



NEWSLETTER

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

MAY 1983 • VOL. XIV, NO. 1

Theories of Self-Psychology Explored At Workshop

By Bobba Jean Moody, CSW, and James L. Monaco, CSW

The subject of "Diagnosis and Treatment of Borderline and Narcissistic Personality Disorders: A Perspective from Self Psychology," was addressed by Joseph A. Palombo, M.A. at an all-day Workshop on March 19 in Ogdensburg, NY. A joint project of the NYS Society and the Northern NY Branch of the American Psychiatric Association, the event is summarized here.

The theories of Heinz Kohut are particularly relevant to clinical social work. There is a common thread between his empathic, introspective model and the principles and values of social work. This includes accepting the client as he is, demonstrating a non-judgmental attitude, allowing the client to mold and use the therapist for his needs; it is important that the therapist not impose her own needs and skills.

An eminent representative of Kohut's theories and their interrelation with clinical social work, Joseph Palombo is Dean of the Social Work Institute in Chicago and faculty member of the Chicago Institute for Psychoanalysis. Mr. Palombo presented an overview of the theories and research on the borderline patient, noting that many borderline children have learning disabilities (neuro-cognitive dysfunctions) and that these play a major role in the disorder.

The theories of Mahler, Kernberg, Anna Freud and Melanie Klein were contrasted with Kohut's theory of Self-Psychology, which views development differently. Kohut writes that classical theory, defective in its over-valuation of the development of autonomy and independence at the cost of dependency on others, leaves too little room for a theory of self-esteem and that narcissistic and borderline patients did not improve with applications of this theory. He believed that empathy by the therapist was the essential tool in understanding a patient's internal reality.

The "self" in Self-Psychology is the totality of subjective experiences, both conscious



Back row: Bobba J. Moody, CSW; Joseph Palombo, M.A., featured speaker; Front row: James L. Monaco, CSW; Marsha Wineburgh, CSW

and unconscious. The "self-object" is someone who performs a certain psychological function—who is, in essence, a narcissistic extension of the individual. This early process is unnoticed (and its effects integrated into the emotionally healthy individual) when performed smoothly. Only when a personality dysfunction manifests do we become acutely aware of the absence of this early psychological nourishment. Kohut sees pathology not as a result of trauma but as the product of chronic deprivation of the self-object during childhood. Two sets of parental experiences are crucial in forming psychological structure—those of the "grandiose self" and those of the "idealized parent."

With the borderline client the sense of self is in constant danger of fragmenting; the focus of treatment becomes more supportive and the substitute self-object (therapist) assumes the functions of the early (absent) self-object, "holding the patient together." In narcissistic disorders the therapist/self-object remains empathic, but uses a more interpretive approach. The interpretations

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Killing The Goose That Lays the Golden Egg

By Marsha Wineburgh, CSW, Legislative Chair

In a climate of dwindling mental health resources and unrelenting pressure to reduce expenses, New York State has initiated something remarkable. A contract that covers more than 500,000 state employees and their dependents is now in effect to provide unlimited mental health coverage for the next two years. For the first time, clinical social workers are included as independent providers in Metropolitan Life Insurance coverage. (State employees with GHI coverage are not included.) This demonstration project has attracted nation-wide attention. The state hopes to reduce in-patient psychiatric care costs by making outpatient mental health care available to all its employees. By expanding provider services to include all recognized mental health disciplines, NYS plans to demonstrate the cost-effectiveness of psychotherapy.

Although the contract took effect on January 1, 1983, claim payments had been held up. Concerned about abuse, both the state and Metropolitan Life have sought to clarify the exact nature of the qualifications of vendors whose treatment will be covered. For a short time, medical supervision was suggested as a qualifier for clinical social work vendorship. However, inasmuch as this violates the Society's vendorship law of 1978, the physician involvement condition was dropped. At this time it appears that qualified social workers are being reimbursed.

