NEWSLETTER

NEW YORK STATE SOCIETY OF CLINICAL SOCIAL WORK PSYCHOTHERAPISTS, INC. FALL 1987 • VOL. XVIII, NO.2

Federation Meeting:

National Bill Mandates Insurance Coverage for All Employees

Thrust for Freedom-of-Choice Mental Health Inclusion

Report by Adrienne Lampert, CSW
NYS President

New Orleans, October 9-11 — Being hosted by different state societies is one of the "perks" that comes with being a member of this national board. The fall Federation meeting was sponsored by Louisiana State Society, which prepared a true red-carpet welcome for member states (31 strong) represented at the weekend meeting. New Orleans is a very special city, filled with marvelous foods, sights and sounds.

As always, considerable reporting, planning and business took place on a full agenda. The Federation board meetings, committee reports, state issues very much mirror our NYS interests, concerns and achievements. If there was one issue that threaded its way through the three-day event, it was the public image of clinical social work and the urgent need for an intensive public relations and marketing campaign on both national and state levels. We must become visible and develop the necessary tools and skills to assure CSW professionals of the recognition, position and acknowledgment of our expertise as independent and competent mental health care providers.

President's Report — Betsy Horton, MN

The National Federation now has its first executive secretary, Linda O'Leary, of Arlington, Va. The next step: computerization.

The following offices have also been filled: **Marcie Solomon** of Washington, D.C., and **Doug Stephenson** of Florida are new co-editors of the Federation Newsletter; **Lou Mone** of California succeeds Gary Unruh as Licensing/Vendorship Marketing chair; Florida's **Scott Cleveland** is the new president-elect.

National Legislative Report — Ken Adams

The Federation's representative in Washington presented the semi-annual report on issues for CSWs. In May Senator Ted Kennedy introduced legislation (S.1265) to require all employers to provide health benefits to their employees; provisions for mental health coverage seemed ambiguous and were strongly contested by the mental health community. In response, Senator Kennedy has agreed to amend the bill to include minimum coverage in all plans for at least 20 outpatient visits and 45 inpatient days per year for mental health care, exclusive

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Medicaid Reimbursement Campaign Reflects Continuing Pursuit of Professional Parity

By Marsha Wineburgh, MSW
Legislative Chair

As part of the NYS Society's ongoing pursuit of professional parity for clinical social workers in mental health, the State Executive Board voted to endorse a campaign for Medicaid reimbursement for qualified social workers in independent practice. On June 12, 1987, at the Society's request, Bill A.8222 was introduced in the NYS Assembly by the Chair of the Social Services Committee, Representative Rhoda Jacobs. This legislation is designed to afford Medicaid recipients access to psychotherapy services from any qualified mental health provider, whether social worker, psychologist or psychiatrist.

At this time, psychiatrists and psychologists bill Medicaid directly for psychotherapy services. Social workers must be supervised by a psychiatrist, however, and cannot bill directly for their own services as independent providers, but must do so via a psychiatrist. The new bill does not request a new service but rather an expansion of the provider base for the outpatient psychotherapy services already offered. Social workers are currently reimbursed by Medicaid in Idaho, the state of Washington and Montana.

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EXECUTIVE REPORT

Professional Autonomy, Strong Identity as CSWs Major Goals for NYS Society

Parity Requires Full Participation

It is two years since I became president of the Society; this is my last executive report for the State *Newsletter*. Sometimes I found the task frustrating and overwhelming but more often interesting, exciting and challenging. My term of office was enhanced by the many projects undertaken and completed or in the process of achievement. Such projects include our successful membership drive; the HMO conference; liaison with the American Academy of Matrimonial Lawyers; engaging with NASW in a joint effort toward the passage of a bill for Medicaid and Medicare reimbursement; the revitalization of the Western NY chapter and the possibility of inaugurating still another chapter in Syracuse; a viable and active vendorship committee; the institution of a professional public relations program; the President's Letter—all have been sources of professional pride. That these efforts have come to successful completion has been due to the tireless efforts of each Board member, State committee chair, chapter president and each individual member.

