



# NEWSLETTER

NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

SPRING 1992 • VOL. XXIII, NO. 1

## Is New York's 'CSW' Threatened?

### Florida Loses Title Certification

*By Marsha Wineburgh, MSW, BCD  
Legislative Chair*

In January 1992, the US Court of Appeals, 11th Circuit, which reviews cases in Florida, Georgia and Alabama, ruled that Florida's title certification laws were unconstitutional. This decision essentially eliminates certification (what we here in New York know as the CSW) in Florida for social workers, psychologists and marriage and family therapists.

In 1981, a Florida psychotherapist sued to use the title 'psychologist' even though he did not meet the qualifications established by the legislature to use this title. He had not graduated from a university-sponsored psychology program. When the case finally reached the Court of Appeals, the judges found that "prohibiting unlicensed practitioners of psychology from holding themselves out as psychologists placed an unconstitutional burden on commercial speech." In other words, it violated the first amendment, ensuring freedom of speech; the legislature could not prohibit people from calling themselves psychologists. If you practice as a psychologist, you must be able to call yourself a psychologist. (*Abramson v Gonzales*, Jan 1992).

The Court advised that professions choosing to license their activities should seek a scope of practice bill, which describes function as well as title. Then no one could practice psychology except a psychologist or practice clinical social work except those licensed as clinical social workers. This is exactly the kind of legislation the New York State Society has researched, developed and is planning to introduce in the legislature this session.

What are the consequences of this court decision for us? For the immediate future, no change in statutes is anticipated in New York. In the near future, however, if the United States Supreme Court upholds this

decision, all states with title protection acts, including this state, will be vulnerable. The best move is to pursue our current direction to license our profession in New York State.

#### Legislative Update

**Clinical Social Work Licensing Legislation**—In our most recent meeting with the New York City chapter of NASW we learned that they are initially refusing to support specialty licensing of clinical social

workers. In early discussions, the city chapter representatives indicated that they are unsure licensing is needed at this time and, if it is, they prefer an advanced generic Independent Practice bill for all social workers. We believe that, although they have not responded to the Clinical Society's inquiries, the state chapter of NASW shares the same view.

This failure to recognize the specialty of  
*continued on page 6*

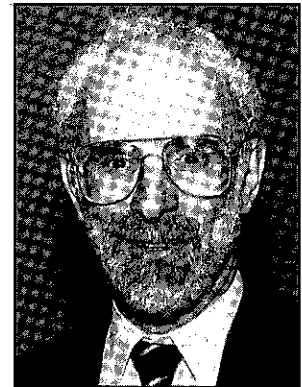
## David G. Phillips, DSW, Assumes Presidency

### 2-Year Term Begins

David G. Phillips, DSW, new president of the renamed New York State Society for Clinical Social Work, has a history with the Society that extends back to its formation. The core of its early members, including David, comprised a small group, he reports, who were discontent with the representation clinical social workers were offered by NASW. A few of these were colleagues at Postgraduate Center, and the year was 1968.

David has for 6 years headed the ethics committee for the State Society. It was this state committee that designed the first and current Code of Ethics (adopted by the Society's Board in June 1981) and which the Federation used as its model. He has also been active in the national committee on psychoanalysis and the committee on standards. Currently, the Federation continues to redefine standards for CSWs in joint effort with ABE and NCSWA.

An active Society member for so many years, David has now agreed to lead for 2 years. This at a critical time in its history—a time of economic hardship in the



profession, of increasing control as managed care becomes integral in practice, and a time of redefining and implementing goals for the organization. After gaining parity in 1985, the Society has continued its political activity to enhance CSWs' visibility as independent mental health providers.

David's vision is to ensure a strong political influence for clinical social  
*continued on page 4*



# Good News, Long Strides

By John A. Chiaramonte, CSW, BCD  
Vendorship Chair

To date this committee has identified and targeted more than 33 out-of-state/self-insured companies. The most recent of these to change policies to include clinical social workers are The Quaker Oats Company and Westinghouse Corporation. Although Merrill Lynch has made it clear that no change is planned for fiscal 1992, committee members maintain a good relationship with specific staff members there and will pursue a 1993 change.

Currently, Gary Unruh, marketing director of NICSWA, is working with both the union representative and a senior administrator at AT&T. Hopefully they will follow in the footsteps of IBM, UPS, Loral Corporation and GE, and alter their upcoming health policy coverage to include reimbursement for CSWs.

In addition, BOCES of Northern Westchester is taking a fresh look at modifying its policy, and there is an internal move at United Airlines to expand its contract to include social workers without the title "licensed clinical social worker" as it presently exists.

