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THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

PRESIDENT'S MESSAGE

October 2013: Annual Progress Report

Presented at the 45th Annual General Membership Meeting

By Marsha Wineburgh, DSW, LCSW-R, President

As you know, we meet yearly to review the State Board's activities on the behalf of the members, to report on our fiscal health, and to recognize colleagues who have contributed substantial time and energy to strengthening our association. This year, we also provided a mini-education program on practice liability, competently planned and implemented by Dore Shepard, Ph.D., LCSW, Beth Pagano, MSW, LCSW, and David Phillips, DSW, LCSW. Our guest speaker was an attorney/psychoanalyst, Bruce Hillowe, J.D., Ph.D.

We also acknowledged and thanked the Listserv Committee for their generous commitment to educating our members about the how-tos of online communication, and troubleshooting issues arising in our chapter listserv networks.

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ANNUAL EDUCATION CONFERENCES



2014 Conference Call for Proposals (Page 11)
"Facing Impasses: Identifying and Working Through"

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"Enhancing the Treatment Experience: A Day of Networking and Learning"

Left: 2013 Keynote Susan Klett, LCSW-R, BCD

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Legislative Committee

By Marsha Wineburgh, Chair

Social Work Continuing Education is Now Law

A new Continuing Education Law (Chapter 443 of the Laws of 2013) goes into effect on January 1, 2015. In order to renew your social work registration to practice after this date, you will be required to have 36 hours of continuing education credits over a three-year period. Initially, this will mean one hour of CE for each month until your registration is due. For example, if your new registration comes due in June 2015, you will need to show six hours of CE for the six months beginning January 1, 2015.

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Our indefatigable State Chair, Robert Berger, Ph.D., LCSW, has written code, migrated programs and suggested basic policies for safe, efficient listserv usage. He was assisted by an industrious group of chapter coordinators that many of you have been in contact with: Met Chapter: Lois Akner, Jane Gold, Lisa Miller, Marilyn Sulzbacker, Welsey Willis; Mid Hudson Chapter: Rosemary Cohen, Gloria Robbins; Queens Chapter: Fred Sacklow; Nassau Chapter: Shannon Boyle, Sheila Peck; Staten Island Chapter: Ida Tam; and Suffolk Chapter: Sandra Jo Lane. (See page 5 for Listserv Report.)

These clinical social workers are only a small portion of the many people needed to keep this organization functioning on your behalf. In addition to our administrators, Sheila Guston and Kristin Kuenzel at TMS, more than 80 colleagues have donated hours of critical thinking, planning and delivering educational and informational programs this year. The names and contact information of State Board officers and chapter representatives are available in this newsletter and on our website, www.nysscsw.org. We have worked hard to make the site user-friendly and informational. Please explore it.

At the annual meeting, we took time to recognize the passing of six colleagues this year and honor them for their contributions to the Clinical Society. They are Adrienne Lampert, Past President of the Brooklyn Chapter, the State Clinical Society, the National Federation of Societies for

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Ad Deadlines: February 15 and October 1

AD SIZE	MEASUREMENTS	1 TIME	2 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 ads: \$1 / word; min. \$30 prepaid.

Headquarters Update

Fall... my favorite season. The weather is still warm and the trees are turning beautiful colors. Your headquarters office remains busy, planning for the annual meeting, enrolling new members, and preparing the mailings for the annual elections.

We will also be preparing for the dues billing statements that will be sent out the first week of December. The Society is again offering a chance at a \$100 gift card for everyone who pays in December. If you pay in December, your name will be put into the raffle and one member's name will be drawn at the January State Board meeting. "You have to be in it, to win it."

So—pay early.

Kristin and I wish each of you a happy holiday season.

Cordially,

Sheila

Sheila Guston, CAE, Administrator
 Kristin Keunzel, Administrative Assistant

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Clinical Social Work, and ICAPP, a private practice association; Diana List Cullen, Past President of the Metropolitan Chapter; Dr. Murray Iskowitz, Past President of the Metropolitan Chapter; Sheldon Blitstein, State Member-at Large from Westchester; Selma Porter, Rockland Chapter Board Member; and Anita Weintraub, a long-time member of the Staten Island Chapter. (See page 16.)

Clinical Society Update

First, I am pleased to report that the fiscal health of the Clinical Society is very good. We are close to budget as we near the end of the year, and we are managing our savings conservatively.

Second, we continue to improve our intercollegial communication. As you may have noticed, over the summer we had to switch the server that underpins our listserv, due to a change in Yahoo's policy that did not meet our membership needs. Then, in order to improve member services further, we began last month to switch to Google Groups.

The State Listserv Committee, chaired by Robert Berger, and the State Social Media Committee, chaired by Richard Joelson, DSW, LCSW, along with Helen Hoffman, MSW, LCSW, Chair of the State Vendorship & Managed Care Committee, have worked persistently and tirelessly to make these transitions as seamless as possible.

Third, we are in the process of updating the Clinical Society's Code of Ethics. David Phillips and Martin Lowery, MSW, LCSW, are in charge of this project.

Fourth, since our bylaws were last updated before the passage of the LMSW/LCSW legislation, we are currently revising them to reflect our new licenses. The changes, overseen by Beth Pagano, MSW, LCSW, State Leadership Committee Chair, will be sent out to the members for adoption after they are approved by the State Board.

Fifth, we are planning a professional membership drive to educate LMSWs and LCSWs about our organization. There are more than 50,000 licensed social workers in New York State, and most of them do not know we exist. With the passage of the Continuing Education law, the state education department will hopefully be willing to share the names and addresses of all licensees who may be interested in our educational programs.

With the assistance of Helen Goldberg, LCSW we have developed appropriate standards for CE-qualified programs and speakers that will meet whatever is required for the Clinical Society to become a New York State provider of CEU credits. We aim to be your preferred provider!

On the legislative front, the governor finally signed the Continuing Education legislation into law this month, October 2013. A gun control act also became law. Known as the SAFE ACT, it requires mental health professionals to report concerns about patient gun ownership. This legislation needs amending to safeguard the rights of the mentally ill, and to address other issues. But, as of now, it is the law and we are responsible for reporting. See our website for details.

We continue to work on the inclusion of the mental health services of LCSWs in the workers' compensation law (S2360/A2013). In this case, we are working closely with State Chapter of NASW. Passage is getting nearer but, as usual, it takes many years of persistence to win the day.

What issues loom ahead? Many, many changes are in the works, all of which will have unintended consequences. We look forward to a new I500 form for insurance reimbursement, and a change in current diagnostic codes to the ICD-10 codes, and PQRS will be adopted on February 2, 2014. It remains to be seen how the Affordable Health Care Act (aka Obamacare) will impact private practice and fee-for-service, as well as privacy and confidentiality issues.

Distance Learning

But of all the changes that are fast approaching, the one that concerns me most is the quiet flowering of distance learning, or online learning, which is replacing traditional (residential) classroom learning in MSW programs.

Take the example of the University of Southern California, which has enrolled 1,600 students in an online MSW program. The MSW degrees the university grants do not distinguish between those earned online and those earned through in-person course work. It is interesting to note that USC does not allow transfers between their online program and the in-person program; online students must reapply if they wish to be in the classroom-based MSW program. Tuition for the online program at USC is \$90,000!

Some schools are even planning to put fieldwork practicums online. Picture how this would work: the student is in one location, say, sitting on her bed in Alabama; the client is somewhere else, maybe an agency setting in Iowa; and the supervisor is at yet another location, perhaps an office in Washington, D.C. One cannot help but wonder how a profession that values the importance of relationship as one of its basic principles can embrace distance learning of this kind. All social workers, but especially clinical social workers, need to develop practice skills to build empathetic relationships and conduct sophisticated biopsychosocial assessments. How is this possible without the in-person contact in the classroom and/or through fieldwork necessary to develop and refine clinical skills?

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◀ **Bruce V. Hillowe, J.D., Ph.D.**, was the guest speaker at the General Membership Meeting. A mental healthcare attorney and psychologist-psychoanalyst, his presentation referenced his recent publication, *HIPAA Compliance Manual for Small Mental Health Practices in New York State, 4th Edition, 2013*.

What Happened to Confidentiality?

By David G. Phillips, DSW, LCSW, Co-Chair, Committee on Ethics & Professional Standards

This article is a slightly revised version of a talk delivered at the Annual Membership Meeting on October 19, 2013.

