

# NEWSLETTER

NEW YORK STATE SOCIETY OF CLINICAL SOCIAL WORK PSYCHOTHERAPISTS, INC.

DECEMBER 1983 • VOL. XIV, NO. 3

## Malpractice Insurance Designed For CSWs

### Policy Defines Specific Coverage, Including Psychoanalysis

### \$5 Million Aggregate Offered

A malpractice insurance policy designed specifically for clinical social work practitioners is now available to Society members at a highly competitive cost with other available policies. Peggy Isbell, Society president, announced in mid-December that negotiations had been successfully completed for the new package, affording top quality coverage for the first time to social work clinicians.

A unique feature of the new policy is its clear statement of exactly what coverage is included: *psychotherapy and psychoanalysis, as well as all other professionally accepted treatment modalities*. This puts to rest the ambiguous terminology of other policies currently in effect.

Emphasizing the broad coverage and low cost of the new policy for CSWs (approximately \$45 annually), Mrs. Isbell listed major features of the new plan:

1. Up to \$1 million coverage for each individual claim, with an aggregate of \$5 million for multiple claims;
2. Coverage for premise liability of up to \$1 million;
3. Immediate coverage at the inception date;
4. A Rider to extend coverage to those members who use state or local referral services and who wish additional coverage;
5. Settlement provisions set forth specifically.

Although the initial search for such insurance was undertaken some months ago by both the National Federation and the Society, New York is the first state to have specifically drafted and implemented such a policy directed to CSWs exclusively, reported Mrs. Isbell.

The insurance package will be administered by J. J. Negley Associates of New Jersey and will be underwritten by the Integrity Insurance Company of Paramus, New Jersey; licensed to operate in all 50 states and the District of Columbia, the company is rated A+ by A. M. Best Company, an independent analyst for the insurance industry since 1899.

Integrity specializes in malpractice and related insurance and has underwritten coverage for numerous major mental health agencies, including National Council of Community Health Centers, the Alcoholic and Drug Problems Association of North America and the National Council on Alcoholism.

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## CSWs 'Qualified Experts,' Court Rules

In a ruling published in the July 12, 1983 issue of *New York Law Journal*, the court held that "a certified social worker . . . is competent to testify regarding defendant's mental capacity to proceed and his competence in the foreseeable future." Justice Benjamin Altman of the New York County Supreme Court rendered this opinion in answer to the question: "Can a certified social worker be qualified to provide a diagnosis of a person's (a) mental condition (b) mental capacity to proceed and (c) competency in the foreseeable future?"

Justice Altman noted that "clinical social work, as a profession, is one of the core mental health disciplines. As are psychiatrists and clinical psychologists, clinical social workers

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## Parity Bill Revised In Senate: 6-Year Supervision Required

### SCSWP Leads Coalition In Bill's Support

On June 25, 1983, the New York State Senate revised S.6222, the bill legislating parity for qualified social workers in all insurance policies covering outpatient mental health care. Again, as in the '81-'82 session, the Senate is requiring 6 years of supervised experience in psychotherapy acceptable to the State Board for Social Work in either an agency or in private practice. The bill's lead sponsors, Senator John E. Flynn and Assemblywoman May Newburger, have both indicated that the only bill which will pass the legislature under the current leadership is one which includes the 6-year provision.

On Saturday, September 10th, the Society's Board unanimously agreed to support

this revised bill. The New York City Chapter of NASW soon followed; last to agree was the State Chapter of NASW, in early October. With a united professional front, clinical social work is in the strongest position to ask for broader sponsorship and support from legislators and state agency offices.

The remaining uncertainty pertains to the inclusion of a 'combination of experience' provision which would recognize 6 years of psychotherapy experience in combined agency and private practice. As the bill is written, 6 years of experience is required in either agency or private practice. The Society strongly favors a combination provision and is working toward a bill which reflects this.

