

The CLINICIAN

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The Newsletter of the New York State Society for Clinical Social Work, Inc. • A Founding Member of the Clinical Social Work Federation

31st Annual Conference A Huge Success!



Allen A. DuMont, Helen Krackow, Dianne Heller Kaminsky, Louise DeCosta, and Harriet Pappenheim at the 31st Annual Conference in May.

Countertransference/Self Disclosure: Uses and Abuses was the clinically inspiring and intellectually stimulating topic of the 31st Annual Conference of the New York State Society for Clinical Social Work, held on May 13th. A capacity audience of 180 heard two keynoters, Louise DeCosta, PhD, BCD, on “The Aesthetics of Self Disclosure: Countertransference as Deep Play,” and Harriet Pappenheim, MSW, BCD, on “The Influence of the Analysts’ Subjectivity on the Conjoint Treatment of a Couple in Serious Distress.” Their presentations are reviewed in this issue. Participants also chose from eight afternoon workshops on such topics as The Therapist’s Uses of Self to Facilitate Mourning, The Clinician as Writer and the Struggles with Self-Disclosure, and Countertransference Disclosure: When and Why. The conference was a huge success.

FULL ARTICLE ON PAGE 6

GUILD NEWS

Guild Attends the NYS AFL-CIO Convention

By Allen A. DuMont, CSW, BCD,
Society President

On August 27-29, 2000 the New York State AFL-CIO held its Convention in New York City at the Sheraton Hotel and Towers. Close to 3 million union members were represented at the event by the presidents of their locals and delegates. It was an opportunity for the Clinical Social Work Guild, Local 49 of the OPEIU, to introduce ourselves to our fellow union members alongside the Podiatrist Guild, Local 45, whose Executive Director, Dr. Hiram Chirel, introduced Resolution #34 that the NYS

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Generativity What Volunteers Give and Get

A year ago I wrote to you about volunteers and volunteerism. The regeneration of our volunteer organization and the recruitment of new leaders continues to be a top priority. I am much encouraged by the thoughtful and diligent efforts of Marilyn Schiff, Nominations Committee Chair, in working with the Chapter Presidents to develop a slate for the coming elections and impressed by the care and concern they have manifested in their deliberations and outreach to candidates.

Recruitment of volunteers is not easy. These are the predictable objections: I don't have the time; I already have too much on my plate; get somebody else to do it; I'm not ready (or qualified); nothing I can do will really make a difference; nobody appreciates what you do; I don't work for free; what has the Society done for me that I should give up any time and energy; just hire someone.

So how does one answer these objections? First, there are some valuable opportunities for volunteers who can see the possibilities:

- to meet other professionals with similar values, interests and goals; to learn from one another; to exchange information and share experiences (networking is just one aspect of this; while work on the Referral and Information Service can develop awareness of marketing techniques and practice possibilities);
- to work for the development of a specific practice focus or interest (for example, Family Practice, which could include child or couples therapy and parenting groups or workshops; EMDR; or Group Psychotherapy study groups, etc.);
- to help implement a needed service to others and to the profession, such as the mentoring of new professionals or the vendorship of clinical social work or assistance with managed care problems;
- to work for valued causes, such as the Guild Committee's efforts

Generativity speaks to people's hopes and to new possibilities. It links our past accomplishments with the achievements yet to come. It stands for our connectedness with each other and with the community at large.

to forge an affiliation with labor to fight managed care or the Legislation Committee's work to promote clinical social work licensing;

- to develop one's self, skills, and knowledge through exposure to new challenges (waiting till one is "qualified" often leads to over-qualification for the position);
- to draw satisfaction in creating something new that meets an important need of our members (computer skills and writing skills workshops are good examples);
- to receive the esteem and recognition of one's peers and colleagues (as we do in our annual awarding of diplomats and during our Biannual Recognition Dinner).

More importantly, as Erik Erickson has described in speaking of generativity, volunteering provides us all with the chance to give back for all we have received, to establish and guide the next generation. Nurturance of others meets our own need to be needed as we strive to promote growth, instill confidence, and expand efficacy. Generativity speaks to people's hopes and to new possibilities. It links our past accomplishments with the achievements yet to come. It stands for our connectedness with each other and with the community at large.

Thirty-two years ago our own Society was created by a few dedicated volunteers who sought to give voice to clinical social workers whose needs had been ignored and discounted. It is for us to welcome and to invest in those who would continue that important work and to inspire hope for our future. ■

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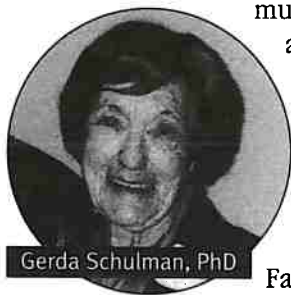
Five Society Members Given Highest Honor – Diplomate Status

By Helen Hinckley Krackow, MSW, BCD, Membership Chair

At our Annual Meeting in mid-May, five stellar members of the New York State Society for Clinical Social Work were awarded the status of Diplomate, the highest level of membership in the Society. The Diplomate is an honored status awarded in recognition of a sustained commitment directed to the purpose for which the Society was founded – namely the support of excellence in the exercise of the clinical social work function. There are currently 77 such members out of 2,375. The Chapters of which they are members nominated them.

