



NEWSLETTER

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

JULY 1984 • VOL. XV, NO. 2

Fall Conference To Honor Blancks

In November the NYS Society will present its first Clinical Achievement Award to Drs. Gertrude and Rubin Blanck. The state education committee is developing an all-day Award Conference to honor these two eminent professionals.

Gertrude and Rubin Blanck have not only contributed immeasurably to psychoanalytic theory and practice with their publications and teaching seminars, but they have inspired many social workers to share their own thinking in publications and presentations. In this way they have served the profession as outstanding role models, encouraging social work clinicians to seek broader and more public recognition within the psychoanalytic community.

The education committee has invited a select panel of CSWs who have contributed to the literature and practice of social work to participate in the morning session of the con-

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Annual Meeting: Peer Review Consultant Discusses Insurance Process



“Sentinel” Effect To Monitor Corporate Costs

*By Barbara Pichler, CSW
and A.J. Collier*

Close to 100 members gathered for the Society's Annual Meeting on Saturday, May 19th, at Gramercy Park Hotel. Cocktails and brunch at noon was followed by an afternoon meeting featuring a CSW discussing “Peer Review: Here and Now.”

Vera Fuchsman, member-at-large from Westchester, was general coordinator for the meeting; she welcomed members and guests and introduced Society president, Dr. Cindy Costello, who called for committee reports, which were presented by each chair.

Ms. Fuchsman then introduced the keynote speaker, Dennis Gorman, CSW, who addressed the current status of peer review. As consultant to Metropolitan Life Insurance Company, Mr. Gorman reviews insurance claims submitted for third-party reimbursement.

The current system of review is in its infancy, Gorman stressed, with many details still being assessed and evaluated as situations arise. He emphasized the importance of the peer review process and explained that it allows access to mental health care for more people at better cost.

COST CONTAINMENT FOR COVERAGE

Cost containment is a primary concern for corporations in the coverage they offer their employees. Insurance companies are following this dictum in their use of reviewers as a monitoring system. The corporate employer determines the extent of benefits to be available to employees and tries to keep such cov-

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National Federation Meets In Washington

Delegates Meet with Congressional Representatives

*Report by J. L. Costello, Ph.D.
NYS President*

The spring meeting of the National Federation of Societies for Clinical Social Work took place in Washington from May 3-6. The first session on Thursday afternoon focused on preparation for a lobbying trip to Capitol Hill the following day. Three major areas were stressed:

1. Seeking support and major sponsorship for the Medicare Amendment Bill (HR

4094), i.e., Amendment to the Social Security Act, to include qualified social workers as providers of mental health services to Medicare patients;

2. Seeking support and sponsorship for the FEHBA (HR 656) to ensure continuance of outpatient mental health benefits to government employees; and

3. Providing information and seeking assistance in correcting the Office of Management and Budget's recent disapproval of the information form needed to implement the demonstration research project in California.

This project is intended to investigate the cost effectiveness of including social workers as providers of mental health services to Medicare patients. Although approved by Congress, the OMB's rejection of the sub-

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mitted form delays the start of this pilot effort.

May 4—Delegates spent the morning with their respective Congressional representatives or their legislative assistants regarding the issues noted. NYS delegates met with the aides of Congressmen Lent, Scheuer and McHugh. Representative Scheuer is presently a co-sponsor of the FEHBA Bill. None of the three has so far agreed to co-sponsor the Medicare Amendment Bill, but all aides agreed to discuss these bills with the representatives and to respond within the week.

These visits were timely; they provided a chance to assess representatives' sensitivity to CSW concerns before the November elections. (Ms. Levy, Representative Scheuer's aide, was especially knowledgeable about our concerns and, on his behalf, conveyed continued support of both bills.)

Friday afternoon the delegation reconvened. All Federation delegates will recontact representatives; it was recommended that all state chapters arrange to have their Congressional representatives (up for election) address their members about these bills. Since there are multiple chapters in New York State, the Society is in a good position to approach a large number of local representatives.

OFFICERS' REPORTS

During the remainder of the afternoon reports were presented, by the president, treasurer, capital reserve fund, membership and council on social work education. President Wineburgh introduced Hillel Bodek's (NY) proposal for the Federation to form a committee on forensic social work which would ensure clinical social workers' involvement in establishing this subspecialty with adequate guidelines for training and qualifi-

cations. The Board voted to form such a committee.

