SPRING 2002 • VOL. 33, NO. 2

The CLINICIAN

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

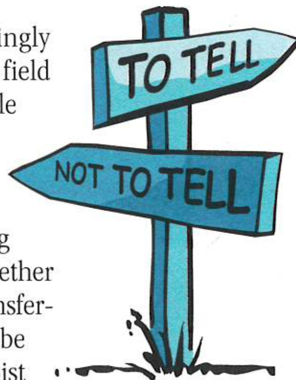
To Tell or Not To Tell

Does Answering Personal Questions Cut Short Important Learning Opportunities for the Client?

By Jane S. Hall, CSW, BCD

In the present climate of relational and inter subjective approaches to psychoanalytic psychotherapy, the classical stance of abstinence, neutrality and anonymity of the therapist is being challenged. The caricature of the silent, balding psychiatrist sitting behind the couch with pad and pen in New Yorker cartoons perpetuates a myth.

Today women are increasingly taking the forefront in the field and neither male nor female psychotherapists seem to need the austere surrounds once de rigueur in the profession. That being said, the question of whether self-disclosure inhibits transference fantasies must be addressed. Does the therapist risk losing an important avenue to the unconscious by answering questions? How does the therapist protect the patient's right to wonder and to see where the wondering leads? The question: "Where are you going?" before vacations is a common one. Some therapists tell; others ask for the fantasy. What goes into that decision?



Separations between patient and therapist are crucial times in terms of deepening psychoanalytically based work. Such times evoke memories of past separations in the patient's life – times that always have a valence of pain. Every patient I have worked with, every case I have supervised or consulted on has impressed me by how deeply separations are felt. If these feelings are not recognized and interpreted, reactions to separations (often unconscious at first) can herald the end of therapy.

For therapists who take time off in August, the Memorial Day weekend is time to start listening for separation themes and references. July 4th is another holiday that sets off feelings about the August break. Questions about the therapist's destination are natural and they are an important opportunity to explain the value of questions. A patient's curiosity provides a good opening for the therapist to explain the idea of fantasy and to

CONTINUED ON PAGE 6

LEGISLATIVE COMMITTEE REPORT

Licensing, YES. Mandated Physician Referral, NO.

By Marsha Wineburgh, DSW, Committee Chair

The Board of the New York State Society for Clinical Social Work stands firm in its commitment to pass a licensing bill for clinical social workers, the largest of the mental health professions, but only a bill that does not undermine our current practice autonomy. As of the last week of May, we have seen no new draft legislation to license the social work profession in the state. Consequently, there is no evidence to date that either the state or city chapter of NASW has dropped the mandated physician referral language, which was in their draft as of the second week in May.

CONTINUED ON PAGE 8

IN THIS ISSUE:

2 Executive Report
3 Vendorship & Managed Care
4 Endings and Beginnings A Therapeutic Framework

Executive Report

By Helen Hinckley Krackow, CSW, BCD, Society President

I find myself writing to you in a difficult period. We have been called on as a profession to meet terrible psychological devastation this winter — devastation for our clients and ourselves. How does a clinician comfort a morgue worker at the World Trade Center who has been sifting through body parts day after day? The worst part for him is dealing with the bodies of babies and struggling with profound depression and the pervasive feeling that life is evil. The worst part for us is to know that all we can do is listen.

We need to appreciate the new stresses we are under. War and violence have shattered the sense of safety and security. Clinical social workers will be dealing with the fallout for many years to come. Now more than ever before we need to seek support from the values and ethics of our profession and fight together to secure ourselves. We not only need education in various types of trauma work, we also need to come together with each other to share our experiences and discuss how to survive the traumatization that takes place listening to our clients' reports of trauma. This is why we changed our Annual Meeting to "Compassionate Fatigue," a meeting to help our members process the personal stress generated by terrorism. The fall will bring us a wonderful joint conference of the State Society and the New York University School of Social Work entitled, "The World a Year Later." It will take place on September 21.

We need to appreciate the new stresses we are under. War and violence have shattered the sense of safety and security. Clinical social workers will be dealing with the fallout for many years to come. Now more than ever before we need to seek support from the values and ethics of our profession and fight together to secure ourselves.

It is also important for us to continue to hone our clinical skills in areas other than trauma. In a few weeks we will attend the annual conference entitled, "Collaborative Dialogue: The Clinical Process." These conferences are wonderful gifts designed for us by us. Thanks to all the contributors and creators.

We are hopeful of the passage of a licensing bill that will not include mandatory referral of the seriously mentally ill to physicians. Thanks to all of you who have written to our legislators and made calls objecting to the inclusion of this requirement.

Let us hope that out of all that has been asked of us in these past few months we will gain in personal and professional growth.■

NEW YORK
STATE
SOCIETY
FOR

CLINICAL
SOCIAL
WORK,
INC.

The Clinician

The Clinician is published three times each year by
The New York State Society for Clinical Social Work, Inc.
SOCIETY PHONE: 1-800-288-4279
SOCIETY WEBSITE: www.clinicalsw.org
EDITOR: Ivy Miller. 31 Jane Street, Apt. 14C
New York, NY 10014 ▸ (917) 606-0424
ivymill1@netscape.net
EDITORIAL CONSULTANTS: Helen H. Krackow, Newsletter Chair, Carolyn Colwell, Lesley Post, and Susan Soph-Rivera
DEADLINES: January 10, April 5 and September 1

AD SIZE	MEASUREMENTS	1 TIME	3 TIMES
2/3 Page	4 15/16" w x 10" h	$325	$295
1/2 Page Vertical	3 5/8" w x 10" h	$250	$225
1/2 Page Horizontal	7 1/2" w x 4 7/8" h	$250	$225
1/3 Page (1 Col.)	2 3/8" w x 10" h	$175	$160
1/3 Page (Square)	4 15/16" w x 4 7/8" h	$175	$160
1/4 Page	3 5/8" w x 4 7/8" h	$140	$125
1/6 Page (1/2 Col.)	2 3/8" w x 4 7/8" h	$ 95	$85

Display ads must be camera ready. Classified: $1/word; min. $30 prepaid.

NYSSCSW

We are pleased to announce
the election of
State Society Past President

Allen A. Du Mont CSW, BCD

to the post of

President Elect

of the

Clinical Social Work Federation.

He will take office as
President in July 2004.

