NEWSLETTER

NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC. SPRING 1995 • VOL. XXVI, NO. 1

# Professional Social Work Associations Agree on Licensing Bill

## Scope of Practice Legislation to Provide LICSW

*By Marsha Wineburgh, MSW, BCD*
*Legislative Chair*

On February 15, 1995, during a statewide telephone conference call, the New York State Society for Clinical Social Work, the state and city chapters of NASW, and the New York State Deans' Association formally agreed on the draft language of a new social work licensing bill.

Nearly 5 years ago, in March 1990, the majority of the social work professional associations met at the invitation of the State Board for Social Work to discuss the need for a scope of practice license. Although all the groups agreed in principle that it was important to pursue more rigorous licensing, the current document is the first draft to win the support of all the major social work associations—support that is crucial to passage of this legislation.

**Scope of Practice Layers Defined**

This bill establishes a scope of practice license for the MSW/no experience level of our profession. The current *certified social worker* (CSW) will become the *licensed social worker* (LSW). As written, this legislation permits every social worker to provide all social work services upon graduating from an accredited social work school program. It becomes the social worker's ethical responsibility to acquire whatever additional knowledge or supervision is needed to conduct advanced practice or pursue special clinical interests. Further, all social workers would be licensed to practice clinical social work at the LSW level of the profession.

After 3 years of supervised direct practice with individuals, families or groups, a licensed social worker may sit for the clinical examination. If s/he passes this exam and can document 3 years of supervised agency experience by a LSW who has herself 3 years of supervised experience, the candidate may apply for the title LICSW: Licensed Independent Clinical Social Worker. Independent means free from clinical supervision. This will be the highest level of licensing for social work in New York State Education law.

In addition, there is a grandfather clause. All CSWs will become LSWs. Those who have a "P" or "R" (vendorship status) when

*continued on page 8*

# Society's Annual Conference: The Nature of Change

## Education Committee Sponsors Clinical Program

*By Richard Beck, CSW*

The 26th Annual Conference of the New York State Society for Clinical Social Work, Inc. was held on November 19th at the Association of the Bar in New York City. This year the entire conference was dedicated to the topic, "The Nature of Change in Psychotherapy: Multi-Model Approaches to Treatment."

The clinical conference, sponsored by the education committee and chaired by Diane

*continued on page 6*

**Left to right:** ***Education Chair Dianne Heller Kaminsky, CSW, BCD; Keynote speakers Beverly Winston, MSW, BCD, and Margaret G. Frank, MSSW, BCD; discussant Louise Crandall, PhD, BCD.***

# EXECUTIVE REPORT

## Resolving Issues: An Ongoing Pursuit

### Social Workers Invited to Document Managed Care Abuses

As I write this column at the beginning of my second year as President, the Society is engaged in securing the profession on several legislative fronts, including licensing and managed care regulation. In addition, we are planning several educational programs: conferences in hypnotherapy and family practice; dates will be announced. The group practice committee is developing a list of groups that are conducted by Society members. Many of our psychoanalytically oriented members will be working on the Fifth National Clinical Conference of the National Membership Committee on Psychoanalysis in Clinical Social Work, "Mind, Memories & Metaphors: Psychoanalytic Explorations," to be held at the end of October. The Society's own annual meeting will also take place in the fall.

***We are working with health and mental health groups on a bill to regulate managed care within the state.***

Social workers have succeeded in developing a bill for licensing clinical social work and independent practice. A difficult process at best, working with other professional groups added a good deal of *angst* for all involved. Everyone in the field had to confront deep philosophical divisions regarding the meaning of professional social work. All participants in this process have made compromises toward what we believe is important legislation for social workers at all levels. Marsha Wineburgh's article on page 1 gives details.

On the managed care front we have come a long way in this year. We are working with the Medical Society of the State of New York, NYS Psychological Association, NASW and other health and mental health groups on a bill to regulate managed care within the state. This should be ready to submit to the State Legislature soon. When it is finalized, the Society will review it. We will ask all members to write to your state representatives and senators to support it.