We have been made aware of a disturbing turn of events in the Buffalo area. A fairly large managed health care plan has disempowered many of its providers in a

plan reorganization. While it has restored some of those removed, the company has stopped payment (often in midtreatment) for many of those disempowered. This issue has been referred to our committee on managed health care, and the Society's Western New York State chapter is addressing these concerns directly with plan administrators.

The Society's practice directory (in its second edition) has been requested by and sent to numerous large managed health care organizations and EAPs. Several have or are in the process of sending applications to various segments of our membership (e.g., all PR/Rs in certain locations or in certain specialties). The committee is presently working with the Society's executive director to develop and submit a new data collection form to the entire membership. Among other things, this completed form will provide data for marketing our members' services. Members can look for this upcoming form.

Finally, we have started to market members' special expertise to large companies. Committee members are presently meeting with corporate executives to better understand their needs and formally offer the skills of Society members.

Finally—members should identify their local vendorship chair and get involved. The committee depends on members for its information. □

## Committee on Managed Care Runs Interference for Members

By Mark Dworkin, CSW, BCD  
Chair, Committee on Managed Care

The accelerated rate at which "managed care" is affecting the practice of psychotherapists provides considerable angst for practitioners. Not only is managed care an intrusive factor in the therapeutic setting, but managed behavioral health care companies that cover many employees who are in therapy exert a good deal of clout in terms of reimbursement to CSWs. The scope of the situation has prompted the formation of a committee on managed care. This committee is addressing the many questions posed by the membership and "running interference" in some instances until a true collaboration can be established between "us" and "them".

A current problem facing this committee is that seven members in the Buffalo area

have been excluded from the CMG (a managed behavioral health care company) panel at the HMO Community Blue. Even more disheartening is the fact that these therapists were originally providers for Community Blue before the HMO "carved out" and subcontracted the mental health/substance abuse benefits portion to CMG. These seven providers had a total of 72 active cases and many more inactive.

Discussion with CMG's chief executive in Buffalo and, on the state level, with the director of Provider Networks (and, finally, with the Department of Health to determine any action that could be taken) has proved fruitless to date.

Some good news: Society members should be aware that new bills in the State legislature represent the first efforts at regulating the managed care industry. These were sponsored by Assemblyman John B. Murtagh (A. 5115) and by State Senator

Thomas Libous. Moreover, this committee is also exploring a multi-disciplinary approach jointly with NYS Psychological Association and NYS Psychiatric Association.

Additional research/education is sorely needed to have a good grasp of the many practical and philosophical questions that must be resolved; these issues must be explored in depth and that means being well informed.

For example:

- 1) Can the individual therapist survive, or will she/he become an integral part of a service delivery system and lose individual identity?
- 2) How does the corporate culture modify affect, and change the behavior of the individual?
- 3) Can the corporate culture evolve into a greater system of true humanism? Does it wish to?
- 4) Should provider advisory boards pass on research to corporations about which of their business practices contribute to mental health/substance abuse problems?
- 5) Will the corporate culture heed such data and modify future plans, using "psychologically healthy technology"?

Heavy questions. And probably not solvable within the next several years. Practitioners must know the questions, however, and begin to think about solutions. Corporations have opened their doors to let us in. As near as can be developed at this point, therapists' goals are to:

- 1) not be co-opted by these systems
- 2) maintain professional integrity
- 3) analyze how clinicians should respond to these changes.

Among the approaches to solutions, practitioners must inform, educate and advocate to appropriate business, legislative and legal systems by adopting the basic social work formula: a) alliance, b) advocacy, c) adversarial.

Then speak softly and carry a big multi-disciplinary stick. □

### Next Issue

- Profile of executive director Sue Heller
- Reports on Annual Meeting and Workshops
- Executive Report
- Vendorship and legislative news
- Forensic and ethics issues

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## DAVID G. PHILLIPS (continued)

workers, "not just as providers but as a force to affect policies and legislation." He sees clinical social workers in a leadership role in terms of the way mental health services are provided within the state, and the Society as the leader in legislative activity. Pursuing this avenue, establishing working contacts and negotiating with behavioral managed care companies, for example, will place CSWs in a position to be targeted as core providers who can develop and help to implement policies and the delivery of services.

### *Qualified clinical social workers statewide should be Society members.*

A major goal for David's tenure, he asserts, is broadening the base of membership in the Society. He notes that there are still vestiges of the origins of the Society as "largely psychoanalytically oriented practitioners" and believes it is imperative to continue to recruit qualified social workers "in all areas of the state and in all areas of practice." To develop the kind of group that will be effective, he believes the Society must attract younger people and students. Qualified clinical social workers statewide should be Society members—"we must offer the type of organization they can identify with, that represents their needs"—and let them know why such membership is important to them as professionals.