Over the years, vendorship for CSWs has been resisted by opponents who argue that expanded insurance coverage will escalate costs to the public. Underlying these predictions is often a cynical belief that mental health professionals will increase their fees once they are in a position to bill a third-

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It is, of course, unprofessional and unethical to charge a higher fee to a third party payer than one's standard fee for service, unless additional work is done to justify this differential. In the case of New York State employees, it is clear that any abuse of third party vendorship will result in cancelling clinical social work coverage in any new contracts and may very well have ^{disastrous} national implications for mental health legislation. The Society as well as other mental health professionals ^{groups} have offered to meet with the State to help ~~examine and implement~~ design and implement whatever peer review structure ~~which~~ will oversee utilization of these benefits. The bottom line, however, is that we must monitor ourselves. This responsibility is intrinsic to our ^{Continued} advancement towards parity in the mental health field.

sponsored with NASW, FSAA and the Dutchess County Social Worker's Club the area's major professional symposium. Chapter members organized more than a third of the 25 workshops, and 7 chapter members presented workshops. More than 200 professionals attended.

The speakers bureau continues to function actively at the local level, with regular requests by the Mental Health Association for workshops on mental health issues directed to both public and professional groups. In upcoming weeks the chapter will co-sponsor a major conference on life in the nuclear age.

Mid-Hudson welcomed the opportunity to host the April State Board meeting; chapter officers and members were invited and had a chance to meet Society board members.

Gary S. DeFraia, CSW

NASSAU

The chapter continues its 2-tier programming: the program committee under the direction of Marcia Zigelbaum recently presented Louis R. Ormont, Ph.D., who discussed "Techniques for Eliciting Participation in the Group Setting," at Adelphi University. The education committee headed by Gerald Adelson offered chapter members "An Evening of Financial Enlightenment" with John Fordon in March—the first non-clinical format, but of particular interest to the private practitioner. Dr. Stanley Foodim will talk on May 13, on "Psychoanalytic Family Therapy." The Program Year ends on June 12 with the annual chapter party.

New to the Nassau Board and most welcome is Joseph M. Walsh, legislative/parity chair who also serves as insurance chair for the State.

Current Nassau officers are nearing the close of their tenure. To this end nominating committee chair E. John Levinson is preparing a slate of officers to assume duty on September 1, 1983.

Maria P. Warrack, CSW

WESTERN NEW YORK STATE

After his activities as "Founding Father," Kenneth Herrmann has resigned as president of this first Upstate chapter, begun some 15 months ago. Ken will be spending more time writing and teaching but will remain an active chapter member. During this period of transition Eileen Wurz Hunter will function as acting president.

This chapter faces a number of problems common to this region in that members are widely dispersed and must travel long distances to meet: there are far fewer trained social workers than in the large metropolitan areas. Despite these obstacles, it is expected that the nucleus of clinical social workers who have joined to form this chapter will continue to work for parity, remain active in the legislative process, and sponsor membership/educational meetings focusing on clinical case consultation and peer supervision.

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Suffolk County Revisited: Notes From a (Now Active) Member

*By Victor J. Goldman,
President, Suffolk Chapter*

A little more than a year ago I called a meeting at my home in an attempt to reactivate the Society's Suffolk chapter, which had lain dormant for some time. Despite a large mailing, only Joe Forte and Gregory Mavrides (now known as the "Founding Fathers") showed up.

This did not disturb me as my plan was to become Suffolk chapter president and use my visibility in this position to get a good number of patient referrals. Thus, the fewer people in the chapter, the better. I did not anticipate doing much work (an obvious error in my thinking) nor was I concerned with anyone but myself (due in part to my isolation in a full-time, private practice for 12 years, in part to narcissism).

At that point Marsha Wineburgh called me about the parity bill and, before I knew it, she had me involved—calling assemblymen, state senators and colleagues throughout Suffolk. And giving speeches. (Not in my original plan, surely!) This, coupled with Peggy Isbell's and Bobba Moody's support and encouragement, had now resulted in our membership's growth to 40. Chapter members were generous in offering their homes for meetings (along with food) and volunteered willingly for committees.

As we put program after program into motion (with considerable assistance from the Society's executive secretary, Mitzi Mirkin), I could not believe what had taken place. Our membership was now 70; we had social events; a referral service with 20 panel members; two educational meetings; excellent contributions to the Society's PAC; a newsletter; a continuing educational program and speakers bureau were taking shape—and 14 of 15 county legislators had voted for the parity bill. An added bonus: I had made many friends, had become less preoccupied with what I was getting and more involved in giving and sharing.

