

The CLINICIAN

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The Newsletter of the New York State Society for Clinical Social Work, Inc.

Three New Diplomates Chosen

The State Society has conferred Diplomate status on three members — Janet A. Geller, Ed.D., Gloria R. Lane, CSW, and Judith Siegel, Ph.D. — and will award their certificates and seals at the annual meeting on May 18.

... for their
commitment &
distinguished
contributions
to the field of
clinical social
work.



Judy Siegel



Gloria Lane



Janet Geller

Sharon Kern-Taub, CSW, Chair of the Membership Committee, said that the three honorees were selected by the Society's Board of Directors for their sustained commitment and distinguished contributions to the field of clinical social work.

Dr. Geller, who has been a Fellow of the Society for 16 years, has been in private practice since 1983. She has been teaching at the postgraduate level at the Jewish Board of Family & Children's Services for eight years and previously was a member of the graduate faculty at the Colum-

bia University School of Social Work. Dr. Geller pioneered a multi-modality treatment model for battered women and batterers in 1977 which includes individual and group treatment and couples counseling for both battered women and batterers.

Ms. Lane has been in private practice since 1986 and a Fellow of the Society since 1988. She served as Adjunct Professor of Social Work at Adelphi University for four years and has held numerous leadership positions in the Society's Nassau Chapter,

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The Clinician asked honorees about their current concerns. Their replies:

Judy Siegel: "I always raise this issue with my graduate students — in your career, when you meet someone, or give a lecture, or write an article, say that you are a clinical social worker. Not a psychotherapist, or family or couples therapist. Because, as people see the competent, creative and thoughtful quality of your work, clinical social work will define itself for them."

Gloria Lane: "The delivery of health care services has changed and today the responsibility of the social work profession is more relevant to the lives of average people than ever. I strongly support the efforts of the Society to work with other professional organizations and disciplines to ensure quality care for those we serve and for the betterment of the social work profession."

Janet Geller: "One of my concerns is that clinicians get beyond their notions of who is an "appropriate" client. An example is the reticence of some to really understand and work with battered women. It is often mislabeled as a women's issue, but it's not, it's a human issue. I do a lot of training in this field and find that men seldom elect to take the training. More men need to work with these clients."

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March on Washington Friday, May 10, 1996

Consumers and providers of health care are marching to let the U.S. Congress know that managed care is dangerous and to urge regulation of it and alternatives to it. Last year, 30,000 nurses strong marched for better health care. This year, the march is open to all. Buses will leave at 6 a.m. from six locations in the metro area. For info, call 718-745-2666, Ex. 23. Be there if you care!!

Helen Hinckley Krackow

CSW, BCD,
Society President



Managed Care to Clinicians: After the Honeymoon Period, Get a Divorce

As I write this column on a mid-April weekend, I am winging my way to St. Louis, Missouri to meet with our colleagues from all over the nation to discuss managed care issues and the future of mental health treatment.

St. Louis has been chosen as the site for the National Board meetings of The National Coalition for Mental Health Professionals and Consumers, Inc. As you may know, I am a board member of this coalition, as well as president of the State Society. Why?

Because I dream of a day when people will think it is as natural to seek therapy for a problem as it is to take aspirin for a headache. I dream of a day when relying on a therapist for support in healing will not be called a "pathological dependency" by some. My mission, to promote and protect the role of mental health treatment in American life, is enhanced by a commitment to both organizations.

The Coalition serves as a national think tank of mental health professionals and consumers. Its efforts inform one major area of my work on behalf of clinical social workers.

This weekend's meeting is coordinated with an exciting conference, "Challenges to Mental Health Service

— A Progress Report on Managed Care, co-chaired by Joan Shapiro, MSW and Laraine Silberstein, MSW. Joan is a National Coalition Board member and author of "The Downside of Managed Health Care," which appeared in the Winter 1995 issue of The Clinical Social Work Journal. Laraine is a co-president of the Missouri Clinical Social Work Society. The conference is supported by more than 12 associations concerned with health care in Missouri. Several New York State social work activists including Joyce Edward, Sheila Peck and Linda Mead will be on the program or in attendance.

Topics to be addressed include how to fund health care in the future. Single payer plans, medical savings accounts, medical funds administered like trust funds and other ideas will be discussed. Proposed Missouri state legislation entitled "The Managed Health Care Consumers Right to Know Act," based on a law in Colorado, will also be presented.