President-elect Sidney Grossberg (MI) reported that a coalition of practitioners and members of the Council on Social Work Education has been formed to present and promote CSW concerns on the Council. He also reported that there are now 23 states with full membership status and seven states maintaining affiliate or associate status with the Federation. Thirteen additional states are now forming state societies.

May 5—Ken Adams, Washington advocate, provided an update on the bills concerning CSWs currently in the Congress. He also commented on the trend toward establishing PPOs and DRGs as an alternative many corporations nationwide are investigating to cut back on increased health costs.

COMMITTEE REPORTS

The remainder of Saturday morning was spent learning about the American Association of State Social Work Board and its purpose and involvement in the establishment and maintenance of the national licensure examination for social workers. Although all states do not presently use the exam, its universal acceptance would ultimately provide a means to establish reciprocal arrangements for licensure. The New York State Board has recently withdrawn from utilizing this exam, and we have written to Mr. Philip Johnston for further information.

The peer review report focused on the Federation's efforts to work with NASW to establish for CHAMPUS a well thought out comprehensive peer review program. To date Federation has had a major impact on the definition of clinical social work, which was finally approved by the Board. We are continuing to work with CHAMPUS regarding the establishment of criteria necessary to qualify as a reviewer and the procedures which will be adopted for the peer review process. Frances Thomas of the Greater Washington (D.C.) area chapter chairs this committee.

Gary Unruh (CO) presented a comprehensive report on the status of licensure and vendorship for clinical social workers nationally. This committee has been meeting with both public and private employers to seek inclusion of social workers as mental health providers under group health insurance plans. This work has been slow and time consuming, but progress is evident. Gary stressed the importance of the National Registry of Health Care Providers. This is the only national directory of health care providers which does *not* mandate membership in any organization for inclusion. It seeks to provide a central national index of qualified providers for employers, insurance companies, etc., who could not possibly check the credentials of all their vendors.

May 6—Sunday was no less busy. The nominating committee presented its recommended

slate of officers; John Gai and Beverly Filloy, both of California, were elected president-elect and treasurer, respectively. Minor proposed modifications of the bylaws were read, voted on and accepted. It was also decided that directors' insurance for the Federation should be obtained.

The last major issue was malpractice insurance. Richard Imbert of the American Professional Agency addressed the group with a proposal for a malpractice insurance policy for clinical social workers. NYS president Cindy Costello was appointed, as chair of this committee, to negotiate further with Imbert and to investigate other options. A final report will be presented at the October Federation meeting.

All state reports were distributed to representatives. There were many creative project reports. Three major issues of concern to many states include licensure, vendorship and education. These reports and the Federation meetings provide an avenue for sharing experiences and support, learning from each other and joining forces to achieve clinical social work aims as a larger, more effective group.

This was Marsha Wineburgh's last meeting as Federation president. She has done an excellent job and will be missed. This was the first Federation meeting as NYS president and, although exhausted after the meeting, I learned a great deal and met many dedicated and effective colleagues. It was an honor to represent to the Society. □

"Creativity in Practice" at Met Conference

By David A. Laveman, CSW

At 7:15 A.M. on Saturday, March 31st, Sheila Fisher, member of the met chapter's education committee, received an urgent call. Suzan Pitt—the first of three principal speakers at the chapter's conference, "Creativity in Practice: The Social Worker as Specialist"—had just "thrown her back out" and was on her way to the hospital. Two and a half hours later, Sheila was on stage in front of 75 people, baby in snuggli, giving Suzan's talk (luckily written out beforehand) accompanied by Suzan's award-winning animated short, "Asparagus." Creativity was truly in practice!

Suzan's film, in many ways, set the tone for the entire day. In a colorful, vibrant explosion of images her film and talk paid homage to the fertility of our "ordinary" minds. Her message was simple, yet easier said than done: "Pay attention to yourselves and you'll find unexpected wonder in everyday life."

