I very much love.” She named 9 ingredients for developing a successful practice.

- get to know thyself through a thorough analytical experience
- gather experience through agency work, supervision and collegial contact
- develop your own style
- complete post masters training and select a theoretical orientation that suits you
- develop a specialty
- maintain associations with peers, organizations and study groups

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Issued quarterly in 1986

IN BRIEF

Termination of Parental Rights

By Hillel Bodek, MSW, CSW



Federal and state law encourage permanent planning for children placed in foster care. Although it is generally desirable for these children to return to their natural parent(s), this is not always possible with-

out protracted delay.

Section 384-b of the Social Services Law provides procedures for the termination of natural parents' rights, thereby freeing children for adoption. To free a child for adoption, one or more of the following criteria must be met:

1. The death of both parents and no appointed guardian of the child;

2. Abandonment of the child by the parent(s) for more than six months (immediately prior to filing a petition to terminate their parental rights), such abandonment being manifested by the failure to visit or communicate with the child although able and permitted to do so;

3. The inability of parent(s) to care for the child, who has been placed in foster care for more than one year, and the continued inability to do so for the foreseeable future because of mental illness or mental retardation;

4. Permanent neglect of the child: although financially and physically able to do so, the parent(s) have failed for more than one year (following placement of the child in foster care) to maintain contact with and plan for the future of the child.

In a proceeding to terminate parental rights because of abandonment or permanent neglect, the foster care agency must show that it made "diligent efforts" to assist, develop and encourage a meaningful relationship between the parent(s) and the child. Regretfully, because of any of several possible reasons or circumstances, the extent to which these agencies are able to make such efforts are limited.

In a recent case, for instance, the natural mother maintained close contact with her child, whom she had placed in foster care after the child was abused by a babysitter. Although the agency caseworkers (a dozen over the course of a three-year period) made efforts to help the mother deal with concrete problems, they failed to recognize and deal with the mother's guilt about the abuse. The mother feared, moreover, that she would be

unable to care for her child properly and would not be able to trust another babysitter to care for the child while she went out to work. By intervening through concrete casework services provided by non-MSW caseworkers who failed to recognize and address unconscious problems, the agency failed in appropriate efforts to facilitate the

reunion of mother and child.

Declassification of social work positions and decreases in funding to social service agencies often result in less than adequate clinical social work services. As professional clinicians, we must advocate for legislative and bureaucratic changes needed for effective delivery of these services. □

PRACTICE MANAGEMENT

Handling a Practice During Pregnancy and Childbirth

By Barbara Pichler, CSW

Adrienne Resnick, Westchester chapter. *At the time of her pregnancy, Adrienne had a small private practice which she planned to interrupt for three months as well as an established caseload at a psychotherapy clinic which she planned to terminate with her delivery. Her orientation is Horney Psychoanalytic.*

My termination at the clinic was easier because it was planned. The patients who were with me longer reacted more strongly, several responding with feelings of desertion, but there was time to work through these feelings. I handled telling my patients differently, depending on the person. The kids discovered it right away, in the second or third month, but I told all patients early on. I too had been in treatment with a woman where I had to discover it for myself, and I found that to be a difficulty in our work. Because she was behaving differently in session and not explaining herself, I thought she was withholding and not treating me openly and honestly, which was a real issue for me.

I made myself available by phone for the first three months and then resumed work, but my baby was still having difficulties, and therefore I was constantly tired and not fully alert. As a result I did lose a few patients, particularly the needy ones. I didn't work at expanding my practice until a year later.

Being a mother has enhanced my work. I thought I had a full grasp of family dynamics before. I now see that as incorrect, and I don't think I would have admitted to that before. My work is now more alive and more compassionate, especially toward parents. No amount of reading can prepare you for the complexities of feelings and emotions in relation to families.

Interview with a Manhattan analyst (Met chapter) of Freudian orientation who prefers to stay anonymous to protect her practice. At the time she became pregnant, she had a private practice of 22 hours in an office in her home. She planned a 6-week hiatus.

It is now quite a few years since my child was born but several incidents stand out in my memory. The difficult ones all had to do with my own conflicts. My patients all reacted, some more vehemently than others, but all that could be handled and analyzed. It was when I was conflicted between my obligations to my patients and those to my child that I didn't work as well as I wished.

Taking off 6 weeks was not enough. I feared losing my practice if I took more. Under ideal circumstances I would think 3 months a more reasonable break for me.