Vendorship & Managed Care

COMMITTEE REPORT

By Alice Garfinkel, ACSW, DCSW, Chair

The Vendorship & Managed Care Committee (VMCC) continues to function as a support for Society members in their dealings with managed care and third party payers. We assist members with difficulties in payment, or delayed payment. We also help members obtain continued authorizations for patients, enroll or disenroll from panels, resolve dilemmas about confidentiality and answer Medicare questions.

Opening New Markets: Self-Insured/Self-Funded Companies

The VMCC also markets to self-insured companies that do not recognize clinical social workers for independent reimbursement for mental health services. Our efforts have been successful: Pepsico, Ford Motor Credit and Unisys Corporation now have clinical social workers on their panels of mental health providers! We continue to market Daimler-Chrysler, Sun Chemical, The Mark Hotels, Bedford School District, Nova Care, IIT Research Company and Chemed Corporation.

Recent News

UBH's contract states that if you are contracted with them as a provider and see a patient with UBH who has exhausted his/her benefits, you must see the patient for the negotiated UBH rate and cannot renegotiate a new (higher) fee. I spoke to Bruce Condit, Network Associate for NYS Contracts, who has confirmed that this clause was in the contract. He also thinks it has been in past contracts. Helen Hinckley Krackow, Society President, plans to write a letter of protest.

The VMCC is instrumental in helping Society members learn how to address problems and know who to contact for advocacy, and this often makes the difference between resolution and victimization.

If you have similar problems or want more information, please call your VMCC representative or:

- Alice Garfinkel
- 917-424-3545 or 718-352-0038

VMCC REPRESENTATIVES

Region	Representative	Phone
BROOKLYN	ALICE GARFINKEL	718-352-0038
CAP DISTRICT	ALICE GARFINKEL	718-352-0038
METROPOLITAN	PETER SMITH	212-744-6428
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	917-618-8919
WESTERN NEW YORK	ALICE GARFINKEL	718-352-0038

Medicare Clinical Social Worker 2002 Fee Schedule*

EFFECTIVE JANUARY 1, 2002

CODE	DESCRIPTION	LOCALITIES (see below) 1	2	3	4
90804AJ	Individual Psychotherapy (20-30 min.)	$56.74	$54.68	$49.72	$53.95
90806AJ	Individual Psychotherapy (45-50 min.)	84.56	81.53	74.33	80.46
90808AJ	Individual Psychotherapy (75-80 min.)	124.92	120.61	109.94	119.03
90801AJ	Psychiatric Diagnostic Interview	127.70	123.08	112.20	121.49
90846AJ	Family Psychotherapy (without pt)	82.94	79.97	72.92	78.94
90847AJ	Family Psychotherapy (cojoint)	99.45	95.94	87.49	94.70
90853AJ	Group Psychotherapy	30.82	29.53	26.75	29.12

LOCALITIES

1. Manhattan
2. Brooklyn, Bronx, Westchester, Richmond, Rockland, Nassau and Suffolk Counties
3. Putman, Sullivan, Orange, Dutchess, Ulster, Columbia, Delaware and Greene Counties
4. Queens County

***EDITOR'S NOTE:** As a result of a production error in the Winter issue, the fees listed in this chart were incorrect. This is the correct fee schedule. We regret previous misprints.*

Endings and Beginnings

A Therapeutic Framework

Adrienne Lampert, CSW

This article is taken from an address by Adrienne Lampert, CSW, past president of the Brooklyn Chapter, at a chapter event held in April in her honor. Adrienne is also past president of the State Society and the Clinical Social Work Federation.

It is very special for me to be presenting you, my friends and colleagues, my thoughts and feelings about personal and client trauma – in addition to celebrating Adrienne Lampert. For many years I have had the philosophy that the celebration of the self and others is a most important ingredient for the well being of all. Too often we are critical, judgmental and impatient with others and ourselves. What better time than this moment to take stock of where one is in this difficult and threatening period. The startling and stark awareness that we are no longer safe has been a rude awakening for all. We all feel more vulnerable.

I would like to start by telling you of my wake up call. It is Tuesday, September 11, 2001, 8:45 a.m. I am teeing off at the fourth hole at Dyker Golf Course, hoping to hit the ball a mile. I hit, follow through and see this very dark cloud in the beautiful blue sky. "That must be quite a fire," I say to my group. They look, shrug their shoulders and someone comments, "Maybe something in Bay Ridge is burning up." By the fifth hole, the cloud is bigger and many more are forming. My comment is, "It looks like all the firemen in Bay Ridge are on holiday." They giggle. By the sixth hole, a man comes riding out to announce, "The World Trade Center has been hit by an airplane."

I think I asked him "What?" four or five times. The simple words made no sense to me. My pals repeated to me what he said, but I just could not understand. I felt confused, very irritable and very uncomfortable. Finally, I understood. "Oh my God, the World Trade Center was attacked." I felt frightened and immediately decided I had to go home. I was amazed that only six of the 40 players decided to leave. Their comments were incredible to me: "You know what is going on. Finish the golf round. What can you do anyway?"

"The World Trade Center has been hit by an airplane." I think I asked him "What?" four or five times. The simple words made no sense to me.

On the drive home, I was angry, critical and dismayed with these reactions. Finally home, I became glued to the TV set. I watched, cried and cursed a lot. The feeling of helplessness was overwhelming. As a woman, a wife, a mother, and a psychotherapist, I have not often allowed myself to recognize my helplessness. This illusion of omnipotence and my vain attempts to assume ultimate responsibility often interferes with my own growth and the growth of others. I always knew this, but at this moment it truly hit home. I started calling clients who worked in the World Trade Center area. Fortunately, no one was killed, but all had experiences that were difficult and painful. We were supportive to each other.

On September 12, I had sessions with eight clients. Three were directly involved in the attack, the rest only indirectly, through TV and conversations with friends and family. One client was filled with guilt and fear. A physician, he was heading into the World Trade Center at the time, but was told to leave. He knew something terrible was happening but did not know or care what it was. He only wanted to run. The next thing he knew he was on the Brooklyn Bridge. He looked back just as the first tower collapsed. He ran even faster. Later he thought, "I am a physician. So many people were hurt and I did not stay to help." He cried; he accused himself of being a waste, a loser, a sissy. With quiet listening on my part, he quieted down and recalled an early experience with his dad, who had called him similar names when they would go out camping. We later agreed that his choice to run from the buildings had been wise. He wanted to live, do his work, and being frightened of the situation showed good sense.