When health care professionals are surveyed, they often state that one of the important, if not the most important, ethical obligations is keeping confidential the information they receive from their clients in the context of the professional relationship. This concept has a long history. The National Association of Social Workers, founded in 1955, published its first Code of Ethics in 1960. That code contained one sentence on the subject of confidentiality: "I respect the privacy of the people I serve." The implication of that statement is that maintaining confidentiality is an absolute ethical duty of social workers, and that this duty arises from the requirements of the professional relationship.



David G. Phillips

► In the child abuse reporting laws, professionals are required to report past crimes, while in the laws dealing with the threat of third party harm, professionals may be required to predict the possibility of future crimes. This can be a heavy burden for mental health professionals...

With the perceptiveness that so often accompanies hindsight, it is interesting to see how naïve the authors of that code were. Our society has no precedent for a relationship of absolute confidentiality between health care professionals and their clients. Physicians, for example, have always been required to report to the authorities any gunshot wounds or certain contagious diseases they treat. In fact, in the 1950s, at practically the same time that the authors of the NASW Code were writing about absolute confidentiality, the rules of professional confidentiality had already begun to change with the passage of child abuse reporting laws by the separate states.

The ethical precept of professional confidentiality in our society is based on the moral or ultimate value of autonomy—the idea that individuals should be able to live and act according to plans and intentions of their own making. If the concept of autonomy is to have any meaning, then one of its implications is that individuals should have the right to maintain privacy over personal information. However, autonomy, like confidentiality, is never absolute. There is an almost inevitable conflict between the rights of the individual to autonomous action and the concerns and welfare of the larger society. Is society better served when individuals have absolute privacy

in certain relationships, or is it better served and protected when certain secrets are reported to the relevant authorities? This is the persistent, underlying struggle over the legal and ethical implications of confidentiality.

The child abuse reporting laws, enacted in the several states over the course of many years, exemplify evolutionary change in professional confidentiality requirements. By contrast, revolutionary change came in the 1970s with the famous Tarasoff case in California. In this case, a psychologist working at a University of California clinic, and a psychiatrist, the director of the clinic, were held liable for not warning the family of a student, Tatania Tarasoff,

that her life was in danger when a patient in treatment at the clinic made a threat against her.

The legal issue in the case was a specific example of the debate over the rights of the individual to privacy, and if protecting those rights is the best way to protect the larger society. The minority opinion held that society needs a place of refuge where individuals, like the murderer of Tatania Tarasoff, can go and express their impulses and fantasies with a guarantee of absolute confidentiality. When such a refuge exists, the opinion asserted, it actually serves to guard against criminal acts by such individuals.

The majority and deciding opinion held, however, that it is more important to protect the possible victim, even though the rights to confidentiality of the potential perpetrator may be violated.

Some professionals believe that the Tarasoff decision means that there is a duty to warn an individual or her family when a threat is made against her by a patient in therapy. In fact, the decision no longer means exactly that, even in California. When the case was reheard by the State Supreme Court, the *duty to warn* the intended victim was redefined as a *duty to protect* the possible victim; a warning was defined as simply one of several ways in which the victim could be protected.

Since the 1970s, many other court decisions were handed down, and state laws were enacted based on the precedent of this landmark case. Some of them have confirmed the Tarasoff decision, some have expanded upon it, and some have contradicted it. It is important for professionals to know the specific laws of the states in which they are licensed and practice. With regard to liability and responsibility, it is also important to know whether you *may* report or you *must* report; whether the law refers to threats made against

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Listserv Committee

By Lisa Beth Miller, LCSW, State Listserv Committee Member and Met Chapter Listserv Committee Co-Chair

Chapter listservs have become an integral part of our members' daily lives. Clinicians rely on them for networking with colleagues and as an important source of news and information.

The chapter listservs have been through many changes in recent months. Earlier this year, the State Board decided to revamp the service, which led to some disruptions. Fortunately, we are now seeing the light at the end of the tunnel. We are returning to full functionality, one chapter at a time. All the important features are again available, including interactive group replies "to all," the digest option and inter-chapter exchanges. Our committed, attentive corps of listserv moderators is resuming its activities. Our vibrant cyber-community is coming back, stronger than ever!

As always, the devil is in the details. This complex project has required the skills, time and dedication of many committee members. To date, work on three of the seven chapter listservs has been completed and the remaining four will slowly reopen in the next few weeks.


The success of this project is due, in large measure, to Robert S. Berger, Ph.D., MSW, LCSW, our State Listserv Committee Chair and Met Chapter Listserv Committee Co-Chair. His leadership, technical knowhow, and sheer hard work—including the painstaking repopulation of all the data onto a new platform, Google Groups—have paved the way for an improved listserv experience for all users.

On the Fence?

If you are still on the fence about using the listservs, we encourage you to explore all they have to offer. Don't be shy! The listservs thrive because so many clinicians are engaged in the exchange. Each new member receives and adds value.

If you want encouragement, just email the moderators at N-I-S@googlegroups.com. We'll do our best to put you at ease and help you get the most out of the service. If you are not yet a member of your chapter's listserv, please contact info.nysscsw@gmail.com.

For those members who are already part of the online conversations, we encourage you to review our Listserv Guidelines. These nuanced and sophisticated protocols facilitate truly civil and useful online exchanges. Members of the Listserv Committee and many others in the Society continually contribute to the refinement of our practices and protocols. You will help enhance the service by using the guidelines. If you need a copy, please email the moderators.

If you are interested in any aspect of our work, including the role of the moderators, please contact us. Volunteers from all chapters are welcome and needed. 



LISTSERV COMMITTEE MEMBERS (Front) Shannon Boyle, Nassau; Jane Gold, Met Chapter; Lisa Miller, Met Chapter Co-Chair; Lois Akner, Met Chapter; (Back) Robert S. Berger, State Listserv Committee Chair.

NOT SHOWN Met Chapter: Marilyn Sulzbacker, Wesley Willis; Mid-Hudson Chapter: Gloria Robbins, Rosemary Cohen; Nassau Chapter: Sheila Peck; Queens Chapter: Fred Sacklow; Rockland Chapter: Monica Leona Olivier; Staten Island Chapter: Ida Tam; Suffolk Chapter: Sandra Jo Lane; Westchester Chapter: John Dunn.

What Our Listserv Moderators Do

Moderators, as a team, are engaged in reading and reviewing their chapter's listserv emails, virtually 24/7. They monitor posts and educate members about our guidelines and protocols, such as confidentiality and the use of clear and detailed subject lines, which allow members to easily see emails that interest them and delete those that do not.

Moderators also scan for emails that may be useful to share with other chapter listservs, to obtain referrals and resources, and to spot any inappropriate or inflammatory comments. Moderators remind members of the need to preserve the member-to-member connection that helps us grow our organization, and serve our members and the profession.

Vendorship and Managed Care Committee

By Helen T. Hoffman, LCSW, Chair

Understanding the New Requirements for Documentation, Billing and Patient Privacy

Many changes involving documentation, billing, and record sharing have been instituted this year and clinicians need to be alert to new requirements. These include new CPT codes, the new DSM-5, updated HIPAA regulations, a new CMS-1500 form, and a transition next year to ICD-10 codes. To clarify, here are some of the basics:

CPT Codes: On January 1, 2013, CPT codes for billing Medicare and commercial insurance claims underwent a major revision. Some of the codes, such as those for family therapy, psychoanalysis and hypnotherapy, remain the same, but codes for other psychotherapy modalities have been deleted and new codes with different definitions and time frames added in their place. Also, two new billable items have been introduced: “psychotherapy for crisis” and “interactive complexity.” These codes are outlined on the NYSSCSW website at www.nysscsw.org. Look for the tab “2013 CPT Codes.”

DSM-5: In May, a long-awaited revision of the *Diagnostic and Statistical Manual of Mental Disorders* was released. The most commonly used diagnoses remain for the most part the same, but there are some new diagnostic entities and changes to old diagnoses. For example, the term “intellectual disability” replaces “mental retardation.” Multiaxial assessment is gone. In the place of Axis IV, V-codes have been introduced to reflect psychosocial stressors. In the absence of Axis V (the GAF scale), some diagnoses have been given severity measures. Other changes include the book’s new structure. It is organized using a “developmental lifespan approach.” Look for articles, webinars and seminars to gain a deeper understanding of the DSM-5.

HIPAA: In 2013, HIPAA regulations were further updated to reflect the complexities of current practice in the digital age. NYSSCSW is advising all members to update the Notice of Privacy Practices and Business Associate

Agreement and to educate themselves about privacy issues if they are “covered” entities. (See HIPAA article by David Phillips on page 7.) There is no such thing as being a “partial” HIPAA provider. If you bill electronically for only one patient, this makes you a “covered” provider and you are required to meet HIPAA standards. If you are not billing electronically, either on your own or through a billing service, you should not give out a Notice of Privacy Practices or indicate in any place that you are HIPAA compliant, as this commits you to being fully compliant.