I cannot say enough about the usefulness of attending conferences like these and the cross pollination of ideas — from other groups and our own members as well — that occurs as a result. For example, during a "get acquainted" discussion I had with Katherine Davton-Kistler, the new president of our Capital District chapter in Albany, we discovered a shared frustration with managed care companies that prey upon people's fears of becoming "overly dependent" on therapists. They promote the misconception that more than a few sessions with a therapist causes dependency.

To loosely paraphrase Joyce Edward, what is healing in psychotherapy is a trusting relationship that develops over time. To loosely paraphrase me, this requires more time than the intake session or the "honeymoon" period. Managed care seems to be advocating a honeymoon followed by a quickee divorce.

Katherine and I thought it would be a wonderful idea to develop literature for clinicians' waiting rooms to address the fear of dependency head on. It would be helpful if some of our members formed an ad hoc task force to develop the piece. Call me if you want to be part of this effort.

To quote an American heroine and the dean of domesticity, Martha Stewart, "It's a good thing." ■

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NEW YORK
STATE
SOCIETY
FOR



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PSYCHOANALYSIS

By Marilyn G. Schiff,
CSW, Chair

COMMITTEE REPORT

Salons Are Forming

If you would like to get together with professional colleagues to study, develop peer supervision, or just discuss issues of mutual concern which relate to psychoanalysis or psychoanalytic psychotherapy, the State Society's Committee on Psychoanalysis is moving to fill that need.

As the incoming Chair of the State COP, I believe that the most viable function the COP can play is the alleviation of professional isolation. Small meetings, or salons, held monthly on Sundays in private office or homes will go far to enable private and agency practitioners to meet under professionally stimulating circumstances.

These salons will be an expansion of the present peer study groups and peer supervision groups. Each salon will define its own focus and the type of members it hopes to attract. While each group is expected to relate to psychoanalysis or psychoanalytic psychotherapy, I expect we will have, for example, groups for peer supervision, or to study Freud, Winnicott or Kohut; focusing on the psychoanalytic perspective on gay and lesbian issues, or on eating disorder patients. In other words, focusing on whatever is of interest to

each salon, drawing on the interests and backgrounds of all Society members.

Working with Chapter Presidents throughout the State, I plan to develop salons in every county. To bring this about, the Committee will send two memos to Society members each year, included with a President's Letter, which will list for each salon: county, leader and phone number, focus, location, current members and number of available openings. Society members will be asked to contact the salon which appeals to them or get in touch with their local chair to start a salon of their own.

In addition, I expect small conference-type meetings will be held in conjunction with local chapters and possibly the NMCOP. We do not plan to compete in New York City with the many excellent forums and conferences already sponsored there.

If there are members who would like to help in the development of this program, please call your Chapter President. If you wish, you may also drop me a line at: 61 Horatio Street, New York, New York 10014, or call me at (212) 255-9358. I very much look forward to working with you. ■

"As the incoming Chair of the State COP, I believe that the most viable function the COP can play is the alleviation of professional isolation."

MEMBERSHIP

By Sharon Kern-Taub,
CSW, Chair

COMMITTEE REPORT

Becoming a Diplomate

The meaning of diplomate status and the process of choosing diplomates is worth noting, as it has evolved into a sought after honor for our members.

The credential was first conferred by the State Society in 1977 upon members who had made an outstanding contributions, either to the field or to the Society. Of that year's honorees, 14 are still active members, including Barbara Bryan, Estelle Charles, Geraldine Costa, Cecile Dunn, Virginia Flanagan, Dianne Heller Kaminsky, Florence Lieberman, Marlene Menifee, Nancy Palazzolo, Harriet Pappenheim, Mollie Parkes, Marcia Rabinowitz, Crayton E. Rowe, Jr. and Charles Smith.

At that time, the process of becoming a diplomate was less formal. Currently, the process begins at the chapter level in the fall of the year, when a candidate

is nominated by the membership chair of the chapter. Requirements include five years of membership in the Society at the fellow level and five 15-hour courses above the number required for fellow status. The candidate or chair fills out an application, providing a work history, membership history, Society contributions, writing, research and/or teaching background information.