***A thoughtful letter reflecting your individual needs and the needs of your patients has great impact on legislators.***

In late December I was invited to a roundtable discussion on managed care issues by Assemblymen Richard Gottfried, chair of the health committee, and Alexander "Pete" Grannis, chair of the insurance committee. Leaders of health organizations were asked to discuss such issues as the need for "Any Willing Provider" legislation. The special vulnerability of patients in therapy for mental and emotional difficulties was stressed, and several illustrations furnished to reinforce the importance of legislators' helping providers protect their patients from decisions by managed care companies based on cost containment alone. Assemblyman Grannis asked that providers come forward who would be willing to identify themselves and the managed care company with which they are having trouble. The insurance committee will investigate.

I want to encourage our membership to let your elected representatives—in the Assembly and the Senate—know of the impact of managed care on your patients when it adversely affects their treatment. A thoughtful letter reflecting your individual needs and the needs of your patients has great impact on your legislators.

As always, the Society's mission is to develop and secure the field of clinical social work. We need your participation in accomplishing this mission.

*Helen Hinckley Krackow, CSW, BCD*
*President*


NYS CSW

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Advertising for Summer 1995 issue due May 15.

**All advertising must be camera ready.**




# Capital District Consortium Initiates Provider-Owned Practice

## A New Direction in Managed Care

*By Betsy Owens, CSW-R, CAC*
*Capital District*

In editing this paper, I found it somewhat ironic that misspelling "managed" on Wordperfect presents a spellcheck option of "mangled". Few private practitioners today do not appreciate the similarity. The problems in managed care are familiar and numerous: the dissolution of long-term treatment, the invasion of client privacy, the reduction in income for social workers, the loss of control of our practices to nonmental health reviewers and, most of all, clients who have been harmed by adverse utilization review practices. There is no question that managed care is drastically changing our profession, and the ideals in practicing our craft are being put by the wayside.

In the Capital District an effort is under way to regain a modicum of professional control. A consortium of up to 140 social workers, psychologists and psychiatrists have pooled significant personal resources to formulate their own managed care entity, the Behavorial Health Consortium of New York, LLC. As a provider-owned service, BHC plans to deliver cost-effective services within a framework that can once again be therapeutically appropriate.

***A consortium of professionals have pooled significant personal resources to formulate their own managed care entity.***

In January 1994, an interdisciplinary steering committee of 12 therapists (including myself and other Society members) was formed by the Psychological Association of Northern New York. We solicited other members to join with us and would have been happy with 40 other members. Instead, our doors were beaten down by those who were tired of "mangled" care. A general meeting brought forth local providers who contributed generously to this effort. The membership drive was through and a large waiting list was eager to contribute support—a strong statement about managed care and the desperation it has wrought. Our resources now enabled us to hire a highly rated consultant with roots in MCC many years ago, as well as an attorney with valuable health care experience. Our next step was to examine the options available to providers with a provider-owned and -operated managed care entity.

***Our doors were beaten down by those who were tired of "mangled" care.***

In April the original four social workers were officially elected as part of a 13-member board, additionally comprised of 2 psychiatrists and 7 psychologists. The disparity in numbers represents the greater financial resources and ability to contribute from the other professions, hence greater elective power.

Arriving at our recommendations wasn't easy. New York State professional licensing law had prohibited the formation of interdisciplinary professional corporations. The state was paradoxically faced with the dilemma of requiring contracts with interdiscplinary groups, those very same groups that the state was prohibiting. Licensing laws presented special problems for the psychiatrists' participation. Again paradoxically, psychiatrists were a necessary component under state law.

**Behavioral Health Consortium, LLC**

After 4 months of hard work and long hours, a set of recommendations was formulated. Building on these, and given the interest in our provider-owned organization from a greater geographic area, the Behavioral Health Consortium, LLC, was formed.