I am now a member of an enthusiastic, creative and articulate chapter. I'm working harder than ever—and love it! □

IN COMMITTEE

PSYCHOANALYSIS

It was learned that the American Psychoanalytic Association, the American Psychiatric Association, the American Academy of Psychoanalysis and Division 39 (Psychoanalysis) of the American Psychological Association have begun discussion on psychoanalytic training and practice. The practice of clinical social work is not represented.

Medicine, Psychology Unite to Formulate Training Standards

In response to a letter from Crayton Rowe the following was contained in a letter from Herbert S. Gaskill, M.D., chairman of the committee on national issues of the American Psychoanalytic Association: "An informal working group . . ." has begun to discuss standards for training in psychoanalysis. Although the group "has no official status at this time," Gaskill continues, "we are . . . not in a position to add any additional organizations to the group." Obviously, setting national training standards for psychoanalysis also affects those practicing psychoanalytic psychotherapy, which includes many clinical social workers—who are not being given the opportunity for contribution to formulating such standards.

Ken Adams, Washington representative for the National Federation, has written on two occasions to the president of the American Psychiatric Association; to date there

has been no reply.

Crayton E. Rowe, CSW

REFERRAL SERVICE

Meetings are now represented by Metropolitan, Queens, Brooklyn, Westchester, Rockland, Suffolk and Nassau chapters. The committee invites all chapters to participate and to send a representative.

After months of hard work this committee has agreed on a name, which was approved by the State Board on April 9: Psychotherapy and Counseling Referral Service.

At the committee's next meeting, June 18, topics for discussion include public relations campaigns and other activities appropriate to the function of this group.

All members of the Society are invited to submit ideas and suggestions for consideration, either by mail or telephone.

Eleanor Perlman, CSW

MEMBERSHIP

The lifeblood of every organization is its membership. To accomplish our goals of increasing opportunities for independent vendorship, protecting jobs and improving clinical skills, it is urgent that we add numbers to our ranks. To this end the membership team is presently distributing information to all schools of social work around the state and will be contacting the first 2000 people

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on the CSW list.

The committee is exploring an improved billing system and the possibility of computerizing membership files. We seek feedback from former members who have not renewed their membership, and a system that will allow us to be more responsive to members.

If you are not a member—or wish to register an opinion—please fill in the form below to receive pertinent data.

Name: _____

Address: _____ Zip: _____

Comments: _____

Telephone Number: _____

Mail to: Rita Benzer, CSW
1010 King Street, Chappaqua, NY 10514

PAC

The Political Action Committee reports that its first appeal for funds has been a stunning success. For years we have heard that psychologists and psychiatrists have given generous financial support to their political action committees. This has not always been so of the social work profession. But now, it seems, we have come of political age. We know what we need to do.

We are very near to our financial goal, but we are still short. For those who have already contributed, the Clinical Social Work profession thanks you. For those who have not yet sent in their contributions, please do so right now. The time is critical as our bill will soon be introduced in the State Legislature. Remember, your dollars buy access to the ears of those legislators who can help us.

Harriet Pappenheim, CSW

YOU HAVE A CHOICE!
GIVE THIS MONEY TO THE IRS OR TO THE STRUGGLE FOR PARITY IN 1983!
SEND YOUR \$50.00 CONTRIBUTION TO:
MIRIAM PINZER, TREASURER OF PAC
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50% OF YOUR CONTRIBUTION UP TO \$100.00 IS A TAX CREDIT, WHICH IS MORE ADVANTAGEOUS THAN A TAX DEDUCTION, AS IT DIRECTLY REDUCES TAXES OWED.

A Question Of Ethics

When the new Code of Ethics was adopted by the State Board of the Society in June 1981, it was also decided that this Code should meaningfully carry out its goals of serving "as a basis for the evaluation of ethical conduct by the individual clinical social worker and as a basis for the adjudication of ethical issues by the profession." This lat-

EXECUTIVE REPORT

People, Perks And Progress!

PEOPLE . . .