Our Society is proud to acknowledge the extensive and diverse contributions of these Diplomates. These honorees are clinical social workers who represent the highest standards of the profession and show commitment to the community, their clients, the field, and to our Society. They value advanced postmasters scholarship. We celebrate them!

Gerda Schulman, PhD, began practice in 1951 at the Jewish Family Service of New York. She introduced multi-family group therapy in a family agency in 1970. She published articles from 1963 to 1999 in family therapy and wrote *Family Therapy: Teaching, Learning, Doing* (University Press of America, 1982). Dr. Schulman taught at Adelphi University from 1972 to 1990 and founded the Postmasters Clinical Dept. at Hunter in Family Therapy, which she chaired from 1978 to 1993. She has a private practice in Riverdale.



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Rosemary Sacken, MSW, BCD, has been in private practice since 1981 in psychoanalysis and psychotherapy with adults as well as a supervisor of clinical social workers. From 1981-1986, she provided supervision for practitioners and therapy for the parents of developmentally disabled preschoolers at These Our Treasures School in the Bronx. She joined our Society as a Fellow in 1978.



Rosemary's service to the Society covers many years. She served on the State Ethics Committee from 1980-1982, the State Referral Service from 1983-1986, and on the State Board as President to the Westchester Chapter from 1987-1989. In addition she has been Corresponding Secretary and Member-at-Large of the Westchester Chapter and served on the Program Committee, Nominating Committee, and as coordinator of the Peer Supervision Program.

Lee Kramer, MSW, BCD, has been in private practice in psychotherapy and psychoanalysis in Lawrence, Long Island from 1983 to the present. He served as a clinical and social work supervisor at Long Island Adults and Children with Learning and Developmental Disabilities and Young Adult Institute between the years of 1982 and 1995. In 1983, he began to develop a way of using psychoanalytic theory to work with adults who have developmental disabilities. He discovered that certain dynamic issues arise within the family that lead to ego pathology in the DD child and formulated a parallel developmental process that helps explain commonly found psychopathology in this population. Using these formulations, he hypothesized clinical interventions to address this ego pathology. He has used these interventions in treatment and in developing training workshops and programs.



Lee's contributions to the Society fall into two main categories — education and editorial work on two newsletters. He worked on two conferences in the Metropolitan Chapter. One was entitled, "Creativity in Practice," and the other presented Bruno Bettelheim as the keynote in a conference on the connections between social issues and practice. He was Editor of the Met Newsletter for two years and has served as Clinical Editor and Editor-in-Chief of "Nassau Newsnotes." Currently, he is a Member-at-Large of the Nassau

A Work in Progress: Regeneration of the Queens Chapter

By Estelle H. Rauch, LCSW, BCD, CGP

State Society President Allen DuMont has been passionate in his commitment to reinvigorate the Queens Chapter, and had asked me, as Chapter Development Consultant, and Helen Hinckley Krackow, as State Society Membership Chair, to participate in the launching process.

The purpose of this article is not only to bring to your attention the specific journey begun by a group of people who are committed to a Queens Chapter renaissance, but beyond that, to investigate those elements inherent in Chapter life which support Chapter strength, or undermine it. I put some questions to Al, Helen, and Debbie L. Kaplan, the new President of Queens Chapter. Their answers follow, along with some thoughts of my own.

Q: How did the Queens Chapter get into trouble?

Al: The Queens Chapter was founded by strong and independent leaders of the State Society who sought autonomy for members practicing and living in Queens. However, over time, the most senior members of the Chapter no longer had the energy to keep the Chapter going, but had not invested enough in new members in order to pass the baton successfully. New ideas were frequently discouraged; there existed a negative competitiveness which thwarted innovation. Instead of the leaders coming together to... (identify and understand problems, and to solve them creatively), leadership focused on failures, producing a gloomy climate. Members new to the group's meetings would experience the negativity and quickly drop out.

Q: What sustained your optimism that the Queens Chapter could be revived?

Al: In Queens, there are over 650 R social workers, plus many more with the P, and many new professionals. Independent practitioners need and seek affiliation with others in order to cope with the challenges and frustrations of solo practice and for support to deal with the threats of managed care. I believed that there were potentially active members out there who would respond to our call for active affiliation, if I could find a way of inspiring them. I sent out a letter to Queens members, hoping to convey my enthusiasm and welcoming their participation in the revitalization effort.

Q: Debbie, what motivated you to get involved in this effort?