Completed applications are submitted to the State Membership Chair early the following year and are reviewed at a Membership meeting in March. The Membership Committee then recommends approved candidates to the Board, which votes on them. Certificate and seals are presented to the new diplomates each year at a ceremony during the annual meeting.

Congratulations to our new diplomates. It is not too early to begin thinking about who to nominate this fall. ■

Therapist as Magician by Susan Gill, CSW

A Form of Resistance in Psychotherapy



Susan Gill, CSW, is a certified psychoanalyst. She is affiliated with the Training Institute of Postgraduate Center for Mental Health and is in full-time private practice.

Theoretical Overview

While the problem of resistance has been a major topic of theoretical exploration, a particular form of resistance, the patient's belief that the therapist has a magical power to understand her problems, explain them, and thus cure her, has not been discussed. I have found that being attuned to this belief, one that is often unconscious or preconscious in the patient, helped me to resolve impasses in psychotherapy and psychoanalysis.

Magical thinking, a pervasive form of thought, has been written about extensively. Freud (1913) first elaborated on the meaning of magical thinking in four essays which became the book "Totem and Taboo." In his essay "Animism, Magic and Omnipotence of Thoughts," Freud found that the motive for the practice and belief in magic was human wishes: "All we need to suppose is that primitive man had an immense belief in the power of his wishes. The basic reason why what he sets about by magical means comes to pass is, after all, simply that he wills it. To begin with, therefore, the emphasis is only upon his wish." (Freud, 1913, p. 83). Following from this, Freud showed how vivid wishes, such as death-wishes, could become so intense and real in the life of the "neurotic" that, through magical thinking, he sees himself as a mass-murderer.

Magical thinking is also understood as the motivation in obsessive and compulsive behavior: rituals "undo" the bad things the patient believes he has committed. (Fenichel, 1945; Salzman, 1980). In these cases, thought is omnipotently powerful. Obsessional thinking, or rumination, is a defense against painful affect, as well as against action. The patient's belief in the therapist as magician serves as resistance against painful emotions, as well as a defense against self-exploration and internal change.

Case Examples

A male patient, already on antidepressants, asked me if there was medication he could take that would help him to get through a rough spate of time at his job. After we explored some of this, he responded with, "I guess there are no magic pills," an expression I've heard, on many occasions, from other patients. (While this remark was made partly in jest, it clearly expresses the patient's wish that it was true.)

A female patient, whom I had been seeing weekly for about a year, expressed her magical beliefs in another way. This patient was highly educated with an advanced professional degree, and was working in a high-powered job on Wall Street. Yet, due to her masochistic character structure, she was unable to leave an abusive relationship with a man. She entered treatment because she recognized and feared homicidal wishes towards her boyfriend.

In her sessions, she vented her rage about her boyfriend, her job, her upbringing, and the miseries of having to live in New York City. After the summer break, I asked her if she felt there were any goals she had for the coming year. She responded by saying that she realized she could complain forever, but that she really wanted to get into her "analysis." (She considered her once-a-week therapy an analysis and initially came to see me because she knew I was a psychoanalyst.)

In our discussion of her treatment she said that she had thought that, by looking at her and listening for a short while, I could get a sense of what her problem was, describe it and then she would be cured. She was quite surprised when I told her we would have to work together to understand the nature of her problem and her behavior, that there was really no way for me to know, a priori, what might be the reasons for her self-defeating behavior.

Another patient, an intellectual with advanced degrees, often expressed her frustration with the process of psychoanalytic psychotherapy. In one session, she told me she believed I had a "magic key" that would unlock the riddle of her problem — a sudden loss of interest in her husband. The following exchange captures this:

P. At the end of the last session you seemed all excited that I had identified or expressed guilt about my sister.

T. How did you experience that?

P. Assertiveness in your voice like a math teacher talking about a formula and pointing to the results.

T. Do you remember what I said?

P. No, not exactly but I remember that it was assertive and it had victory in it.

T. Victory?

Continued on page 6

References:

- Fenichel, O. (1945). *The Psychoanalytic Theory of Neurosis*. New York: Norton.
- Freud, S. (1913). *Totem and Taboo*. Standard Edition (Vol. 13, pp. 1-162). New York: Norton.
- Salzman, L. (1980). *Treatment of the Obsessive Personality*. New York: Jason Aronson.