As a new business entity BHC had to establish a structure to present to customers. Parity was a potentially divisive issue: many psychologists felt that the historical $20+ differential in the reimbursement rate of psychologists and social workers often used should apply to our organization as well. Social workers disagreed, and felt that reimbursement should be equal for the same service. A few enlightened psychologists were exceptional advocates for parity. Working together in intense discussions, we arrived at a reimbursement formula based upon a differential we believe serves its members. While the resolution of this discussion was crucial to the organization, ultimately, the process may have little impact as rate setting is part of the contract negotiation with each HMO and employer.

Utilization Review was also a contentious issue. The American Psychological Association recommends no UR until 52 sessions have elapsed. As practitioners, we fondly recalled the days of no UR. We were effectively reminded that those days were gone. Creativity and resourceful thinking direct us toward computerized data that flags potential problems and allows minimal intervention when quality services have been demonstrated. Self-review as well as peer systems will be developed and implemented to enhance this process. Our goal was to develop systems which respected the competency of the clinicians yet provided accountability to the insurers. Less review of already competent providers means cost savings and the ability to bid competitively.

***Self-review as well as peer systems will be developed.***

This venture has involved a significant contribution of time. Directors spent a minimum of 3 hours per week on this project, and in many weeks up to 16 hours per director; 80 persons have volunteered their time on various subcommittees which met diligently throughout the summer.

The initial capitalization of BHC is under way. (This is not a solicitation of membership in BHC but reports our efforts to date and may be useful to other practitioners.) While there are no guarantees, as a provider-owned company we feel confident that we are taking the necessary steps to survive in the managed care milieu. As social workers we are trained to help others gain control of their environment yet we frequently remain passive toward our own issues. We're proud of our risk into new avenues for professional development. □

# The Practical Practitioner: Networking

## Opportunities Abound for the Skilled Clinician

*By Sheila Peck, LCSW*
*Public Relations Chair*

Networking is a skill to develop and use to connect with people for information, advice and support. As a clinical social worker, you'll let people know about what you do and how you do it; as a networker, you'll help support your efforts to market your services.

Networking is the *conscious process* of making connections with other people, either the general public or fellow professionals. A strong network develops over time. You already have constructed several networks in your life that you may not have thought of as being relevant to marketing your professional services.

Networking works best when you know how to do it. Serendipity counts if you recognize the opportunities you may encounter. Other people will often be happy to be a resource if you don't overload them (or press too hard) and you are specific about what you can give and what you expect. At its best, effective networking satisfies *both* parties at the same time.

Some simple ideas can clarify the basics of networking as a clinical social worker. Use these ideas as a foundation for developing your own maketing plan—and you *must* have a viable marketing plan.