Combined with the responsibilities which occasionally burden the office-holder in our organization, a variety of "perks" are also evident which aid in lessening the official load. These include the many invitations we receive to join chapters as each blends occasional social events with "business" throughout the year. So far, we have feasted and feasted with the Met chapter (overlooking the East River on a snowy evening at Christmas); sampled Westchester's sumptuous suppers; waded through the damp byways of Suffolk to be warmed by the glow of good cheer and fellowship; parti-sip-ated in summer's classy cocktail klatches in Nassau and trekked throughout the northernmost regions of the state. All in good fun yet affording the chance to meet with you and participate in the concerns, issues and questions which involve everyone in our growing and active membership.

PERKS . . .

This year's "perks" which benefit all of us include the Pickwick Travel Service's marvelous, professionally oriented trip to Switzerland scheduled for midsummer. Flight, hotel reservations and stop-offs at some of the world's most important psychiatric and social service centers are covered in this relatively inexpensive means of having your trip and learning too. The itinerary is already in your hands—the remainder of the Pickwick "perk" is up to you!

ter intent has now been fulfilled with the adoption of the Adjudication Procedures which will govern the way in which complaints of alleged violations of the Code are dealt with by the Society. The Procedures will be distributed to the membership; they are, however, now formally a part of the Code, and members are subject to their provisions. Following are several of the essential elements of the Adjudication Procedures.

The primary responsibility for implementing the adjudication process will lie with local chapter officers and the State Board of the Society. Complaints of alleged violations will be submitted to the local chapter president and he or she, together with the Society president and the members of the State Board will be carrying out the process. This committee concurred that, since these were the officers elected by, and responsible to, the membership at large, it is most appropriate to place the adjudication process in their hands. The

An indirect "perk" is your own Political Action Committee. PAC works for all of us, right here where we live and practice. Please support its efforts, together with the legislative committee. PAC needs money; the legislative committee needs people. Parity will be worth a dozen "perks."

PROGRESS . . .

On the Federation level, we hope that all of you have responded to the plea for copious quantities of correspondence to your congressional representatives—requesting them to vote in favor of the FEHBP (Federal Employees Health Benefits Program) legislation.

Your chapter board officers have complete data on this and will be happy to share it with you. Your congressional representatives will welcome your letters as you let them know where you stand on important clinical social work issues: in this case, the FEHBP!

. . . AND PEOPLE

Thanks and appreciation to Kenneth Herrmann, who has resigned as president of the Western New York chapter, for which he worked so hard as a founder. Ken has contributed much with his willingness. Good luck, Ken, with your many professional commitments, and congratulations on your new position as chair of the National Conference on Child Abuse and Neglect.

And welcome aboard to Eileen Hunter, who will take over where Ken left off. We are delighted to have her as part of the NYS Board's official team. . . . And welcome, too, to Shirley Ross, new president of the Rockland chapter.

Margaret M. Isbell President

Ethics committee will continue to function in an advisory capacity; its members will be available at any stage of the adjudication process as non-voting consultants. In addition, the Ethics committee will engage in continual review of the Code and the workings of the Adjudication Procedures to determine the need for modification as/if problems arise in their effective implementation.

The Procedures are not formal legal proceedings, but they have been carefully drafted to afford maximum protection for both the rights of a member against whom a complaint is made (the respondent) and whoever registers the complaint (the complainant). Complaints must be instituted according to a specific process in which the complainant will provide, among other things: • either personal knowledge of or the ability to provide reliable testimony regarding the alleged violation; • willingness to testify or provide evidence concerning the alleged

violation; • a statement of willingness to keep the identity of the respondent and the workings of the adjudication process confidential. The goal here is to provide open access to the Adjudication Process for members of the public, but also to protect the rights of members to due process and to afford protection from complaints which are frivolous or based on unfounded rumor.

A variety of possible sanctions are described in the Adjudication Procedures in such case as a respondent is found to be in violation of the Code. These sanctions range from private censure, to expulsion from the Society, to notification of the State Education Department regarding the violation. As is usual in professional codes, but not in law, neither the Code nor the Procedures specifies a particular sanction to be applied in a given violation. In the event of a proven violation, the sanction to be applied will be

recommended on an individual case basis. In all situations, the findings and recommendations regarding sanctions will be reviewed by the State Board of the Society which has final responsibility for their enforcement.