In one memorable case the pregnancy stimulated a particular transference that probably would not have emerged so strongly otherwise, and that was a female patient's feeling of neglect, her wish to be my child and her competition with my actual child. She acted this out by calling me and pestering me one week after I gave birth. I did manage to tell her that, but it couldn't be analyzed over the phone and I really was not interested in her at the time. When we got back to work, it was no longer alive. Of course, in the timing of her acting out, she repeated the experience of neglect she needed to work through. I felt badly not handling it better but also angry I had to concern myself with her at all at that time.

Another time, my child was sick but I went into session. I then heard through the walls that she really needed me to tend to her. I excused myself from the session to check this out and returned to the patient to cancel the rest of her session. The patient had a variety of reactions but clearly saw my choice as the only acceptable one. Again, it was the needs of my child impinging on my work where clearly she came first, but I was temporarily conflicted and I acted with my patients in a way less than I would like. □

BOOKS

In Freud's Shadow:

Adler in Context

By Paul E. Stepansky

The Analytic Press, NY,
1983, 325 pages

Reviewed by

Patricia Morgan Landy, CSW

Paul Stepansky has again lived up to his reputation as one of the leading psychoanalytic editors of our time with a major work on Alfred Adler, one of Freud's deviant disciples. *In Freud's Shadow: Adler in Context* is a thoughtful, scholarly elaboration of the intellectual and cultural climate within which Adler's ideas developed. In this important work, we are given a critical evaluation of Adlerian theory as well as the historical impact of that theory on the history of psychoanalysis.

Focus on Key Issues

Stepansky sets out to correct what he believes are conflicting explanations (enshrining or denigrating) offered by Adlerians or Freudians for Adler's bitter, abrupt split from Freud and the Vienna Wednesday Night Group. He rejects the opposing viewpoints as biased and one-sided. In undertaking a careful, exhaustive examination of Adlerian thought, he focuses on three key issues: 1) the development of Adler's ideas prior to his joining the Wednesday Night Group (1903); 2) an examination of the minutes of the meetings to arrive at an understanding of what necessitated Adler's angry stepping down as the group's president; and 3) an examination of Adler's educational and psychotherapeutic ideas after World War I.

Before assessing the split with Freud (1911), Stepansky feels it is essential to understand Adler's theoretical and clinical assumptions. Adler began his career as a general practitioner in Vienna working with the poor. His psychological theory developed from his early clinical concerns and reflected his deep social consciousness. Stepansky contends that there is continuity and consistency to Adler's clinical outlook and understands Adler's psychological categories as ideas rooted in clinical medicine. Adler's rickets as a child undoubtedly impacted on him so as to sensitize him to organic illness. His bout with pneumonia and his close brush with death set the stage for his interest in medicine and his decision to become a physician. His difficulty with mathematics led him to devote considerable time and effort to mastering

that subject and surely played a part in how he came to view man's compensatory strivings as expressed in the "masculine protest".

Stepansky denies Freud's allegations that Adler's ideas are superficial analogs of Freudian concepts and raises the still unanswered questions of why Adler's work has been accorded so little attention within the tradition of psychosomatic medicine. Surely Adler's theory of organ inferiority and his Individual Psychology suggest important linkages between medical illness and certain types of psychopathology.

The Wednesday Night Group

The author studies the development of Adler's thought beginning in 1903 when he was invited by Freud to join with him and several other physicians in weekly meetings to discuss psychoanalytic thought. Stepansky follows Adler's 8-year association with Freud and the other early disciples (Stekel, Federn, Kohane, Hitchmann, and Reitler), scrutinizing carefully the minutes of the Wednesday Night meetings.

These minutes dispel a number of longstanding misconceptions about Adler's split from Freud. It is inadequate to hold that

The Wednesday Night Group held Adler in high regard

the split was implicit in the quality of Adler's reactions to Freud from the start. Adler's affiliation was a lengthy one. He was an active and respected member of the group and from the beginning presented his own theoretical understanding of behavior; his ideas were received with respect. The minutes give evidence of Freud's having approved of Adler's "biological" viewpoint. Adler's contributions were generally welcomed as clarifying connections between clinical medicine and psychoanalysis. Moreover, it is clear that Adler was held in high regard within the group.

Not until after 1909 did the minutes reveal Freud's changing estimation of Adler's theoretical position. By that time Freud had become disenchanted with Adler's language of "masculine protest" and expressed the opinion that it "merely paralleled without adding anything new" to the psychoanalytic concept of libido. In 1910 Freud's top priority was to secure vital recognition by the medical establishment for his own psychoanalytic theory. Hence he was unwilling to challenge Adler, lest he jeopardize Adler's membership in the society. Freud needed

Adler, a prominent and esteemed member of the Vienna medical establishment who, as such, lent credence and acceptability to the Wednesday Night Group. Consequently Freud reserved his disparaging remarks about Adler to his private correspondence with Jung. It was not until the 2/1/1911 meeting, when Adler was asked to present an overview of his theoretical position, that he met with sudden harsh criticism and rejection. The attack was so unexpected by Adler—and expressed with such animosity—that he disassociated himself from the group. Stepansky gives us an interesting account of the human side of the struggle between these two men; the intricacies of the conflict are compellingly real and convincing.