Adrienne has a private practice in psychodynamic psychotherapy. She can be reached at 116 Cascadilla Street, Ithaca, NY 14850. Cell phone: 607-227-3033.

Another client, a not very likeable woman, who often complains life sucks and is chronically overwhelmed, reported being in the second tower at the time of the attack. She saw the planes go around the building but was unable to leave the window. A colleague grabbed and pushed her to the door and stairs. She got out safely and only stopped running when she came to the West Side Highway.

At this point in the session, she started crying, pulling her hair and shaking. I took her in my arms and we rocked for about five minutes before she could gain control. This was an unusual action on my part; however, my concern for her and myself was overwhelming and hugging seemed the right way to go. Since this session, she has become more open and trusting, more in touch with her abusive childhood and more able to gain a perspective on her role as a victim, one which has resulted in very shaky interpersonal relationships within her family and others.

On September 12, I had sessions with eight clients. Three were directly involved in the attack, the rest only indirectly. We were supportive to each other.

The third client, a most respected, dedicated, high power computer exec, did not go to work on September 11. Suffering with a headache and depressed after a typical, unresolved fight with her husband, she had decided to stay home. Thirty-eight people in her office were killed. Her guilt was palpable. "I should have been there. I could have helped. Maybe I should have been the one who died."

Usually, her biggest defenses in handling both personal and professional problems have been to acknowledge, analyze and ignore or solve the difficulty. She cannot allow for any feelings, and has suffered with psychic numbing and emotional anesthesia for most of her life. The September 11 experience has caused nightmares, depression and agitation. Our work has become more alive and she is more involved.

Finally, I realized this experience of not understanding was like one I had long ago, at age 4 1/2

Finally, one client, aged 84, an educated, politically involved woman, was unusually quiet for the first few minutes of the session. Then she blurted out, "You will have no respect for me. Do you know what I did when I heard about the World Trade Center yesterday? I played bridge at the club until 5:00 p.m." I must admit I was surprised, but felt relieved to be able to say, without feeling critical, "We all have our own ways of handling crises and trauma." I was thankful that I could understand.

Now I had to leave my clients, none of whom I have known for less than a year, and some of whom I have known for 20 years.

But I was still puzzled about my reaction on the golf course. Why was it that I could not understand the words, "The World Trade Center has been hit by an airplane." Simple words, clear words, but I had felt I was hearing a foreign language.

Finally, I realized this experience of not understanding was like one I had long ago. At age 4 1/2, before leaving for school, I went to see my mother, who had a heart condition, to kiss her goodbye. I bent over the bed and kissed her, and noticed that her skin was black and blue. She did not wake. I went around the bed to wake my dad. He looked at her and started screaming. I crawled into a corner. Alone, frightened, watching my world crumble, and wondering, does anyone know I'm here? What's happening?

I remember later, in Grandpa's piano store, running around and playing every piano. How long after the incident that was, I do not know, or when I was told she died. But, be assured, I have spent many an hour "on the couch" trying to understand what was not understandable.

Before September 11, 40 years into my professional career, I made the decision to leave Brooklyn and move to Ithaca, where our daughter lives. I intend to continue my practice, and to play golf and look forward to new experiences. However, you must realize from my earlier report the trauma of saying goodbye. I have 27 hours of active practice a week with clients ranging in age from 16 to 84, and I feel blessed with my good fortune in being a psychotherapist and having so many good clients whom I have helped and who have taught me so much. Now I had to leave my clients, none of whom I have known for less than a year, and some of whom I have known for 20 years.

It was so easy to get distracted with selling the house, packing, looking for another house, that I found myself postponing telling clients about my impending move. It was very clear I wanted to hold on, not say goodbye and just hoped I did not have to deal with any of the feelings on my part or theirs. This was impossible, so six weeks before I stopping my practice, I told each client. Why six weeks, I do not know. I do know that this experience is filled with a multitude of feelings on the part of the therapist and the client.

CONTINUED ON PAGE 7

To Tell or Not To Tell

CONTINUED FROM PAGE 1

Jane S. Hall, author of "Deepening the Treatment" is in private practice in New York City.

support the patient's capacity for self-reflection. Every therapist has heard different versions of the following words:

"How can I have thoughts or feelings about you? I know nothing about you. If only I knew if you had children or were married or were ever divorced or used drugs or liked to cook or went to movies – then maybe I could trust that you'd understand me."

Therapists often have difficulty not answering personal questions because they see this as depriving the patient and possibly damaging the alliance. My experience has taught me that once this therapeutic attitude of not answering questions is explained logically, the patient feels safer and the treatment deepens. There are always exceptions to every guideline because each patient is unique and because different clinical situations require different responses. The stance of benevolent curiosity, however, usually saves the therapist from making uninformed decisions. Helping a patient wonder about her curiosity is usually far more giving than diminishing that curiosity with information.

My experience has taught me that once this therapeutic attitude of not answering questions is explained logically, the patient feels safer and the treatment deepens.

When a patient asks me a personal question I explain, with utmost tact, that questions are very important to the work of understanding, but that answering personal questions or giving personal opinions would cut short an important learning opportunity. The opportunity is the patient's fantasy about the answer. I say something like: "Your questions are very important to me and in a different setting it would be polite to answer. Here, we want to learn about your thoughts and feelings. Your questions about me are valuable ways to explore them. It would be easy for me to answer but in doing so I would be depriving you of a chance to wonder about and to picture me any way you want to." Such an explanation is basically reassuring to a patient. It says to her that there are boundaries, that this is not a social situation where politeness is required, and that her therapist is interested in helping her reflect. Said early in treatment it helps educate the patient about how the work is done.

Because patients often need to deny the separateness of the therapist as their caretakers denied their separateness, the therapist's vacation is particularly distressing. The patient is faced with the irrefutable fact that she does not and cannot control the therapist and that the therapist has a separate life.

■ ■ ■

In the first year of treatment, Sally pictured me on an island with only books for pleasure on my vacation. The next summer she added a dog to the picture. At the end of our work she gave me a family. Water skiing replaced reading as issues of object loss, separation, envy, jealousy and oedipal rivalry entered the treatment and were worked on. Taking away Sally's opportunity for fantasy by giving her facts would have deprived her of the chance to work at her own pace. As inner self and object representations are softened the patient's ability to see the therapist as separate increases.