According to Martin Steadmen, NYS-SCSWP lobbyist, it is unlikely that the legislature will reconvene before January 2, 1984. That will be the next opportunity to press for passage of the parity bill.

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## Insurance Update, NYS/NYC

**NYS Employee Insurance**—As of January 1, 1983 clinical social workers with "P"s were included as independent providers in Metropolitan Life Insurance coverage for nearly 500,000 New York State employees. According to this plan, 80% of outpatient care is reimbursable up to \$2,000. Beyond this, catastrophic coverage includes 100% of the psychotherapy cost.

The state had originally hoped to reduce inpatient costs by increasing outpatient benefits and expanding qualified providers to include clinical social workers. Preliminary reports on the reimbursement pattern indicate no change in inpatient statistics. Outpatient costs have risen nearly \$20,000,000 over 1982. Although social workers account for only 15% of the total number of patients seen, this increase may lend credibility to those who believe that additional providers increase costs and that psychotherapy is not cost-effective.

**GHI, New York City Plan**—Effective July 1, 1983, clinical social workers with a "P" are qualified providers for mental health services under a GHI rider for New York City employees. Cap for 1 year is \$960; GHI will reimburse 50% up to \$40/session.

**Board of Education**—Based on the court case, *Jose P. vs. Amback et al*, a procedure has been established to provide handicapped students in the public school system with mental health services that have been recommended by their special educational program but have not heretofore been provided. Since the Board of Education does not have the staff to provide these services, a procedure known as the *Related Service Authorization* has been developed to encourage parents to seek services from non-Board of Education providers. All costs are paid either by Medicaid or the Board of Education. Social workers will be reimbursed for counseling a 50-minute session at the rate of \$20-40. For information, call 596-5193/4.

*Marsha Wineburgh, CSW*



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## CSWs Can Tour China In '84

Do you remember digging in the sand at the beach and your mother telling you, "If you dig deep enough, you'll reach China."? (Chinese children are told the same tale about the U.S. by their mothers.) Society members will be able to reach China in August 1984.

Did you know that the Chinese manually carved their Grand Canal 1,300 years ago? It stretches from Shanghai to Beijing—a 1½-hour flight by jet. Have you thought of the fact that the Great Wall, first begun in 770-476 B.C., is the only human-made object on earth visible to the astronauts from space? Its original length is estimated at 31,250 miles, of which about 12% remains standing. Did you consider that, when Emperor Shi Huang Di (who unified China) was buried in Xi'an about 2,000 years ago, he

was surrounded by thousands of hand-crafted life-size soldiers and stylized small horses? They are still there.

The Chinese are eager for Americans to visit; in fact, English is the official second language taught in all schools. Society members will have the opportunity to visit psychiatric facilities and special children's schools and to confer with their Chinese counterparts in Hong Kong, Beijing, Shanghai, and other cities.

This professional study tour is planned for next August. Since tourist accommodations are limited, however, and professional visits and meetings take many months of advance planning, early registration is important.

Direct inquiries to:

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## Fall Federation Meeting

*By Margaret M. Isbell, President, NYS Society*

Washington, D.C.—The fall meeting of the National Federation of Societies for Clinical Social Work was held September 30-October 2, with 23 states represented.

Early lobbying took place beforehand as NYS president Peggy Isbell met with Representative Robert Mrazek (D-NY) to acquaint him with current FEHBP legislation and the Federation's interest in it. This bill, as introduced by Mary Rose Oaker (D-O) includes her recent amendment (HR 656-Section 5) which assures Federal employees that their health insurance will incorporate provisions for both mental health coverage and regular physical health benefits. The addition of protection against "catastrophic" mental illness that can result in prolonged hospitalization makes this coverage especially important.

Although Representative Mrazek expressed his philosophical empathy with the bill's intent, he added that he harbored misgivings about cosponsoring this legislation because of his "doubts about its costs." He asserted that the House Committee on Post Office and Civil Services should continue to revise this bill, "incorporating the need for high quality mental health coverage while recognizing the importance of minimizing spending increases." In future discussions, the Federation's national advocate will attempt to dissuade Congressman Mrazek from this position—particularly as he has expressed an overall understanding and caring about important social concerns.