In an earlier Report, I suggested that if we could pool the ideas and energies of our multi-talented membership, this synergy would move us a long way in the right direction. Each of you has made our accomplishments possible over the last two years. So many of you have touched and helped me through this administration that it is impossible to name you all, but be assured that without your respect, support and personal efforts, my presidency and this administration would have gone nowhere. I most deeply thank you for all you have done on behalf of the State Society and for me personally.

Among the many pleasures of my position, one particularly stands out: meeting individual members via telephone who repeatedly stated their clear identification, appreciation and support of the NYS Society. This experience has given me an opportunity to learn a great deal, to work with very special people and to feel confident about our future as I became even more strongly identified as a clinical social worker.

Recently I was asked to address the Nassau chapter about our place as clinical social workers in 1987. The topic intrigued me, and I would like to share some of these thoughts with you. One might think, with our tremendous achievements, that we have found our place in the sun. We have certification, but do we have the recognition enjoyed by other mental health professionals? Unfortunately, not yet.

As recently as August 30, the *New York Times Magazine* had an article on "Navigating the Therapy Maze." In addition to the fact that the description of clinical social work was confusing, vague and indistinct, the NYS Society of Clinical Social Work Psychotherapists was not mentioned. We did respond to this article although the letter was not printed. In the *New York Magazine* article on "Prisoners of Therapy," clinical social workers were not even mentioned. (I must admit that from the tone of this article, I was just as happy that we were overlooked.) I see this oversight as a possible indication that we are not seen as psychotherapists. What is it about our profession and our State Society that we continue unrecognized? Can it be that all the forces on the outside work against us?

Too often it seems we suffer from a sense of powerlessness, which perhaps is based on our historical connection with the disadvantaged. We are reluctant to recognize the use of power and tend not to wield our professional authority based on our established status and position. Psychotherapy, psychoanalysis, marriage and family counseling, behavior modification —this is what we do, not who we are. We need to identify ourselves as clinical social workers recognized and respected both within and outside the profession. Hopefully, our new national credential will more clearly identify us as health care providers with definite standards that attest to our expertise.

Do origins of social work hurt the CSW image?

We now have parity. Has this mandate given us professional autonomy? Again, not yet. We are still unrecognized by out-of-state and self-insured companies, and this requires our urgent attention. We must be ever watchful of the new health care delivery systems to insure our participation, standards, fees, policies and services. We must maintain a strong Ethics committee to alert us to the many new issues now pertinent in the delivery of our services.

We must learn to deal effectively with third party payers, develop the skills to write clear and concise reports that accurately represent the client's dysfunction and distress as well as the professional's thinking, goals and services.

There is a necessity for alliances and collaborative relationships with other mental health professional groups to safeguard and secure insurance coverage, which may be decreased or excluded for mental health practice. We must continue to develop the necessary skills and strategies to influence the legislative and political process and here also to form appropriate coalitions.

We must learn to deal with the differences among ourselves and create an environment in which difficult issues are acceptable. Clinical social work does influence the mental health field and we are closing the status gap.

I am looking forward to working with Bob Evans, our next State president, and his Board. With a belief in the future, identification with the past and a very clear understanding of the present, we will continue to move toward our goals.

Adrienne Lampert, CSW
President

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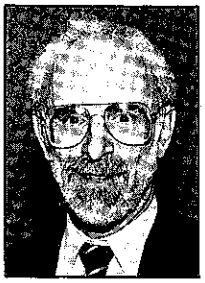
A QUESTION OF ETHICS

Completing Insurance Forms Accurately

A Major Company Provides Direction for CSWs

By David D. Phillips, DSW



Clinical social workers in New York State have been an important group of reimbursable providers of mental health services since the "P" law was passed in 1977, and the "R" law of 1984 has greatly accelerated their entrance into the private insurance system. In spite of their involvement with this system, social workers often do not understand how the insurance industry works and may feel themselves to be involved in an adversarial relationship with a mysterious corporate giant. In a beginning effort to establish communication between "us and them," I recently met with Dr. Neal Pickett, Medical Director for Claims and Underwriting at Metropolitan Life Insurance Company. The purpose of our meeting was to discuss trends, issues and regulations in the private insurance industry which would be of interest to clinical social workers, and this column and the next will be devoted to our discussion.*