Debbie: Last Spring, I received Al's letter inviting

colleagues to a meeting to revive the Queens Chapter. As a clinical social worker with over 20 years in the field, and as a private practitioner in Queens, I was interested in hearing what others had to say and in contributing my own ideas to making the chapter viable. This occurred at a point where several close colleagues and myself had considered affiliating with other chapters. What appealed to me most about the prospect was that I would be given the opportunity to meet and network with other clinicians, to share news, information and ideas, to keep my own skills sharp by attending educational conferences and study groups, to remain abreast of legislative activities on behalf of our profession.

Q: Helen, what is your role in supporting the health of any Chapter in trouble?

Helen: I attend beginning membership meetings to let the Chapter know that their existence is important to the State Board, and to offer the advice I have as a builder of this organization.

Q: What specifically did you suggest to the members attending the initial Queens Chapter meeting, which was hosted by Al?

Helen: I offered them the idea of a Newsletter to report their activity to the Chapter and to give the membership incentives of personal, professional publicity in order to gain visibility with members. I am also training their Membership Chair and have sent her the marketing plan that I presented at the State Board meeting. I suggested she contact all the training institutes and agencies in the county and ask to distribute the newsletter.

Q: Debbie, tell us what the Queens Chapter is up to these days.

Debbie: We have a new Board of Directors including me, Vice President Fredda Schneidt, Secretary and Membership Chair, Calliope Sullivan, Treasurer Joseph Ventimiglia, Mentoring Chair Ruth Lax, Newsletter Chair Mary-Ellen Siegel, Referral and Information Chair Gail Cleveland, and Vendorship Chair Shirley Sillikens. We plan to fill all other chair and committee

The Influence of the Analyst's Subjectivity on the Conjoint Treatment of Couples in Serious Distress

by Harriet Pappenheim, MSW, BCD

Review by James D. Mac Rae, CSW

How is the title of a keynote speech born? Harriet Pappenheim came across hers in a dream. Ms. Pappenheim, one of the keynote speakers at NYSSCSW's 31st Annual Conference entitled *Countertransference and Self-Disclosure: Uses and Abuses*, explained that she dreamt that she wanted to discuss how her subjectivity resonated with the subjectivities of each partner of a couple while their subjectivities intersected in the space between them! It was at this point that she awoke and realized that she was "in deep, deep trouble."

Ms. Pappenheim described how difficult it is to be self-reflective when attempting to help our patients. Even when we try our best, she stated, "we can never be sure from when or where our reactions really come."

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When one considers that each patient relates to the other and to you, the therapist, and all three have their own internalized relationships to their parents, siblings, and others, it starts to look like a very crowded room.

Sometimes we don't even realize our own odd reactions, despite our training, education, and personal analysis. Given the difficulty in understanding our own process with a single patient, the level of complexity increases substantially when we work with a couple. When one considers that each patient relates to the other and to you, the therapist, and all three have their own internalized relationships to their parents, siblings, and others, it starts to look like a very crowded room. Add theory, judgments, gender, generational issues,

and everyday stresses, and "one has to wonder how any useful work can be done at all."

Ms. Pappenheim, who works with couples from a psychoanalytic perspective, is interested in self-psychology and object relations, but she described herself as "holding lightly to theory" and working from an empathic platform. In her work with couples, however, she does not view the work to be two people in conjoint therapy. Rather, the focus is on the intimate relationship and the interactions that go on between the partners.

Regarding countertransference, Ms. Pappenheim explained that views of this concept have changed since

the early days of psychoanalysis. Today, some analysts even question its usefulness because "they believe that once you consider transference and countertransference within a bi-directional reciprocally influencing system, the word countertransference becomes superfluous." Ms. Pappenheim likes to think of subjectivity and countertransference as "being on a continuum." When subjectivity interferes with her therapeutic functioning (in the form of boredom, anger, etc.) she tries to deal with her countertransference. However, this, too, becomes difficult because her empathic stance is determined by her own subjectivity, much of which may be unconscious and therefore inaccessible. If this is true, she posed the question, "how can we assess reality?" One solution, suggested by Donna Orange, is that reality is gained through some form of consensus between patient and analyst.

Then there is the issue of self-disclosure. Ms. Pappenheim stated that her own subjectivity "goes a little haywire" when she considers self-disclosure because she finds the word vague and believes that the analyst self discloses all the time through body movements, habits, humor, the design of our offices, and other ways. Regarding this, she feels that the importance can best be placed on discovering the meaning of these things to the patient.

Ms. Pappenheim found Arnold Rachman's distinction between judicious and conspicuous self-disclosure to be helpful. Judicious self-disclosure is an active form of empathy and is essentially the "analyst's attempt to

The Aesthetics of Self-Disclosure: Countertransference as Deep Play

by Louise DeCosta, PhD, MSW, BCD

Review by Michael De Simone, PhD, BCD

Louise DeCosta gave an excellent presentation regarding the complexities and excitement of understanding the meaning of countertransference, as well as the place and art of self-disclosure in the treatment relationship. Her thoughts were well developed, and the value she places on the creative and artistic process in psychotherapy was evident throughout.