Presiding at the three-day meeting, Federation president Marsha Wineburgh guided the participants through the issues. She informed the group that, through the proven professionalism of qualified CSWs, their status in CHAMPUS as independent pro-

viders continues without interruption. The cost effectiveness of CSWs' services was evidenced through a study conducted by CHAMPUS; fees were found reasonable and equitable when compared with the mental health community at large. Marsha emphasized that CSWs must urge their own recognition by others as independent, trained professionals.

Federation membership continues its steady growth, with the states of Missouri and Washington the latest to achieve membership. Activity has increased for several states now forming their own societies: Vermont, South Carolina and Texas; Indiana is hoping to reinstate its membership in 1984.

The committee on psychoanalysis reports that the position paper approved by the Federation Board in May is scheduled for publication in the forthcoming issue of *Clinical Social Work Journal*. The paper, "Psychoanalytic Training for Clinical Social Workers," is the product of the NYS committee on psychoanalysis; Crayton E. Rowe, Jr., chair of both Federation and State committees, is a major contributor.

This topic sparked discussion of the continuing dissatisfaction with the performance of the Human Sciences Press, whose responsibility it is to print and distribute the *Journal* on a quarterly basis. Complaints came from every part of the country, several state societies' asserting that they have terminated their affiliation with this publisher. In view of the importance of publishing its own *Journal*, members present unanimously agreed that unless the publisher fulfills its agreement with the Federation and its affiliates to publish on a timely basis, a new publisher will be secured.

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# EXECUTIVE REPORT

## Taking Stock



Mid-December—As the new administration assumes leadership, I find myself in a stock-taking frame of mind . . .

Two whole years! One assumes that this block of time would allow for all

wonders to be won. Old business finalized. New goals achieved. Close, but not quite!

In an organization as viable and successful as ours, the goals are endless. And although "old business" may be finite, it remains an easy target for obstacles to obstruct progress.

However, with the encouragement and support of our Executive Board, I learned early on that the task of president assumed with such high hopes (complete with personal trepidation and attending flow of anxiety attacks) was not only an exciting and absorbing experience but astonishingly free of excessive burden and constraint. One might retire at night tired, but rarely exhausted. But our founders were wise in their sculpting of our bylaws as they carved firmly into their construct that two years in office is enough.

So let us spend a moment to reflect on our progress as well as to highlight those people who never faltered in their help and encouragement as the months slipped by. Our future needs bear equal scrutiny as we greet the newcomers who have taken up their responsibilities with the New Year.

### ... insurance

First, our most recent and important development—the adoption of our own Society-sponsored malpractice insurance policy. We were informed this fall by the APA that unless each of us became a "paid-up" member of NASW, our fees for malpractice coverage would be almost doubled (see APA letter, page ). Shocking news indeed! So shocking that we quickly contacted another insurance company known to us through National Federation. Negotiations were initiated and finalized, and the new policy is uniquely ours. Minimum registration is required for its implementation.

### ... parity

Despite the disappointments experienced while pressing for "parity" at the state level, legislative chair Marsha Wineburgh once more reintroduced and manipulated our bill through the legislature. (And once again Albany knew that CSWs never sleep!) Allowing for those concessions mandated by

political realities, our unity and strength of purpose finds parity for our profession again close to home-free!

### ... dedicated members

Growth means change—and "change" can have that jingling sound of money. To keep track of our "change," one of the most crucial jobs in our organization, we needed the best. And we had him—our treasurer, Monty Kary. Monty's professionalism, sound advice and accessibility earn our hearty appreciation.

Through her leadership, genuine progress took place as Rita Benzer turned the Society's membership committee into a vigorous, creative body. Not only did we survive the trauma of substantially increased annual dues, but membership has grown to include many of New York's most experienced and talented senior practitioners. Procedures were streamlined and the newly published Membership Directory distributed; in addition, new brochures are now in use as part of our ongoing membership efforts.

