



NEWSLETTER

NEW YORK STATE SOCIETY OF CLINICAL SOCIAL WORK PSYCHOTHERAPISTS, INC

SUMMER 1990 • VOL. XXI, NO.2

Society Selects First Executive Director

John Odom, MSW, Accepts Full-Time Position

A Step Forward in Achieving Society's Goals



John Odom, MSW

At the June 9 board meeting John Odom, MSW, became the first Executive Director of the NYS Society. The unanimous vote followed some weeks of interviewing and evaluating candidates for the full-time administrative position. The new function marks the first major change in the operations of the organization.

John Odom is well suited for this new responsibility. Having served as executive director for several professional and social service organizations, he comes to NYS/SCSWP with a rich and extensive background. A native New Yorker, John is a graduate of Manhattan College and New York University School of Social Work.

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Annual Meeting: Enlarging the Context of Therapy is Focus of Program

Special Awards Presented for Service

Report by Kathryn O'Shaughnessy, CSW, BCD

On May 12, 1990, the NYS Society held its annual meeting at the Association of the Bar of the City of New York. Some 200 members and guests attended.

The morning was given over to Society business, including standing committee reports. A buffet lunch was followed by afternoon workshops on three aspects of

family therapy. Reports are included in this issue.

After welcoming members and guests, President Philip Banner announced the presentation of a special award to honor two people who have served the Society with loyalty and dedication. This is the

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CSWs Declared "Similar Professionals" by State Supreme Court

**Right to Practice in
Home Office Assured**

*By Joy A. Perlow, CSW
President, Syracuse Chapter*

On March 22, 1990, the Supreme Court of the State of New York set a precedent with its decision to establish certified social workers as professional equals with psychiatrists and psychologists in the delivery of psychotherapy.

In the judgment of the Honorable Leo Hayes, County of Onandaga, certified social workers are "similar professionals" in terms of practicing their profession in an office that is part of their residence and located in the city of Syracuse. This finding overturned a decision handed down by the Syracuse Board of Zoning Appeals 6 months earlier: that social workers were not included in the professionals allowed to practice in home offices.

"Complaints Received"

The court case began during the summer of 1989 when a member of the Syracuse chapter was notified by the City Corporation Council that complaints had been received about her practicing social work in her home and citing the fact that the city's zoning regulations did not specifically include social workers among the professionals allowed to conduct in-home practices. The chapter subsequently requested an interpretation by the Syracuse Board of Zoning Appeals of the regulation that established permitted uses within a "residential A-1" district.

Specifically, the regulation stated that home offices were permitted to "physicians, surgeons, dentists, lawyers, archi-

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VENDORSHIP

Help Available for Clinicians to Obtain Reimbursement

By John Chiamonte, CSW
Chair, Vendorship Committee

Recently the NYS vendorship committee launched an active program 1) to assist members with issues of insurance reimbursement; 2) to educate and motivate non-reimbursing companies to include CSWs in their current and future benefits packages; and 3) to reach out to HMOs, EAPs (Employee Assistance Programs) and PPOs to facilitate their use of Society members for patient referrals.

Active Pursuit of National Corporations

So far we have been in touch with IBM and UPS in an effort to gain acceptance to their plans as independent providers. Our national vendorship chair and our national consultant (via NICSWA) are following up with these two national firms. Preliminary indications are promising; the BCD has been welcomed by these corporations as a solution to their dilemma of inconsistent interstate application of eligibility criteria.

In addition, the committee has been handling all problems of reimbursement for members as requested. Since there is no central list of self-insured/self-funded companies, our efforts are by necessity member responsive. We have been successful in overturning several denials of benefits and in getting extensions of benefits on behalf of clients (thereby allowing us leeway to educate and motivate the insurance carrier about the benefits of ongoing inclusion of clinical social workers as independent providers).

Clinical social workers continue to be puzzled by the refusal of certain companies to recognize, or continue to recognize, CSWs as legitimate mental health providers. They recite the Parity Bill with understandable outrage, only to discover that the company in question is using a legal loophole (see sidebar).