Adler vs. Freud

Stepansky presupposes the reader's knowledge and familiarity with 19th-century sociological theoreticians and illustrates how these thinkers influenced Adler. Adler's psychology of the ego emphasizes the adaptive and social functions of the ego and stands in opposition to such Freudian psychoanalytic concepts as the existence of the unconscious, repression, and the universality of infantile sexuality. After addressing the discordant views of the Adlerians and Freudians, the author arrives at his own assessment of Adler: that Adler needs to be thought of as not merely a post-Freudian but as an educator and psychiatrist whose own theories have historical timeliness.

Patricia Morgan Landy, CSW, is Book Reviews Coordinator for this Newsletter. A member of the State Board for Social Work, she is in private practice in Manhattan and Queens.

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SELF-PSYCHOLOGY (continued)

into abstract concepts. Parental holding, touching and soothing are necessary until the maturing child can take over its own soothing and self-nurturing.

All children initially need strong adults to provide safety, regulation of excitement, modulation of affect and external controls. Once these controls are internalized, the child can provide its own structure. When these parenting functions are not provided properly, the individual will seek out dysfunctional means to provide affect modulators, e.g., alcohol and drugs.



Left to right: Mid-Hudson president Marilyn Stevens, Amy Blumberg, program chair and Dean Joseph Palombo.

Palombo then discussed major differences between self psychology and psychoanalytic two-drive theory. This formulation emphasizes inner balance and integrity rather than instinctual struggle. The Self strives for a sense of cohesiveness, which is essential for inner balance.

***The clinician
can create a
holding environment
for the client.***

Personality disorders, such as Borderline and Narcissistic manifestations, are failures of cohesiveness, both neurological and characterological. The chaotic internal state underlying the Borderline client is a fear of disintegration, whereas the depletion and depressiveness of the Narcissist occurs with the realization that something is missing internally.

The second half of the presentation, which was devoted to case histories, included examples of empathic failures and discussed clinical techniques. Palombo dealt with issues such as transference, countertransference and the dichotomy of support vs. insight; he believes the latter is not a

Western New York Chapter Revitalized

Buffalo, NY—Chapter development chair Maria Warrack and NYS president Adrienne Lampert had a productive visit with 23 CSWs here in October. Lydia Keitner, with dedication and perseverance, arranged the meeting with the recognition that an active chapter in this part of the state would be a valuable addition to the state's clinical social work community and would answer the need for a professional forum for clinicians in this area.

Participants were enthusiastic and interested in activities on both state and chapter levels. They expressed particular concern about the lack of educational programs for professional practitioners in this region and about the absence of an arena for collegial exchange. The group elected a board:

Lydia Keitner	Acting President
Camille L. Howey	Treasurer
Laura Salwen	Program Chair
Mandy Pariser	Membership
Dan Anger	Public Relations

A subsequent meeting in early November furthered plans for an active, viable chapter, and Lydia Keitner attended the state board

meeting in November.

The trip Upstate was an exciting experience; the revitalization of a chapter in this region is most important to the continued growth of the Society. A visit to Niagara Falls was certainly the icing on the cake.

Report by Adrienne Lampert, CSW

Proposed Slate for State

The following members represent the slate placed in nomination to assume office January 1, 1987. The nominating committee, headed by Jacinta Costello-Marschke, Ph.D., will mail ballots to members in November. All will serve 2-year terms.

President-Elect

Robert J. Evans (S.I.)

2nd Vice President

Marsha Wineburgh (M)

Recording Secretary

Denise Zalman (M)

Members-at-Large

Theda Salkind (S.I.)

Marcia Rabinowitz (M)

Votes, by secret ballot, will be tallied in December and reported in the next issue. □

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useful distinction.

Essentially, he postulated that the clinician should strive to create a holding environment for the client, recreating early Self-object experiences, at which time transference will occur.

After defining empathy as a mode of observation, Palombo asserted that a strong client-therapist relationship will survive empathic failures, i.e., interventions that produce no client response. It is important for the clinician to acknowledge such a perceived failure and to restore the relationship to its earlier state.