Diane Shainberg developed this idea fur-

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EDITORIAL OFFICE:

a j collier/communications
239 park avenue south
new york, new york 10003
(212) 598-4530

Editor

Alyce J. Collier

CSW Editorial Consultant

Barbara Pichler

Designer

Arline Campbell

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COMMITTEE HEADS

REFERRAL SERVICE

This committee, with 8 chapters represented, received State Board approval for a name to be used by all chapters—Psychotherapy and Counseling Referral Service—and for guidelines for including members in referral services. The latter was the culmination of efforts begun at least five years ago, and I would like to take this opportunity to publicly thank the people who worked so hard over the years—both before I joined the committee, and during my work with the committee—to pull it together.

The committee's next effort will be in the direction of increasing public awareness of social work clinical skills. This was discussed at the June meeting, and we will develop a program in the fall.

At all meetings we share ideas and efforts that have been undertaken by chapters to increase referrals. These exchanges are invaluable, and we urge all chapters to send a representative. For those chapters Upstate that wish to use this service, such exchange of ideas can be via phone or mail.

Eleanor Perlman, CSW

MEMBERSHIP

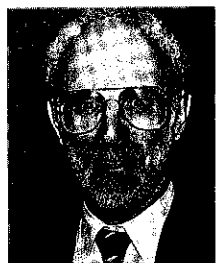
A membership drive will begin in September 1984. The committee, consisting of chapter membership chairs, met in June to develop the method of implementation and follow-up. The committee will be working closely with Bobba Jean Moody, chapter development chair.

Sandra Wickham, CSW

A QUESTION OF ETHICS

Increasing Responsibility For Practitioners

By David G. Phillips, DSW



Members of the health care professions are learning that consumers are increasingly holding them responsible for their activities. In a recent workshop, Suanna Wilson, a nationally recognized authority on confidentiality, pointed to a growth in malpractice cases against social workers and listed the major areas in which those cases are occurring.

Social workers in child welfare and in private practice constitute the two main groups being sued for malpractice. The categories into which the largest number of malpractice suits against social workers fall include the following: a) negligence; specifically, failure to refer clients for needed consultations and specialized services; b) incompetent delivery of service; c) sexual contact with clients; d) failure to prevent suicide; e) issues around adoption; and f) breach of confidentiality.

PREVENTING NEGLIGENCE ACTION

Previous columns have discussed the standard of the "duly careful member of the

profession" which has evolved in malpractice actions since the 1890s and suggested some of the ways in which this standard would apply to the practice of clinical social workers. Following is a summary of the essential points with which clinical social workers should be familiar in terms of litigation involving negligence. For a malpractice action to be successful, the plaintiff must prove four elements:

1. The plaintiff must prove that the health care professional owed a duty arising from a professional relationship. A professional is free to choose whom he or she will accept as a client but, once a professional relationship is established, the professional accepts the full responsibility and obligation of that relationship. As part of that responsibility the professional may choose from alternative methods of treatment as long as the client understands the risks and benefits of each and gives consent which is genuinely informed and voluntary.

The professional may use a specialized technique, but will be held to the same standard of skill, care and knowledge as would a duly qualified and responsible member of that profession. A professional trained in psychoanalysis may, for example, see a client in family therapy but will be held to the same standard of care as a specialist in family therapy. In a malpractice action that professional would not be able to offer as defense that he or she was not really a trained family therapist and should not be expected to be expert in that field.

2. Negligence may consist of either action taken by the professional or by a failure to act. A professional is not required, for example, to "cure" a client but may be found negligent if he or she knows that the current treatment is ineffectual and fails to seek

consultation. A professional has an obligation to keep abreast of new developments in the field and may be found negligent for failure to do so, or for failure to refer the client to a specialist in cases where this is indicated.

3. The plaintiff must demonstrate that damage resulted as a consequence of the professional's negligence. No matter how negligent the professional may have been, the client must, in order to win the case, prove that the negligence caused damage which would not have occurred in its absence.