CMS-1500: This standard claim form, formerly called the HCFA form, has been revised. After March 31, 2014, the old form, Version 08/05, will be rejected by insurers and you will need to use Version 02/12. January 6, 2014, through March 31, 2014, is a dual-use period, during which both forms will be acceptable. The CMS-1500 has been updated to accommodate the use of both the ICD-9 and ICD-10 code sets. (Note that ICD-9 codes are largely identical to DSM codes but that ICD-10 codes are completely different.) Twelve diagnoses can now be

reported on the form instead of the current four. And you will be able to identify in Box 21 whether the diagnosis is from the ICD-9 or ICD-10. A number of boxes have been eliminated, for example, Client’s Marital and Employment Status, Insured’s Employer or School Name, and Balance Due.

Transition from ICD-9 to ICD-10 Codes: On October 1, 2014, Medicare and commercial insurers will no longer accept claims using the ICD-9 codes which, as noted above, are similar to DSM codes. This reflects an effort to standardize diagnosis further to be compatible with code sets used internationally. The ICD-10 Code List can be found in many places, including the Appendix of the old DSM. In the new DSM-5, both DSM and ICD-10 codes appear next to each diagnostic entity.

Digesting these changes has probably seemed overwhelming this year, but once these requirements have been absorbed and adjustments made we will be better prepared to face the newest changes wrought by technology and the trend toward greater standardization of records. 🟦

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Complying with HIPAA 2013

Many members have had questions about the HIPAA Privacy and Security Rules, and the following information is offered as an introductory outline and guide so that practitioners can take further necessary steps. This brief article was prepared with the cooperation and assistance of Helen Hoffman, MSW, LCSW, Chair of the Vendorship and Managed Care Committee, and much of the material comes from the book *HIPAA Compliance Manual for Small Mental Health Practices in New York State* (4th Edition, 2013) by Bruce Hillowe, J.D., Ph.D.

Who must comply with the HIPAA privacy and security rules?

The HIPAA privacy and security rules apply to health care practitioners who are “covered entities,” that is, practitioners who engage in “covered transactions” involving patient health information (PHI). Covered transactions refer to the conveyance of PHI electronically for the purpose of being paid by third party payers. These transactions specifically include filing or inquiring regarding insurance claims and claim status; receiving insurance payment and remittance advice; coordinating insurance benefits; and checking the patient’s insurance enrollment and benefit eligibility status.

What are the basic initial steps I must take with all patients?

All complying practitioners must post a notice of privacy practices in their waiting rooms and a copy of the notice must be given, or at least offered, to all patients and receipt acknowledged by them. Additional requirements include implementing administrative, physical and technical safeguards for all PHI, such as having access to computers that are password-protected, having firewalls, anti-virus and anti-spyware programs installed, and making arrangements for the recovery and restoration of PHI maintained electronically in case of a disruption or an emergency.

What other responsibilities are established in the HIPAA privacy & security rules?

Practitioners should make sure that all office documentation meets the requirements of both the HIPAA privacy and security rules and the New York State Laws for licensed professionals. The HIPAA privacy rules are, in fact, “preempted” by state laws, which provide more stringent protections for PHI and which provide greater rights for patients.

If practitioners use a billing service or a billing manager do they become “covered entities” under the HIPAA privacy & security rules?

Yes. Virtually all third party billing services use electronic means to file insurance claims, so use of such a service will usually make the practitioner a covered entity that will be required to meet the requirements of the HIPAA privacy and security rules. This is true even though it is the billing service which does the actual billing. Practitioners using third party billing services must, in addition, have a written HIPAA Business Associate Agreement with them which needs to be updated in accord with the 2013 revisions.

Is HIPAA compliance still optional for some practitioners?

Yes. Practitioners may avoid having to follow the HIPAA privacy and security rules if:

1. They do not bill insurers and only bill patients directly or they do bill insurers but file only paper claims with third party payers that continue to permit it;
2. They do not use the services of a billing company or a billing manager since, as noted, those services almost all bill third party payers electronically, and;
3. They do not use electronic means such as a computer linked fax or email for conveying patient information to hospitals, other providers, pharmacies, or insurers.

On the other hand, however, authorities in the field anticipate that the HIPAA standards for the protection of patient privacy will gradually become accepted as standard practice in the field.

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Chapter Reports

Mid-Hudson Chapter

Rosemary Cohen, MSW, LCSW, President
rosemarycohen@gmail.com

- Christine Benson, LMSW has been confirmed as Treasurer of the Mid-Hudson Chapter.
- Our new Mentoring Group for second-year graduate students and MSW graduates (first three years postgraduate), led by Carolyn Bersak, DSW, and Crystal Marr, LCSW, meets monthly at Adelphi University Hudson Valley Center.
- On September 28, Brian and Marcia Gleason, LCSWs of the Exceptional Marriage Institute in New York City, presented their “Embodied Couples Treatment” workshop at Health Alliance Hospital [formerly, Benedictine] in Kingston.
- “Essential Knowledge for Best Practices with LGBTQI Populations in a Changing Landscape,” a conference held on October 4 at the Vassar Brothers Medical Center, was co-sponsored by our chapter, Adelphi, NASW NYS Hudson Valley Division, Marist College Social Work Department and Department of Psychology, and the Gay, Lesbian & Straight Education Network.
- On November 2, our chapter’s workshop on OCD, presented by Sheila Knights, Psy.D. will be held at the Mental Health America of Dutchess County (MHADC) conference room, our new location in Poughkeepsie.

2014 Events

- The Hudson Valley Collaborative Spring Conference 2014, date to be announced, will again be co-sponsored by several local institutions—Adelphi, NASW NYS HV and Mid Hudson Chapter—will be our third conference on working with veterans.
- On January 4, Susan Deane Miller, LCSW will present a workshop, “Treatment of Trauma Using EMDR” at MHADC.
- On March 1, Cindy Call, LCSW will present “Effects of Trauma on Children” at Health Alliance Hospital.

Nassau Chapter

Joseph Reiher, LCSW, BCD, Voting Rep
mitygoodtherapy@gmail.com

The Nassau Chapter this year re-constituted its board with a combination of new board members and veterans. The board has taken action to increase member activities and to become more open and available to members. This year we held five successful “meet and greets,” three breakfast meetings, and two lunch gatherings, that resulted in more communication among members and the board.

This season the chapter is sponsoring “Uncertainty and Change: Getting Through by Getting Better,” a presentation by Jude Treder-Wolff, LCSW, RMT, CGP. There has been a nice response from members and we are looking forward to an exciting experience.

Plans are underway for several more meet and greets, and in the near future, we will be offering a dinner meet at a central location. We are also planning another exciting member event in the spring, information to come. Office: 516-513-0704.

Queens Chapter Update

Fred Sacklow, LCSW-R, President
freds99@aol.com

Queens is a vibrant chapter with a growing membership base. The chapter has scheduled some exciting speakers and we are in process of adding more monthly educational presentations to our calendar. This is the result of the hard work of our educational committee chairs, Nancy Hazelton, LCSW and Lynne O’Donnell, LCSW, ACSW, as well as other board members.

Last year, Carol D’Andrea, LCSW, with help from others, ran a small mentorship group. We were sad to say goodbye to a much beloved, long term board and chapter member, Jeanne Friedman, LCSW who retired from practice and set off for Florida.

Please note that we now meet at the Free Synagogue of Flushing (we had met for many years at Holliswood Hospital

but, unfortunately, it has closed). We held our September meeting at the new venue and received positive feedback. The Free Synagogue of Flushing has ample parking and is close to public transportation. Our morning board meetings are followed by time for networking, and then the educational presentations, that run from 11:30 am until 1:00 pm.

Meeting Dates

Check the web site for program details

2013: 9/22, 10/27, 11/24, 12/15

2014: 1/26, 2/23, 3/23, 4/27, 5/18, 6/22.

We hope to see you soon in Queens. If you have any questions, please contact me.

Rockland Chapter

Leadership Committee:
Orsoyla Clifford, LCSW-R
ovadasz@optonline.net
Sharon Forman, LCSW

Our chapter is off to an exciting start this year. Our leadership model continues to be collaborative, with Orsoyla Clifford, LCSW and Sharon Forman, LCSW sharing tasks. Mary Lynne Schiller, LCSW has stepped down but will continue to share her talents with us as a member-at-large of our board. We thank her for her hard work and look forward to her continued involvement.