The establishment of the newest chapter in Western New York can be traced directly to chapter development efforts under the leadership of Bobba Jean Moody, whose excursions to the far corners of the state are well known. Her activities have spurred increased activity statewide, including the revival of the healthy and active Suffolk chapter, now ably led by Victor Goldman, who shared those start-up activities. Bobba's on-the-spot willingness to serve during times of real pressure made her an invaluable asset.

Others who have contributed a good deal over the months include David G. Phillips, whose committee produced the Society's first published Code of Ethics, which remains a model for other states' . . . Barbara Pichler's supervision of and involvement with the *Newsletter* earns high marks . . . Crayton E. Rowe's pragmatic yet encompassing definition of clinical social work has become a part of our national position. Along with his plan for a psychoanalytic institute of, by and for CSWs, Crayton's contributions to the Society through the years would be impossible to duplicate . . . Shirley Ross's efforts as the new president of Rockland's chapter are increasing its impact within the community; her contributions as a member of the State Board have been thoughtful and appreciated.

### ... public relations needs

Despite the many gains in which we take pride, the needs of the Society must be remembered. Our referral service is now unified in a statewide network and, replete with new proposals and ideas, can use new members and effective public relations to inform its audience and to continue its role as a viable service.

. . . and, speaking of public relations, more effort to convey our professional message to the general public is a worthy priority. Perhaps we should think of in-house staff public relations efforts.

### ... outside help

Finally, each of our outside professional consultants deserve big bouquets: Mitzi Mirkin, executive secretary; Martin Steadman, state lobbyist, Barry K. Mallin, legal adviser; Seth Solomon, accountant; Alyce J. Collier, *Newsletter* editor.

Our Society's increasing influence, activities and expansion may warrant a permanent, full-time executive director. Our needs cry out for this kind of gatekeeping in order that our volunteer executive membership may attend more fully to our growing responsibility to the profession, our community and to ourselves.

And so it goes. We have worked hard, and I personally enjoyed my venture with you beyond measure. I have only deep and good feelings about each of you with whom I have worked over these past months.

And my heartiest good wishes to the incoming team. What a marvelous group it is! I will be there to watch and serve.

Peggy Isbell, CSW  
President

## Officers Begin Terms

As of January 1, 1984 the NYS SCSWP is under the leadership of a new board. Results of fall elections, announced by Thomas N. Ruggiero, CSW, state election committee chair, are:

President:

**Jacinta (Cindy) Lu Costello, Ph.D.**

1st Vice President:

**Bobba Jean Moody, MSW**

2nd Vice President:

**Monty Kary, CSW**

Treasurer:

**Hillel Bodek, CSW**

Recording Secretary:

**Abbie Blair, CSW**

The position of treasurer was challenged by Bodek; in a write-in ballot he defeated candidate Harriet Wald, CSW; this was the only contested position. Costello, Moody and Bodek will serve two-year terms, Kary and Blair for one year, according to Ruggiero.

Members-at-large elected include Haruko Brown (Q); Vera Fuchsman (W); Lyn (Evelyn M.) Hill (M-H); Agnes Rinaldi (N); Marsha Wineburgh (M). Fuchsman and Wineburgh will serve for one year, the others for two. □

## FEDERATION MEETING *Continued*

The bylaws committee continues to streamline and revise Federation rules with the goal of finalizing its efforts by spring 1984.

Ken Adams, national advocate, affirmed Peggy Isbell's report that Federal legislative efforts on behalf of the Federation focus on the FEHBP bill. In addition, Ken's staff is working to have the medicare providers bill—which recognizes CSWs as full independent providers—reintroduced as soon as possible.

This organization continues its active input into the National Commission for Health Certifying Agencies and the American Association of State Social Work Boards. The position of Executive Director of the latter organization is still open; in addition, the AASWB is in need of CSWs to write questions for state examinations.