There are some patients who cannot seem to tolerate a therapist's non-disclosing stance and it is at these times and with these patients that clinical judgment, common sense and experience must guide us. Mrs. Q suffered from severe separation anxiety that seriously disrupted her functioning. She was able to maintain her stability by bringing an atlas to sessions prior to the vacation break. Tracing my travel route was her solution and I respected this autonomous idea.

There are some patients who cannot seem to tolerate a therapist's non-disclosing stance and it is at these times and with these patients that clinical judgment, common sense and experience must guide us.

It may seem like a minor point but if the therapist starts sharing personal information, how, when and where does she draw the line? Telling a patient a little can be tantalizing. As if one says: "Take a peek but only a peek." My preference is to give the patient the space to explore in fantasy where I go. Of course, there are exceptions. With a fragile patient who might be wounded rather than helped by not getting an answer the therapist might say something like: "I will answer your question but can you work with it first? This way we will learn more than if I answer you quickly. Then, if you still feel that my answering will be helpful, I will."

A different kind of challenge appeared in the context of a bicycle accident I had many years ago while on

To Tell or Not To Tell

CONTINUED FROM PAGE 6

vacation. When I came back to work limping and with a black eye I felt that my patients deserved an explanation so I told them what had happened. One patient said "Likely story! Your husband probably did it." This was said with a laugh but we were able to use her 'joke' to tap into her anger at my absence and at my husband who she imagined as her rival for my attention. Some therapists might have chosen to wait for the patient's reactions. My self-disclosure in this case had roots in my unconscious. My need to explain overshadowed their right to imagine. Anytime the therapist makes a decision to disclose personal information it is most helpful if she analyzes her decision. The point is that there is no absolutely correct way for the therapist to be in the myriad situations that come up when working analytically – except to understand as best she can what motivates her and to preserve the frame whenever possible.

How many of us have never answered a personal question? Therapists who do psychoanalytic work understand the idea of abstinence but because we learn best by experience most of us have answered a personal question or been tempted to offer advice. What we learn is that rather than help the patient trust, these answers often do the opposite. If the therapist answers one question, why would the patient not expect all questions, or at least most, to be answered? If the therapist offers advice and the patient chooses not to take it, guilt, embarrassment, and shame may result. Answering questions takes away the patient's right to wonder and to explore her own fantasies. I have heard patients ask the questions and then reassure me that they really don't want me to answer.

Despite the current debate on 'self-disclosure' with some therapists advocating the sharing of personal information and others preferring a more traditional approach, it seems that if the therapist understands and respects the patient's right to imagine, she will protect that right as best she can. ■

Endings and Beginnings

A Therapeutic Framework

CONTINUED FROM PAGE 5

The immediate reactions were, "You gotta do what you gotta do," "That's interesting," "I hope you will be happy," "Are you sick?" "I will save a lot of money," "Good, I won't have to come any more," "I knew this would happen, you are an old lady," "Why did you wait so long to tell me," and on and on. Was I surprised? Yes and no. I had some insight into the fact that each client would react in a way that was based both on our relationship and their own history. The announcement has, in many cases, increased the intensity of sessions, with much praise for all I have done for them. On the other hand was, "This therapy stuff really helps very little," and avoidance, anger, more formality toward me and bracing up to the separation. Soon after the announcement, four or five clients who never missed appointments cancelled or did not show up. Others ignored the announcement. Others assured me that they would not continue in therapy and others just wanted to know who I was referring them to and were they like me.

Many post-announcement sessions have been helpful and great learning experiences for all. My own reaction has been mixed. I struggle with the goodbyes. I really like my clients. The idea that they will no longer be a part of my life is a loss. I have shared some of my feelings with them and found it to be fruitful. I have shared that we have worked hard together; I will be available until the end of April and yes, there are other very good therapists. I have needed to probe my feelings and reactions about goodbyes regularly. It has not been easy.

I am in awe of the process of psychotherapy – how much I have learned from my own personal and group therapy experience. In saying goodbye to you, first I will miss you and Ithaca is just around the corner. I appreciate all you have shared with me and I look forward to our continued friendship and association. Thank you. Let us celebrate. The future is now.

In conclusion, I received a card from a client that reads:

Cautiously... We break the silence, nervous, unsure of ourselves...wondering what will happen next... gently... We touch, gathering strength from one another...knowing that everything will be all right.

And she wrote the following:

Adrienne:

I have taken many journeys with you –
some have been up steep, rocky mountains;
some have been through long dark tunnels;
some have been through wet, boggy marshes;
some have been through barren wastelands.
All have been memorable!
Thank you with love. ■

Licensing, YES — Mandated Physician Referral, NO

CONTINUED FROM PAGE 1

For 25 years, clinical social workers have been able legally to be reimbursed by insurers for mental health services without physician referral, supervision or consultation. With the passage of the 'P' Insurance law (1977), and later, in 1985, the 'R' Insurance statute, we have enjoyed the privilege of practice autonomy, along with its incumbent responsibilities. There is no demonstrated need for clinical social work to have a physician referral requirement at this juncture. Why then did NASW include the paragraph below in their draft of licensing legislation? The State Society is unconditionally opposed to this language. It is clearly a step backward for the highest clinically trained social workers in the state and highly problematic as mental health care policy.

Amendments to Bill No. A.5779/S. 4987

Section 7708. Boundaries of Professional Practice.

> 1. It shall be deemed practicing outside the boundaries of the professional practice of licensed master social work and licensed clinical social work for a person licensed pursuant to this article, in the case of treatment of any serious mental illness, to provide any mental health service for such illness on a continuous and sustained basis without a medical evaluation of the illness by, and consultation with, a physician regarding such illness. Such medical evaluation and consultation shall be to determine and advise whether any further medical care is indicated for such illness. For purposes of this section, "serious mental illness" means schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention-deficit hyperactivity disorder and autism."

There are several problems with the concepts underlying this suggested language. First, the legal concept of the professional standard of care already requires clinical social workers, as well as other non-medical practitioners, to refer to or consult with psychiatrists for those seriously mentally ill patients who require it. To make it a legal requirement to refer patients to physicians, who may or may not have appropriate psychiatric training, opens up the possibility of increase liability for social workers.

Further complications may arise. What if the patient refuses to see a physician? There is no right of patient refusal in this amendment. Where is the right to client self-determination? The Federal Medicare statute gives the patient the right to refuse physician involvement, as do many of the managed behavioral health care organizations. And what if the patient refuses to see a physician, who is liable? The social worker?