Dr. DeCosta opened her discussion with the question, "If psychoanalysis has been defined as the study of secrets that people keep from themselves, cannot it not be inferred that countertransference be considered the secrets that we therapists keep from ourselves?"

Dr DeCosta organized her presentation around three key areas of interest. First, she gave an historical look at how Freud, Jung, and Winnicott viewed and dealt with countertransference and self-disclosure in the treatment relationship and as writers within the psychoanalytic tradition. Second, she considered traditional and current paradigms for understanding countertransference. Third, and finally, a proposal for a new creative way to approach countertransference self-disclosure incorporating the idea of deep play between patient and analyst was presented.

In her historical perspective Dr. DeCosta specifically examined the role that Freud, Jung, and Winnicott played in the formation of some of our current thoughts and attitudes toward countertransference and countertransference self-disclosure. She suggested that in order to understand the underpinnings of their theoretical work, one must attempt to understand what each man was afraid of. She stated that Freud feared that individuals would fail to acknowledge the power of their unconscious desires and would fail to integrate their sexual and aggressive desires that Jung feared not fulfilling one's life tasks of individuation, and that Winnicott feared not being spontaneous and authentic. These fears were revealed in their writing, teaching, personal, and professional lifestyles and by what they said and what they did not say. Dr. DeCosta then went on to suggest that these men all shared a profound fear of self-disclosure. This fear of self-disclosure was multi-determined for the three men and had its roots in their personal histories and their concerns regarding their

personal, public, and professional lives. It is clear that the struggles of these founders of psychoanalysis with countertransference and self-disclosure issues became part of the psychoanalytic model that to a greater or lesser degree remains with us today. These paradigms as they relate to countertransference and self-disclosure have been gradually and thoughtfully challenged over time, i.e., the current focus on the intersubjective experience between patient and analyst and how that experience is used by the therapist for the enhancement of the treatment.

In her discussion of traditional and current thinking about countertransference, Dr. DeCosta highlighted the evolution of thought regarding these constructs with a focus on the changing view of countertransference within the psychoanalytic community.

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Conference Committee Members Include: (Back, l. to r.) Richard Beck, MSW; Chair Dianne Heller Kaminsky, MSW, BCD; Michael De Simone, PhD, BCD; Tripp Evans, MSW; James Mac Rae, MSW; (Front, l. to r.) Phyllis Mervis, MSW, BCD; Phyllis Schalet, MSW, BCD; Roxandra Antoniadis, PhD, MSW; Carol Silverman, MSW, BCD.

A Work in Progress: Regeneration of a Queens Chapter

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member vacancies. Society members who work and/or reside in Queens will receive a copy of our newsletter. Thereafter, a letter from the President, accompanied by a user-friendly questionnaire, will be sent out soliciting members' preferences on ways the Chapter can be responsive to their needs and interests.

Q: Are there additional efforts being planned to correct some of the past problems?

Debbie: In order to avoid past pitfalls, we need to identify prior mistakes and learn from them. That, combined with new ideas, a sense of drive, energy and determination, can help us succeed. Members experienced in chapter development are invaluable mentors, sharing their expertise on everything from concrete nuts and bolts to broader issues. Our Board invites ideas on what has made other Chapters strong.

Q: What other ideas are you incorporating into your early efforts?

Debbie: Helen suggested an outreach campaign to clinical social workers involved in institute or post-graduate training, as well as to community agencies and, mentoring programs for graduate students and those new to the field, and for professionals starting their private practices.



It seems to me that we can join together in a congenial, intellectually stimulating, enthusiastic, and fun way to promote and strengthen a sense of professional identity and community. By revitalizing the Queens Chapter, we can participate in our own growth and that of those with whom we serve. I've learned over the years that when we give, we are rewarded exponentially, on many levels.

A chapter or any other group trying to recuperate from their troubled history needs to honestly reflect on past problems in order to create a fresh and healthier future. Step number one is looking at the past leadership dynamic. Normally, leaders who have a clear vision of where to go, who are welcoming of even divergent input and of new blood with whom responsibility can be shared, attract smart, energetic partners. However, where leadership is too dominant, it creates dependency; too passive, loss of interest; and too insular, discouragement. Under problem leadership, peers who could help might actually band together to undermine, while others abandon ship altogether.

We are optimistic that the new Queens Chapter Board will be attentive to group process issues and that they will continue to dialogue with each other and with members to create a dynamic, healthy family. Good luck!

Your comments and inquiries are welcome. Please direct them to estellecsw@aol.com. ■

The Influence of the Analyst's Subjectivity...

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share his/her thinking and feeling in order to reduce the traumatic effect of emotional and interpersonal disturbances in the therapeutic relationship." Conspicuous self-disclosure represents a countertransference reaction that emanates from the analyst's personal needs, and it is essentially unempathic.