The majority of this material comes from my meeting with Dr. Pickett, but certain points were also clarified with Ralph Jeffrey, Assistant Vice President at Metropolitan, and Dennis Gorman, a professional social worker who is a consultant to that corporation. The material was also reviewed by Fred Bodner, who is chief of the Health and Life Policy Bureau of the State Insurance Department, and by Norman Cohen who is an Associate at the State Board for Social Work. I am grateful to all of these individuals for their time and assistance. This first column will address the issue of signing insurance forms; the next will focus on general trends and issues in the insurance industry.

One of the major areas of discussion involved the very complex issue of signing insurance forms, and Dr. Pickett pointed out that from the perspective of a company like Metropolitan, a number of elements of this issue must be understood.

Reimbursability

1) It is often assumed that reimbursable services under an insurance contract and the professionals who are designated to provide those services are determined by the insurance company, but this is basically not correct. The group insurance contract, or benefits package, of a large employer has been determined in negotiations and is an important part of the overall compensation package offered to employees. Those professionals who are qualified to serve as reimbursable providers are often mandated by existing legislation. The essential role of the insurance company is to administer the contract and to provide the benefits in a manner consistent with that contract and with relevant laws.

Insurance companies administer programs designed by companies for their employees.

In New York State, for example, the law requires that all contracts providing outpatient mental health benefits must reimburse if those services are rendered by a social worker with the "R," and by a social worker with the "P" if the employer has requested that this latter group be added to the pool of reimbursable providers. In theory, however, an employer could negotiate a contract that would reimburse for services provided by all social workers whether or not they have been designated by the State as eligible providers. One insurance contract that I have seen (not with Metropolitan) reimbursed for counseling and other services provided by Christian Science practitioners. In filing an insurance claim, therefore, the provider is expected to be clear on two crucial pieces of information: a) He or she is providing a service which is reimbursable under the contract, and b) He or she is an eligible provider as designated by the contract.

Direct Provider Signs Form

2) Many mental health care practitioners believe that it does not matter whether the services were rendered by a reimbursable provider as long as the administration of such services was supervised by a licensed or reimbursable professional who then signs the form; Dr. Pickett states that this is not true. A private insurance company expects not only that the provider of services will be reimbursable according to the contract, but that only he or she will sign the insurance form. Metropolitan's position is that there is no justification for a supervisor or administrator to sign the insurance form, even if he or she signs it *as* the supervisor or administrator (unless that person has actually rendered the services described in the form). Dr. Pickett stated that if he knew of instances in which insurance forms were being signed by other than the actual provider of services, he would refer them to the company's Fraud Division for investigation.

A policy may be ambiguous in its definition of who is eligible to render the services, but the insurance company would still want to know who is actually providing them. In an ambiguous situation there might continue to be reimbursement, but the level of reimbursement might vary according to the qualifications of the provider. In one case from another company, for instance, the insurance company objected to forms signed by a physician when the services were actually being performed by a physician's assistant. After investigation, the company continued to reimburse for the services, but at a lesser rate than if the physician had performed the service.

The professional who has actually provided the service must sign the form . . . even within a licensed facility.

I pointed out to Dr. Pickett that in some cases a supervisor or agency administrator will sign the insurance form, but will alter or remove the statement that says "I certify that I personally rendered the services." It

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**I want to emphasize that our discussion and the columns based on it apply only to policies administered by private insurance carriers. None of this material applies to public insurance systems such as Medicaid or Medicare, which are totally different systems with their own regulations and procedures.*

FEDERATION MEETING *(continued)*

of "medical management visits." These are defined as visits to a physician for diagnosis, prescription or monitoring of medication, and management of physical health problems. Visits for the purpose of psychotherapy treatment are not "medical management visits."