Therapists Can Collect

What should you do if an insurance carrier denies reimbursement? *Don't panic!* **First:** Request that your patient ask for a rationale of the denial in writing to clarify why the carrier does not reimburse CSWs. **Second:** The therapist should get in touch directly with the benefits man-

The Parity Bill reads as follows: *every insurer issuing a group policy for delivery in this state [NY] which policy provides reimbursement to insureds for psychiatric or psychological services or for the diagnosis and treatment of mental, nervous, or emotional disorders and ailments, however defined in such policy, by physicians, psychiatrists or psychologists, must provide the same coverage to insureds for such services when performed by a social worker.*

Loophole 1: Self-insured/self-funded corporations use an insurance company for administrative details but pay for claims from their own funds. Firms that currently operate this way include IBM, UPS, AT&T, Xerox.

Loophole 2: Companies whose policy is not issued in New York State. These include multistate companies headquartered out of state, trusteeships centered elsewhere. Note that self-insured/self-funded corporations are usually multistate firms. If a company has its headquarters in New York, is not self-insured/self-funded, and if the policy is issued in this state, that company must observe the Parity Law and include CSWs as independent providers.

Therapists who need law enforcement assistance can call or write: Examiner, Consumer Service Bureau of the NYS Insurance Dept., 160 West Broadway, New York, NY 10013-3143 (212) 602-8766.

ager(s), locally and/or nationally, to learn whether either "loophole" is applicable. Be prepared at this time to give your professional credentials. **Third:** Contact your local vendorship chair for further help. We will guide you in proceeding further and will advocate on behalf of your claim.

In its outreach to HMOs and EAPs, the initial response has been positive, and the committee is now developing a system to handle a flood of referrals! We need your help — don't assume that we know all the HMOs, PPOs and EAPs. Inform us and we will approach them for you.

Your vendorship chairs are:

Chapter	Chair
Met	Yolanda Herrmann
Nassau	Jerry Bowen
Syracuse	Mark Briggs
Westchester	Allen Mohl
Brooklyn	Ninette Setton
Queens	Shirley Sillekens
Mid-Hudson	Neil Teicher
Rockland	Fran Marton
Suffolk,	
Staten Island,	
Western NY	John Chiamonte

Medicare Facts

Legislation providing for the direct reimbursement of clinical social workers in the Medicare program became effective July 1, 1990 (public law 101-239). This legislation also eliminated the \$1,000 limitation on mental health services under Medicare, effective January 1, 1990. The legislation provides for reimbursement to clinical social workers for covered services at 80% of the actual charges or at 75% of the amount paid to psychologists, whichever is the lesser.

Services covered include diagnosis and treatment of mental illness which the clinical social worker is legally authorized to perform under state law of the state in which such services are performed, as

would otherwise be covered if furnished by a physician or as incident to a physician's professional service.

Directions for becoming a Medicare provider are as follows: 1) write/call to request an application to become a provider; 2) fill out and submit the application to Medicare; 3) in 4-6 weeks you will receive a "welcome package" which includes a universal provider identification (UPIN) plus directions and various codes needed to submit claim forms.

Counties of: Bronx, Kings, New York, Richmond — write to: Provider Registry, P.O. Box 412, Murray Hill Station, 10156. County of Queens: (718) 721-1214. Other counties: (607) 772-9264. Problems? Call Medicare Beneficiary Services (212) 264-3657.

John Chiamonte, CSW

ROADS NOT TAKEN (continued)

posure to the field and, like many others who were involved, I found it exciting. Brainstorming sessions with the PR firm provided an opportunity to be creative. Many new ideas were generated; our "Info-time" and "Info kit" were completed primarily through the work of our PR committee. I don't think anyone realized when we began how labor intensive the program would be. After working with the public relations firm for about a year, we began to face our financial limitations and disappointments in what had been accomplished. There continued to be concern about the ability of our Society to function in this area and in others on an all-volunteer basis.

The weekend retreat in March 1989 for board members and committee chairs proved to be a most important event. An intensive think-tank atmosphere generated a comprehensive (some said grandiose) action plan for the Society. In the months that followed, board members with renewed dedication struggled to sift through the ideas, work and differences of opinion to develop consensus about priorities. This was a very stressful time. I strongly believe, however, that the retreat was a catalyst for a group process that has allowed us to move forward. One of the items on the agenda had been our public relations effort. Subsequently, following a cost-benefit analysis, the board decided to suspend further activity in this direction, and we did not renew our contract with Van Vechten & Associates.

The retreat was a catalyst for a group process that has allowed us to move forward.