4. The legal concept of "proximate cause" also requires that the plaintiff demonstrate that there is a causal relationship between the professional's negligence and the subsequent damage and must, therefore, rule out his or her own condition as the probable cause of the subsequent damage. In one case, for instance, an accident victim had a broken leg but, by mistake, the wrong leg was put in a cast. The mistake was not discovered for ten days, and the patient sued for malpractice, but did not win the action since it was held that the resultant damage to the injured leg was as likely to have been caused by the original accident as by the error (Holder, Angela, "The Duty of Care" in *MEDICAL ETHICS* edited by Natalie Abrams and Michael Buckner, M.I.T. Press, 1983). □

Parity Vote Near

Mid-June—Hopes rise for successful passage of the Society's Parity Bill (A.7620-B/S.6222-A) as the New York State Legislature moves toward summer recess. The bill has passed both the Assembly Insurance Committee and the Ways and Means Committee. It now awaits Senate action, expected by the end of June.

Support for this bill has been vigorous in the social work professional community. Local chapters of both the NYS SCSWP and NASW have worked together to educate and win the support of local representatives.

Confusion exists about the exact nature of the procedures for qualifying for mandatory insurance status once the bill is passed and signed by the Governor. These criteria will be developed by the State Board for Social Work only after the bill is law. It is less confusing if one remembers that this bill is really a consumer bill designed to assure access to all qualified mental health practitioners—including clinical social workers.

Update—Hurray! The bill has passed both houses; the Senate voted favorably on June 27th—the bill's last stop before the Governor's office. Please write to Governor Cuomo—this final phase of support is crucial.

Marsha Wineburgh, CSW

BOOKS

The Mind in Conflict
By Charles Brenner, M.D.
International Universities
Press, Inc. NY, 1982; 253 pages

Reviewed by
Patricia Morgan Landy, CSW

In this new and important book, Charles Brenner, a classical analyst, states clearly and cogently his views on psychogenesis. In so doing he adds to and expands Freud's earlier formulations of psychoanalytic theory. Initially Freud saw anxiety as a *consequence* of a failure of repression. Not until 1926 did he come to see it as the *motive* for repression and thereby give it its paramount role in psychoanalytic theory. Freud related anxiety to a series of dangers associated with the child's instinctual life. Anxiety initiates both conflict and defense and is active from childhood throughout the life of the individual. Seen as a cause of repression, it took on greater importance, and the role of the ego in mastering anxiety assumed new and important significance as well. Psychoanalysis moved ahead from a concentration on analysis of the id to analysis of the ego.

Brenner (1975) follows Freud in his formulation of the concept that signal anxiety is the cause of repression. He differs from the earlier view of Freud's (topographic view) that dammed-up libido causes anxiety when repression of such libido fails. Instead, as signal anxiety is aroused by coming in touch with unacceptable childhood wishes, it produces defense and conflict. This results in feelings of unpleasure. The existence of anxiety and the role of conflict are seen as central and as causal in all psychopathology.

One of Brenner's major contributions is the idea that unpleasure is of two kinds: anxiety and depressive affect. All psychic conflict is the result of the individual's attempts to ward off such anxiety and/or depressive affect. In treatment the therapist uses the analytic situation to investigate the dynamic thrust of the patient's unconscious, unacceptable impulses and, by interpretation and insight, attempts to bring about a restructuring of defense.

Brenner presents the basic theoretical formulations of psychoanalytic theory correlated with clinical data and clarifies a very complex subject. The basis of structural theory is that the ultimate terrors of life—the four calamities, as Brenner calls them—are loss of the object (mother), loss of object love (mother's approval), castration anxiety, and guilt. In response to these childhood calamities, anxiety arises that causes the ego to defend itself. This results in compromise formations and such compromise formations are the matrix of all human thought and behavior.

Brenner presents and describes the components of psychic conflict, how they interact, and what the consequences are of such interactions. The components of psychic conflict are noted as the derivatives of the drives (wishes), anxiety and/or depressive affect, defense against these and superego guilt. The and result of the interaction of the various components of psychic conflict is compromise formation. All human thought, wishes, and behavior consist of such compromises.

Brenner holds that aggression is an innate drive, and drives are psychological constructs and aspects of cerebral functioning. He does not believe that it is helpful to think of defense against the drives in terms of defense mechanisms. Since every defense mechanism

can be used to further drive gratification or to defend against such gratification, Brenner maintains that defense is definable by its consequences rather than by the method used to achieve it. This idea is his second major contribution.

According to Brenner object loss, loss of love, and castration are the ideational content of anxiety aroused by drive derivatives. Furthermore, while the calamities appear in sequence during the course of psychic development, the earlier ones do not disappear.