On the national level, David sees a strong possibility that the Federation can begin to have some impact on education in graduate schools of social work. Schools now tend to focus a good deal on the way in which social problems impact on the lives of individuals—admittedly an important area for study. As clinical workers, however, David stresses, efforts are consistent (both statewide and nationally) to retain the traditional emphasis of social work therapy—direct work with individuals, groups and families.

To this end, CSWs can work with the schools in a cooperative effort; all parties have a stake in social work education. "We are encouraging CSWs who are academically based to get involved and participate in the Council on Social Work Education and make their views known." With re-emphasis on clinical issues students will come away with a strong foundation, able and ready to work as effective and knowledgeable therapists.

David received his master's degree and doctorate from Adelphi School of Social

Work and psychoanalytic training at Postgraduate Center. He was Director of Social Work there for many years and remains as a faculty member, senior supervisor and training analyst. He is also adjunct associate professor at Wurzweiler School of Social Work, Yeshiva University, and is in private practice in New York City.

David G. Phillips, DSW, has been a consistent contributor to the *Newsletter* since its first issue under this editorship. In our first issue, dated December 1980, a historical perspective of clinical social work carried his byline; the piece was an excerpt from a paper entitled "Psychiatric Social Work." He was then Director of Social Work at Postgraduate.

We met David at an annual meeting in the early '80s and asked whether he would be willing to do a regular column. Since that first issue he has written on ethics and regulatory concerns for just about every edition, beginning in July 1982 (copy in on time, little or no editing required). His ongoing contribution to this publication involves a change in column title and a broader scope of subject. Happily, we retain his keen editorial resourcefulness and articulate style.

Alyce J. Collier  
Editor

## New Officers

The following members were elected to the Society Board; their terms began January 1, 1992.

|                                 |                        |
|---------------------------------|------------------------|
| Marsha Wineburgh,<br>CSW, BCD   | 1st Vice<br>President  |
| David A. Ackerman,<br>CSW, BCD* | Treasurer              |
| Shayne Lee Raze,<br>CSW, BCD    | Recording<br>Secretary |

|                      |  |
|----------------------|--|
| Members-<br>at-Large | Uri Bergmann, CSW, BCD<br>(Nassau)                         |
|                      | Maura deLisser, CSW, BCD<br>(Met)                          |
|                      | Rhoda Green, CSW, BCD<br>(Westchester)                     |
|                      | Jacinta (Cindy) Marschke,<br>CSW, PhD, BCD<br>(Mid-Hudson) |

\*Allen A. DuMont, CSW, BCD, was the second-term candidate noted on the ballot in November. He subsequently resigned, and David Ackerman was appointed.

# BOOKS

## **Good Love, Bad Love**

By *Eve R. Mayer, PhD*  
Vantage Press, 1989, 82 pages

Reviewed by  
*Selma Samuel, MSW, BCD*

While it seems trite to say that "good things come in small packages," Eve Mayer's 82-page book *Good Love, Bad Love* succinctly summarizes the development of relationships and illustrates each point with case studies. *Good Love* is metaphorical for growth, joy, romance, maturity; *Bad Love* is the metaphor for selfishness, narcissism, childhood ties and unmet needs.

***When the relationship grows so do the individual participants.***

The book speaks of real people in real life situations in a way that is practical and concrete rather than analytic and theoretical. A perspective of different kinds of love is presented to the reader, i.e., changes in

society's values with regard to love as well as each individual's expectations within a love relationship and the changes that can be made within the individual and within the relationship. When the relationship grows so do the individual participants.

***Ties of unresolved conflict and the emotional damage of childhood (bad love) precludes growth and change and cure (good love).***

### **The Past Influences the Future**

Dr. Mayer refers often to her patients. When there is a roadblock it is important to reach back into one's childhood and find those areas that gently succumb to alteration and change. It is believed by most that the past influences the present and that the revelation of relevant past experiences allows the individual to become unstuck from the present situation and meet the current challenge with renewed creativity and connected emotion.

This is a book for professionals. It makes a complicated subject reasonably simple even when the process of achieving the

goal—the essence of therapy—is complex and often painful. The writing is clear. There is no false hope. Frequently it is noted that the ties of unresolved conflict and the emotional damage of childhood (bad love) precludes growth and change and cure (good love). We are painfully aware of how hurtful ending a marriage might be but there can be also joy and renewal in separation and self-fulfillment and in moving to another stage in life. This is not an analytic book yet the principles of analysis and psychotherapy are applied in the descriptions of real people and real situations and real changes.

This is a book for patients to read as well. Its simple yet profound message is provocative enough to evoke memories and deliver a hopeful message to those willing to listen and take heed.