The most difficult problem faced in the drafting and adoption of the Procedures was the question of whether to allow legal representation in the adjudication process to members accused of a violation. It was finally decided, after very careful consideration and review of the procedures of other professional associations, that legal representation would not be allowed. The overriding argument in considering this issue was that the Code and the Procedures represent the Society's efforts at *self-policing* of the practice standards of the membership. To allow legal representation would be to change it into a very different kind of process which would no longer essentially be self-policing. In the case that a member found in violation is re-

ported to a body outside the Society, such as the State Education Department, he or she would have full access to legal representation as part of the adjudication process of that body. □

David G. Phillips, DSW

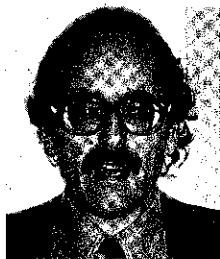
Annual Meeting

The Society's Annual General Membership Meeting will take place at the Gramercy Park Hotel in NYC on Saturday, May 21; Treasurer Monty L. Kary, CSW, is the meeting coordinator. The business meeting will begin at 1:30, after a buffet brunch and cocktails at noon. Current activities will be reported by committee chairs, including the latest news on parity issues. Hillel Bodek, CSW, will speak on "CSWs, Malpractice and the Courts."

LEGISLATIVE EXCHANGE

Parity Through Litigation: Difficult to Win

Report by Barry K. Mallin, Esq.,
Legislative Advocate



A number of Society chapters have inquired about the feasibility of legal action as a means of achieving parity in New York State for clinical social workers.

The Society is involved in a continuing legislative effort to win full autonomy for clinical social workers, but questions have been raised whether a parallel strategy of legal action in the courts stands a chance of attaining the same goal.

There are few, if any, legal precedents that fall directly on point in analyzing the likelihood of success. Therefore, in the absence of prior definitive court holdings, it must be cautioned that any law suit in this area is entering uncharted territory.

An analysis of potential claims gives rise to two possible avenues of legal attack. The first is an anti-trust or restraint of trade suit against insurance carriers; the second is a constitutional challenge to New York's so-called "freedom of choice" law (Insurance Law, section 250).

Anti-Trust Suit

Federal anti-trust statutes prohibit con-

tracts or conspiracies in restraint of trade or attempts to monopolize a trade or business. It could be argued that by denying reimbursement for clinical social workers, insurance companies are acting in a manner that is restraining the ability of social workers to carry on their profession. If social workers are lawfully permitted to practice psychotherapy, then it is improper for insurance companies to favor some professions to the exclusion of others. This constitutes an anti-competitive vise on the ability of social workers to function as psychotherapists.

In defense of these claims, insurance companies are likely to raise the following arguments:

1. Insurance companies have traditionally been regulated by the states and Congress therefore saw fit to provide the "business of insurance" an exemption from federal anti-trust statutes. Whether the issues here involve "the business of insurance" is a complex and unresolved question.

2. An agreement or conspiracy among insurance companies to squeeze out clinical social workers must be proven. In New York, there is statutory authority for insurance companies to limit reimbursement to physicians or psychologists (Insurance Law, section 250). The companies will claim that they are simply following the law.

In 1979, clinical psychologists in Virginia sued Blue Shield concerning the requirement that insurance reimbursement be limited to instances of physician supervision. The court ruled in favor of the psychologists, primarily because Virginia has a "freedom of choice" law authorizing direct payments to psychologists. Blue Shield claimed that "good medical practice" permitted it to defy the law. The Virginia Circuit Court of Appeals

disagreed, saying that "we are not inclined to condone anticompetitive conduct upon an incantation of 'good medical practice.'"

The problem in New York is that this state still does not have an equivalent "freedom of choice" law that specifically authorizes reimbursement to clinical social workers on a full parity basis and, thus, the Virginia case is not sufficiently on point.