The Federation has joined with representatives of psychology, nursing, optometry, podiatry, and marriage/family therapy in an effort to have the bill amended when it returns to the Labor & Human Resources Committee later this month. Specifically, we are asking members of the committee to include a freedom-of-choice provision in the bill to replace the state freedom-of-choice laws that would be pre-empted, to assure that consumers of health care services still have free access to the qualified providers of their choice.

Medicare/HMO

The House Committee on Energy & Commerce has included an amendment in the budget reconciliation bill which is intended to make it clear that health maintenance organizations (HMOs) can provide mental health treatment to their members through CSWs without running afoul of the general Medicare requirement that all services must be rendered by a physician in order to be reimbursable. For many years HMOs have been exempt from that requirement with respect to their Medicare beneficiaries. Questions have arisen recently, however, as to whether that exemption (originally written into the Medicare law when all HMOs were staff models in which salaried providers worked directly under the supervision of physicians) should still apply to alternative delivery structures. Although services now are often rendered through IPA or PPO arrangements in which the non-physician provider is functioning autonomously, the amendment adopted by the House Committee on Energy & Commerce makes it clear that the exemption applies to all HMOs regardless of how they are structured. If the amendment is kept in the bill as it moves through the Senate, this will amount to back-door vendorship in the Medicare program, as an increasing number of Medicare services are rendered through HMO structures rather than individual fee-for-service physicians.

Forensic Clinical Social Work

We have begun to explore the possibility of amending the Federal Criminal Code to permit clinical social workers to serve as court-appointed experts in Federal criminal proceedings when issues arise regarding the competency, mental state or future danger of defendants. A meeting is planned with officials at the Justice Department in an effort to answer their concerns and neutralize their objections to such an amendment. If this initial effort is successful, this committee will try to arrange for hearings on the bill during the next session of Congress.

Medicare/Medicaid

The lobbying efforts of the member states during the spring meeting have produced 17 cosponsors of H.R. 1857 — to include clinical social workers as direct providers of mental health services to Medicare and Medicaid beneficiaries (see NYS *Newsletter,* Spring/Summer 1987). Our goal should be 50 sponsors by the end of the year. Although there will not be enough "new" money in this year's health legislation to permit expansion of the Medicare provider base, we should continue to press our House members to sponsor this bill.

Insurance Committee — Erick Ryberg, MI

At the present time, malpractice insurance at rates offered to NASW members is not available to non-members. The American Professional Agency is uncomfortable in dealing with the Federation while simultaneously servicing NASW. This matter was referred to the Federation's Liaison committee for exploration with NASW. Geri Esposito reports that the California Society is continuing to explore the impact and legal implications of the staggering rate increase to subscribers in the Federation-endorsed policy in California. We need to survey our member states as to malpractice insurance through the Federation and to develop reliable data relative to insurance needs and practices of state members for malpractice, medical disability and life insurance.

Social Work Education — Imgard Wessel, CT

There is increased interest in clinical social work, and since the majority of schools of social work are not adequately addressing this specialty, member states possess clinical knowledge and expertise that could — and should — be shared.

In a preliminary review of how social work schools define themselves and the profession, 76 schools were reviewed. Of the 91 accredited schools of social work, we found: 1) Clinical practice as a specialty has limited priority in the way in which schools of social work present themselves. 2) Mission statements of the schools ranged from "man's well being," "training social workers for professional roles in the development and implementation of social policy," to "commitment to excellence in clinical practice." This area needs further consideration if we are to help students select appropriate schools to fit their needs. 3) There is a need to evaluate curriculum and faculty of the schools of social work, particularly related to clinical training. 4) It was suggested that state societies explore the possibility of sponsoring educational programs in cooperation with area schools of social work and pursue the possibility of establishing CEUs and offer this as a service to member states

Forensic Social Work — Hillel Bodek, NY

It was requested that this committee be acknowledged as a permanent committee of the Federation. A decision on this issue of specialty committees awaits review and recommendation by the By-laws and Executive committee. (See national Legislative Report for Federal news about this committee's activities.)