Our educational programs this year included a recent presentation on neuropsychological testing for beginners, which proved stimulating and informative. We look forward to presentations on non verbal and verbal nuances in therapeutic interventions, a dream workshop, attachment in adult relationships, treatment failures, family assessment with young children during marital separation, and neuropsychology and family sculpture.

In addition to our educational presentations, in March 2014 in honor of Social Work Month, we are featuring a movie, *The Skin I Live In*, followed by a clinical discussion, a networking event, and a self-care event. We continue to provide clinical



ABOVE LEFT: (L TO R) Staten Island Chapter Vice President Dennis Guttsman, MSW, LCSW; Co-presenter Michael Aaron; President Janice Gross, LCSW and Co-presenter Michael Crocker.
ABOVE RIGHT: Graduating student, Rosario Lopez-Rivera of the Silver School of Social Work at New York University, was presented with the Clinical Excellence Social Work Award.

Borough President Recognizes Staten Island Social Workers at Chapter's 2013 Conference

On March 16, during National Social Work Month, the Staten Island Chapter held its 2013 Annual Conference at the Staaten Restaurant. The Borough President provided the Society with a proclamation recognizing and honoring all social workers in Staten Island. A presentation was given by Michael Crocker, MA, LCSW and Michael Aaron, LCSW, on *Treating Sexual Compulsions within Different Attachment Styles*.

case discussions prior to our educational presentations.

Mentorship programs continue to be a growing area in our chapter. Lynn Leeds, MSW and Donna Davidson, MSW have recently started a new group for LMSWs and MSWs to provide support and process issues. Kevin Melendy, LMSW and Sharon Forman, LCSW will resume their mentorship program for graduating students in January. Outreach to local MSW programs will begin soon. We also provide individual mentorship for those in transition from student to professional, and for new NYSSCSW members.

Overall, it promises to be an energetic and fruitful year as we work to expand our chapter, learn from one another, and share our joys and challenges of social work clinicians.

Staten Island Chapter

Janice Gross LCSW, President
Jgross1013@aol.com

Our clinicians find themselves busy with families, children and challenging cases. In late October 2012, we had the additional challenge of local families traumatized and displaced by Superstorm Sandy. Many clinicians volunteered their personal time for hands on help, and provided specialized interventions for trauma.

We are happy to report that we had a chapter educational presentation, hosted at the College of Staten Island Undergraduate Social Work Program, featuring CSI faculty members. The event was attended by chapter members and students. We look forward to an ongoing relationship with CSI as they move forward into an MSW program starting in fall 2014.

This year's educational programs had a diversity of themes and presenters: "Music Therapy" with Lynne Satiel, LCSW and "Collaborative Law" with Philip Garippa, LCSW. For further information and to attend a meeting, contact Janice Gross, 718-420-9432.

Metropolitan Chapter

Karen Kaufman Ph.D., LCSW, President
Karenkaufman17@gmail.com

Good News! The Met Chapter recently restored its listserv, complete with the personal attention and care of its listserv monitors. The chapter continues to improve and enhance the professional practice of clinical social work through its sponsorship of clinical lecture and discussion opportunities, peer-supported private practice groups, speed networking events, listserv access, workshops, new member receptions, mentorship groups and the annual Diana List Cullen Memorial Scholarship Awards, formerly First Year MSW Student Writing Contest. (See story on page 10.)

Many new and exciting programs and events are planned for 2013-2014 by our active committees: Education, Membership, Trauma Studies, Substance Abuse, Listserv, Mentorship/Peer Consultation, The Aging Client and the Aging Clinician, Family Practice and Psychoanalysis. In addition, an LGBT Committee is currently under review.

We are always exploring new ideas to suit our members' varied clinical interests and educational needs. We encourage you to get involved by joining one of our committees or explore opportunities to join the board. We welcome new talent and experience and invite you to attend our programs, member receptions and holiday celebration. You may contact any board member or committee chair to explore your interests (for contact info, please see the Society's website). ☑

Six MSW Students Win Met Chapter Writing Awards

Scholarship Is Renamed in Honor of Diana List Cullen

By Chris Ann Farhood, MSW, LCSW, Scholarship Coordinator



Carlos Malave (center)



Elizabeth Boskey



Harvey Weissman



Penelope Yates (holding check)



Andrew Chesler



Linnea deLuise

Six social work students won awards this fall in the Met Chapter's growing writing scholarship program, which invites New York City-area graduate schools to submit three clinically-oriented papers written by first-year students.

Winners of the 2013 Diana List Cullen Memorial First-Year MSW Student Writing Scholarship Contest each received a \$500 scholarship to apply toward their second year of graduate study, and a one-year free membership in the Society.

The winners were: Carlos Malave, Graduate School of Social Work at Lehman College; Elizabeth Boskey, Columbia University School of Social Work; Harvey Weissman, Silberman School of Social Work at Hunter College; Penelope Yates, Silver School of Social Work at NYU; Andrew Chesler, Wurzweiler School of Social Work at Yeshiva University and; Linnea deLuise, Graduate School of Social Service at Fordham University.


Launched in 2011 by the Met Chapter Membership Committee under the leadership of Chair Richard Joelson, DSW, the scholarship contest was conceived as a way to support students while strengthening the collaboration between the Society and local graduate schools of social work. This year it was renamed in honor of the late Diana List Cullen, Past President of the Met Chapter, member of the Education Committee, and a lifelong lover of learning.

A reception to honor the six award recipients was held on October 2 at the Fifth Avenue Presbyterian Church. Faculty, Met Chapter board members, and the families and friends of the awardees attended the event, which was organized and emceed by Chris Farhood, MSW, LCSW, Scholarship Coordinator.

"We are very impressed, not only with the caliber of the papers, but also with the students themselves—outstanding scholars who have chosen to enter our profession," Committee Chair Joelson said. The students' papers focused on such clinical issues as working with transgender clients, and included a clinical interpretation of a case reported in *The New Yorker*. They were evaluated by the Education Committee, chaired by Susan Appelman, MSW, LCSW.

When the contest began in 2011, three graduate schools participated. The award winners were Kimberly Berndes of the Columbia University School of Social Work; Pamela Leff, Silberman School of Social Work at Hunter College; and Hao Wong, Silver School of Social Work at NYU. That year's awards ceremony was particularly celebratory, with all three deans in attendance, as well as Hao's family, which flew in from China.

In 2012, four graduate schools participated in the contest. The winners were Daniel Schneider, of the Graduate School of Social Service at Fordham University; Jonathan Boland, Columbia University School of Social Work; Devin Bokaer, Silberman School of Social Work at Hunter College; and Sheena Marquis, Silver School of Social Work at NYU.

The recent scholars have expressed an interest in the Society's Mentorship Program, chaired by Helen Hinckley Krackow, MSW, LCSW, BCD and assisted by Antoinette Mims, MSW, LMSW. The program offers support to graduates making the transition from student to clinical social work professional. 

Call for Proposals

For Workshops and Panels for the 45th Annual Conference
of the New York State Society for Clinical Social Work

Facing Impasses: Identifying and Working Through

Date of Conference: May 10, 2014

We work with our patients to help them overcome difficulties that are impeding their ability to reach a fuller life. However, sometimes the treatment reaches an impasse. It is this aspect of the treatment that we want to address at this conference. We are looking for proposals for Workshops and Panels from all theoretical orientations as well as all modalities that address this theme.

Suggested Topics:

- Working with topics and issues that we might find uncomfortable, such as: race, racism, race consciousness, and race relations; class; money; mortality; sex, sexuality, and intimacy, etc.
- Working with difficult emotions, such as: shame; humiliation; betrayal; pain; anger; hate; inappropriate feelings about our patients (such as sexual attraction); envy; fear; uncomfortable countertransference; etc.
- Difficulties in accepting transference feelings.
- What to do when we don't want to do the work.
- How to recognize blocks we would rather ignore.
- The boring patient.
- Other factors that may contribute to impasses, such as: collusion in the treatment, including how it may differ when working with individuals, couples, families, or groups. What role can our agency play?; frustration with the patient; making "mistakes."
- The uses of theory. How do we gain support from an understanding of the treatment frame, theory, or orientation if the treatment starts to derail? How do we change to a different form of treatment and face any fears about new treatments and techniques?
- Inhibitions, both our patient's and our own, which can cause deadlocks.
- Feeling manipulated by patients, managed care, or agencies.
- Agency issues that may inhibit treatment.