Constitutional Challenge to New York

The Fourteenth Amendment of the U.S. Constitution prohibits any state from passing laws denying its citizens "the equal protection of the laws." This is the constitutional provision upon which virtually all of the sweeping cases eliminating racial, religious, sex and national origin discriminations are based. Cases involving the fair treatment of students and faculty in schools, of prisoners, of persons on welfare, and in many other areas are based usually upon "equal protection" arguments. The equal protection concept demands that citizens be treated fairly when compared to each other. It stands for the principle that if some persons are given a particular advantage by the government, it is discriminatory not to treat others similarly situated in the same way.

In most equal protection challenges, courts will assume that the state statutory scheme is reasonable and the persons attacking the classification have the burden of proving that the law is constitutionally defective.

A constitutional challenge to the New York law could be asserted by either (a) clinical social workers' claiming discrimination in their ability to earn a livelihood in a profession where they claim parity with the statutorily-favored groups; or (b) patients of

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SELF-PSYCHOLOGY *Continued*

are not confrontive (as suggested by Kernberg) but derive from the patient's primitive needs. Therapeutic empathy here focuses on the individual's experiences as the therapist comes to understand them.

The afternoon session featured CSW James L. Monaco, who presented the case history of a woman with a Borderline Personality Disorder, resulting in inconsistent

KILLING THE GOOSE *Continued*

party payer rather than their patients directly. This is a damaging insinuation, and Society members must be aware of the implications for continued parity.

It is, of course, unprofessional and unethical to charge a higher fee to a third party reimburer than one's standard fee for service. In the case of NYS employees, it is clear that any abuse of third party vendorship will result in the cancellation or non-renewal of clinical social work coverage in any subse-

CHAPTER NEWS *Continued*

The next meeting is scheduled for May 19 at president Hunter's home in Rochester. The agenda includes: leadership responsibilities during this transition; planning meeting schedules and goals; parity update; and other professional/legislative issues for CSWs. All Society members are invited to attend.

Bobba J. Moody, CSW
Chapter Development Chair

WESTCHESTER

A variety of news items:

- the chapter numbers almost 200
- the referral and information service is attracting an increasing number of callers seeking help
- organizations throughout the county request speakers from the chapter
- courses given by senior chapter members are most successful

relationships in her life. The self-psychology deficit reflected her need for affirmation and mirroring responses. The case illustrated the establishment of the mirroring transference, how the chronically unmet needs were empathically interpreted, the patient's internalization of the self-object functions of the therapist; through treatment the patient was able to grow and lead a more satisfying, fulfilled life.

quent insurance contracts and may very well have disastrous national implications for mental health legislation generally.

The Society as well as other mental health professional groups have offered to meet with the state to help design and implement whatever peer review structure will supervise the utilization of these benefits. The bottom line, however, is that we must monitor ourselves. This responsibility is intrinsic to our continued advancement toward professional parity in mental health.

- the spring fund-raising event features Hillel Bodek of Queens

In addition, two monthly meetings have proved most interesting—one on the myriad of self-help groups in Westchester and a discussion of ways in which members can work with them—another dealing with the developmentally disabled child and the parents' needs.

Bill Hartman continues to work with parity chair Marsha Wineburgh on upcoming legislation. Special thanks to president Peggy Isbell for attending the mid-winter party, snowed out until late March!

Marvin Sicherman, CSW

METROPOLITAN

The chapter has begun an outreach program for student members, social work students and those enrolled in training institutes. A concerted recruiting effort has resulted in

Notice to our Advertisers

Because of rising costs and so that we can maintain present rates, all ads must be submitted ready for printing: designed and typeset.

Size of Ad	Overall Measurements	Cost
½ page (vert.)	3½" x 10"	\$200
¼ page	3¾" x 4⅞"	\$100
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Classified Ads: \$5 per column line, minimum 4 lines

Please enclose full payment with ad.

Checks should be issued to the NYS Society of Clinical Social Work Psychotherapists, Inc. and sent to the *Newsletter* editorial office:

a j collier/communications
239 Park Avenue South-6c
new york, ny 10003

Ads for the July and November issues are due June 17 and October 17.

several new members, bringing the membership to 500.

Two chapter members have been recommended for Diplomate status and are awaiting approval by the State Board.