Consider who benefits economically from this language. Who pays for the mandated physician visit? Typically, the seriously mentally ill have few financial resources. Will mental health treatment in the state become hostage to the search to find a physician who will see a patient for an affordable fee? How many of the seriously mentally ill will evade needed mental health treatment to avoid seeing a physician?

With regard to physician involvement with the mentally ill, David Mechanic, a noted researcher, made the following comments in his discussion of emerging trends in mental health policy and practice:

> Despite the arguments for improved integration (of general medical services and specialty health care) there remains much skepticism that busy general physicians will have the time, interest or skills to provide sensitive and meaningful care to persons with more than minor psychiatric problems. Despite efforts over the past forty years to upgrade skills of primary care doctors to appropriately detect and treat depression and other psychiatric problems, research studies show continuing poor care. Mental health specialty professionals do much better.
>
> *Health Affairs (1998), Vol. 17, No.6, p. 89.*

Mechanic concludes that mental health professionals are more likely to diagnose and treat psychiatric disorders appropriately and to have empathy for a patient population that is commonly time-consuming and difficult. His position lends support to the State Society's objection to mandated physician referral for the seriously mentally ill.

The State Society drafted and introduced the first licensing bill in January 1993 as part of the most recent effort to regulate psychotherapy in New York. We have been consistent in our support of autonomous practice for clinical social workers, as established in 1977 with the passage of the "P" Insurance statute. We have advocated for high standards for consumer protection from unqualified or unscrupulous social work practitioners. To establish minimum competence for the delivery of mental health services, we recommend core clinical course work as well as three years of supervised experience treating patients.

We will continue to monitor the licensing effort to ensure meaningful consumer protection and substantial standards for clinical social work without decreasing the level of professional autonomy we fought so hard to obtain. We will not support crafting a bill for the sake of passing legislation. ■

State Society Board

Officers

President
Helen Hinckley Krackow, CSW, BCD
212-683-1780
hhkrackow@aol.com

Vice Presidents
Carole Tosone, Ph.D., CSW
Ct2@nyu.edu

Sheila Peck, CSW
516-889-2688
sheila2688@aol.com

Recording Secretary
Mark Maginn, CSW
914-591-7357

Treasurer
Stephen M. Baver, CSW, BCD
718-727-0198
terrqb@aol.com

Past President
Allen A. Du Mont, CSW, BCD
718-224-4886
allendumont@aol.com

Members-At-Large

Lisa Caruso, CSW
315-458-0919
graylac311@earthlink.net

Joseph Cattano, Ph.D., BCD
516-623-6715
ato66@aol.com

Jacinta Marschke, Ph.D., BCD
845-255-5466
cindy210@frontiernet.net

Roberta Omin, CSW, BCD
914-941-8179
goodomin@bestweb.net

Marsha Wineburgh, DSW, BCD
212-595-6518
mwineburgh@aol.com

Get Involved!

Call to find out about a project that interests you!

Chapter Presidents

Brooklyn
Ethel Barber, CSW
718-722-7144
ethelbarber@msn.com

Henni Fisher, CSW, BCD
718-646-7001
hennifisheraarc@aol.com

Capital District
Katherine Dayton-Kistler, CSW, BCD
518-462-4418
kmdk5@earthlink.net

Metropolitan
Murray Itzkowitz, DSW
212-348-7315

Mid-Hudson
Carolyn B. Bersak, DSW, BCD
845-452-1553
cbersak@aol.com

Nassau
Lee R. Kramer, CSW, BCD
516-569-8455
lrkramer8@aol.com

Queens
Debbie Kaplan, ACSW, BCD
718-793-9592
dlkap80@aol.com

Rockland
Beth Pagano, CSW
845-353-2933

Staten Island
Joyce A. Daly, CSW, BCD
718-351-8728
jdalycsw@aol.com

Suffolk
Eleanor F. Perlman, CSW, BCD
631-368-9221
elliep5@aol.com

Syracuse
Linda Troia, CSW
troiawoman@aol.com

Westchester
Patricia Lawrence, CSW
plawrencecsw@att.net

Western New York
Laura Salwen, CSW, BCD
(contact person)
716-838-2440
lvs@macronet.com

Committee Chairs

Arts in Clinical Practice
Sandra Indig, CSW
212-330-6787

Crisis Response
Mark Maginn, CSW
914-591-7357

Education
Dianne Heller Kaminsky, CSW, BCD
212-369-7104
dhkaminsky@aol.com

Ethics/Forensic/By-Laws
Hillel Bodek, CSW, BCD
212-753-1335
bodekmsw@mindspring.com

Family Practice
Rita Gazarik, CSW, BCD
212-727-1568

Group Psychotherapy Practice
Phyllis Mervis, CSW, BCD
212-369-8879

Guild
Allen A. Du Mont, CSW, BCD
718-224-4886
allendumont@aol.com

Clinical Hypnosis
Susan H. Dowell, CSW, BCD
Kathleen L. Friend, CSW, BCD
914-632-8878
klfcsw@aol.com

Independent Practice
Rosemary Lavinski, CSW, BCD
718-783-4295
rlavinski@aol.com

Iris Lipner, CSW, BCD
212-353-9721
ilipnercsw@aol.com

Legislative
Marsha Wineburgh, CSW, BCD
212-595-6518
mwineburgh@aol.com

Membership
Adrienne Lampert, CSW, BCD
718-434-0562
alamp12619@aol.com

Newsletter
Helen Hinckley Krackow, CSW, BCD
212-683-1780
hhkrackow@aol.com

Psychoanalysis
Marilyn Schiff, CSW
212-255-9358

Public Relations
Sheila Peck, CSW
516-889-2688
sheila2688@aol.com

Referral Service
Joanna B. Strauss, CSW, BCD
914-478-1267
strauss2@concentric.com

Research
Jacinta Marschke, Ph.D., BCD
845-255-5466
cindy210@frontiernet.net

Strategic Planning
Judith J. Crosley, CSW
315-422-0300
crosleyj@yahoo.com

Marsha Wineburgh, DSW, BCD
212-595-6518
mwineburgh@aol.com

Vendorship/Managed Care
Alice C. Garfinkel, CSW, BCD
917-424-3545
aglcsw@aol.com

Clinical Social Workers

"Oh, What a Tangled Web We Weave When First We Practice ..."

(And Later on, Too!)