Federation chair for Licensing and Vendorship, Gary Unruh of Colorado, continues his efforts to assist those states still working toward licensing and parity. His strong involvement with major American corporations to encourage the use of CSWs as direct providers has had some success: United Airlines, Exxon, and Standard Oil of California are among the corporations using CSW services.

Gary introduced to the group Dr. Edward J. Negley, an expert in malpractice insurance. In his address Dr. Negley proved highly knowledgeable from two vantage points: as a former practicing physician and as president of J. J. Negley Associates, Inc., a New Jersey-based insurance brokerage firm which has been providing comprehensive malpractice insurance coverage for some 25 years. Federation members can get in touch with Dr. Negley's firm regarding their needs.

After considerable discussion the definition of "Clinical Social Work" as a unique professional discipline was refined and approved unanimously by the Federation Board; this official definition is applicable in all areas of concern and practice.

New York's Abbie Blair, public relations chair, hosted the "New Members Luncheon" as well as conducting a workshop on referral services, wherein members from various states exchanged ideas to increase the effectiveness of their state and local services.

Attendees were again advised of the importance of membership in the National Registry of Health Care Providers in Clinical Social Work; Blue Cross now uses this registry for referrals in certain areas.

In addition to the well attended business sessions, the social gatherings hosted by Marsha Wineburgh promoted fellowship and professional cooperation as members mingled together . . .

Unique tee-shirts created by the Greater Washington Society extolled the virtues of CSWs in a most unusual fashion . . . Marsha and Peggy invited all those present to encourage their society's membership to join with New York's on that fast plane to China next summer, 1984. □

# IN COMMITTEE

## PSYCHOANALYSIS

The committee continues in its efforts to participate in meetings of the American Psychiatric Association, American Psychoanalytic Association, American Academy of Psychoanalysts and Division 9 (psychoanalysis) of the American Psychological Association as these organizations set national standards for practice and training in psychoanalysis. Herbert S. Gaskill, M.D., committee on national issues of the American Psychoanalytic Association, has refused the request for Federation participation in the meetings of this newly formed coalition (See May 1983 *Newsletter*.)

*Crayton E. Rowe, Jr., CSW*

## MEMBERSHIP

If you are not already a member of NYS-SCSWP, or if you would like to receive information about the Society, fill in the coupon and send it along.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mail to: Rita Benzer, CSW  
1010 King Street, Chappaqua, NY 10514

## A Question Of Ethics



The steady increase in the number of malpractice suits against members of all professions is common knowledge. At the 1983 annual meeting Hillel Bodek began a useful discussion of this trend and the ways in which clinical social workers could protect themselves and their clients. This column continues this discussion by attempting to develop concepts regarding the "duty of care" in clinical social work.

There is one area in which every professional has a duty for the protection of clients, which is clearly stated in law—those cases which involve neglect or abuse of children. Every state has a statute which requires that individuals with "reasonable cause" to believe that child abuse has occurred must report it to designated legal or social service authorities. The specific statutes vary in different locales, but they do not leave the choice up to the professional to report such cases. Professionals who do not fulfill this duty regarding the protection of children are subject not only to action for malpractice, but to legal penalties. This duty is confirmed by the Code of Ethics of the New York State Society, which states that clinical social workers have a responsibility to "protect the welfare" of their clients. The issue of confidentiality in such cases is dealt with by that portion of the Code which states that confidential information can be revealed under circumstances of a clear necessity such as "legal requirements, or a clear and imminent danger to an individual."