One of the problems in working with couples (when compared to individual therapy) is that there are fewer silences, which makes self-reflection much more difficult for the analyst. Thus, "you are far more active and spontaneous, and before you know it, something is out of your mouth." For this reason it is necessary to pay special attention to notice your odd, emerging reactions and "realize that caution is the better part of valor."

Another important difference between individual and couples work concerns the role or importance of the analyst. With an individual the analyst may get more appreciation and mirroring from the patient. "Your patient is really the relationship." With couples "there is less self-object responsiveness for the therapist." The relationship with the partner is most important. It may be a good sign if the couple is more excit-

ed with each other than they are with you, the analyst.

Ms. Pappenheim adroitly used a variety of clinical vignettes to illustrate some countertransference and self-disclosure issues that might face the analyst who works with couples. Then she offered some ideas that she felt might enhance the analyst's ability to work with couples more effectively. Ms. Pappenheim suggested the peer supervision model used by the Tavistock Institute for Marital Studies. At Tavistock co-therapists see couples. Afterwards, post session discussions between the therapists are held to process the observations, feelings, reactions, and interpretations that take place during the sessions.

Ms. Pappenheim's engaging style was received enthusiastically by the almost packed auditorium at Mt. Sinai's Hatch Auditorium, and her speech offered the audience many important questions to ponder. Her sense of humor and clinical examples brought the theoretical material to life. If you weren't able to attend, you missed a very interesting and poignant presentation. ■

James D. Mac Rae, CSW, is a therapist in private practice on the Upper Westside of Manhattan.

The Aesthetics of Self-Disclosure

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She spoke about the early psychoanalytic view of countertransference as being an issue that the therapist needs to deal with so that it would not contaminate the treatment. In her words, a goal of a training analysis was to make the therapist aware of their own conflicts so that they do not distort the work with patients. Countertransference was seen as a phenomenon to be recognized and overcome. As new theories of psychological development emerged, countertransference came to be viewed not so much as a problem but as a phenomenon of the therapeutic relationship. It became evident that countertransference experience could provide insight not only regarding the therapist's unresolved issues but also provide valuable information about the emotional transactions taking place between patient and analyst. Dr. DeCosta reported that this shift in thinking occurred as a result of the insights provided by object relation theories, interpersonal theories, self-psychology, and inter-subjectivity.

In an eloquent summary to her discussion regarding the evolution of psychoanalytic thought regarding countertransference, and prelude to her comments regarding the concept of the countertransference as deep play and the aesthetics of self-disclosure, Dr. DeCosta stated that "throughout our psychoanalytic literature, we find any number of brilliant wordsmiths imposing language upon the nature of the countertransference experience. How to recognize it, how to refrain from acting upon it, and how best to conceptualize it. And yet our discussions about this stubborn enigma ultimately confound us. When trying to lasso the nature of countertransference no matter how inventive, or intellectually fluent, without exception, the exposition becomes strangely flat and tedious."

With the question, "might there be another way to enter into the joys of countertransference muddle, a

path that allows for phases of nonsense, uncertainty, mystery and doubt," Dr. DeCosta led us to the heart of her discussion. In the final segment of her presentation, Dr. DeCosta spoke about finding a new way of looking at countertransference. She used the concept of deep play to describe the process by which a therapist is able to tap into his/her own deepest fantasies, affects, fears, and desires as they are aroused by interpersonal experiences with patients. Dr. DeCosta spoke of finding more poetic ways of approaching the countertransference experience and posed the idea that "if transference is an attempt at self cure, does it not follow that the therapist's countertransference is an attempt at self cure as well?" She also proposed the evocative idea that we as therapists often get the patients we need to help us on our own journey of self-discovery and self-realization.

Finally, it was my understanding that the "aesthetics of self-disclosure" related to the complex and difficult questions concerning the appropriateness, the timing, the wording, and tone of a countertransference self-disclosure on the part of the therapist.

Dr. DeCosta emphasized that the art of countertransference self-disclosure comes about through the creative blending of technical knowledge, personal and professional experience, and an ability to resonate with our own unconscious processes as they interact with those of our patients. Deep play enables the unfolding of the therapeutic drama between patient and analyst fostering insight and growth for both. ■

Michael De Simone, PhD, BCD, is in private practice on Staten Island specializing in individual treatment for adults, adolescents, and children. He is a Fellow of the Society and is Education Chairperson for the Staten Island Chapter. He is also a member of the State Education Committee.

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Guild Attends the NYS AFL-CIO Convention

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AFL-CIO support legislation to allow health care professionals to engage in collective bargaining. It was passed by acclamation. Joining me were Helen Krackow, Marsha Wineburgh, Judith Pullman, Beth Pagano, Bobba Moody, Lisa Miller, and Luba Shagawat, CSWF Guild President who collaborated in acquainting union delegates with our services and in establishing our solidarity with the union movement.

Thanks to Helen Krackow, we were able to get on "Labor Lines," a radio show on 1240 AM in Nassau hosted by Vic Fasco who was intrigued by the formation of a Clinical Social Work Guild. We outlined some of the

reasons the Guild was developed to combat managed care and how we can be of help to union members and their families.