Actually, it was toward the end of my term that consensus was reached on a most important issue — one that has been debated for many years. The board decided to hire an executive director. It is my hope that having such staff will help us to overcome obstacles to further growth and development as an organization. During the past few months I've enjoyed participating on a search committee interviewing likely candidates.

Working with the Society's board during the past few years proved to be most challenging and full of opportunities for personal growth. In looking back, I feel satisfied that I gave my best and I am pleased with the results. I expect that in the future my involvement with the Society will continue to be a part of my life. Recently I've been enjoying having more

time and energy to devote to personal interests such as expanding my private practice. This had been put on "hold" since I decided to accept the nomination for the position of president-elect of the Society several years ago.

*Robert J. Evans, CSW
Immediate Past President*

CSWs (continued)

sects, engineers, clergymen, or 'similar professions.'" The Syracuse chapter's position was that certified social workers should be included within the meaning of "or similar professions" and held that excluding social workers from the professions named was discriminatory without cause.

Zoning Board Denies Request

On October 5 chapter members testified before the Board of Zoning Appeals; on November 16 that Board denied the chapter's request to include CSWs as "similar professionals." The decision was based primarily on findings that

- a) social work was a relatively "new" profession (compared with those included);
- b) the Board believed there is a greater tendency to include group therapy as part of social work practice, with the potential for increased traffic.

To try to reverse this decision, the chapter hired an attorney. David Garber, Esq. is a former member of the City Corporation Council and at the time of this action, on the staff of Mackenzie, Smith, Lewis, Mitchell & Hughes, a law firm in Syracuse. Initial papers were filed December 16.

When the Syracuse chapter resolved to dispute the unfavorable decision by the Zoning Board, the NYS Society provided active support with a contribution of \$3,500, the estimated cost of litigation, and a further dollar-for-dollar pledge of matching funds if the cost exceeded the estimate.

Judge Rules in Favor of CSWs

On February 26, 1990, attorney Garber submitted an affidavit supporting the Society's petition and a Memorandum of Law citing relevant precedents. Judge Hayes heard the case on March 2 and, after considering the Memorandum and hearing oral arguments, he ordered

- a) that the Resolution that determined that CSWs were not engaged in a similar profession be annulled, vacated and set aside;
- b) that CSWs be deemed members of a similar profession;
- c) that Zoning Rules and Regulations of

the City of Syracuse include certified social workers as "members of a similar profession" for the purpose of practicing their profession in an office that is part of their residence located in a residential A-1 district.

The Syracuse chapter is deeply grateful to the Society's Board for its active political and financial support and is eager to share the expertise they developed in dealing with this procedure. All legal materials are available upon request. It is important that all members of the Society be educated about the facts of this situation and the existence of the legal findings and documents, since this material can be used to deal with efforts to restrict CSWs from practicing in home offices anywhere in the state. □

Mid-Hudson Seminars

"Countertransference" and "Love and Hate in Countertransference" are the topics for two seminars sponsored by Mid-Hudson chapter. Carolyn Bersak, DSW, coordinator of the SUNY School of Social Work, Albany, will lead the first; Mary Ellen Broughton, former Mid-Hudson president, will present the second. Sunday dates are October 21 and November 4, respectively, 10 to noon. Call Carolyn Bersak, 914-452-1553; or Yasako Hatano-Collier, 914-297-5901.

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ANNUAL MEETING *(continued)*

first time such an award has been given by the organization. Theda Moss Salkind, CSW, of the Staten Island chapter was honored for her many years of service on both chapter and state levels. As former state membership chair, she orchestrated several major drives which increased our numbers dramatically.

Mitzi Mirkin, Executive Secretary, was honored for her years of dedicated service. Four recent Society presidents were on hand to give Mitzi a personal thank you. She has been the linchpin enabling the Society to grow and flourish during the past decade. As we begin the '90s, she continues as one of our most valuable resources. Both Theda and Mitzi received a plaque expressing members' gratitude.

The meeting's theme, "Individuals, Couples and Families: Enlarging the Context of Therapy," was developed by the family practice committee. Allen A. DuMont, committee chair and Society treasurer, introduced the guest speaker.

Peggy Papp, CSW, is a noted teacher, author and clinician internationally recognized for her innovative contributions to family therapy, including the techniques of family sculpting and the Greek chorus.

Ms. Papp is Co-Director of the Brief Therapy Project at the Ackerman Institute for Family Therapy; a founder of the Women's Project of Family Therapy; and the author of *Process of Change* and *The Invisible Web*.