1. Identify networks that already exist in your life. Then, *network your networks.* That is, put your different groups in contact with each other with you as the intermediary. At a networking dinner I met a woman who was writing a book and needed an illustrator. I remembered that a colleague in my peer supervision group had mentioned she had just finished treating such an illustrator. With permission, we put the writer and the illustrator together and a book was later published.
2. Learn how to write a press release. And do it! (Our next issue will have how-to information).
3. Develop a plan to get what you want—don't go about it haphazardly.
4. Get together with colleagues to send a newsletter to clients and other potential referral sources. Be sure the newsletter is not just an "ad"; it should contain useful information.
5. Keep a file system and adequate records: to whom you talked and when, what you said, how you presented your services, etc.—and *follow up!*
6. Consider a special networking appointment with a fellow professional (doctor, chiropractor, massage therapist, etc.), and inform any practitioner whom you consult for yourself about *your* services during the course of a regular visit. If you're there to network, however, make sure it's known in advance: ("I'd like to get to know you with the possibility of making referrals to you and to tell you how I might help your clients.")
7. Look around. There are not-so-obvious networking possibilities everywhere in your life if you identify them, i.e., waiting in line, attending a workshop, etc.
8. In addition to a business card, offer a handout sheet about a topic you specialize in: "Stress Tips," "How to Handle an Adolescent," "Dealing with the Emotions of Physical Pain," "Grieving," etc. Be sure it includes your name and telephone number. If you give a talk on such a subject—*always* distribute an information sheet with useful guidelines for your audience.
9. If someone is interested in a service you don't (or can't) provide—e.g., you are a woman and a male therapist is wanted, or the person might need a therapist with a particular specialty—offer the name of a colleague, and then let that colleague know.
10. Remember that the seeds you plant may not take root for years. However, if you have networked properly, when they need your services, prospective patients will be in touch with you. I still get calls from people who remember my name from a newspaper column I used to write.
11. Keep your professional networking contacts active. Even if you have nothing in particular to discuss, send a reminder note or a phone call. If you write a relevant article, send that. Yes, I know it's work. But it works.
12. Don't put all your networking eggs in one basket. Join organizations, attend meetings, etc. (especially if they're sponsored by the Society). A potential client or referral source may be *anywhere!*
13. Join your local Chamber of Commerce; let the business community know you as the town's psychotherapist.
14. Connect with the professionals at schools in your area. Ask how to be added to their referral lists. Always thank someone who refers a client, even if it's another client. Keep the referrer updated on progress and termination.
15. Speak up! Let people know what you offer. Ask how you can help—and FOLLOW THROUGH!
16. Build an extensive referral network to whom you send your clients. Even your hairdresser is a possible source.
17. As surprising as this may sound, don't overlook managed care networks. Establish a personal telephone relationship with representatives you talk to. If your panel offers a directory, send out a small mailing about any specialized services you offer. Talk to members of other disciplines on the panel and let them know about you. Ask for referrals.
18. Don't expect every activity to lead to clients. Acknowledge this is possible—you never know what may happen in the future. Networking is a two-way process. Be a resource for others and appreciate how gratifying it can be.

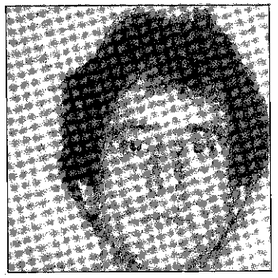
***Sheila Peck, CSW,*** is a psychotherapist in private practice, chair of the Society's public relations committee, and newsletter liaison. She trained in family therapy and sports psychology and served as a mentor at Empire State College. She offers seminars and consultation in public relations and practice-building.

If you have questions or comments about networking or marketing your services, we'd be pleased to consider them for a response in this column. Please send to: Sheila Peck, LCSW, 1010 California Place South, Island Park, NY 11558



# Four Earn Diplomate Status

When appropriate, Diplomate status is awarded annually to candidates who fulfill the requirements as defined in the Society's by-laws. The four members presented here received their Diplomate status at the Annual Conference in November.



**Fred G. Frankel, CSW, BCD**

Fred Frankel, on the state board for the past 7 years, has most recently served as recording secretary for the Society (1993-1994) and, earlier, as second vice president, member-at-large and chair of the referral committee.

He was the co-coordinator for the 1990 and 1991 Annual Membership meetings and has served as state nominations (1993) and election chair (1991 and 1993).

For the Nassau chapter he has served as the representative to the Society's vendorship and public relations committees and member-at-large.

On the staff at Queens Children's Psychiatric Center, Fred also has a private practice in Hicksville.

**John A. Chiaramonte, CSW, BCD**

John Chiaramonte has been chair of the state vendorship committee since its inception in 1989 and has established its mission to be an "effective . . . advocate . . . with the insurance and business community."

John presented the keynote address at the Council of Psychoanalytic Psychotherapists' Conference in 1992, discussing "Managed Care and Third Party Reimbursement: Helping the System Work for You." His articles appear in the *Clinical Social Work Journal* (1986) and the *Social Work Journal* (1992), the latter addressing "And the War Goes On: The Effect of the Persian Gulf War on Traumatized Vietnam War Vets." His research efforts have appeared in *Psychiatric Research* (1991) and *Hospital and Community Psychiatry* (1992).