Peer Review — Amy Garnett, GA

NASW contends that it would not be feasible for the Peer Review committee to contain members from another organization which would in effect be making policy for a NASW Project. NASW suggested that an advisory committee be established composed of both Federation and NASW members which would send recommendations (after approval by each Board) to the established NASW Peer Review committee. It was agreed to accept this as a first step toward working with NASW.

Professional Standards Committee — Betty Synar, TX

Adjudication guidelines have been developed by this committee to be used as a possible model for State Societies in their efforts at adjudication procedures.

Liaison Committee/NASW — Abby Franklin, CA

To establish a cooperative working relationship with NASW, this committee will continue to address the following issues:

1) Continued joint effort around legislative issues, licensure, CHAMPUS demonstration project.

2) The issue of malpractice insurance (see Insurance Committee report).

3) Expansion of Joint Commission on Interprofessional Affairs to include Federation participation. NASW seemed unable and/or unwilling to consider any alteration of the present

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BOOKS

Modern Psychoanalysis of the Schizophrenic Patient: Theory of the Technique, Second Edition
Hyman Spotnitz, M.D., Med. Sc.D.
Human Sciences Press, New York, 1985, 337 pages

Reviewed by
Selma Samuel, CSW

The second edition of *Modern Psychoanalysis of the Schizophrenic Patient: Theory of the Technique* by Dr. Hyman Spotnitz systematically and methodically provides a theoretical framework for the psychoanalytic approach to the treatment of schizophrenia, as well as providing a guide towards greater understanding of approaches adaptable to the oscillating transference states which confound practitioners in the treatment of borderline, neurotic, and narcissistic patients seeking relief from emotional pain.

In the sixteen years between the first and second editions of this book, modern psychoanalysis has been "modernized," expanded and made relevant in relation to the current diagnostic procedures of DSM III. In the current volume, Dr. Spotnitz presents a significantly fuller, richer, more clearly delineated outline of treatment processes for the preoedipal personality who, as noted, remains unresponsive to conventional (classical) analytic techniques of interpretation and insight development. Primary psychic mechanisms of aggression, object protection and sacrifice of self reflect the nuclear conflict of the schizophrenic patient. There is a concerted effort by Spotnitz to clarify, utilize and integrate current psychoanalytic theory which furthers and develops the depth of understanding and specificity of technique aimed at the resolution of resistances, thereby enabling the patient to verbalize, through symbolic and direct communication, the story of his life.

Dr. Spotnitz, psychiatrist and neurologist, uniquely provides the linkages between psychoanalytic improvement and the reconstitution of neurological patterns formally obliterated by emotional trauma. One might assume that this provides hope for eventual permanent characterological change for patients.

The modern analyst is given reasonably precise instruction related to concepts of fee setting, maturational interventions, joining and mirroring, the asking of object-oriented questions, transference communications, the place of induced feelings and counter-transference responses and resistances, all of which emerge within the ongoing treatment process. Timing is guided by the contact functioning of the patient and the emotional interchange between analyst and analysand, thereby enabling the patient to move maturationally in a goal-directed way. For the practitioners of more eclectic schools, techniques of the modern analyst should be studied and applied in that they provide new and varied opportunities for improved, in-depth emotional communication and selectively intensified methods for treating the more difficult, less accessible patient. Frequently, this patient appears unmotivated and uncommunicative, yet by his presence in our offices, symbolically at least, wants to change.

We are called to task by further analyzing our "intuitive responses" and differentiating between counter-transference feelings and the feelings induced in us by the patient. Analysis of induced feelings provides valuable information about the etiology of personality development. While resistances are studied and ultimately resolved, the analyst becomes an active participant in the therapeutic process through the communication of words, silences and feelings, and through specific interventions.

For the increasing number of professionals who have become better acquainted with modern analytic techniques, this book is biblical, and a resounding "bravo" is given for its clarity and for its current relevancy, even though hands-on application is more difficult than theoretically apparent. *Modern Psychoanalysis of the Schizophrenic Patient: Theory of the Technique* is recommended as basic reading for all practitioners and as a resource for use over and over again.