Essentially, he presented a framework for psychotherapy that emphasizes autonomy, dignity and caring. There is no dark side to the Self, merely failures of cohesiveness, balance and nurturing. The role of the clinician is to repair the early damage and help the client achieve a strong sense of self.

Joan Clark, MA, CSW, ACSW, CAC, is 2nd vice president and membership chair for the Mid-Hudson chapter. She is the co-owner of COPING, a private practice which provides consulting and clinical services for employee assistance programs in the areas of chemical dependency and family dysfunction. □

GETTING THERE (continued)

- seek involvement with the community
- publicize yourself—let everyone know what you do
- maintain teaching and writing activities

Mary E. Woods views herself as a family therapist and social work educator; her competence and professionalism was apparent. She revealed, "I am amazed that the roads I chose ended up being called success." She defined success for herself in terms of being "pleased to do what I like doing, and that the choices I made suit my personality and my way of being." Her success formula:

- agency experience which provides across-the-board experience with many populations, types of problems and diagnostic issues, a "baptism by fire" that leads to greater confidence in private practice and provides the supervision experience to discover and explore blind spots
- give attention to and create your own criteria and standards for success
- discover and become aware of your strong areas and those to avoid

Isaac Z. Youcha, in his personable and dynamic style, compared the work of the clinical social work practitioner to the "conquistadores" of Spain. In this case, we are the conquerors of the internal world of self and object relations. He describes this task

as essential since we are confronted daily by the most "primitive mental processes." He reminded us of several ingredients to success:

- to avoid burnout, you have to love what you do
- it is vital to stay in touch with our unconscious lives and to expose oneself to our internal world
- to view our task as "freeing ourselves from the tyranny of internal demons so that we can soar like eagles"
- to be alert to our professional commitment to patients
- regard your practice as a small business; participate in business and professional activities

A lively discussion followed, reflecting practical concerns about fees, supervision, psychiatric consultation, running a small business, and starting a practice.

Afternoon workshops addressed entrepreneurial and clinical concerns.

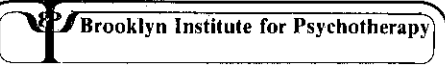
In conclusion, a few succinct observations of Dr. Edmond Bergler may be helpful in developing a successful practice:

- Merit (the personal)
- Luck (the impersonal)
- the lack of internal obstacles to success

It appears that the last, the unconscious obstacles to success, are often our most formidable opponents. Our eternal struggle to combat these destructive forces requires diligent attention, perseverance and a com-

passionate attitude toward ourselves.

Henry (Hank) Blumfarb, CSW, in private practice in New York City, is education chair of the Metropolitan chapter. He is supervisor and faculty member at Blanton/Peale Graduate Institute, NYC, and a member of the Board of Directors of the Eastern Group Psychotherapy Society.



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Deadline for applications is May 15th.

For early admission, applications received before Jan. 15th will result in notifications of a decision by Feb. 28th.

For further information contact:

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 FRANK K. MOSCA, Ph.D. SATURDAY, NOVEMBER 1, 1986
- **Working With The Disorders of the Self: An Object Relations and Self Psychology Integration (C.E. #2)**
 JOSEPH W. NEWIRTH, Ph.D. SATURDAY, NOVEMBER 15, 1986
- **A Group Approach to Dreams: Lecture and Demonstration (C.E. #3)**
 MONTAGUE ULLMAN, M.D. SATURDAY, DECEMBER 6, 1986
- **Perspectives on Transference and Termination as Therapeutic Process (C.E. #4)**
 RUTH GRUENTHAL, C.S.W. SATURDAY, JANUARY 10, 1987
- **Images of Women in the Paintings of Claude Monet: Their Psychological Role in His Art and Life (C.E. #5)**
 MARY MATHEWS GEDO, Ph.D. SATURDAY, JANUARY 17, 1987
- **Conceptualizing Homosexuality: Theories, Evidence and Influences on Treatment (C.E. #6)**
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 STEPHEN MITCHELL, Ph.D. SATURDAY, FEBRUARY 28, 1987
- **"Conflict" Within Self Psychology and Classical Theory: A Mix or New Synthesis? (C.E. #8)**
 JAMES L. FOSSHAGE, Ph.D. SATURDAY, MARCH 14, 1987
- **The Opening Phase in Psychoanalysis and Psychotherapy (C.E. #9)**
 JOSEPH LICHTENBERG, M.D. SATURDAY, MARCH 28, 1987
- **Psychotherapy With Adolescents (C.E. #10)**
 BERTRAM SLAFF, M.D. SATURDAY, APRIL 11, 1987

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