Using Belief Systems in Treatment

She began her presentation on "Belief Systems in Treating Individuals, Couples and Families" by showing the way a belief system and theme can be used to direct treatment. She defined "belief system" as basic assumptions, premises, prejudices and expectations which dominate people's behavior and are acted out in relationships. Ms. Papp explained that her first intervention is to isolate the particular belief

When beliefs are acted out over time, they form themes that . . . dominate people's behavior.

system in operation around a presenting problem. She then completes an analysis of the patient's behavior within an interactive framework. Following this, she determines methods that integrate, challenge or change the theme which emerges from that belief. When beliefs are acted out
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Peggy Papp, CSW, featured speaker



Mitzi Mirkin is honored for service



Rita Gazarik, CSW: defining problem in couple therapy



Carl Bagnini, CSW, BCD: object relations/ systems thinking



Theda Moss Salkind, CSW, receives special award



Myra Weiss, CSW, workshop leader in family assessment

ANNUAL MEETING (continued)

over time, they begin to form overarching themes that run through people's lives and dominate their behavior and interpersonal relationships.

She offered a clinical example to explain how a belief system, or theme, can be uncovered. A 22-year-old bulimic woman stated, "I never finish anything I start." Ms. Papp and her colleagues discovered this theme running throughout the young woman's life. Multiple attempts to finish college or secure employment never met with success. Relationships with men followed a similar pattern. Her parents were divorced and their daughter never had a clearly defined home or parent, living between the two in limbo. During a session with the patient's mother, unfinished business related to her parents' divorce was outlined. The whole family

system was engaged in treatment around the theme of unfinished business. The young woman's parents had not completed their own work around the divorce. The symptom of bulimia was interpreted to the family as "never completing the digestion of food". The young woman believed if she finished her business related to her parents' divorce, they would be destroyed.

Belief systems can be political, social or cultural in nature. Ms. Papp observed that when a client presents for therapy, it is usually because of a problem with intimacy. She and her colleagues try to relate the theme to belief systems that dominate the interpersonal landscape. They listen carefully to the metaphorical language used by the family.

A specific exercise can be effective for

the clinician in identifying the central themes. Imagining the family in literature, if this particular family were a short story, what would the theme be?

If this particular family were a short story, what would the theme be?

Following this overview on belief systems and the identification of themes, she utilized a video tape presentation which illustrated this method of working with a specific family. The audience found the presentation lively and dramatic, and her presentation was well received. A question-and-answer session followed. □

WORKSHOP

Family Assessment

*Report by
Joan Elkin, CSW*

Myra Weiss, DSW, offered much useful information in her workshop on "Family Assessment: A Contextual Perspective." Her focus was the utilization of the family interview to augment and enhance the treatment of the individual. She bases her approach on the assumption that the individual, having developed in the context of the family, has been profoundly influenced by that context.

The purpose of the family interview as used by Dr. Weiss is threefold: 1) observation of family interaction and understanding of family members' ideas about the client's problem; 2) joining with family members to decrease potential sabotage of the client's progress; 3) working with family members, when indicated and possible, to support and foster client's

growth. Dr. Weiss connected these goals with the beginning, middle and termination phases, respectively, of the individual's treatment. She presented rich case material to illustrate how one or more family interviews can be fruitful at each phase of therapy to enhance the client's growth.

The family interview can augment and enhance treatment of the individual.

Dr. Weiss carefully delineated the benefits and risks at each stage of family interviewing — the acknowledgment of risk should not be perceived as reason to avoid a family interview. Rather, anticipating certain difficulties or issues and discussing them with the client is the most effective way of reducing risk and maximizing the

benefits of the interview. In this regard Dr. Weiss emphasized the importance of talking with the client about how he or she will feel when the therapist, during the family interview, attempts to appreciate and understand the point of view of each family member.

Pointing out that the family assessment interview assists the therapist in gaining both a cognitive and a perceptual understanding of how the client's family functions, Dr. Weiss offered some specific questions which can elicit meaningful information from family members. She noted that the therapist should also observe the roles played by family members and consider the stage of the family life cycle and the impact of the family's ethnic and cultural values.