The author is interested in learning of any references in the literature to the subject of "Therapist as Magician." Please write to her at 24 East 12th Street, Suite 401, New York, NY 10003. ■

PRESS RELEASE POINTERS

By Sheila Peck, CSW

Several people have asked, "what's the difference between a press release and an advertisement?" A press release is written like a news story; its purpose is to inform rather than sell. It should present information which is potentially useful and interesting to the reader and the approach to writing it is reportorial in style.

When you write YOUR press release, think about the way that news stories are written. A press release is part of the editorial content of a publication and thus the medium in which it appears has some responsibility for what is printed; an advertisement does not necessarily have the backing of the newspaper.

Clinical social workers should know about writing press releases but usually don't. However, if you use the guidelines below, the process will become easier. Consider writing about almost any professional activity: Opening a new office, affiliating with a group, developing a new specialty, writing a book, completing training, starting a group, receiving an honor are only a few of the possibilities which come to mind.

An effective press release is one of the most important ways of letting people know about you. If done successfully, it may lead to a news story; some smaller papers may even print your press release in its entirety.

Here are some guidelines:

1. Use a standard 8 1/2 x 11 letterhead. If you don't yet have your own stationery, type your name, address and phone number at the top, along with the date and the words "FOR IMMEDIATE RELEASE". Always use double spacing and reasonably wide margins.
2. Use a short, catchy headline to start your release if possible.
3. The first paragraph of a press release is called the lead. It includes the basic facts of your message. In it you say who, what, where and when. The next paragraph should tell the how and the why. Subsequent paragraphs should set forth additional detail and background material. Quotes are always important. *Even if you're writing the press release about yourself, quote yourself.*
4. Try to write journalistically. Look at the newspapers to which you are planning to send the release to get an idea of how. Simple is better.
5. Write objectively and accurately. Remember that your press release is NOT an advertisement and must be written clearly, as if you were a reporter. Always write in the third person: ABOUT the event. For example, if you are publicizing an event, say, "This seminar is open to the general public" as opposed to "you are invited to attend."
6. Make sure spelling is correct and numbers are accurate. Spell out numbers one through nine (except in addresses) and use numerals for 10 and above.
7. After you send out the press release, you may want to follow it up with a telephone call to the editor. Always send an acknowledgment if it is published.
8. Press releases should not be more than two pages.
9. If you are publicizing a specific event, find out the lead time required by the publications to which you send it. Four weeks is a good general guideline for newspapers; magazines have much earlier deadlines, often two or three months.
10. If you are announcing a new practice, send out your press release to every media outlet you can think of. Even if not published, it will help get your name known to the editors so that when you announce a program later on they will recognize you.
11. Remember that your press release must present a theme or topic that an editor believes will be **interesting** to readership. What's meaningful for you may not be so for others.
12. Target your mailing geographically. If you are presenting a seminar in Syosset, it would be inappropriate to publicize it in Syracuse. However, if Syracuse is your home town, then you might send a press release there from the point of view of "Home town man/woman makes good".

If you would like a sample copy of a press release, I'll send one if you mail a stamped, self-addressed envelope to me at 1010 California Place South, Island Park, NY 11558.■

Book Review *by Laura V. Salwen, CSW, BCD*



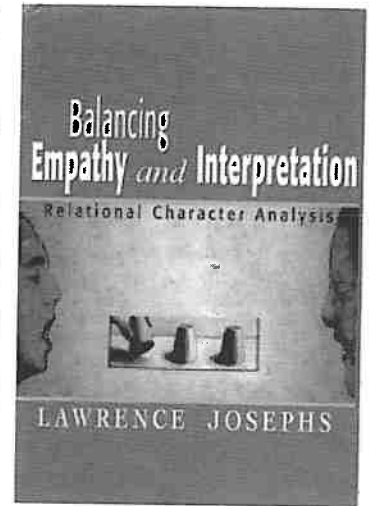
Balancing the need for a positive therapeutic relationship and support for the client's subjective experience

against the developmental necessity for confrontation and reworking of early issues and trauma in the transference is a daily dilemma for many of us. Both are seen as elements of real healing and growth. Lawrence Josephs' book tackles the task of forging a rationale for the moment to moment choices involved.