Selma Samuel, CSW, MSW, received her MSW degree from the University of Pittsburgh. She is a social worker with the New York City Board of Education and a consultant for exceptionally gifted children. Her private practice is in Riverdale, New York City.

NEWS BRIEFS

. . . Congress has ordered the Department of Health and Human Services to prepare guidelines for drug testing of federal employees. Many federal agencies are already conducting mandatory testing as directed by President Reagan: the U.S. Coast Guard, FAA employees and those in the Departments of Energy and Transportation . . . How many physicians have signed up with an HMO? According to the AMA Center for Health Policy Research, 42% in 1986. The proportion remaining in solo practice is essentially unchanged since 1983: 48% . . . NYS Health Commissioner David Axelrod estimates that by 1991, NYC hospitals will be caring for 2000 AIDS patients each day; the daily cost will exceed $1,000,000. Two-thirds of the cost will be funded by Medicaid and other public assistance, the remainder by private sources and insurance plans.

Submitted by
Marsha Wineburgh, MSW

MEDICAID *(continued)*

Endorsement for this legislation is growing within the professional community. The NYS chapter of NASW supports this bill and the NYC chapter is discussing this possibility. The NYSSCSWP is seeking to form a coalition of the social work professional community to advocate for passage of this legislation.

Advocacy Program Important

According to the Society's state lobbyist, Brian Meara, strong statewide cosponsorship of this legislation in both the Senate and Assembly is crucial to passing this bill. A grass roots advocacy program with local legislators will be important. Chapter legislative chairs will be meeting with local legislators to ask for their support for Medicaid reimbursement for qualified social workers, and the social work community will be asked to participate in a letter writing campaign to demonstrate our unity and commitment to this issue.

Contact your own chapter chairs for further information or to volunteer your own efforts in this key push. Following are the Legislative chairs from each chapter: Lisa Unger (B); Ylisa Kunze (M); Sandra Hurtt Raviv (M-H); John E. Levinson (N); Joseph A. Ventimiglia (Q); Maura deLisser (R); Andrew P. Daly (SI); Edward L. Feldman (S); Ruth Greer (W); Lydia Keitner (Western NY). □

INSURANCE FORMS *(continued)*

is unclear as to whether altered forms of this kind might be considered fraudulent and there are, at present, no test cases to begin to define a precedent. Dr. Pickett asserted, however, that insurance claims clerks are not supposed to accept altered forms, which are, in any case, a signal that there is some discrepancy in the procedure.

3) Another common belief is that insurance laws in New York State differentiate between private practice and practice in a facility. It is often thought, for instance, that any service provided by a licensed clinic is reimbursable and that signing off is therefore fraudulent in private practice, but perfectly legitimate in a facility. This belief is also not correct. Even though the facility may be licensed to provide certain services, this does not mean that every staff member is automatically reimbursable by private insurance companies.* The facility may be the entity that bills the insurance company, but it is the individual practitioner who provides the services and *it must be he or she who is reimbursable.*

The individual practitioner must be reimbursable as a professional.

While there is no law which specifically states that insurance regulations apply equally to facilities and private practice, at the same time, no current statute suggests that there are different regulations for these two areas of practice. □

** The only exception to this is for services provided by certified alcoholic treatment facilities.*

Forensic Clinical Social Work: Expert Witnesses in Court

By Hillel Bodek, CWS

Over the past 25 years psychologists have earned recognition and acceptance as expert witnesses on mental health issues, successfully overcoming the barrier of not being physicians/psychiatrists. Clinical social workers have also made significant inroads toward attaining that goal over the past several years. The National Federation has adopted and promulgated a definition of forensic clinical social work practice, a definition of education for forensic practice and standards for such practice.

In the 1950s it was hoped that psychiatry's insight into human behavior would be of assistance to the courts in dealing with cases where psychosocial functioning was relevant. Since that time psychiatrists have often been criticized for providing the court with opinions set forth in psychiatric terms without providing the basis for their opinions so that those opinions could be scrutinized within the legal adversarial process or for ignoring facts that contradict their conclusions.