The ideas and approach presented by Dr. Weiss can be applied effectively in both individual and family therapy. □

WORKSHOP

Object Relations/ Systemic Thinking

*Report by
Helen Hinckley Krackow, CSW*

Carl Bagnini's workshop, "Object Relations and Systemic Thinking in Family Therapy: An Integration," focused on the use of object relations theory in conjunction with a systemic approach to family dynamics. He spoke of treating families who are stressed or troubled, splitting and

projecting good and bad selves onto other members of the family. Families will absorb these projections to some degree, but what finally happens is that what is being absorbed spills over and manifests as a symptom. At this point one member of the

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BOOKS

Dinner at the Homesick Restaurant

Anne Tyler
Alfred A. Knopf Inc., New York,
1982, 320 pages

Reviewed by
Carole Ring, PsyD, RCSW, BCD

As a change of pace, the book reviewed here is a novel. Its characters illustrate a variety of problems familiar to clinicians.

Anne Tyler is graced with a talent at describing whole droves of individualized people, linked by blood, marital responsibilities and child rearing, among other filial concerns. She writes with a deep affection for families and sympathy for the crimps and bends of its members. With a richness of detail, she discloses their lesions, quandaries, dissipated dreams and ambitions: these have caused her drab and bewildered homebodies — confronting the impending catastrophe of unknown events — to cling tenaciously to the tremulous amenities of survival and in the end to wisely settle for less than what life seemed to offer.

These drab and bewildered homebodies cling tenaciously to the amenities of survival.

Within this lyrical, yet tightly constructed narrative of *Dinner at the Homesick Restaurant*, the reader is allowed to delve deeply into the interior life of an unhappy working class Baltimore family to experience, over a 35-year period, the grim psychological and moral truth.

The Family . . .

The story focuses first on Pearl Tull, an "out-of-date" sort of woman who struggled — angrily — to nurture and civilize three children after her husband Beck deserted them. The children are now approaching middle age as she lays, 85 and dying, still influencing their disrupted lives. In a series of paced episodes, Tyler explains how the parental deficits of both husband and wife scar and pummel the

three children, Cody, Jenny and Ezra. So marked, the three offspring simmer with unabated resentment. Against a background of poverty and loneliness — a bare-bones existence of nothing affordable or tender — Tyler portrays the calamities and all-too-brief exultations of the Tull children's difficult youth, their evolution into separate strategies for survival and, finally, their emergence into the shared humanity of a narrow adulthood.

As we read, episodes and images widen our vision of family life human in its absurdity, its emotional struggle and fated tedium. We see the character of each member shaped early and disfigured by embittered relationships and how this emotional deformity is expressed throughout each life.

There is Cody Tull, the incorrigible oldest child, who becomes a time-obsessed efficiency engineer, obsessed by the lure of power and money; driven by rage to rival and dominate, he is embittered and cruel — not only to guileless Ezra (for example, he steals Ezra's fiancée on the eve of their marriage) but also to his own wife and son.

Jenny, forthright, witty, animated, contradictory — the second child, who scrapes through medical school and several difficult marriages to become a pediatrician. Caring and warm to strangers, she is skeptical and withdrawn from those who should be closest to her.

Lastly, the family baby Ezra, his mother's favorite and (owing to Cody's greed) a bachelor, who continues to dwell in the family home and runs a homey restaurant in inner-city Baltimore to which people come as if to a family dinner. He ceaselessly imagines a world of affection freely exchanged, and regularly schedules splendid family dinner reunions at his eating place, which usually disintegrate into fearful family squabbles.

. . . And Its Scars

In sum, the Tull children never manage to cut loose from the family past. Their behavior and feelings remain somehow linked to the never-explained rupture within their lives of Beck's disappearance and Pearl's bilious emotions. The reader becomes convinced, as Pearl does, that something is wrong with all the children; that though attractive, and even at times

likeable, Cody, Jenny, and Ezra are closed off in some perverse and subtle way. All appear to suffer: Cody, from obscure guilt (. . . did I do or say something to make my father leave me . . .); Ezra, from lack of desire; Jenny, from suspicion and fear of connection, and ever watchful. And yet, the adversity they experienced also provided them with the instinctive knowledge for the importance and need for quirky expressions of kindness, generosity and exuberance; these bubble and tumble out in spontaneous moments.

The reader becomes convinced, as the mother does, that something is wrong with all the children.

Anne Tyler, in her ninth story of family life, once again establishes her mastery in depicting the complexities of both our nature and our nurturing arrangements. These can foster early wounds that grow into life-long purposes and suggest that without forgiveness in the present, there is no release from the past. This inability to forgive one another binds as strongly as love and forms the basis of her stunning psychological portrait of a family estranged from itself.