Proposals should be from *three to five* typewritten pages, double-spaced, and must include:

- Description: purpose, function, and teaching objectives. Include brief clinical illustrations.
- A workshop outline describing concepts to be developed.
- A bibliography.
- On a separate page, your C.V. and all other identifying information. Underline one affiliation that you would like listed on the brochure. Private practice is not considered an affiliation.
- On a separate page, a brief paragraph of about five lines, stating the purpose of the workshop and listing five to six aims and objectives.

Deadline for Submission of Proposals: January 13, 2014

PLEASE E-MAIL ONE SET OF SUBMISSIONS TO: merylgalster@yahoo.com.
The subject line of your e-mail should read: NYSSCSW Educational Conference.

—OR—

MAIL FOUR SETS OF SUBMISSIONS TO:
Meryl Alster, 175 West 93rd Street, Apt. 15-H, New York, NY 10025

Enhancing the Treatment Experience:

Education Conference Offers Broad Theme, New Format, Eclectic Mix of Topics

By Meryl Alster, MSSW LCSW-R, Committee Chair



WORKSHOP PRESENTERS (L TO R)
TOP: Noah Clyman, LCSW, ACT; Jess Allen, LMSW; **CENTER:** Ellen Daniels, LCSW; Gwenn A. Nussbaum, LCSW, BCD, CGP; **BOTTOM:** Steven A. Weisblatt, MD



With its broad theme and innovative format, the Society's 44th Annual Education Conference, held on May 4, featured an eclectic mix of clinical topics and approaches.

The agenda for the event, "Enhancing the Treatment Experience: A Day of Networking and Learning," comprised a keynote address and four workshops. By comparison, past conferences featured two keynotes in the morning, followed by up to eight simultaneous workshops in the afternoon. Attendees often expressed frustration with having to choose only one workshop from so many they would have liked to attend.

This year, a new schedule was proposed by Society President Marsha Wineburgh, who served as Chair of the Annual Education Conference Committee. It included one keynote session, attended by everyone, followed by four consecutive workshops.

In an interesting twist, the clinicians did not have to travel from room to room to attend the workshops. Instead, attendees were divided into four groups, each assigned to a meeting room. The workshop leaders travelled in round robin fashion among the groups to make their presentations, so that each attendee participated in every session.

The presentations informed us, challenged us, and renewed our appreciation for the varied demands of our profession. Keynoter Susan Klett, LCSW, BCD presented "Shattering Trauma: Recovering and Repairing the Self Through the Therapeutic Process." Her presentation is reviewed in an accompanying article.

Workshop leader Noah Clyman, LCSW, ACT demonstrated the use of cognitive behavioral techniques in a discreet anxiety-provoking situation. His assistant took the part of a graduate student, overcome with anxiety when attending job fairs. His methodology was demonstrated through role play.

Ellen Daniels, LCSW presented "How Do I Keep Going." She described her wrenching experiences in maintaining her therapy practice during her daughter's serious illness. It was an honest and revealing glimpse of her struggles.

CONTINUED ON PAGE 14

Shattering Trauma: Recovering and Repairing the Self Through the Therapeutic Process

Keynote presented by Susan Klett, LCSW-R, BCD; Reviewed by Marie McHugh, LCSW-R

The illustrious Susan Klett commenced this year's annual education conference with a richly documented scientific paper based on the clinical case study of an adult survivor of childhood incest. Klett demonstrated the application of a relational approach over a two-year period, illuminating the impact of cumulative trauma on the sense of self and the self in relationships. She quickly engaged the audience with a well-chosen opening question illustrating core psychodynamic features of the case and its implications for treatment. Klett then delved into some of the extensive research she has done on the subject of complex trauma (i.e., cumulative traumas) including current neuroscience research, as well as attachment theory and infant research, and object-relations theory, among others. She explained the profound effects of trauma on the brain, the central nervous system, and the physiological systems of the body on an unconscious level, and made the link to attachment theory and the efficacy of focusing on attunement to affective states in the course of psychotherapy. Importantly, Klett cited evidence from neuroscientists that new patterns of neural organization may be formed through the patient-therapist relational experience.

The Treatment

Klett chose vignettes to make salient theoretical points informed by trauma, attachment, and object-relations theory. Examples included the demonstrated use of empathic attunement in order to facilitate safety within the holding environment, particularly vital during the first year. The patient was described as an educated, professional young woman who had developed a wide range of dissociative patterns in order to survive multiple onslaughts from both parents. They consisted of denial, splitting, neurogenic amnesia, numbing, dissociation, hyperarousal, and panic attacks. Her presenting problem was that she longed for an intimate relationship, yet was terrified of it.

Klett showed sensitivity to and awareness of the patient's earlier experiences as she explored relational failures and analyzed the patient's needs and defenses, as well as her own countertransference. Ferenczi's "wise child" is hypervigilant to the needs of the caretaker, Klett explained, and this concept relates directly to the patient-therapist relationship. By staying closely attuned throughout the first year of treatment, she helped the patient's trust develop and her anxious and hypervigilant states no longer blocked the work.

CONTINUED ON NEXT PAGE

Susan A. Klett, LCSW-R, BCD, received her MSSW from Columbia University and a Certificate in Adult Psychoanalysis and Psychoanalytic Psychotherapy from The Postgraduate Center for Mental Health. Former Chair of the Society's Annual Education Conference Committee, she is Co-Director of Washington Square Institute, where she also serves on faculty as a Supervisor and Training Analyst, Director of Continuing Education, and Coordinator of the Group Series. She is on the Editorial Board of WSI's Journal *Issues in Psychoanalytic Psychology*. She is the Past President of The Postgraduate Psychoanalytic Society, former board member, Co-chair of the Planning and Education Committee and a faculty member of Postgrad* The Institute of the Postgraduate Psychoanalytic Society. She has published articles and reviews on trauma, eating disorders and the psychoanalytic process, and has presented nationally and internationally on trauma. She maintains a private practice in Manhattan working with individuals, couples and groups.



Marie McHugh, LCSW-R is a certified psychoanalyst in private practice in Manhattan.


Overview

CONTINUED FROM PAGE 12

Gwenn A. Nusbaum, LCSW, BCD, CGP asked us to stretch our therapeutic framework by challenging frequently held assumptions about the importance of forgiveness when working with traumatized individuals. Using case examples, she explored situations in which forgiveness, a seemingly basic concept, may not be therapeutically appropriate.

In a very lively workshop, Steven A. Weisblatt, MD presented a new approach to diagnosing mood disorders. We saw how once this shift is incorporated, our therapeutic framework can change.

The members of the 2013 Annual Education Conference Committee—Richard B. Joelson, DSW, LCSW, Marie McHugh, LCSW, Marsha Wineburgh, DSW, LCSW, and Meryl Aster, MSSW LCSW-R—extend a big thank you to the many deserving people who worked to produce this conference. They include Society Administrator Sheila Guston and volunteers Roz Cohen and Evan Giller, who made sure that registration went smoothly. Our volunteer workshop coordinators and leaders, Kathie McEwen, MSSW, LCSW-R, ACSW, Chris Farhood, MSW, LCSW-R, ACSW, Hafina Allen, LMSW and Saloni Sethi, LMSW, kept us on time and offered the committee good suggestions.

The committee members for the May 10, 2014 Annual Education Conference are Meryl Alster, LCSW-R; Daphne Leahy-Matteo, LCSW-R, SEP; Marie McHugh, LCSW-R; and Dale Schneitzer, LCSW-R. 

We Need You!

We work hard to create educational programs that inform and inspire. However, the committee cannot do it alone. We rely on members to help us keep the programs relevant and useful.

Please take a few minutes to think about the topics that are important to you. What areas do you want to learn more about? What issues have not been covered adequately? What types of programs would help you develop as a clinician?

Please e-mail me your thoughts and ideas at merylgalster@yahoo.com. Of course, the committee will not be able to implement every idea, but each one is welcomed. Many of our finest programs have grown from comments and suggestions from members like you.


Keynote

CONTINUED FROM PAGE 13

During the second year the treatment deepened, and the patient began making observations of her emotional self and started processing previously unprocessed dissociated states that had resulted in splits of consciousness and truncated development. Klett described the importance and use of silence in the sessions, and her experiencing of projective identification in one particular session, as the patient gained access to memories and connections to feelings about a life threatening experience of physical abuse. As the treatment progressed, the patient re-experienced and worked through the incest trauma in an empowered and resilient state, using dreams as a transitional space in which to integrate and transform her experience. She was able to gain valuable insight into her eating disorder, and came to understand her self-injurious behaviors as stemming from a need to remain attached and identified with the aggressors (i.e., both of her parents). Eventually, the patient was able to achieve separation and individuation through the treatment by being able to fully mourn early losses, and to process and voice previously unarticulated experiences.