Another important area in which the duties of professionals are being gradually spelled out through a series of court decisions involves responsibility for the protection of third parties. In the landmark Tarasoff case the therapist, a psychologist, was found liable for not having taken adequate steps to warn the victim of intended violence. In its decision, the court states this duty in unequivocal terms:

*"When a therapist determines, or pursuant to the standards of his profession should determine that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger. (Tarasoff v. Regents of California, 731 Cal. Rptr. 14, 551 P. 2d 334, 340, 1976)*

These are areas in which professional responsibilities are relatively clear although every experienced clinician will immediately recognize the difficulty in defining "child abuse" in many cases, or in determining that a patient "presents a serious danger of violence to another." What of the many cases in which our duties are even less clear—situations in which a client may have been seen for an extended period with only minimal improvement, or where the therapist is uncertain as to whether or not to refer a client for consultation. How can we begin to define our duties in such situations, which are common in the life of every practitioner?

The legal definition of negligence is "the omission to do something which a reasonable man guided by those ordinary considerations which ordinarily regulate human affairs, would do, or the doing of something which a reasonable and prudent man would not do." In evaluating the action of any professional, the criterion for the action of the "reasonable man" becomes that of the "duly careful member of the profession." (Holder, Angela, "The Duty of Care,"

*Continued on page 6*

are skilled in the diagnosis and treatment of mental disorders." The court did not rule on the weight to be given such testimony.

The case in question required testimony by an expert witness; NYS Society member Hillel Bodek, MSW, CSW, a specialist in forensic clinical social work, provided the needed opinion. Bodek notes, "I've been qualified as an expert many times before, but *this* judge wrote an opinion about it." Prior to this ruling, he notes, "they [had to] qualify me as an expert each time."

New York law does not recognize social workers as psychiatric examiners qualified to give expert testimony. Nevertheless, the justice noted that persons lacking that legal recognition have been qualified as experts before. As stated by the American Bar Association Task Force on Criminal Justice Mental Health Standards "The criteria for appointment of the expert should not depend on the type of academic degree held by such expert, but on the expert's professional knowledge, ability, and experience."

The opinion is a major step in legal recognition of clinical social workers as mental health professionals, along with psychiatrists and psychologists. Bodek notes that psychologists' testimony was in question in the 1950s and '60s, and they too struggled to gain professional standing. "Social workers will probably have to do the same thing."

In handing down the ruling, Justice Altman further noted that "more than half of the psychotherapy services . . . in the United States are rendered by clinical social workers. . . . They regularly make prognostic assessments. . . ." Further, "It can be noted that clinical social workers . . . bring their expertise in dealing with the relationship between social and emotional functioning as well as their expertise in social policy and in environmental intervention to the mental health field." □

## Are You (About To Be) Published?

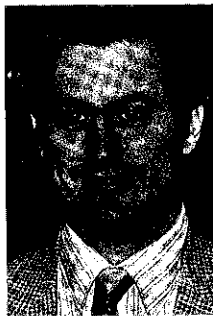
Society members who have written books or whose books are scheduled for publication are invited to submit them for review in the *Newsletter*.

Authors can request publishers to send review copies to the *Newsletter* editorial office for review consideration. The *Newsletter's* wide circulation to schools of social work as well as psychoanalytic institutes (and fellow clinicians) serves to inform those whom you and your publisher want to reach.

Come blow your horn!

## Social Work Malpractice

By Hillel Bodek, CSW



*This column is the first of a regular Newsletter feature in which legal aspects of clinical practice will be explored. Questions or issues that readers would like addressed may be sent directly to: Hillel Bodek, CSW, 135 East 50th Street, New York, NY 10022.*

Over the past decade, there has been a dramatic increase in the extent of malpractice litigation against health care professionals. Although physicians who practice certain specialties account for the large majority of these cases, mental health professionals are increasingly becoming the subjects of such litigation.

Malpractice is a tort, a civil wrong, which arises from a failure to exercise a reasonable degree of care in the carrying out of one's professional obligations to a patient. It may result from action or from a failure to act. Essentially, there are four elements which a plaintiff must prove in order to be successful in a malpractice action: 1) that there was a duty owed by the health care professional to the plaintiff that arose from the professional relationship; 2) that the professional was negligent in acting or in failing to act; 3) that because of the professional's negligence the plaintiff suffered some damage; and, 4) that the damage was proximately related to the professional's negligence.