*Good Love, Bad Love* addresses over and over the life-long struggle with separation and individuation. It is clear, concise, profound—a refreshing addition to our body of knowledge.

*Selma Samuel, MSW, BCD*, works in a special program which she helped design and develop for gifted children within the NYC Board of Education. She has worked extensively with children in all ranges, from average to those with severe educational deficits. Ms. Samuel is also in private practice.

## **Annual Meeting: Group Therapy to Broaden Practice**

The Annual Membership Meeting of the New York State Society will take place on Saturday, May 9, 1992, from 9 AM to 1:30 PM at the New York Bar Association in Manhattan. This year's meeting has been planned by the newly formed Group Psychotherapy Practice Committee, chaired by Maria Warrack, who is also the program chair for the meeting.

The theme, "Group Psychotherapy: Enlarging the Context of Therapy," will be developed through speakers and workshops. Whether or not members currently work with groups, the program will demonstrate the considerable potential of this modality in addition to dealing with specific issues facing the group therapist.

Isaac Zeke Youcha, CSW, BCD, senior supervisor and training analyst, group department, Postgraduate Center for Mental Health, and assistant professor of psychiatry at Albert Einstein School of Medicine, will present the keynote address,

"The Healing Power of Groups." Other featured speakers include Phyllis Wright, CSW, BCD, a member of the faculty of the Eastern Group Psychotherapy Society, and Elliot Zeisel, PhD, CSW, BCD, co-director of admissions, Center for the Advancement of Group Studies.

Eight workshops will be offered beginning at 11:45 and ending at 1:30, following the morning's program and a brief coffee break. Workshops cover a comprehensive range of topics dealing with group psychotherapy, including combining group and individual psychotherapy; resistance and countertransference; dealing with loss; and the use of group therapy by inhibited or phobic adults, as well as others.

The yearly meeting is under the sponsorship of the Society's education committee, co-chaired by Maura deLisser, CSW, BCD, and Dianne Heller Kaminsky, CSW, BCD. □

## **Call For Proposals**

Members are invited to submit proposals for workshops and seminars to be included in the Fall and Winter 1992-1993 New York State Society for Clinical Social Work continuing education program brochure. Proposals should include:

1. Description of workshop or seminar (purpose, function, teaching objectives);
2. One or more formats that may be used to satisfy the goal of the workshop (frequency and length of sessions, and suggested fee);
3. Course outline and bibliography;
4. CV and brief biography of instructor;
5. Photocopy of instructor's malpractice insurance policy;
6. Publicity flyer (see 1991-1992 brochure).

Send to Dianne Heller Kaminsky, CSW, BCD, 65 East 96th Street, New York, NY 10128 (212/369-7104). Submission deadline is May 15, 1992. □

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### CSW THREATENED (*continued*)

clinical social work reflects the basic philosophic difference between NASW and clinical social work societies. We maintain that clinical social work is a specialty requiring specific knowledge, advanced training and experience. It is imperative that this distinction be clarified in a separate license in order for us to have parity with

***Professions choosing to  
license their activities should  
seek a scope of practice bill,  
which describes function  
as well as title.***

the other mental health professions. NASW maintains we are all one family and no differentiation is necessary. *If you are a member of NASW, call and/or write your chapter office and ask the president and board to support a licensing bill that recognizes clinical social work as a discrete, advanced specialty. Ask for the board's position on this issue.*

**Workers' Compensation Inclusion—**

We have presented our wish to be included as providers at the Compensation Board's annual hearing and to the Executive Director. Most likely, despite precedence in the state insurance laws to include qualified social workers as psychotherapists in programs that recognize psychiatrists and psychologists, we may have to pass legislation for inclusion.

**Managed Health Care—**Currently there is no regulation of managed care activity in New York State. The legislative committee is investigating the possibility of establishing a coalition of concerned mental health professions to evaluate and develop relevant legislation. To date, two bills have been introduced to regulate private review agents. The bills, S.7035 and A.5515, deal with issues of alcoholism and amend the mental hygiene laws to require these agents to be registered with the Division of Alcoholism and Alcohol Abuse before conducting utilization review for alcoholism services in New York State. This is an attempt to ensure that private review agents are qualified to perform utilization reviews for alcoholism services and to ensure these agents maintain confidentiality of records.



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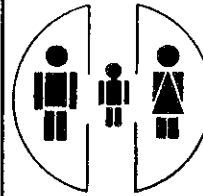
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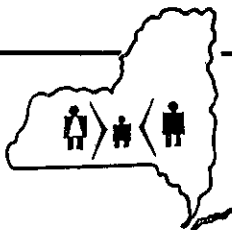
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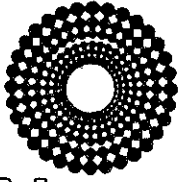
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