Summary

Klett concluded her presentation by re-emphasizing the profound impact of trauma on the body, brain, self, and the self in relationships as evidenced in her work with this patient. She then further elaborated upon findings of neuroscience research, which included the role of the therapist in serving as a conduit to the rebuilding of brain networks of memory integration, self-organization, and affect regulation. Klett closed with an analysis of the transference and a powerful example of figuratively embracing and accepting the patient as a whole object—the good with the bad—which led to the patient's ability to synthesize good and bad aspects of self and others, and contributed to her development of a cohesive sense of self and thereby shifted the treatment from object relating to object usage.

Lastly, Klett reflected on forgiveness, and ended with a quote by Mark Twain that captures the patient's experience of forgiving herself: "Forgiveness is the fragrance the violet sheds on the heel that has crushed it." 

PLEASE WELCOME THE NEW MEMBERS OF THE NYSSCSW*

NAME	CHAPTER	NAME	CHAPTER	NAME	CHAPTER
Abdel Hady, Zamyra	MET	Garidis, Christina	MET	Olsen, Mary C.	MET
Abraham, Melissa A., LCSW-R	MID	Giordano, Risa, LCSW	MET	Ostrov, Julia	MET
Abrams, Alison S., M.Ed., MA	WES	Gottlieb, Sari	WES	Positano, Christina, LMSW	MET
Adams, Eris	MET	Grande, H. Mari P., LCSW-R, MSW	MET	Pross, Cindy E., LCSW-R, MSW	NAS
Agazarian, Lauren, LCSW, MS	NAS	Greenwald, Kenneth	MET	Rabinowitz, Ellyn, LCSW	ROC
Ajwani, Neena, LCSW, LMSW	MET	Guidi, Carol S.,	MID	Reiff, Amy	MET
Almouli, Jennifer	MET	Gunzburg, Arthur, LCSW-R	MET	Rich, Karen, LCSW	MID
Alwan, Yasmine	MET	Guttman, Chaya	NAS	Roberts, Renee	MET
Baez, Annecy	WES	Henry, Kimberly	QUE	Roberts, Joanne, LCSW	QUE
Barron, Therese M., LCSW	MET	Ho, Vivian	MET	Rogers, Susan, LCSW, MSW	MET
Baumann, Janet, Ph.D., LCSW-R	MET	Isaacs, Robert M., LCSW	MET	Romanelli, Debra	MET
Berlow, Nancy	NAS	Johnson, Maria G., LCSW, MSW	NAS	Rose, Julie A., LCSW-R, MSW	NAS
Bombardiere, Dina, LCSW, MSW	NAS	Jones, Linda, LCSW-R	MET	Rosenberg, Maxwell, MSW	WES
Bow, Thomas E., MA, LCSW, MSW	MET	Jureidini, Althea, LCSW	MET	Rostant, Caroline, LCSW	MET
Brondolo, Kathryn A., LCSW-R	ROC	Kadosh, Chava K., LCSW, MSW	MET	Schechter, Linda, LCSW	MET
Brown, Patricia, LMSW	SI	Kane-Coletta, Kathleen, LCSW	NAS	Scotto, Janine T., LCSW	SI
Buckingham, Anne M.	WES	Katz, Jerry S., LCSW	MET	Sears, Dionne, LMSW	MET
Cappiello, Michael T., LCSW-R, MSW	WES	King, Purim, LCSW	WES	Siegel, Arleene, LMSW	MID
Cavaluzzi, Nancy E., LCSW	MET	Kober, Mary Ellen, LCSW, MSW	WES	Singh, Tara	MET
Chessa, Judy, LMSW	WES	Koenigsberg, Shira, MSW, LMSW	NAS	Smith, Ann	MET
Cohen, Gail	WES	Kolker, Emily	WES	Sokoll, Rebecca	MET
Coleman, Beth	MET	Kramer, Carol J., LCSW-R, MSW	MET	Sokolov, Mollie, LCSW	MID
Cooke, Elizabeth M.	MID	Laurette, Marta J.	NAS	Sorter, Dorianne	MET
Corby, Alissa D.	MID	Law, Georgette C., LCSW-R	WES	Spanbock, Betsy W.	MET
Dando, Holly H., LCSW-R	MET	Lawrence, Monique	MID	Spurrell, Elizabeth A., LCSW	MET
Davies, Catherine E., LCSW, LMSW	MID	Leahy, Daphne	MET	Steinglass, Judith S., LCSW-R	WES
Dea-Jue, Susan	WES	Li, Margaret	QUE	Stern, Arleen R., LCSW-R, MSW	MET
Dellorletta, Amanda S.	WES	Loper, Sally, LCSW-R	MET	Strauss, Judy	MET
Deluca, Anthony J., Ph.D., LP	SI	Luria, Deena, LCSW-R	MET	Suben, Elaine M., LCSW, MSW	MET
Dold, Miranda, LCSW	WES	Malkin, Diane, LCSW	WES	Sukenik, Susan E., LCSW	MET
Doyle, Stephanie E.	WES	Mason, Marc, LMSW	MET	Tanner, Ronald	WES
Dunn, Regine	MET	McCarthy, Krista, LMSW	MET	Tartell, Jacqueline	MET
Duroska, Emmanuella, MSW	MET	Meyerhoff, Krista	MET	Thomas, Elizabeth	MET
Dworkin, Jane	MID	Meyers, Amy, Ph.D., LCSW-R	MET	Torres, Linda, LCSW-R	QUE
Ellis, Wanda, LMSW	MET	Miller, Ann, LCSW	MET	Valerio, Estephany M.	MET
Engelman, Joanna, MSW	MET	Modafferi Partridge, Mary, LCSW-R	ROC	Vanefsky, Lisa	MET
Feldman-Hills, Hayley A., LMSW	MET	Moylan, Kelly, LCSW	MET	Walton, Susan V., LCSW-R	WES
Fields, Ashley M., LCSW	QUE	Nadler, Diane L.	MET	Weissman, Harvey	MET
Frankel, Matthew	MET	Nicoll, Miriam, LCSW	ROC	Welch, Steven P., LCSW	MET
Funaioli, Michelle, LCSW-R, LMSW	MET	Nobile, Jessica	ROC	Wright, Christina, LCSW	WES
Gaiton, Lana, Ph.D., LP	MET	Nunez Stetson, Stacey	MET	Wu, William, LMSW	MET
Gamar, Dietra E., LCSW-R	MET	Nwasike, Unoma	MET		
Gardiner, Myrtho W., LCSW	MET	O'Malley, Danielle A.	WES		

CHAPTER KEY: MET—Metropolitan, MID—Mid-Hudson, NAS—Nassau County, QUE—Queens County, ROC—Rockland County, SI—Staten Island, WES—Westchester County.

*These new members joined between March and October, 2013.

In Memoriam

Sheldon Blitstein

Sheldon Blitstein, MSW, LCSW, a State Board Member-at-Large from the Westchester Chapter, died in July. He recently retired from Family Services of Westchester. Earlier, he was Clinic Director at the Fordham-Tremont Mental Health Clinic and at Aurora Concept.

Diana List Cullen

Diana List Cullen, MSW, LCSW, passed away in January 2013. President of the Met Chapter of the NYSSCSW from 1994 to 2000, she also served on the State Board during those six years. The Met Chapter has named its writing scholarship program for clinical social work students in her honor.

A student at the NYU School of Social Work when she first joined the Met Board, Cullen emerged as an innovative leader who could recruit others, including many of the Society's current leaders. A creative therapist specializing in EMDR, she was one of first to use online psychotherapy.

Cullen was also a dancer, a potter, and a savvy business administrator. At a celebration of her life in February, friends recalled her outstanding work for the Society; her contributions to the pottery program at the 92nd Street Y; and her work with the "The Circle of Elders" at the Unitarian Church; among other poignant memories.

Murray Itzkowitz

Murray Itzkowitz, DSW, who passed away in July 2013, was Executive Director of The Bridge, Inc. for 31 years, Past President of the Met Chapter of NYSSCSW, and a member of the State Board. He was a warm, capable and generous leader, the devoted partner of Phyllis Mervis, DSW, LCSW, CGP, our dear, distinguished colleague.

"Through his unyielding commitment to our clients," The Bridge's CEO said, "Murray built The Bridge into one of the City's premier human service agencies for people with mental illness, substance abuse, the homeless and people with HIV/AIDS... His extraordinary leadership, vision and commitment to serving people with behavioral health issues will indeed be missed."