Carole Ring, PsyD, RCSW, BCD, maintains a private practice in Brooklyn in psychoanalytic psychotherapy with individuals and family systems as well as sex therapy, and supervision and consultation. She is currently a candidate-in-training at IPTAR. Brooklyn chapter chair on the state committee on psychoanalysis and psychotherapy, she is also member-at-large, state education chair and membership co-chair, National Federation committee on psychoanalysis.

Correction

In the Spring 1990 issue, John Dill was incorrectly designated. John Dill, Esq. is a representative for the National Federation.

OBJECT RELATIONS (continued)

family may be presented for treatment; often that person will be a child, adolescent or scape-goated member of the group. As individual practitioners, we should be especially aware of this.

The problem lies in the family system.

If individual treatment is pursued in these instances, the results are minimal. Individual treatment tends not to be

successful because the problem lies elsewhere in the family system. In these cases families should be encouraged to enter treatment.

The clinician needs to look at what the symptom says metaphorically about the family. Therapists working in this modality must be able to tolerate complexities, understand multiple transferences, engage the whole group — and, exercising great sensitivity, maintain neutrality and an ongoing curiosity about the family's dynamics. □

WORKSHOP

Couple Therapy: Defining the Problem

*Report by
Al Du Mont, CSW*

In her popular workshop, "Couple Therapy: Defining the Problem for Effective Treatment," Rita Gazarik, CSW, offered many useful ideas for working with couples. Family systems theory, she pointed out, while recognizing the importance of what goes on inside the person, goes beyond that to look at what happens between the marital pair. It may in fact be useful to view the couple's relationship as the third client in therapy. Transferences of each spouse to the other, rather than to the therapist, are the subject of the work.

It may be useful to view the couple's relationship as the third client in therapy.

Each spouse brings past and current experiences with the family of origin to the life of the couple, reflecting the degree to which each has differentiated self from family and the extent to which the multi-generational transmission process has funneled down pathologic behaviors and patterns. The developmental tasks required by each stage of the family life cycle places additional strains on the couple, who must change and adapt while maintaining dynamic equilibrium.

A useful way to conceptualize the presenting problem is as the third point in a triangle in which one spouse regulates

her/his intimacy with the other by means of closeness or distance to another object, such as to work, or drugs, or a lover. Commonly, four basic dysfunctional patterns are found: dominant-adaptive (villain-victim); dominant-dominant; adaptive-adaptive (a struggle for juniority); and disengaged-disengaged. Rita sees the major therapeutic task to be the rebalancing of the system to enable both spouses to see their role and responsibility for maintaining the problem and for resolving it.

Among useful questions in the initial meeting with couples: How does each describe the courtship?

Among the most useful questions to ask the couple in the first interview are **1)** were they in love when they got married; **2)** did they ever have a good relationship; **3)** how do they deal with conflict; **4)** how does each describe the courtship; **5)** who blames whom; **6)** who wants to stay in the marriage more; and **7)** how is their sexual relationship. In addition, information pertinent to the family of origin helps to understand learned roles, expectations, perceptions and values which each brings to the relationship.

Rita Gazarik illustrated her presentation vividly with case examples and skillfully applied principles of couples treatment to the numerous case situations raised by workshop participants. □

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EXECUTIVE DIRECTOR (continued)

ED Can Offer Cohesion, Continuity...

Establishing the office and function of executive director ties together the operations and "bridges the gaps" that have appeared as the society outgrows its methods of getting things done. It is especially this "bridging" that faces the Society at this time in its more than 20-year history. As a professional organization dependent on the voluntary efforts of its members, the Society must modify its operational structure if it is to continue to grow. The executive director can offer cohesion and coordination, as well as policy-making and administrative expertise. John will work at all levels to further the goals and purpose of the organization.

Priority one, as John sees it, is to meet with the "widest variety of members" to determine their needs and identify common goals and/or obstacles. From these talks — with chapter and committee heads statewide — a consensus will point to immediate priorities. John plans to present such a consensus to the board early in the fall.

Implementation of Long-Range Goals...

The executive director's vision for the Society mirrors the long-range goals that were elicited and promulgated by the 5-Year Planning Committee in 1985, when the idea of an executive director was first discussed as a viable option. The new office is expected to expedite the implementation and resolution of such plans.