He is legislative chair for the Met chapter as well as its vendorship chair. Marketing chair for the National Institute for Clinical Social Work Advancement from 1991 to 1994, he has served as marketing committee co-chair for the National Federation.

John is clinical coordinator of the Drug Dependency Treatment Program at the Veterans Affairs Medical Center in the Bronx.

**Helen Hinckley Krackow, CSW, BCD**

Currently NYS President, Helen Hinckley Krackow has been instrumental both in forming the Society's platform on managed care and in developing the position paper which subsequently served as the National Federation's model for its position statement. She also participated in the Federation's effort to identify and select an advocate to press for legislation to include CSWs in any national health reform plan.

Assuming the presidency of the Society in 1994, Helen testified before the State Insurance and Health Committees of the NYS Assembly on managed care abuses and HMO problems (see *Newsletter,* Spring 1994). She is a founding member of the Alliance for Universal Access to Psychotherapy, a coalition of professional groups formed to work for the protection of psychotherapy in managed care.

***Former Society President David G. Phillips, DSW, BCD presented Diplomate award to current President Helen Hinckley Krackow, CSW, BCD at Annual Conference.***

Helen is a past president of the Met chapter, where she served two terms (1990-1993) and chaired the presidents' committee. During her tenure the chapter's membership increased by approximately 65%. In addition, an active public relations effort with schools of social work led to a mentor program for social work students about to graduate. Other state chapters have followed this example.

Helen maintains a full-time private practice in Manhattan.

**Stephen M. Baver, CSW**

Stephen Baver currently serves as Society treasurer. He attended the long-range planning retreat in 1989; his primary interest was in referral services and membership. Steve was also a member of the special search committee to identify, interview and select an executive director for the Society. He has served on several state election committees.

A past president of the Staten Island chapter (1986-1992), which increased its size substantially during his tenure, Steve has headed its nominating committee and retains membership in the program planning committee. He has been involved in planning and arranging semi-annual educational conferences sponsored by this chapter.

Steve has a full-time private practice in Staten Island.

**ANNUAL CONFERENCE** *(continued)*

Heller Kaminski, CSW, BCD, was well attended, with almost 200 registrants.

The conference was opened by Helen Hinckley Krackow, CSW, BCD, Society president. She discussed the challenges both the organization and our profession are facing and how the Society is responding. Diplomate status was awarded to four members of the society: Stephen M. Baver, John A. Chiaramonte, Fred G. Frankel and Helen Hinckley Krackow (see page 5). Executive Secretary Mitzi Mirkin was also recognized for her consistent hard work and dedication to the Society.

The morning session featured three distinguished clinicians: Beverly Winston, MSW, BCD, adjunct assistant professor, New York University School of Social Work and consulting psychotherapist and research associate, Beth Israel Medical Center; Margaret G. Frank, MSSW, BCD, program coordinator, Advanced Training Program in Child and Adolescent Therapy, Boston University and president-elect of the National Membership Committee on Psychoanalysis in Clinical Social Work; and Louise Crandall, PhD, BCD, of the New York Freudian Society and Adjunct Faculty, New York University School of Social Work.

**The Context of Brief Psychotherapy**

Ms. Winston's presentation, "Brief Psychotherapy: Approaches, Theory of Change, and Efficacy/Research Findings," traced the theoretical origins of brief treatment from Freud to the present, including the contributions of Malan, Mann, Sifneos and Davanloo. She noted that Mann highlighted the importance of termination as the key issue in brief treatment. Change is reflected by the patient's ability to terminate treatment and integrate this experience with past experiences both cognitively and affectively. Sifneos focused on patient selection and the use of active, anxiety-provoking techniques. Change occurs by the patient's recognizing maladaptive patterns and understanding their historical antecedents, in addition to having a corrective emotional experience with the therapist. Malan emphasized patient selection/deselection criteria and stressed active transference interpretations as the basis for change. Davanloo's use of "trial therapy" during screening emphasized the importance of patient selection. The therapist is active and focuses on the affective component of the transference, utilizing interpretations based on parallel triangles of conflict/person models. Change results from both affective and cognitive experiencing/understanding of the conflicts highlighted in the transference. Ms. Winston believes these theoreticians reflect the important concepts in current short-term psychotherapy. She also discussed findings in outcome/process psychotherapy research as it relates to short-term therapy.