**The following are some very basic guidelines to aid clinical social work professionals in limiting their exposure to malpractice claims:**

1. Clarify the nature of your professional relationships with patients. Be careful not to give guarantees as to the efficacy of treatment. Clarify that you are a clinical social worker. Some patients group all mental health professionals together, as psychiatrists or psychologists, and later, you may be open to a claim that you misrepresented your professional qualifications. Clarify the boundaries of your professional relationship—fees, appointment schedules, vacations, etc. Be sure to practice within the limits of your training and supervised experience, making appropriate arrangements for consultation and patient referral for services that are beyond your expertise.

2. Be sure that your patients know how to reach you in an emergency. If you are going to be away, make sure they know how to contact another mental health professional with whom you have made arrangements to cover your practice.

3. Be certain to obtain medical/psychiatric consultation if your patient manifests physical complaints or if severe emotional symptoms (that may be aided by medication) persist. In the case of suicidal patients or patients with a psychotic illness, work with a psychiatrist. Such patients often require psychopharmacotherapeutic treatment in addition to psychotherapy and, if they require emergency psychiatric hospitalization, will require intervention by a psychiatrist or other physician, the only health care professionals who may legally commit them to a hospital.

4. If the patient is being treated by another health/mental health professional, obtain the patient's consent to confer together so that you and the other professional are aware of each other's interventions and assessment of the patient. Know what medications your patient is taking and their potential side effects. Do not advise patients with regard to medication that has been prescribed for them; refer them to the physician who prescribed it.

5. Scrupulously protect the confidential nature of your relationship with the patient. Act within the ethical standards of the profession. Use extreme caution when being directive with patients with regard to personal matters and decisions.

6. Keep accurate records reflecting your evaluation and treatment of each patient. At the very least, this should include: 1) an initial psychosocial history, thorough mental status examination, differential diagnostic formulation and treatment plan; 2) progress notes reflecting each patient contact and collateral contact, setting forth any changes in the patient's condition, important new history and/or changes in treatment goals and plans; 3) any other health care being provided (i.e., psychotropic medication).

7. In dealing with information provided by others or by the patient with regard to potential crisis situations, document how you assessed the situation and why you acted as you did. Generally, you cannot be held liable for an honest error in judgment when you exercised a reasonable degree of care and acted in accordance with accepted professional standards. Yet, you may be required to prove that you did so, having carefully assessed the situation and weighed alternatives, as reflected by records made at the time of the event. It is noted that section 29.2 (3) of the Rules of the Board of Regents relating to the unprofessional conduct by members of the health care professions, defines "unprofessional conduct" as including "failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient. Unless otherwise provided by law, all patient records must be retained for at least six years. . . records of minor patients must be retained for at least six years and until one year after the minor patient reaches the age of 21 years." □

# CHAPTER NEWS / EVENTS CALENDAR

## WESTCHESTER

SCSWP/Westchester's continuing ed program offers spring courses beginning March 10th and running for five sessions; check chapter for dates and times. Courses are led by Westchester CSWs and include the following:

- Application of Self Psychology to Case-work Treatment
- Object Relations Theory: The British School
- Conducting a Private Practice
- The Female Patient: The Female Therapist
- Couples Therapy
- Aging: A Clinical View of the Changing Self in Later Years

Marvin Sicherman, CSW

## METROPOLITAN

Under the joint sponsorship of the chapter's education and public relations committees, a "Learning Exchange" is being organized to begin in February. At the direction of Sidney H. Kleinman, Ph.D., the Exchange is to provide workshops, seminars and minicourses taught by Society members who have a particular expertise.

Society members are invited to submit course proposals, along with personal resumes, the outline and organizational structure for the proposed course, and the time and place for such course. Proposals will be

screened by a committee supervised by Dr. Kleinman, who can furnish additional data to those interested: 212-679-6906.