We came away from the Convention feeling that we had made an important beginning but also aware that we will have to expend considerable effort to educate our union brothers and sisters about clinical social work services and our willingness to provide service at a reasonably compensated rate. We will be assisted in this effort by Mike Goodwin, President, and Kathy Carr of OPEIU as we attempt to build on the contract we have negotiated with Local 153 of OPEIU. ■

32ND ANNUAL CONFERENCE

Complexities of Gender and Sexuality: Clinical Implications

Call for Proposals for Workshops and Panels

We are looking for proposals for workshops and panels from all theoretical orientations as well as all modalities — individual, group, couples, family. The focus should be on growing up male and growing up female in the year 2001 with a new look at gender identity formation and how it interfaces with our culture today.

SUGGESTED TOPICS

- Gender identity and object choice
- Deconstructing gender stereotypes. What does it mean to be female? What does it mean to be male?
- Impact on family
- Raising children
- Male therapist — female patient; female therapist — male patient; same sex therapist and patient
- Sex on the Internet
- Choice of therapist and gender identity: gay/lesbian patient — straight therapist; gay/lesbian therapist — straight patient; gay/lesbian therapist and patient — implications for treatment
- Countertransference issues when sexual orientation is different from or the same as patient
- Ethical issues in treating patients with at-risk sexual behavior

Other suggestions are welcome.

PROPOSAL GUIDELINES

Proposals should be a minimum of two typewritten pages, double-spaced, and include the following:

1. Description — purpose, function, and teaching objectives
2. A workshop or panel outline describing concepts to be developed
3. A bibliography
4. **Six** copies, with biography (and all other identifying information) on a separate page. Underline **one** affiliation that you would like listed in the brochure. Private practice is not considered an affiliation

DATE OF CONFERENCE:

Saturday, May 12, 2001

DEADLINE FOR SUBMISSION
OF PROPOSALS:

November 21, 2000

MAIL TO:

Dianne Heller Kaminsky, CSW, BCD
Chair, Education Committee
1192 Park Avenue, 4E
New York, NY 10126

The Vendorship and Managed Care (VMCC) Committee continues to function as a support for Society members in their dealings with managed care and third-party insurance payors. We assist members with difficulties in payment — non-payment or delayed payment of authorized sessions. We also help members in getting continued authorization for patients, disenrollments from panels, getting people on and off panels, dilemmas about confidentiality, and Medicare questions.

Opening New Markets:

Self-Insured/Self-Funded Companies

The VMCC also tries to market self-insured companies that don't recognize clinical social workers for independent reimbursement for mental health services. We are currently marketing DTS Travel Enterprises, Bedford School District in Westchester, Pepsico, Sun Chemical, Quick & Riley, The Mark Hotels, UFCW Local 174, The Electricians Union, and Nova Health Care. We are using our connections in the AFL/CIO to enhance efforts with the unions that don't recognize social workers as providers.

Recent News To Report:

As of 8/1/00 members who have Oxford Plans (POS only) will have the ability to access a practitioner from the MultiPlan Network. Thus, if a practitioner is a member of the MultiPlan Network but not a member of Oxford Network, services to Oxford members will be reimbursed like services to MultiPlan members. Practitioners who are members of both MultiPlan and Oxford Networks will be reimbursed for Oxford members according to the Oxford Network Agreement.

The Medicare (GHI) Claims address has changed effective 4/1/00. The new address is as follows:

Medicare – GHI
PO Box 2827
New York, NY 10116-2827

Empire Medicare in NYC is also looking to re-define psychotherapy as an adjunct treatment for only a few psychiatric conditions — limiting the number of sessions rendered and monitoring the frequency/total number of sessions provided.

Participation Needed!

The VMCC is instrumental in helping Society members learn how to address problems, know who to contact for advocacy, and this often makes the difference between resolution and victimization. In order for the committee to continue to function effectively in our efforts to market self-insured companies and assist our members with problems and questions, we need people to participate and become involved with VMCC!!!! We are looking for Society members who would like to be VMCC Representatives in the following areas: Cap District, Metropolitan, Mid-Hudson, Staten Island, and Western New York. If anyone is interested in learning more about the Committee or has any suggestions, please contact your local chapter representative. You may also call me at 718-352-0038 or 917-424-3545.

For assistance with an insurance or managed care problem, call Vendorship/Managed Care Committee Representatives. ■

VMCC REPRESENTATIVES

BROOKLYN	ADRIENNE LAMPERT	718-434-0562
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MID-HUDSON	ALICE GARFINKEL	718-352-0038
NASSAU	FRED FRANKEL	516-935-4930
QUEENS	SHIRLEY SILLEKENS	718-527-7742
ROCKLAND	BETH PAGANO	914-353-2933
STATEN ISLAND	ALICE GARFINKEL	718-352-0038
SUFFOLK	ELLIE PERLMAN	631-368-9221
SYRACUSE	GARY DUNNER	315-488-1884
WESTCHESTER	LIZ RUGGIERO	914-618-8919
WESTERN NEW YORK	ALICE GARFINKEL	718-352-2440

NMCOP Conference 2000 A Shooting Star!