The book is divided into two sections. The first deals with the history of both facets of treatment and various earlier attempts to resolve the dilemma. The second is Josephs' methodical synthesis which demonstrates with very specific case examples how one can analyze the client's character resistances and style while maintaining a deep empathy for the client's internal experience. Josephs breaks character styles into several familiar and more or less entrenched categories:

obsessive-compulsive, hysterical, depressive-masochistic, narcissistic, schizoid, paranoid and antisocial. He then tracks how a definition and understanding of the client's characteristic presentation should shape interaction with that individual. The therapist is seen as an anthropologist in a foreign culture with an obligation to learn about the culture as it exists prior to any attempts to influence or change it.

Following adequate definition of character style, Josephs provides a sequencing of interventions which take into account the client's need for a positive self-image, the ego-syntonic as well as defensive nature of resistances and the inevitable relational content of all our activity. At the same time, he indicates a deep regard for the therapist's individuality and the spontaneous unconscious elements of the relationship. For example, a heavily confrontive and potentially wounding interpretation may be well accepted because of the tone and



Josephs, Lawrence. *Balancing Empathy and Interpretation: Relational Character Analysis*. Northvale, New Jersey: Jason Aronson, 1995.

respect with which it is delivered. This book is highly recommended for the more experienced clinician who is assisting clients to effect real personality change. It would also be of interest to those who wish to know more about the history of therapeutic technique. ■

Laura V. Salwen, CSW, BCD, is in full time private practice in Buffalo concentrating in in-depth psychotherapy with an emphasis on women's issues.

DIPLOMATES, from page 1

including that of President for the 1994-95 term. She was also a member of the State Board Education Committee.

Dr. Siegel holds the rank of Associate Professor at the Shirley Ehrenkrantz School of Social Work at New York University. She is the author of "Repairing Intimacy: An Object Relations Approach to Couples Therapy," as well as numerous chapters in compiled books and professional journal articles. She is a member of the editorial review board of the "Families in Society Journal," and is a regular book reviewer for "Child and Adolescent Social Work Journal." In addition to maintaining a private practice, Dr. Siegel also is an active lecturer at national conferences and symposia. ■

MAGICIAN, from page 4

P. That you understood what was happening to me and you could explain it like a math teacher—"x" points to "y." That there's a mechanical explanation; that there is a form of determinism—a form of logic, and I guess, in the tone of determination and victory in your voice I might believe that you hold the key to the logical sequence of how my guilt about my sister related to my inhibitions about my sex life. So I imagined you to be at a blackboard with a magical key to this riddle.

T. And when I don't come up with the answer you feel frustrated and angry with me.

P. And I remember that I'm the one who's supposed to have the answers.

T. Or that we discover them together.

Conclusion

As long as she thinks her therapist has the "magic pill" or "magic key," the patient feels she need not look inside herself to understand her problems. Thus, such beliefs allow the patient to defend against painful affects, such as anger, fear and sadness, and to avoid internal changes that would involve giving up familiar images of self and object.

I have found that being aware of the presence of these beliefs, and exploring them with the patient, has led to a greater understanding of the frustrations and disappointments she is experiencing, and, thus, to breakthroughs in therapeutic impasses. ■

VENDORSHIP COMMITTEE REPORT

By John Chiaramonte, CSW, BCD, Chair

Use Our Leverage

Too many Society members still accept reimbursement denials without wielding our organization's advocacy clout. As more companies than ever before are self-insuring to avoid the high cost of indemnity plans and the increasing problems of managed care, we have leverage. Even as we begin marketing campaigns for clinical social work reimbursement by these new plans, we are often able to win exceptions, on an individual basis, to denials of reimbursement.

Through the marketing efforts of our national marketing consultant, SONY (20,000 insureds) has changed its benefit plan to allow for independent CSW reimbursement, effective immediately. SONY has chosen not to go the way of managed care. MOTOROLA will begin reimbursing CSWs through PHCS (Private Health Care Systems HMO), a subsidiary of CMG. Contact CMG (1-800-950-7040) for a panel application.

In fact, a national effort is underway, spearheaded by the National Federation's Marketing/PR Committee, to identify and market to all self-insured/self-funded plans which exclude CSWs from independent mental health service reimbursement. To date, they have opened up CSW reimbursement to over 5,000,000 insureds.