**Exploring the "Analytic Space"**

Ms. Frank's presentation entitled "From Monologue to Dialogue: New Voices in the Analytic Space; The Influences of the Intersubjective Perspective on The Analytic Process," beautifully explored and inquired into where we have come in our thinking about and use of the analytic space. She "considers the voices to be heard and those which are not heard and yet are present." In a recent review of the classic psychoanalytic literature she stated, "It seems evident to me that we have always been aware, even if this phrase was not used, that the analytic process involves a two-person psychology. The question before us has always been, *what should we do with the psychology of the analyst"?* Ms. Frank stated that she would improve upon that question by asking "what do we do with the psychology of the analyst that will benefit the patient"? She goes on to explore the changes that are emerging in theory and techniques and questions whether they "improve our chances of helping the patients"? Her quest then takes us along the road from classic theory to object relations theory, toward intersubjectivity. She described, in both theoretical and clinical terms, how the psychology of the analyst can best be used in the treatment of the patient. We listened to the music of the analyst's use of self reverberate in relationship to her understanding and treatment of her patients.

***. . . We have always been aware . . . that the analytic process involves a two-person psychology.***

Dr. Crandall's discussion of the keynote papers integrated two seemingly disparate perspectives of treatment by their common evolution of thought from classic analytic theory, i.e., working alliance, transference, resistance and countertransference. She served as devil's advocate and raised interesting and thought-provoking questions relative to the papers. Does the patient who enters short-term therapy "want help with his pain but not want to know too much about himself"? "Do we need a new vocabulary (i.e., analytic space, the analyst's psychology and the two-person psychology) to describe good old-fashioned basic technique?"

***Do we need a new vocabulary . . . to describe good old-fashioned basic technique?***

**Workshops Reflect Conference Theme**

The afternoon program consisted of 10 workshops whose focus reflected the theme of the conference. These included panels on Group Psychotherapy, Family Practice, Hypnotherapy, and Research. Individual workshops included "The Use of Transference: A Means Toward Structural Change," "The Integration of Multiple Psychoanalytic Perspectives," "Why Eating Disorder Patients Fail: Resolving the Unconscious Forces of Sabotage," "Therapeutic Change with Adult Survivors of Sexual Abuse: Beyond Trauma Theory," and "Under the Pressure of Time: The Impetus Toward Change in Time-Limited Brief Psychoanalytic Psychotherapy."

The workshops offered a wide range of topics and were a testimonial to the Society's commitment to provide the highest quality learning experience for clinicians with diverse theoretical perspectives and backgrounds.

***Richard Beck, CSW,*** is a staff psychotherapist at the Postgraduate Rehabilitation Center and at New York Psychotherapy and Counseling Center; he is a candidate in Analytic Group Psychotherapy at the Postgraduate Center for Mental Health.





# Corporations Include Coverage for CSWs

## Marketing Coordinated for State and National Efforts

*By John A. Chiaramonte, CSW, BCD*
*Vendorship Chair*

The NYS vendorship committee has been joined by other state societies for clinical social work in a collaborative marketing effort with the National Federation's marketing/PR committee. One of our common goals is to identify and market all nonreimbursers of clinical social work. These efforts are paying off. Effective Jan. 1, 1995, Merrill Lynch (100,000 insureds), Standard Register, and NIBCO of Virginia (20,000 insureds) will include clinical social workers as providers. Recently, the Benefits Plan of NJ (900,000 insureds) likewise modified its contract to include clinical social workers. These plans do *not* limit access through a managed care system. Think of it—over 1 million people now *will not have to read* "services provided by a social worker are not reimbursable".