By Marilyn G. Schiff, MSW

Did you all see the rosy glow that hung over the New York Marriott World Trade Center for four days last January? So many NMCOP Conference goers were enticed and thrilled as the Conference fulfilled its promise of "Inclusions and Innovations: Visions for Psychoanalysis in the new Millennium!"

In their message to Conference attendees, Rosemarie Gaeta, Conference Director, and Judy Ann Kaplan, Program Chair, stressed "the increasing relevance of psychoanalytic thought to the wide range of problems faced in clinical social work practice. . . . We have the opportunity to explore basic issues including the historical roots of our discipline, as well as innovations at the cutting edge of practice and scholarship. . . a blend of our collective memory and contemporary fresh perspectives. . . we as clinical practitioners must communicate our views to the field at large. . . . Our Conference program provides a forum where understanding joins creativity and conjures new shapes and patterns."

In addition to the outstanding Plenary Speakers Leon Wurmser, Patrick Casement, Harold Blum, and Jean Sanville (look to the *Clinical Social Work Journal* for most of these papers), the Saturday Luncheon Speaker Anne Roiphe electrified her audience with a poetic, insightful address on "Writing: Art or Therapy?" followed by a rewarding discussion by her daughter-in-law and psychoanalyst Jean Olivia Roiphe.

On the same theme, following a series of 29 free Pre-Conference Writing Workshops, a panel of distinguished writers and publishers was convened and found a packed audience.

Two major panels, *The Life Stage of the Psychoanalyst: Its Implications for the Treatment Milieu (Illuminations and Illusions)* and *The Impact of Catastrophic Events in the Life of the Analyst* were oversubscribed, as was an excellent paper, *When Death Knocks on the Analytic Door*. A superb series of seven workshops on *Contemporary Problems of Children and Adolescents* was well received. In addition, such topics as politics, gay and lesbian issues, brain research, aging, cults, women's issues, and eating disorders, among others, were dealt with by outstanding practitioners.

A full-day Seminar on Supervision, presented by the NMCOP's National Study Group on Social Work and Psychoanalysis, received a high degree of critical acclaim.

In many ways Jean Sanville and her work symbolized the theme of the Conference. The Thursday night program was high-lighted by a presentation and reception

in her honor, marking publication of *The Social Work Psychoanalyst's Casebook: Clinical Voices in Honor of Jean B. Sanville*, co-edited by Joyce Edward and Elaine Rose. Dr. Sanville also was the Plenary Speaker on the Conference's closing Sunday Program: *Intracultural and Intercultural Dialogue in Psychoanalytic Psychotherapy* on the richness as well as the difficulty of working with patients from various cultures, with languages other than English as their native tongue. This thrilling panel gave us all a jump start into the new Millennium.

In addition to the evenly hovering rosy glow, statistics reflect the success of the Conference: financially we ended up in the black, and 44 new members enrolled directly from the Conference.

See you in Chicago at the March, 2002 NMCOP Conference! ■

Call for Papers: Representations and Re-Presentations Psychoanalytic Reflections

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Membership Committee on Psychoanalysis
in Clinical Social Work

March 8-10, 2002
Holiday Inn City Center
Chicago, Illinois

Submission Deadline: March 1, 2001

For Submission Requirements

Contact Marilyn Schiff

(212) 255-9358

Marketing On-line

In past columns we've talked about a variety of marketing methods to help build a practice. Now that many of us are becoming more and more computer savvy, we need to learn how to extend such techniques to the Internet. By adapting established networking and public relations methods to the "on-line community." Here are some ideas on how to use the Internet to build your practice.

Become a part of professional news groups or list serves. There are many of these, including one which used to be part of the Clinical Social Work Federation but has since become independent. Join by going to www.onelist.com and searching for "clinical social work." There are a number of others, but the this one is a good start for you.

This works particularly well for those who offer consulting or supervisory and similar services to colleagues; you can also use it to promote a niche market. You do this by participating in list discussions. Be active and get known in your professional society, both off- and on-line. But you'll have to participate in electronic discussions to make that work. And keep in mind the example of a therapist who picked up a referral simply because another discussion participant had a patient who was moving to her area.

You can also develop an on-line counseling practice. Many companies which offer such services are springing up all over the internet. You may have even been contacted by one. Before you decide to do this, consider it very carefully.

Get listed in on-line therapist directories. If you would like a list of some of these, please send me an e-mail at Sheila2688@aol.com.

Write articles for various mental health websites that feature mental health material or "e-matter."

Consider developing a website of your own. But keep in mind the rules of good marketing if you do so. And think carefully about what "niche" you may be presenting. Offering a specific niche means that more people will be interested in your services. Establish electronic links with other mental health sites. Remember to post articles of general interest about therapy: selecting a therapist, etc.