Companies referred by NY Vendorship and currently being marketed on our behalf by the Federation are: Arrow Electronics, Barnes and Noble, Caldor, Carpenters Union, Electronic Data, First Health, Hertz, IBM (indemn), Iron Workers of Amer., Joint International Board of Electrical Workers, Local #239 Welfare Fund, Magna Care, Mercedes Benz, Motorola, Nassau Carpenters Union, Pepsico, Spectrum, Sun Chemical, TGIFs, Unisys, and United Technologies.

Managed Care Advocacy

Denials due to pre-existing conditions, mandates that patients accept medications to continue to receive insurance benefits, recommendations of reduced session frequency and treatment termination, denials that OTRs were ever received and refusals to pay for sessions provided, refusals to pay for sessions authorized, panel terminations and closed panels — these are some of the advocacy issues we have grappled with and settled to our members' satisfaction. (MBC even had the audacity to send a member a denial of ongoing care and a panel termination on the same letter. Once we contacted them, they rectified the matter.)

Our success lies in the fact that managed care finds it much easier to dictate terms to a single provider than to an organization.

A Hue and Cry Goes Up

Listen and you can hear a hue and cry from people nationwide to regulate managed care. Legislation is now pending in a majority of states to protect patients from a system which often cares more for profits than it does for patients. Add your voice to theirs.

Bill A.6800-C, the Assembly counterpart to the Senate bill, has already passed unanimously. We need to give the Senate version a big push. Now is the time to write to your state senator and urge support of Senate bill S.4188. To find out who your state senator is, call the League of Women Voters at (212) 674-8484. Then call to find out the senator's stand on the bill and follow with a powerful letter reflecting your thoughts as a member of this State Society. Use our leverage. ■



Order this new NFSCSW brochure in bulk, and place it in your waiting areas. It is designed to educate consumers about different benefit structures (indemnity, ppo, pos, hmo) and their relationship to cost and choice. Call to order (\$15 per 100) or to receive a sample. Contact Lenore Green, Rockland Vendorship Chair, (914)-358-2546.

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Westchester	Anne Gordon	(914) 235-5244
Western NYS	Laura Salwen	(716) 838-2440

Medicare News by Alice Garfinkel, Medicare Specialist

As of April 1996, there will be a new editing process implemented for assigned claims. Claims submitted with incomplete or invalid information will be returned to the provider as "unprocessable," rather than denied. Since no "initial determination" was made on the claim, it will not inappropriately be sent to the appeal system. The provider won't be denied services and will be able to correct the claim by resubmitting it with the added or corrected info. Invalid or incomplete info will contain the action code MA 130 on the remittance note. HCFA has provided a table of new action codes which replace previous codes published earlier. For more info, contact: Medicare Professional Relations, P.O. Box 4616, New York, NY 10163-4616. Request Medicare News Brief 96-2, March 1996. ■



**Your
Analyses,
Please**

News articles, commentary, brief reports or papers, book reviews, meeting notices, photos and your ideas are always needed and welcomed.

Please call or write:
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Editorial deadline for next issue:
September 1, 1996

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Spring Workshops for Practicing Social Workers

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†At Sarah Lawrence Campus, Westchester, Friday, June 7, 1996

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Theory in Practice***

Barbara Dane, D.S.W.
**Traumatic Stress Reactions in
Psychotherapists***

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Evaluating Practice*

Martha A. Gabriel, Ph.D.
**Traumatic Stress Reactions in
Psychotherapists†**

Catherine Medina, M.S.W.
Exploring Diversity Issues in Clinical Practice*

Judith Mishne, D.S.W.
**Clinical Work with the Nonconforming
Adolescent***

Maryellen Noonan, Ph.D.
Clinical Work with the "Difficult" Client*

Dina J. Rosenfeld, D.S.W.
**Clinical Work with Holocaust Survivors
and the Second Generation***

Milagros Sanchez Kappraff, M.S.W.
Exploring Diversity Issues in Clinical Practice†

Jody Shachnow, Ph.D.
**Social Workers as Case Managers and
Treatment Coordinators*†**

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Containing Despair*

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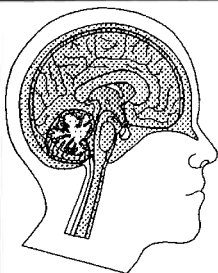
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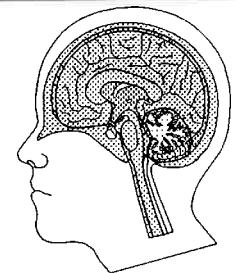