Additionally, Rush-Presbyterian-St. Lukes Medical Center in Chicago agreed to drop its requirement of MD supervision for clinical social workers. Currently, the Society's vendorship committee has forwarded a list of the following companies to our national marketing consultant for intensive marketing for clinical social work inclusion: AT&T, Deere and Company, Equicor/Kidder Peabody, Hotel and Restaurant Employees Union, Joint International Board of Electrical Workers, Iron Workers of America, Motorola, Sun Chemical, Unisys, United Technologies, Sony, Carpenters Union, Painters Union, International Brotherhood of Electrical Workers, Hertz, NY Local 851 Welfare Fund, International Brotherhood of Teamsters, Arrow Electronics, Barnes and Noble (MD supervision required), U.S. Life Insurance Company, Caldor Inc., and the Enquirer/Star Inc.

The vendorship committee is also assisting members whose patients' benefit plans exclude clinical social workers by "loopholing" NY's parity law (individual or out-of-state contracts. We also assist members with problems related to managed mental health care. □

**Being denied reimbursement?**
**Seeing bad press about social work?**
**Call your local chapter marketing/ PR person/vendorship chair**

Brooklyn: Lesley Post (718) 399-6476

Capital District: John Chiaramonte (212) 535-3839

Met: Sharon Kern-Taub (718) 884-3355

Mid-Hudson: Marilyn Stevens (914) 462-4178

Nassau: Fred Frankel (516) 935-4930

Queens: Shirley Sillekens (718) 527-7742

Rockland: Lenore Green (914) 358-2546

Staten Island: Rudy Kvenvik (718) 720-4695

Suffolk: Dorothy Sokol (516) 493-0918

Syracuse: Pat Demyan (315) 476-4274

Westchester: Anne Gordon (914) 235-5244

West NY: Laura Salwen (716) 838-2440

Be sure to let your representatives know about managed care practices that are harmful to patients. *Letter writing is the most effective action.* Don't feel helpless or victimized. Instead, help our legislators to write and pass consumer protection laws for the mentally and emotionally ill. The legislators to contact are:

**Assemblyman Richard Gottfried**
**Chair, Assembly Health Committee**
**822 Legislative Office Buidling**
**Albany, NY 12247**

**Senator Nicholas Spano**
**Chair, Senate Mental Health Committee**
**817 Legislative Office Building**
**Albany, NY 12247**

**Senator Michael Tully Jr.**
**Chair, Senate Health Committee**
**309 Legislative Office Building**
**Albany, NY 12247**

**Assemblyman Alexander B. "Pete" Grannis**
**Chair, Assembly Insurance Committee**
**712 Legislative Office Building**
**Albany, NY 12247**

**Assemblyman Steven Sanders**
**Chair, Assembly Committee on Mental Health**
**622 Legislative Office Buidling**
**Albany, NY 12247**

# Editorial Perspective: 15 Years of Progress

We were invited to contribute a piece for this newsletter as its editorial leadership changes. And we began going through back issues . . .

Some months after an interview with two Society members (Gemma Colangelo and Phyllis Gordon), we received a telephone call—out of the blue, it seemed. "We want you to do our newsletter." The first issue (8 pages, a half-page of ads) saw the light of day in July 1980. Marsha Wineburgh was president and Bob Galardi, the Society's newsletter consultant. Easy to calculate—15 years ago, 43 issues ago. Until then, a 4-page newsletter prepared by a CSW had been published "irregularly".

The Society was "pushing for parity" and this agenda occupied a good deal of editorial space over the next 5 years, finally resolving in 1985 with mandatory inclusion for clinical social workers: group policies that included mental health benefits would henceforth recognize qualified CSWs for independent provider reimbursement. The next year CSWs became eligible as independent providers in plans covering federal employees.