The chapter's Center for Continuing Professional Education has announced its annual spring Conference, "Creativity in Practice: The Clinical Social Worker as Specialist." Scheduled for March, the day-long event will feature morning speakers Susan Pitt, an artist who has lectured widely on the creative process; Diane Shainberg, speaking on the creative moment in an analytic hour; and Joanna Steichen will discuss the ramifications of the clinician who becomes a public figure. Afternoon workshops will focus on a variety of topics.

## NASSAU

Chapter elections saw the following officers assume duties on September 1: president, Marcia Zigelbaum; vice president/membership, Selma E. Lane; vp/programs, Carl Bagnini; vp/education, Lilith Lehner; vp/social action, Joseph M. Walsh. Rhoda L. Cohen is secretary-treasurer, and members-at-large include Phyllis R. Borsky, Diane Kramer, Florence D. Grossman and E. John Levinson.

In the spirit of full participation and as a sponsor of the Long Island Conference of Social Workers scheduled for spring 1984, Nassau will be directly involved in planning the Conference.

Marcia Zigelbaum, CSW

## CSWs: Parity In Disability Insurance

One of the financial cornerstones of private practice should be a quality disability insurance plan. As in many other areas, however, clinical social work psychotherapists are rarely offered a company's preferred contract; when they are, they are asked to pay a higher fee.

The industry as a whole has been unaware of the educational background and skill of the social work psychotherapist. One of the nation's oldest and largest life insurance companies, Mutual Benefit Life, has changed its rates for CSWs. This firm has developed guidelines so that social work psychotherapists will receive the preferred disability contract at the least expensive rate.

This change could have beneficial repercussions throughout the insurance industry

because of Mutual Benefit's excellent reputation.

The details of an adequate disability income program are complex; in light of the above changes, social workers in independent practice should review their existing coverage with an insurance adviser.

David Laveman, CSW

## ETHICS Continued

*Medical Ethics*, Abrams, N. and Buckner, M., editors, MIT Press, 1983, p. 219). This then becomes the criterion by which the practice of any of us would be judged in a court of law—the action of a "duly careful member of the profession." This standard (and its implications) has been developing in cases involving medical negligence as far back as 1898. Future columns will consider how the application of this standard may begin to define responsibilities and negligence for clinical social workers.

David G. Phillips, DSW

## CSW INSURANCE Continued

The Society's Executive Board and the Executive Committee have unanimously endorsed this policy. Other key members of the Society and the National Federation also lend their full support to this insurance package: Crayton E. Rowe, Jr., chair of the committee on psychoanalysis for both the National Federation and the NYS Society; Marsha Wineburgh, Federation president; Monty Kary, Society treasurer 1981-1983; Bobba Jean Moody, newly elected 1st vice president; and Thomas Ruggiero, Met chapter president.

Members have already received details and registration forms in the mail; minimum registration is required for the policy to take effect and, Mrs. Isbell noted, "It is hoped that every member of our Society will take advantage of this unique offer." □

## APA Raises Rates

The following letter to Marsha Wineburgh is self-explanatory. The Society has since terminated its relationship with APA, fulfilling its malpractice insurance needs with another company (details on page 1).

October 11, 1983

Marsha Wineburgh, CSW  
President  
National Federation of Societies  
For Clinical Social Work Inc.

RE: Professional Liability Insurance

Dear Marsha:

This will confirm our discussion . . . which [sic] we talked about the elimination of non member coverage under the NASW program.

We will be notifying all of the insureds in that program who no longer qualify at renewal time and forward to them the enclosed Mental Health Professional Liability application so that they may continue their coverage uninterrupted.

As I agreed with you, we will accept members of your organization under the marriage and family counselors rate of \$75.00 per year for \$1,000,000 of coverage on an individual policy. This policy form is basically identical to the other and therefore, no change in coverage is taking place.

As I also indicated to you, numerous changes will take place in all of the professional liability programs. I will attempt in every way to work with you and your organization along the lines that we discussed.

Sincerely yours,  
Richard C. Imbert  
President

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