Adrienne Lampert

Adrienne Lampert, LCSW-R, who passed away in October 2013, served as President of the NYSSCSW, and of the Brooklyn Chapter. She was also President of the National Federation of Societies for Clinical Social Work, and ICAPP, an association of private practitioners.

Society President Marsha Wineburgh, DSW, said, "Adrienne was a born leader—spunky, intelligent, persistent and persuasive. We worked together for many years to advance clinical social work and the NYSSCSW. She served in many capacities, initiated the important State Presidents' Committee for our chapter presidents, hired a marketing firm to increase our public profile, and worked to get us health insurance. She will be greatly missed."

Lampert graduated from New York University, earned an MSW from Case Western University, and certification from the New York Society of Freudian Psychoanalysts and the William Alanson White Institute. In 2002, she moved to Ithaca, where she continued contributing her time and talents to mental health and other community organizations.

Selma Porter

Selma Porter, LCSW, a dedicated board member of the Rockland County Chapter, was 83 years of age when she passed away in November 2013. Perceptive, influential and kind, she recently attended a board meeting, and maintained her practice until last year. She was "a compassionate friend and social worker, and her passing is a loss to our board, the Society, and our community," said Rockland Chapter President Orsolya Clifford, LCSW-R.

Anita Weintraub

Anita Weintraub, Ph.D., MSW, a member of the Staten Island Chapter, passed away in February 2013. She was a devoted school psychologist at Curtis High School, and a psychotherapist at a clinic in Brooklyn.

NOTE: To list death notices of NYSSCSW members, please contact Kristin Kuenzel at 800-288-4279 or info.nysscsw@gmail.com.

THE AGE OF INSIGHT: A Call for a Reductionistic Approach to Psychoanalytic Thought, Neuroscience, Art and Creativity

By Sandra Indig, LCSW-R, LP, ATRCB, CC&T, Committee Chair and Workshop Series Organizer
and Inna Rozentsvit, M.D., Ph.D., Workshop Series Moderator

The author of *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind and Brain, From Vienna 1900 to the Present* (2012, Random House), Eric Kandel, recently recalled the advice he received as a young man from his mentor, Harry Grundfest: 'Look, if you want to understand the brain, you're going to have to take a reductionist approach, one cell at a time.' "He was so right," Kandel said.

Reductionism, which means to study very complex ideas by reducing them to simple components, is used in basic sciences such as biology, physics, and chemistry, as well as in philosophy and linguistics. However, reductionism is also very much rejected and looked down upon by those who believe that some systems are too complex to be reduced to the smallest building blocks. The belief is that those building blocks which make the existence of each particular system possible are themselves not reducible anymore.

In *The Age of Insight*, Kandel, a brilliant psychoanalytically-minded neuroscientist and Nobel Prize laureate, explores this reductionist approach to connections between the sciences of mind and brain, as well as arts and creativity. Kandel, who was born in Vienna eight years before Kristallnacht, goes back to his childhood and his memories at the beginning of his book. He then walks us through the process and results of the interaction of key leaders, Freud, Schnitzler, Klimt, Kokoschka, and Schiele, of "two cultures," science and humanities, in Vienna at the beginning of 20th century. Through these five pioneers, we learn about the influence that the Vienna School of Medicine had on the Vienna School of Art History; about the revolution in thinking regarding the human mind, conscious and unconscious; and, how brain science relates to art. The early 20th century ideas have endured to the present, particularly in the area of neuropsychology and the continued synthesis of art, mind and brain.

Series of Workshops

The beginning of Kandel's book was the topic of the first in a series of workshops. On April 14, Dr. Margery Quackenbush, the Executive Director of NAAP, led the workshop, focusing on the history of Kandel's early research in the field of neurobiology and on the further expansion of his ideas to include art, creativity, and the work of the unconscious.


*"There is nothing
in a caterpillar
that tells you it's
going to be a butterfly."*

—Richard Buckminster Fuller

At the second workshop, held on May 5, Dr. Natalie Riccio further explored the mind-brain relationships, "brain-based" and dynamic psychology, and the search for inner meaning in art and literature. At our third workshop, on June 2, this discussion was continued by Sandra Indig, Committee Chair, and was expanded into the area of brain-mind relationships in terms of the brain being a "creativity machine," and the "beholder share" concept, as well as representations of psyche, anxiety and aggression in art. Dr. Inna Rozentsvit moderated the workshops, and spoke on the neurological aspects of the material presented and discussed by participants.

Kandel's book is not a textbook on mind and creativity. It is not a manual for utilizing neuroscience in artistic endeavors. It does not provide all the answers. However, it is an invitation to discussion about mind-brain, science-art, psychology / psychoanalysis and art / literature connections, and cross-pollinations. Kandel calls for the reductionist approach used in basic biological sciences to re-construct these synthetic connections.

The reductionist approach can help us, as psychoanalysts, to better comprehend the dynamics taking place in the viewer/ beholder before works of art. The approach is the first step in a complex journey toward grasping the dynamics of the creativity process itself.

The next workshop in the series, "Reading Eric Kandel's *The Age of Insight*," is planned for November 17, from noon to 2:00 pm. Anyone who is interested in joining this quest, as participant and/or presenter, may contact Sandra Indig at Psych4arts@hotmail.com or Diana Isaac at InternCCT@gmail.com to register. 

specific individuals or general groups; and whether the law refers to *warning or protecting*.

In all cases, however, the laws that cover the potential for third party harm differ significantly from the child abuse reporting laws, even though they both modify confidentiality. An important shift in professional responsibility has taken place.

In the child abuse reporting laws, professionals are *required to report past crimes*, while in the laws dealing with the threat of third party harm, professionals *may be required to predict the possibility of future crimes*. This can be a heavy burden for mental health professionals, who usually find that accurate prediction is next to impossible in their work.

In the 1980s, another revolutionary event occurred which again brought into question the modification of professional confidentiality and its value to society: the discovery of HIV and the beginning of the AIDS epidemic. A book about that era by Randy Shilts, *And the Band Played On*, points out that it took some time for scientists to learn that AIDS was transmitted by a virus and, further, to understand that AIDS was not characteristic of certain groups, but that it was transmitted by certain types of high risk behaviors.

These discoveries opened the door to new ethical debates over confidentiality. One of the many questions that arose was: if your psychotherapy patient, a person who could transmit HIV, is engaging in behavior with an identified third party, should there be a Tarasoff-like duty to warn the third party that he or she is in danger?

To understand the debate, you must place it in the historical context of the early 1980s, when there was no treatment to slow or control the progress of HIV in the body. A diagnosis of AIDS was a virtually certain sentence to a quick and horrible death. The familiar debate of the Tarasoff case resumed, but this time in a new context. Would potential HIV patients come in for testing if they knew that the results of the tests might not be kept confidential? Would society be better served if HIV-positive individuals were warned in confidence of their condition so that they could take precautions in their behavior, or would it be more useful to limit confidentiality and warn the possible victims of their behavior? There was a legal tradition of reporting and containing contagious diseases, for example, in the notorious case of Typhoid Mary, a disease-carrier who was confined on an island in the East River to control her behavior. Should AIDS be treated like this, differently than other diseases?

New York was one of the epicenters of the AIDS epidemic, and therefore one of the centers of the legal, ethical, and political debate over whether there should be special protections for HIV-related information. Today's health care professionals may not need to know the details of that debate, but they do need to know its outcome, and the special protections for the communication of HIV-related information that were instituted in our state.

The recent passage of the Safe Act in New York State, the gun control law, further modifies confidentiality and makes for more reporting requirements for licensed professionals regarding individuals who may be harmful to themselves or to others.

Laws and court cases are not the only source of modifications to the absolute confidentiality referred to by the authors of that long-ago NASW Code. I will briefly discuss two other sources of change in the last 50 years—technology and insurance.

In a three-volume biography of Freud by his friend and colleague, Ernest Jones, it is reported that the first psychoanalyst was also one of the first consumers in Vienna of an exciting new technological device, the telephone. Jones does not mention, however, that Freud ever had phone sessions with his patients when, for instance, snowstorms made travel impossible in old Vienna. We can only speculate whether Freud conducted phone sessions with his patients.

But I think we can say with a high degree of certainty that he never sent or received an email from a patient, and then worried about his email being hacked and posted on the Internet. He never

► **I think we can say with a high degree of certainty that [Freud] never sent or received an email from a patient, and then worried about his email being hacked and posted on the Internet.**

checked out a patient on Google or Facebook, and then wondered if it was unethical to obtain information indirectly that the patient had not yet been ready to tell him in their sessions. He never had a session using Skype with a patient in another country, and then worried that his Austrian medical license might not cover him for a service delivered in another country, or if his malpractice insurance company would consider it outside his scope of practice and refuse to cover him in the event of a lawsuit. And he certainly never had to worry about meeting the complex requirements of the HIPAA regulations brought into force because he was transmitting patient health information by electronic means.