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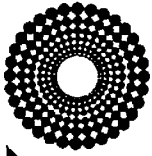
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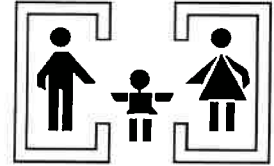
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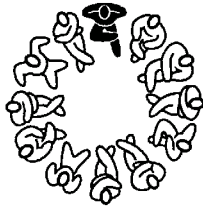
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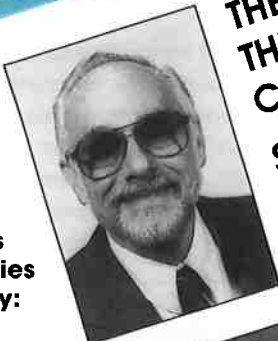
INTRAPSYCHIC, FAMILIAL AND CULTURAL IMPLICATIONS

THE 27TH ANNUAL CONFERENCE OF
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Saturday, May 18, 1996
8:00 a.m. - 4:00 p.m.

KEYNOTES:

Who is Father & Where Is He?: Some Facts, Fantasies & Fallacies, presented by:



Herbert S. Strean, DSW, Distinguished Professor Emeritus, Rutgers University, and Director Emeritus, New York Center for Psychoanalytic Training, has been selected to make one of the keynote presentations at the 27th Annual Conference. Dr. Strean will focus on "the intrapsychic father;" his paper is titled: "Who Is Father? Where Is Father?: Some Facts, Fantasies and Fallacies."

Among the many issues Dr. Strean will discuss are the therapeutic neglect of fathers in traditional social work practice, some misunderstandings by clinicians of the impact of the father on the growing child, distortions of the paternal introject by patients and therapists, and misunderstandings of the paternal transference in dynamic psychotherapy.

Dr. Strean's discussion will include a comprehensive consideration of what he refers to as "the myth of male superiority." All of these issues will be related to transference and countertransference phenomena in clinical practice. Pertinent therapeutic procedures will also be considered.

Dr. Strean is the author of more than 30 books and 100 articles in psychoanalysis, psychotherapy and social work. Among his most recent books are *Essentials of Psychoanalysis* (Brunner/Mazel), *Jokes: Their Meaning and Purpose* (Jason Aronson), and *Psychotherapy with the Unattached* (Jason Aronson). In November of this year Dr. Strean's next book, *Mending the Broken Heart: A Psychological Perspective on Heart Disease*, will be published by Jason Aronson.

Dr. Strean has conducted workshops and seminars at Clinical Social Work Societies in over 20 states and Canada. He regards his keynote address on May 18th to be one of his most controversial and provocative. ■

Fatherhood: The Influence of Ethnic, Racial & Cultural Identity presented by:



Joseph Giordano, MSW is a nationally recognized expert in ethnicity and race in the fields of mental health, family therapy, intergroup relations and the media. A social worker and family therapist, he was for 16 years director of the American Jewish Committee's Center on Ethnicity, Behavior and Communications, where he conducted pioneering studies on the psychological nature of ethnic identity and group behavior.

He was formerly Assistant Commissioner of New York City's Department of Mental Health and Mental Retardation Services. In 1977, Mr. Giordano was appointed to the President's Commission on Mental Health, serving on the Task Force on Special Populations. In 1980 he was elected chair of the Coalition for the White House Conferences on the Family.

With Irving Levine he developed an innovative model and process, Ethnic Sharing, that is used extensively as a method to create multicultural and prejudice reduction programs in secondary schools, college campuses and human services agencies. In addition, he co-produced and hosted *Proud To Be Me*, a TV talk show for adolescents on the issues of race and ethnicity. He recently completed *Ethnic Sharing — Valuing Diversity*, a training video for teachers.

Mr. Giordano has written extensively and, with Monica McGoldrick and John Pierce, edited *Ethnicity and Family Therapy* (1982) and is now working on the second edition. He is also the author of *The Italian American Catalogue* (1986). In 1988 he received the Ethnic New Yorker Award from the City of New York. He is presently a consultant and trainer with Ethnicity and Mental Health Associates and conducts a family therapy practice with his wife, Mary Ann Carini-Giordano. ■

Keynoters
Dr. Strean (top)
& Joseph
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