Help get yourself *UN*tangled!
Visit the Clinical Social Work Federation Website at
http://www.cswf.org

- **Legislative Alerts**
- **Hyperlinks to Other Sites**
- **Managed Care News**
- **State Society Pages**
- **Committee Activities**
- **Social Work Chat**
- **Social Work Schools**
- **Membership Directory**
- **Clinical Resources**
- **Managed Care News**

Call The Clinical Social Work Federation Hotline

For ALL Clinicians

Information on
Membership Benefits

Latest Data on Our Competitive
Malpractice & Major Medical
Insurance Packages

Managed Care News: Published BY Clinicians FOR Clinicians

For Federation Members

- ***Our MANAGED CARE Specialist***
 for advocacy, information and assistance with managed care and other insurance problems ...

- ***Our FORENSIC Specialist***
 for consultation regarding clinical social work & the law ...

- ***Our PUBLIC RELATIONS Specialist***
 for assistance with press, radio, TV & media issues and the professional image of clinical social work ...

Call (800) 270-9739

Everything NON-Clinical that Clinicians Need to Know!

All Calls Confidential — No Charge

CLASSIFIED ADS

Study Group forming on The Application of Psychoanalysis to the Understanding and Treatment of Patients with Eating Disorders. Location: 150 E. 94th St.. Day, time and cost to be arranged. Contact: Dianne Heller Kaminsky, CSW, BCD, 212-369-7104.

Chelsea, Manhattan – Windowed, especially large, professional office available for P/T rental. Beautifully furnished, kitchen, cleaning provided, private waiting room, bathroom, garden, doorman. 1-year lease, minimum 4-hour blocks of time. Lisa 212-727-7591.

Staff Psychotherapists Sought: Trained or supervised exp. conducting psychodynamic, long-term psychotherapy. Fee for service. Resume with cover letter to: Dr. Kathleen Mays, Washington Sq. Insti., 41-51 E. 11 St., 4th fl., NY, NY 10003 or fax 212-477-2040.

Brooklyn Heights – Newly renovated, windowed offices for psychotherapy, groups. Full time, or part time furnished. Intercom system, waiting room, A/C, 24/7 building security. 2, 3, 4, 5, A, N, & R trains. Contact Michael 718-694-8209.

Forest Hills, Queens – Large, windowed, ground floor office with shared waiting room, kitchen, A/C. Furnished or unfurnished. Doorman building. Ideally located two blocks off of Queens Blvd. on 71st Rd. Convenient to subway, buses, LIRR and street parking. Full or half time rental. Contact Howard Shaw, ACSW – 212-529-6656.

The Syracuse University Counseling Center is recruiting three, full-time, 11-month staff therapists to provide services to a large, diverse undergraduate and graduate population. Responsibilities include: providing short-term individual and group therapy, diagnostic assessment and triage, crisis intervention, outreach, consultation and after-hours on-call services. Also responsible for initiating and implementing special projects and will act as liaison with other University services and academic departments. Experience/expertise working with a diverse population is desired. Requirements include a Doctorate in clinical/counseling psychology or a Masters degree in social work from a duly accredited program. New York State licensure/state certification or license eligibility in respective profession is required. Three years post-graduate clinical experience is desired. Salary is commensurate with education and experience. Applications will be accepted until the position is filled. Full consideration will be given to those applications received by May 17, 2002. Starting date July 1, 2002 or until the position is filled. Please send a statement of interest, vita and the names and phone numbers of three references via e-mail to: Search Committee #011304, sujobs@syr.edu or mail to, Syracuse University Office of Human Resources, Skytop Office Building, Syracuse, NY 13244-5300. Syracuse University is an AA/EOE.

One or two Upper Westside Offices for Sublet. Luxury building, high floor. Large, bright, tastefully furnished. Private waiting room. Day and evening time available. Call 212-362-0797.

Office for Rent/Part Time. 430 East 86th Street, NYC. Excellent psychotherapy office. Large waiting room, 4 office suite; well furnished. Doorman. Separate street entrance. Pre-war building. Afternoon availability. Monday-Saturday. Reasonable rates (hourly/daily). Call 212-746-3804.

Important Phone Numbers

- **NYS Attorney General's Healthcare Hotline**
  800-771-7755
- **US Department of Labor**
  212-637-0620
- **NYS Department of Health Managed Care Complaint Hotline**
  800-206-8125
- **NYC Public Advocate's Healthcare Complaints**
  212-669-7606
- **Department of Insurance Late Payment Complaint Line**
  800-358-9260
- **The League of Women Voters for Members of Congress**
  212-677-5050
- **Senator Charles E. Schumer**
  212-486-4430
- **Senator Hillary Clinton**
  212-666-5150

Professional Practice Specialist
Robert S. Asher, Esq.
Attorney at Law

Robert S. Asher, J.D., M.P.A.
Fmr. Dir. Prof. Reg. N.Y.S. Board. of Regents

Representation in:

- Professional Misconduct Proceedings
- Licensure and License Restoration
- Impaired Professional Proceedings
- Medicare and Special Prosecutor Proceedings
- Buying/Selling: Business Practices
- Professional Advertising
- Third-Party Reimbursement
- Litigation and Defense of Professional Malpractice Actions
- General Practice of Law

295 Madison Avenue, Suite 700
New York, New York 10017
(212) 697-2950

Also Available in Westchester County

THE NEW YORK CENTER FOR PSYCHO-ANALYTIC TRAINING

Manhattan, Hudson Valley, Long Island

JOIN A GROWING PSYCHOANALYTIC COMMUNITY

NYCPT OFFERS:

- **One Year Certificate Program**
  Introduction to Psychoanalysis
- **Three Year Certificate**
  In Psychoanalytic Psychotherapy
- **Six Year Certificate**
  Full Program in Psychoanalysis
- **NYCPT Student Organization**
  Representatives invited to the Board and All Committees
- **NYCPT Consultation Center**
  Patient Referrals for Psychotherapy and Psychoanalysis
- **Advisory System**
  Individual Attention to Students' Needs
- **Reduced Fee Analysis and Supervision**
- **Small Classes**
  Taught in Instructors' Offices
- **Ongoing Workshops**
  and Scientific Meetings
- **NYCPT Membership Division**
  Opportunities for Continued Professional Growth after Graduation
- **Chartered by N.Y.S. Board of Regents**

For Further Information,
Call **(212) 757-9200**

nyfs announces a new

Two-Year Psychoanalytic Psychotherapy Program

To meet today's career and training demands this program of once a week evening classes features:

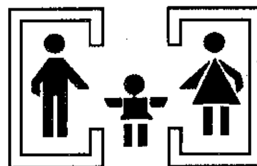
* curriculum that spans the life cycle and developmental issues
* theoretical foundation in models of the mind
* technique and application to clinical practice
* distinguished lecturers and experienced faculty

Free weekly supervision included in tuition and a certificate is awarded upon program completion.