All of those concerns and questions are gifts to us, therapists who live and work in the age of modern technology, and especially to those who work with insurance systems.

Social workers in New York State took significant strides forward—in the 1970s, with the passage of the “P” law, in the 1980s, with the passage of the “R” law, and just a few years ago, with the passage of the licensing law—in having their practice both legally

CONTINUED ON NEXT PAGE


recognized and reimbursed by insurance companies. However, increased recognition brought with it increased responsibility and regulation.

The NYSSCSW, led by the Legislative Committee, chaired for many years by Marsha Wineburgh, was an important force in the passage of those laws, and we all celebrated those achievements. Even then, skeptics warned us that we were selling our souls to the devil, referring, no doubt, to the compromise of confidentiality required by working with insurance companies.

But I don't think that even the most skeptical and prescient of those individuals ever anticipated the complexities and demands of working with managed care systems. These systems require not only a listing of the diagnosis and the services rendered, information that has always been required of physicians working with insurance but often detailed information about the patient's functional impairment and the progress being made in attaining the goals of the treatment. All of this information is supposed to demonstrate "medical necessity" as required by the patient's insurance contract.

The term "medical necessity" is frequently criticized by ethicists as being excessively vague. The blanket permission to release medical records, signed by patients when they decide to use their insurance, has been criticized as well. Patients and professionals alike benefit from access to health care insurance, but patients also give away something important in terms of confidentiality. The decision to use insurance for a psychological problem should not be made lightly.

I work part-time at Yeshiva University, where I have taught values and ethics in the graduate school of social work for many years. I tell my students that I am glad to teach them something about confidentiality, but it will have to be from an historical perspective, because in the modern world there is no such thing as privacy.

Of course, that is a bit of an exaggeration for rhetorical purposes. There still is such a thing as confidentiality in professional relationships. However, confidentiality has become much more limited, much more regulated, and infinitely more complex. As professional social workers, part of our responsibility is to protect what still exists of confidentiality, and to explain to our clients, in a meaningful and understandable way, those limitations and complications. 


The State Education Department is now responsible for drafting requirements for organizations to qualify as CE providers. The NYSSCSW will apply to qualify promptly. We offer many clinical continuing education programs that will meet state requirements. Most likely, continuing education credits acquired before January 1, 2015 will not be applicable. However, newly licensed clinicians will be exempt from continuing education until after their first license renewal.

New York State Education Department (SED) Policies for Distance MSW Programs

The SED has developed policies for distance (virtual or online) education programs that seek to register with the department. In addition to overseeing education programs that lead to professional licensing, SED is making concerted efforts to protect mentally ill patients who are receiving treatment services from an unlicensed social work intern or graduate student in this rapidly changing educational environment. Relevant policies include:

- The SED definition of distance education programs as those having 50% or more distance courses.
- There is no need to register additional online courses unless they exceed 50% or more of the total number of courses.
- We would typically expect clinical courses to be face-to-face (in-person) courses.

Further clarification from SED indicated that these policies do not apply to programs outside New York State unless they want to establish an office in New York. That would require permission to operate in New York to award diplomas and compliance with our licensing standards.

Programs (whether online or residential) outside New York State are currently required to take responsibility for finding an internship site that is authorized in New York to provide professional social work and clinical social work services. Supervision must be provided by an LMSW, LCSW or other qualified supervisor. A supervisor located outside New York cannot supervise practice in New York; regulations require in-person supervision, and the supervisor must have access to the patient and patient records to make appropriate decisions about treatment and delegation to the supervisee. The supervisor is also required to hold an appropriate New York State license to practice and supervise in New York. Skype or other forms of distance supervision of clinical practice are not allowed. Out-of-state MSW programs that offer MSW diplomas that do not meet these requirements will make obtaining a New York State license a much more complicated process. 

Can HIPAA compliance be partial?


No. There is no such thing as partial HIPAA compliance. If you become a covered entity under HIPAA, you must fully comply with all the privacy and security rules for all of your patients.

If you were in compliance with the HIPAA privacy and security rules in the past are you currently still in compliance?

Not necessarily. As of September 23, 2013, covered entities are supposed to be in compliance with the new HIPAA Omnibus Rule. Much has changed including new provisions in the Policy and Procedures Handbook, the Notice of Privacy Practices, the Business Associate Agreement, the Authorization Form, and other forms. The definition of a “covered entity” has not changed, however. If you were not required to be HIPAA compliant before, that is, you did not bill

insurers electronically, then you are still not required to become HIPAA compliant.

Where can you get further information regarding the requirements of the HIPAA privacy and security rules?

The HIPAA Compliance Manual for Small Mental Health Practices in New York State (4th Edition, 2013) by Dr. Bruce Hillowe updates the HIPAA privacy and security rules to include the recent revisions and also integrates the HIPAA rules with relevant New York State laws. The Manual can be ordered through Dr. Hillowe’s office at (800) 286-0369 or www.brucehillowe.com. It also contains all forms needed to comply with both the HIPAA rules and relevant New York State laws in both hard copies and an accompanying CD-ROM. Additional information may also be found on the website of the U. S. Department of Health and Human Services at www.hhs.gov/ocr/privacy/index.html 

President’s Message

CONTINUED FROM PAGE 3

The Clinical Social Work Association, a national membership organization, has produced an excellent position paper on this issue. David Phillips was one of the contributors. The CSWA committee gathered information through hour-long surveys with deans and administrators of six social work schools, and reviewed four additional programs on line. CSWE standards for MSW education, standards of the American Psychological Association for online education, and relevant social work ethical codes were compared.

A second concern noted by the committee was the fact that online programs appear to be interested in partnering with corporations to recruit and admit students. Apparently, 75% of the schools offering online MSW degrees use marketing firms to find students. The firms demonstrate no serious consideration of the person’s “fit” for social work or the financial burden of advanced education that the student will have to bear. Should sales marketing approaches like these have a place in social work education?

Ethical considerations also arise. The centrality of the human relationship in social work, the integrity of social work education, as well as the privacy and confidentiality issues for clients all need to be better understood and addressed.

At this time, there are no national standards for distance learning. CSWE has been silent and the New York State Board for social work is just beginning to look at the issue. (By the way, in New York, the Fordham School of Social Work now has 50 online students).

Without regulatory attention, the advent of distance learning brings with it the danger of dumbing down the MSW degree even

further, creating a larger gap between generic education and the clinical training needs of our work. Online classes, with and without a teacher’s active involvement, rob students of the implicit education required for building relationship skills, listening skills, and an understanding of the nuances of assessment.

Get Involved

For those of you who may be thinking, “Thank god—retirement beckons. Soon I’ll be free from all of these concerns,” let me share a recent study that indicates that retirement leads to poorer physical and mental health. Author Gabriel Sahlgren bases his research on data from the *Survey of Health, Aging and Retirement* in Europe, which covered 9,000 individuals between the ages of 50 and 70. Here is what he found:

Retirement led to:

- a 39% reduction in the likelihood of describing one’s health as very good or excellent
- a 41% increase in the probability of suffering from depression, and
- a 63% increase in the probability of having at least one diagnosed physical condition.

He found that the long-term effects of retirement are consistently negative and large. University of Zurich researchers also found a decrease of 1.8 months of life for every year a person retired early.

So keep working, keep active in your chapters, and get involved! 

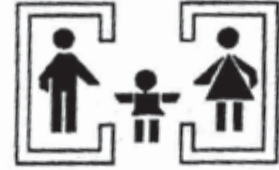
NEWS ABOUT OUR MEMBERS

- In June, the Eastern Group Psychotherapy Society honored **Bernard Frankel**, Ph.D., BCD, LCSW, of the Nassau Chapter, and **Lena Furgeri**, Ed.D., LCSW, CGP, of the Met Chapter, with the organization's lifetime achievement award.
- In October, **Fran J. Levy**, Ed.D., BC-DMT, LCSW gave the Marian Chace Foundation Lecture at a conference of the American Dance Therapy Association, speaking about "Gifts We Have to Give: Opening the Doors of Shared Creativity." Levy is a Board Certified Dance/Movement Therapist and a Psychodramatist. A diplomate of the NYSSCSW, she has been practicing as an integrative arts psychotherapist in Brooklyn for over 30 years.

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