Participate in clinical chats on-line. For example, AOL has a whole section devoted to social work. You can access this by going to the keyword "social workers" and looking at the chat schedule.

Send press releases about your niche to other websites, and ask the moderator of any list to which you might belong to post information to the list, too.

Rarely should you have to pay anything for on-line publicity. The Web is enormous and there are many free sites and lists. The one exception might be at the athealth.com electronic newsletter which goes out to more than twenty thousand clinicians nationwide and which charges a minimal fee to publicize a conference or a service. You also might want to subscribe to its weekly e-newsletter at kaa@athealth.com.

For those of you who are interested in knowing more about using your computer effectively in clinical practice, Howard Lorber and I will be giving a workshop for Clinical Society members on December 9, "Computer 101 (and A Bit More for Social Workers)." The workshop will be divided into beginner and intermediate sections. Watch your mail for a flyer or send an e-mail to: HZLorber@aol.com or Sheila2688@aol.com. ■



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Five Society Members Given Highest Honor

CONTINUED FROM PAGE 4

Chapter, Chapter liaison to Molloy College and Adelphi University, as well as Chair of the Mentorship Program for Nassau.

Marcia Leeds, MSW, BCD, is the Coordinator of Child and Adolescent Services at the Advanced Center for Psychotherapy and is in private practice. She is a 1990 graduate of the Long Island Institute of Psychoanalysis in Family Therapy and is a candidate at the International Institute of Object Relations. She is in private practice as well.

Marcia's contributions on the State and Chapter levels of the Society have been extensive. She served as President of Nassau Chapter in 1998 and 1999. During these years she reintroduced the annual conference, created open meetings, and laid the groundwork for a new committee for pre-retirement members. On the Chapter level, she has also served as a Member-at-Large, the Education Chair, the Family Practice Chair, and the Public Relations Chair.

Phyllis Mervis, MSW, is a doctoral candidate at Hunter College School of Social Work, ABD. She has held a Certificate in Psychoanalytic Psychotherapy

from the Mental Health Consultation Center since 1977. During a 30-year career as a clinical social worker at Mount Sinai Hospital, she has provided clinical services to cancer patients, their families, and medical staff, as well as clinical supervision to social workers on various medical services. She was appointed to the Medical School's teaching faculty in Community Medicine in 1981 and became an Adjunct Instructor in the Department of Psychiatry at Mount Sinai Medical School in 1991.

Phyllis has promoted and expanded the awareness of physicians and other allied medical professionals to the clinical importance and skill of clinical social work through teaching physicians, nurses, psychiatric residents, and medical students. She has published from 1977 to 1998 on topics of bereavement, social work in health care settings, and group therapy. Phyllis has chaired the State Group Practice Committee for many years and served on the State Education Committee and on the Board of the Met Chapter. She is in private practice in New York City. ■



Marcia Leeds, MSW, BCD



Phyllis Mervis, MSW

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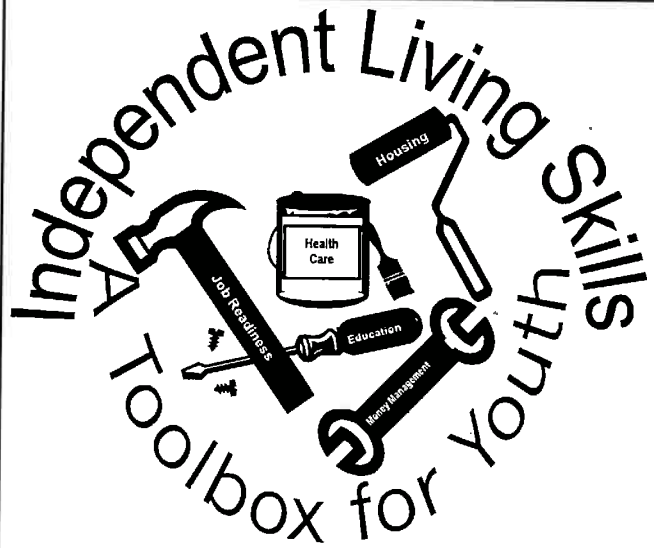
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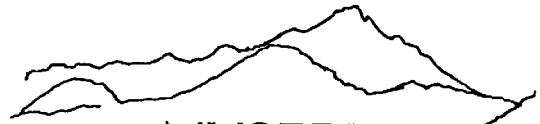
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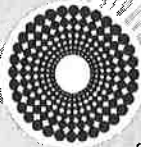
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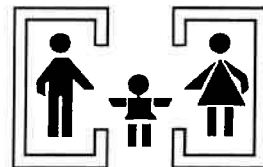
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— 17 November 2000
- Martin Stephen Frommer, Ph.D.**
On the Erotics of Submission: Thinking Relationally about Desire
— 19 January 2001
- Lee Crespi, CSW & Deborah Glazer, Ph.D.**
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— 2 February 2001
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