For details about open house and brochure call
Louise L. Crandall at 212-724-7600

Divorce Mediation Center of L.I.

Established 1982



- Mediation Explained
- No Cost Consultation
- Brochure Available
- Legal Referrals Provided

Mineola and Commack Locations

For Information Call:

Emanuel Plesent
Ed.D., R-C.S.W., B.C.D.
Director

(516) 747-1344

Licensed Psychotherapist

Fee per session basis

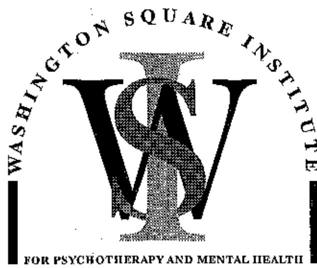
Adults and children

Managed Care Experience Helpful

Develop your own practice on our site

Resume to:

Counseling & Psychotherapy
3594 E. Tremont
Bronx, NY 10465
Fax: (718) 792-2496



Clinical C.S.W.

- Personal Maturity
- Love of Psychoanalysis
- Clinically Capable
- Full or Part-time

Analytic Institute with large clinic seeks individual for outreach and overseeing Intake Process.

CV/resume with letter of inquiry to:
Dr. Gerd Fenchel, Dean and Clinical Director
Washington Square Institute
41–51 E. 11 Street, 4th Floor
New York, NY 10003
Fax: 212-477-2040

WCSPP
WESTCHESTER CENTER FOR THE STUDY OF PSYCHOANALYSIS & PSYCHOTHERAPY

Professional Education Is A Lifelong Process

- Four-Year Psychoanalytic Training Program
  - Psychoanalytic Fellowship Available
- Two-Year Psychotherapy Program
- Two-Year Child and Adolescent Program
- One-Year Supervisory Training Program
- Treatment Service (Sliding Scale)

Chartered by the Regents of the University of the State of New York in 1974, the Westchester Center provides training in psychoanalysis and psychotherapy across a range of contemporary psychoanalytic approaches.

WCSPP, 29 Sterling Avenue, White Plains, NY 10606

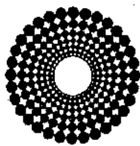
Please call for a brochure and information about our next Open House: **914-946-9462**

New Program IN CHILD AND ADOLESCENT PSYCHOTHERAPY

A unique two year training program responsive to the concerns of vulnerable children and adolescents, particularly those who have been affected by the current crisis and impacted by its rippling effects.

Courses will address their special needs within the context of expanding your knowledge and technique in the practice of child and adolescent psychotherapy.

A certificate in 'Child and Adolescent Psychotherapy' will be awarded at the end of the completed program.



THE NEW YORK SCHOOL FOR PSYCHOANALYTIC PSYCHOTHERAPY AND PSYCHOANALYSIS
200 West 57th St. NY, NY 10019 (212) 245-7045
www.nyspp.org - or - www.nyspp.com

NIP

Contemporary Psychoanalysis & Psychotherapy Training

We offer programs in:

•Adult Psychoanalysis & Psychotherapy• •Psychodynamic Approaches in Clinical Practice (One Year Evening Program)•Child & Adolescent Psychoanalysis & Psychotherapy• •National Training Program (NY based Distant Learning)•The Supervisory Process• •Pastoral Counseling•Externship/Internship (Psychology/Social Work)•

Explore Your Opportunities

Contact us to receive our bulletin:
National Institute for the Psychotherapies, Inc.
330 West 58th Street, Suite 200, New York, NY 10019
Phone: 212-582-1566 Fax: 212-586-1272
Webpage: www.nipinst.org Email: info@nipinst.org

Chartered by the Board of Regents of the University of the State of New York

Psychoanalytic Training at the New York Freudian Society

We offer:

- A contemporary curriculum
- Adult and child training programs
- Programs in New York and Washington, DC
- An infant-toddler program
- New two-year psychoanalytic psychotherapy program
- Outstanding analysts who provide training analysis and supervise psychoanalytic practice
- A consultation service which provides patient referrals for candidates
- An effective Candidates' Organization
- A variety of financial aid options — tuition assistance, affordable supervision, reduced fees for psychoanalysis
- A supportive collegial society
- International Psychoanalytical Association membership upon graduation

Call us for more information about our training programs and our Open Houses: (212) 752-7883.

Fax: (212) 750-3114 **Website: www.nyfreudian.org**

Professional Offices for Rent

- Ideal Midtown location
- Penthouse
- Windowed, furnished offices suitable for psychotherapy and counseling - Full time, part time and hourly
- Reception and telephone answering services, cleaning, all utilities and local phone use included
- Networking collegial interaction

Call:
Barbara Herman
(212) 947-7111

Private Practice Center
New York, N.Y. 10001

Thinking about Psychoanalysis?

Do Your Training at NPAP

Celebrating 50 Years of Open Intellectual Inquiry and Clinical Practice

Think about our training program.

- clinical preparation in traditional and contemporary theories.
- choice of your own schedule at your own pace.
- low-fee analysis.

Think about our referral service.

- direct referrals into your own practice from the Theodor Reik Consultation Center.
- your choice of supervisors with a wide range of clinical approaches.

Think about our Institute.

- a congenial, egalitarian culture, a strong student voice, and a broad range of clinical approaches.
- outstanding workshops, case seminars and scientific meetings.

Be a part of the NPAP Community.
Call us at (212) 924-7440.