In 1985, a New York State Supreme Court judge rejected the opinions of both the defense and prosecution psychiatrists in a case before him, noting that it was extremely difficult to get a direct answer, "except when it came to expressing their opinions...."

If clinical social workers are to earn acceptance as credible experts in court on mental health and developmental disabilities, they must be well trained clinicians with an understanding and appreciation of how to provide clinical evaluations and how to present their findings appropriately. They must also take pains to follow scrupulously the guidelines for the ethical practice of forensic clinical social work adopted by the National Federation.

A number of CSWs around the country have inquired about training in the subspecialty of forensic work. Although training programs exist in forensic psychiatry and psychology, no such programs exist for clinical social workers. If any members of the Society are interested in a two-semester course to be sponsored by the Society (for which there would be a fee of $100-$150 to cover books and other course materials), please write to me at: 135 East 50th Street, Suite 102, New York City, New York 10022. □

LETTERS

To the Editor:

Perhaps motivated in part by the spirit of the Jewish New Year, I felt the need to express my appreciation to all the people who, like Adrienne Lampert, give so much time and energy into building our professional group.

It is your efforts that help me, now a clinical private practitioner, and so many like me, who don't attend meetings, don't sit on committees, and don't plan the strategies that forward our goals. We are the silent, the very silent majority who pay our dues, file our membership card and read the *Newsletter*. We are busy, active and involved in our professional and personal lives.

Well, I wonder if our Society has any place for people like me who have made a responsible choice to be part of that silent majority. Are there some small tasks—yes, even "scut" work—to be done from home or office in between and around other responsibilities?

Is there a role for the silent support troops that can be helpful to our Society? If nothing more, there is certainly a role for all of us to say thank you to our leadership.

Barbara Scharfstein, CSW
Private Practitioner
(Brooklyn)

FEDERATION MEETING *(continued)*

arrangement, which includes the American Psychiatric Association, American Psychological Association, American Nurses Association and NASW.
4) In terms of education, it was recommended that a small group of clinicians from Federation and NASW discuss the issues and strategies for actions as to current policy and content of many of the graduate school curricula.

This committee will continue to hold ongoing quarterly discussions, with interim telephone activities between co-chairs supplementing such meetings.

Committee on Psychoanalysis — Crayton E. Rowe, NY

The first newsletter has been well received. A national clinical conference is planned for fall 1988 to enhance the visibility of CSWs as specialty providers (i.e., as psychoanalytically-oriented psychotherapists). Strong support and recognition is evident that such a conference sponsored by the Federation would assure our visibility.

Licensing/Vendorship/Marketing — Lou Mone, CA

This committee will develop workshops and offer direct help to those state societies that need help in achieving passage of vendorship and/or licensing laws. In addition, it will consider public relations counsel to teach appropriate skills for image-making and marketing. Further, this standing committee will inaugurate workshops for marketing skills according to the needs of member states.

Membership Services Committee — Adrienne Lampert, NY

This ad-hoc committee is charged to review and suggest means for better communication both internally and externally as well as to study structural changes that would enhance the functioning, purpose and visibility of the Federation. Plans at present involve developing a letter to go to individual members from Federation headquarters as to who, what and why we are. Regional groups will be developed, with contiguous states having opportunities for exchange and support. The committee further will develop packets for state presidents to include material that would be of practical use for membership, vendorship, public relations, education, etc. A network of state committee chairs will interface and provide feedback to the Federation chair. □

Slate for '88-'89

Candidates for office of the NYS Society, to begin January 1, have been proposed by the Nominating committee, Philip Banner, chair. They will serve for two years.

First Vice President (one to be selected)	Carl Bagnini (N)
	Hillel Bodek (Q)
	Haruko Brown (Q)
	Phyllis LaBella (M)
Treasurer	Manny Rich (M)
Member-at-Large (three to be selected)	Jacinta Costello-Marschke, Ph.D. (W)
	Maura deLisser (R)
	Harry Grabarz, Ph.D. (N)
	Yolanda Herrmann (Q)
	Lydia Keitner (West NY)
	Margot Petrow (N)
	Carole Ring, Psy.D. (B)

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