Among these, the following were put forth in the Executive Report in the fall 1985 issue of this *Newsletter*.

"1. Employment of a full-time paid

executive director

2. Establishment of a permanent headquarters address and support staff

3. Establishment of a... statewide public relations/educational effort to enhance members' referral network and to raise public awareness of CSWs as psychotherapists."

These recommendations were even more firmly set out during the Spring Retreat in 1989 (*Newsletter*, Summer 1989).

John echoes these goals in his experience at other organizations. His responsibilities in prior positions include legislative functions, public relations and fundraising, assessing needs and developing programs.

***An executive director
can offer cohesion
and coordination and
can help to implement
long-range goals.***

Growth and Strength...

In the best potential reaches of the NYS Society, John sees a viable organization for social workers, with an expanded membership base. The Society's educational resources can offer an effective vehicle, he believes. Ongoing seminars and workshops will serve to augment and enhance clinicians' own expertise and attract new members, including minority practitioners. Moreover, a stronger organization can exert additional influence on

state legislative issues such as insurance reimbursement for CSWs as independent providers.

***The Society's educational
resources can offer an
effective vehicle for
expanded membership.***

This new office affords a step up for the Society. John attests that the issues and concerns this organization confronts are not unlike those at other professional associations. In his executive directorship of Black Agency Executives he developed programs for member executives as well as their social service constituents. Other credits include executive director of Big Brothers of New York, where he reorganized the service delivery system to reduce waiting time for families and volunteers. He was a 'prime mover' in the creation of two major fundraisers: the "Sidewalks of New York" awards dinner and Bowl for Kids' Sake. His financial expertise helped eliminate a sizable agency debt.

A primary function of an executive director is to provide continuity in aims and goals — a cohesion that overrides changes in administrations. John stated his own feelings about the Society and what he can contribute. "What excites me most is the challenge of organizing and codifying existing systems — and helping to make them better." □

Third Annual Conference in NYC

The National Committee on Psychoanalysis will hold its third national conference November 1-4, 1990 at the Vista International Hotel in New York City.

Entitled "The Continuing Evolution of Psychoanalytic Thought: Infancy to Adulthood," the event will bring together an international roster of eminent clinicians.

Featured keynote speakers include Stephan Becker, Dr. Soc. Paed, Founder and President of the Association of Psychoanalytic Social Work, Federal Republic of Germany; Rudolph Eckstein, MSS, PhD, clinical professor, UCLA, whose most recent book is *The Language of Psychotherapy*. Further, from Vienna,

noted psychoanalytic historian Ernst Federn, MSW, whose most recently published work is *"Witnessing Psychoanalysis: From Vienna Back to Vienna Via Buchenwald and the USA"*; Dale R. Meers, DSW, faculty and former director, Baltimore-DC Institute for Psychoanalysis. He is consulting editor, *Psychoanalytic Inquiry, Journal of Preventive Psychiatry*, and *Child and Adolescent Social Work Journal*. Jean Sanville, MSS, PhD, Editor of the *Clinical Social Work Journal* and co-author of *Illusion in Loving: A Psychoanalytic Approach to the Development of Intimacy and Autonomy*, is also Founding Dean of the California Institute for

Clinical Social Work.

In addition, the conference will offer a chance to meet in smaller groups. Forty-three workshops and papers will be presented on topics such as object relations theory, transference, narcissism, and gender issues.

A special series of workshops is designed to present an overview of the theory and technique of the Hampstead Child-Therapy Course and Clinic (The Anna Freud Centre).

Members will receive complete programs and registration information. □

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Marcia Blank, M.S.W.	Suzanne B. Phillips, Psy.D.
Leslie Bowling, Ph.D.	Robert M. Prince, Ph.D.
Judith T. Davis, Ph.D.	Frances G. Scheff, M.S.W.
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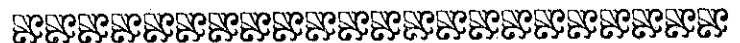
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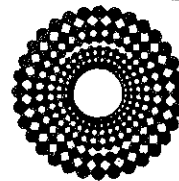
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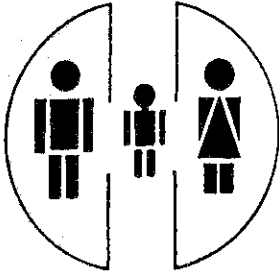
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