Or contact us at info@npap.org
150 West 13th Street, New York, NY 10011
http://www.npap.org

Preparing Psychoanalysts for the Next Millennium
Chartered by NYS Board of Regents.
Publisher of *The Psychoanalytic Review.*

NPAP
National Psychological Association for Psychoanalysis

IPTAR

CERTIFICATE PROGRAM IN CHILD AND ADOLESCENT PSYCHOTHERAPY

COMMITTED TO SHARING THE BENEFITS OF PSYCHOANALYTICALLY INFORMED WORK WITH A WIDE COMMUNITY OF PRACTITIONERS AND PATIENTS

OUR THREE YEAR CURRICULUM

REFLECTS A CONTEMPORARY PSYCHOANALYTIC PERSPECTIVE

INTEGRATES RECENT ADVANCES IN INFANT AND CHILD RESEARCH, DEVELOPMENTAL THEORY, AND PSYCHOTHERAPEUTIC TECHNIQUE

IS ORGANIZED AROUND STUDENTS' CLINICAL WORK INCLUDING CHILD AND FAMILY ASSESSMENT, THEORY, AND TECHNIQUE

OFFERS PAID CLINICAL HOURS THROUGH THE IPTAR CLINICAL CENTER

FOR INFORMATION CONTACT:
Corliss Parker, Ph.D. (212) 362-9440
or Esther Savitz,CSW (212) 799-1928

IPTAR Program for Child and Adolescent Psychotherapy,
1651 Third Ave., Suite 201, New York, NY 10128
(212) 410-0821 www.IPTAR.org

New York University Shirley M. Ehrenkranz **School of Social Work** Ph.D. Program Committee
and the New York State Society for Clinical Social Work
Announce a Professional Conference

Our World One Year Later: Implications for Clinical Social Work Practice

KEYNOTE SPEAKERS:

Etty Cohen, Ph.D.; Madelyn Miller, CSW, ACSW; Linda Mills, Ph.D.

MODERATOR/DISCUSSANT:

Eda G. Goldstein, D.S.W.

Saturday, September 21, 2002

Registration and coffee: 8:15-9 a.m.

Morning sessions:
9 a.m.-12 noon

Afternoon workshops led by outstanding clinical practitioners:
1:30-3:30 p.m.

New York University
Iris and B. Gerald Cantor Film Center
36 East Eighth Street
New York, NY 10003-6520

NEW YORK UNIVERSITY

For registration and more information, please complete this form, make check payable to **New York University**, and return to Richard Lenert, Shirley M. Ehrenkranz School of Social Work, New York University, One Washington Square North, New York, NY 10003-6654. Telephone (212) 998-5935 or E-mail rjl2@nyu.edu.

Costs: $60-advanced registration; $70-registration at the door; $40-student advanced registration; $50-student registration at door.

___**I would like to register.**

___**I would like more information.**

Name (please print)

Address

City State Zip Code

( )

Telephone Number

New York University is an affirmative action/equal opportunity institution.

Training Institute for Mental Health

Chartered by the Board of Regents of the University of the State of New York

★ A One-Year Program in Basic Concepts in Psychotherapy

★ A Three Year Program in Psychoanalytic Psychotherapy

★ A Five Year Program in Psychoanalysis

Each program is both a complete independent training program *and* an integrated part of a more advanced program. Therefore the one year Basic Concepts in Psychotherapy may be taken alone or it may also be the first year of the three year program in Psychoanalytic Psychotherapy. This program in turn can be a complete program itself or the first three years of the five year program in Psychoanalysis. You choose the program that best meets your needs and interest. Each program is a thorough, realistic, part-time evening program designed to meet the training needs of the contemporary mental health professional.

Fellowships are available in the Psychoanalysis, Psychoanalytic Psychotherapy and Couples Therapy programs which cover the cost of tuition and supervision. Supervised clinical work begins in your first semester.

Credit given for previous analysis and/or coursework.
Active Psychoanalytic Society and Therapist Council.
Opportunities for advancement within the Institute after graduation.
Social workers, psychologists, psychiatrists and nurses are eligible.

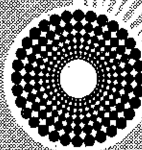
Inquire about our other training programs in:

Group and Couples Psychotherapy

Contact: Kathleen Quinn, MSW, Director of Admissions
Training Institute for Mental Health
22 West 21 Street, New York, NY 10010-6904 212-627-8181 Ext. 55

EXCELLENCE in training... CONFIDENCE in treating...

- Secure your professional identity
- Apply what you learn to any setting
- Solid theory, flexible techniques
- Outstanding mentoring faculty
- Collegial Society, referral service and clinical affiliations
- Small classes, New York and Long Island
- New program in Child and Adolescent Psychotherapy



THE NEW YORK SCHOOL FOR PSYCHOANALYTIC PSYCHOTHERAPY AND PSYCHOANALYSIS

200 West 57th St. NY,NY 10019 (212) 245-7045
www.nyspp.org - or - www.nyspp.com

POST-MASTER'S CERTIFICATE PROGRAMS

NEW YORK UNIVERSITY
Shirley M. Ehrenkranz **SCHOOL OF SOCIAL WORK**

Advanced Certificate in Clinical Social Work

Designed for experienced social workers. Enrich your practice skills while you gain the necessary credentials for career advancement. This 24-credit program of study can be completed on a part-time basis.

If accepted to our Ph.D. program, 15 of these credits may be applied. Make strides toward your doctorate.

Deadline for applications: July 15, 2002
For more information about opportunities for post-master's study,

call 1-800-771-4NYU, ext. R21.
Visit: www.essw.nyu.edu/studypm
E-mail: essw.admissions@nyu.edu

Post-Master's Certificate Program in the Treatment of Alcohol- and Drug-Abusing Clients (TADAC)

NYU's School of Social Work Post-Master's Program in the Treatment of Alcohol- and Drug-Abusing Clients can provide you with the specialized educational courses required for you to become a New York State Credentialed Alcohol and Substance Abuse Counselor (CASAC). Designed for professionals with a master's or higher degree, the six required courses—a total of 17 credits (250 hours)—integrate sophisticated, psychodynamically-oriented clinical knowledge with good, basic skills in addiction counseling. Courses are scheduled in the evening to enable working professionals to complete the program in just three semesters of part-time study. Supervised field internships are arranged on an individual basis.

NEW YORK UNIVERSITY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY INSTITUTION.

New York State Society for
Clinical Social Work, Inc.
350 Fifth Avenue, Suite 3308
New York, NY 10118

Address Correction Requested

Std. Presort
U.S. Postage
PAID
Permit No. 9513
New York, NY

NEW YORK
STATE
SOCIETY
FOR

CLINICAL
SOCIAL
WORK,
INC.

HELEN HINCKLEY KRACKOW
201 EAST 28TH ST (1D)
NEW YORK NY 10016-8538