Meanwhile, regular columns were addressing ethics and forensic issues, legislation, standards and clinical practice concerns. A book review appeared in each issue thanks to Patricia Morgan Landy, who served as book review editor for 6 years. Her contribution was invaluable and, since her departure, this feature has become "occasional". We even had a conference coordinator for a little while; Selma Samuel attended and reported on meetings of interest in the area.

Reports on the Society's annual conferences explored issues as diverse as family therapy, peer review, law and ethics, economic survival, marketing, HMOs/managed care. Addressed during the past 15 years in a variety of contexts and time frames, they are of ongoing importance in the cost-containment era of the 1990s. An up-to-the-minute report in this edition notes the resolution of a controversial issue addressed through these years: a licensing bill is on its way.

And, speaking of economics, by the Spring 1985 issue, advertising had increased to approximately 5 pages. Unsolicited, it has held fairly constant.

That first issue in 1980 noted the formation of a new committee on psychoanalysis inaugurated and led by Crayton Rowe; its first national clinical conference was reported in the Fall 1988 issue.

In 1989 the landmark weekend retreat in Pennsylvania aimed to "carefully look at our . . . Society, its structure, performance, membership needs and overall goals." Some 23 board members, past and present, formulated long-range plans for the Society to emerge as the organization of choice for clinical social workers in New York State.

Since 1980 several members have worked with the newsletter as the Society's voice. This special circle includes Bob Galardi, Barbara Pichler, Phyllis Gordon and Haruko Brown, to name but a few with "extended runs". They provided advice and perspective, and together we looked after the interests of the Society. This group also includes, informally, Mitzi Mirkin, who many times has been a valuable resource. "Ask Mitzi, she'll know."

The Fall 1993 issue celebrated "The First Quarter Century" anniversary of the Society and offered a 25-year perspective from former Society presidents. A capsule history that could be the basis for "official" archives.

For this editor, the continuous efforts toward accessibility of services, assurance of quality, professional standards and pursuit of independence are vivid and recorded. Current issues surrounding managed care bring parity into focus once more and enlarge the economic concerns always at issue for social work clinicians.

Our association with the Society has provided a unique opportunity to learn firsthand about a professional organization as it struggles toward maturity and about the professionals it represents.

*Alyce J. Collier*
*Editor*

***The Licensed Independent Clinical Social Worker will reflect the highest level of social work licensing.***

CSW law by which we are now regulated. The group also noted that this bill has only the profession's support. Once introduced, changes doubtless will be made by legislative committees as it moves through the state political system.

**Legislative Update—New Bills**

Bill No. A.937 (Rep. Connelly): A bill to ensure quality mental health services through oversight. It amends the Mental Hygiene law by requiring that private review agents who conduct utilization review be registered with OMH before being permitted to perform such review.

Bill No. A.1685 (Reps. Murtaugh, Sanders): A bill to amend the Education law to create a fifth mental health discipline called Mental Health Therapy.

Bill No. S.1106/A.1541 (Sens. Seward, LaValle, Maltese, Luster, Schimminger): A bill to amend the criminal procedure law to allow a social worker or other professional to provide emotional support during the videotaping of testimony by a witness 12 years of age or older who is likely to suffer severe emotional distress if required to testify before a grand jury about sexual or physical abuse.

Bill No. A.12293 (Rep. Sanders): A bill to amend the Education law to license the practice of psychology. □

**LICENSING** *(continued)*

this legislation becomes law will be entitled to apply for the LICSW.

With regard to insurance reimbursement, usually designated by the "P/R," we plan to consider changing that later. The "P/R" definitions are part of the Insurance laws. The statute that would be modified by the new licensing bill is part of the Education law. If changes are made to the "P/R" at this time, it may stir up old opponents (e.g., the New York State Business Council, the physicians, the insurance companies) who oppose mandates—and they may win this time. Licensing itself will have considerable opposition because it requires

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