Thomas W. Ruggiero, CSW

LEGISLATIVE EXCHANGE *Continued*

clinical social workers who claim discrimination for being denied equal access to insurance coverage.

Lower courts are extremely reluctant to find laws unconstitutional, so that any litigation effort must anticipate the likelihood of extensive briefs, trials and appeals. Even a victory in the lower courts would doubtless result in appeals by the opposing side.

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For further information regarding requirements for admission, curriculum, and patient treatment opportunities, please contact Mrs. Harriet Rossen, Registrar, American Institute for Psychoanalysis, 329 East 62nd Street, New York, NY 10021, (212) 838-8044.

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Postgraduate Center
For Mental Health
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212-689-7700 ext. 370

We are pleased to announce the availability of the newly published book, *Clinical Social Workers as Psychotherapists*, edited by Florence Lieberman, DSW. Dr. Lieberman is a Diplomate of the New York State Society.

The special price of \$16.50 is payable by check issued to National Federation of Societies for Clinical Social Work.

Mail the check directly to the Publisher:

Gardner Press, Inc.

19 Union Square

New York, NY 10003

The book will be sent to you directly from the publisher.

IPTAR (Institute for Psychoanalytic Training and Research) has advantages in its unifying integrated Program for psychoanalysis. Our consistent theory schema provides clinical understanding of neuroses, character disorders, borderlines and psychoses via traditional techniques as well as modifications based on recent developments. For bulletin and invitation to IPTAR Open House write:

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Theory, Technique and working with children and parents in psychodynamic psychotherapy. Some adolescents will be included. The 3 year program is a 9 hour a week commitment consisting of seminars, supervision and 6 patient sessions a week. Applicants are expected to have undergone personal therapy.

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Jeanette G. Levitt

Director of Training

METROPOLITAN INSTITUTE FOR TRAINING IN PSYCHOANALYTIC PSYCHOTHERAPY (MITPP)

(affiliated with the Metropolitan Center for Mental Health)

Applications are now being accepted for the three-year training program in Psychoanalytic Psychotherapy, commencing September, 1983.

This is an intensive program based on both traditional and modern psychoanalytic theory and technique and generally requires a minimum of 15 hours per week for Seminars, Group and Individual Supervision as well as treatment of patients at the Metropolitan Center for Mental Health. All student therapists are afforded three years of extensive experience in treatment with a varied patient population including severe character disorders and borderline states, beginning with the first semester of matriculation.

Applicants are accepted from the fields of Social Work, Psychology and Psychiatry; graduation entitles the student to a diploma authorized by the Board of Regents, New York State Department of Education.

In addition, adjunct training experience is available in Child, Adolescent and Group Therapy, as well as a supervised two-year psychological Internship Program.

For brochure and application write to:

**Metropolitan Institute for Training
Robert Melniker, Ph.D.-Director
333 Central Park West
New York, New York 10025
212-864-7000**

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A Part-Time Training Program in Psychoanalytic Psychotherapy

The Long Island Institute for Mental Health

(Chartered by the N.Y. State Board of Regents)

is accepting applications for admissions to its Three-Year Training Program for the academic year beginning September 21, 1983

The curriculum is divided into four major areas:

- I. Psychoanalytic Theory of Personality
- II. Psychopathology
- III. Theory of Technique
- IV. Practicum

Clinical experience begins with the first year. Weekly supervision. 3rd year specialization includes: child, family and group therapy opportunities. Classes are held each Wednesday, late afternoon and evening.

Requirements: New York State Certification in Psychiatry, Psychology, Social Work or Psychiatric Nursing.

Fees: Tuition: \$545.00 per semester includes all academic courses, supervision and clinical experience. Application and Registration Fee—\$25.00 non-refundable.

The Institute is affiliated with
The Long Island Consultation Center
Robert Moteki, MSW, Executive Director

For Application, Write or Telephone:

**Henry M. Seiden, Ph.D., Director
Long Island Institute for Mental Health
97-29 64th Road
Rego Park, N.Y. 11374
(212) 896-3400**

This Institute does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies and other school-administered programs. Veterans Tuition Benefits Available.

Training Program Established 1958

Long Island Consultation Center Founded 1953

The Society for Psychoanalytic Study and Research

The Training Program

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