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In Memoriam

The Society has lost an esteemed and valuable member with the untimely death on June 8th of Mary L. Gottesfeld, a member since the Society's very early days and one of its first diplomates. Her contributions to the profession are conspicuous and outstanding.

A planner and organizer of the post-masters program in social work at Hunter College, Mrs. Gottesfeld was an adjunct professor at the School of Social Work.

Mrs. Gottesfeld had a strong sense of direction in her profession. In 1972 she started the *Clinical Social Work Journal*; creator and founding editor, she conceived of the publication as the voice of the clinical social work profession, with the National Federation as its sponsor. Under her leadership for 10 years, the *Journal* became an internationally recognized periodical with a broad interdisciplinary readership.

A prolific writer and editor, Mrs. Gottesfeld was the author of numerous articles as well as the book, *Before Addiction*, written in collaboration with Society members Drs. Florence Lieberman and Phyllis Caroff. She was the Series Editor for the Gardner Press three-book series on clinical social work, the latest of which was published in 1983.

A founding member of the National Federation of Societies for Clinical Social Work, she was a former member of its executive board. In 1983 she was elected as a Distinguished Practitioner to the National Academy of Practice in Social Work, a recently established discipline within the National Academies of Practice.

Her long-time friend and colleague, Dr. Florence Lieberman, echoes others who knew Mrs. Gottesfeld: "Mary had an extremely creative and productive mind. And she always encouraged others—she was an outstanding role model for all of us seeking professional identification as clinical social workers."

CREATIVITY *Continued from page 2*

ther in the context of the treatment hour. She set forth the vision of a deep center within us, beyond the chatter of our minds. Out of this center, true creativity as well as healing emerges. She drew on the disciplines of Eastern meditation to reformulate our ideas about transference and counter-transference. Diane's talk was provocative in that it issues a direct challenge to western psychology's "fix the problem" approach. Her revolutionary notion is that healing happens when we are in touch with our being more than when we are engaged in action.

A key element of creativity is surprise. When Joanna Steichen began her talk with the pronouncement that "you will hate what I'm going to say," surprise was evident throughout the auditorium. Joanna's focus

represented a sharp shift from the previous two speakers. Best summarized as the perils of 'going public,' she articulated the creative tension inherent in the attempt to uphold the values of psychotherapy while making full use of media access and a public presence. Joanna illustrated how commercialism can be used to introduce people to self-awareness and sees clear opportunities in clients' reactions to her public persona to elicit and productively work with transference material.

A buffet lunch and a reshewing of "Asparagus" stimulated a continuing dialog that naturally spilled over to the eight workshops. Each workshop presented a specialty that was developed and implemented as part of the leader's identity as a social worker. If anything, the conference served as a reminder of the opportunity for self-expression we lay claim to as social workers in the 1980's. □

IN BRIEF

Decision Pending: Practice at Home

By Hillel Bodek, CSW



Decisions in court cases in which neither social workers nor their clients were involved can, nevertheless, have significant implications for social work practice.

Many clinical social workers work full time in agency practice and, in addition, conduct small, part time practices. A number of these practitioners use their homes to see patients. However, residential leases often restrict the use of one's apartment to residential use.

In 1982, a landlord brought suit against Barbara Lewis, Ph.D., a clinical psychologist who had resided in a rent stabilized apartment in New York City, seeking her eviction on grounds that she was using her apartment for purposes other than a private dwelling: for the conduct of a part time practice of psychotherapy, in violation of her lease.

Dr. Lewis had resided in that apartment since 1969. Her practice was confined to an average of 15 patients per week, no more than two or three patient visits each day. Her practice was unobtrusive; patients were treated in psychotherapy and did not suffer from severe mental disorders. During her tenure in the building there had been no complaints from any other tenant regarding her practice, which she conducted in her living room.

EVICITION ORDERED/REVERSED

The civil court granted an order evicting Dr. Lewis. She appealed and the Appellate Term reversed the decision of the Civil Court. The landlord then appealed to the Appellate Division seeking to have the order of eviction reinstated.

The Appellate Division found in favor of Dr. Lewis and affirmed the decision of the Appellate Term in *Park West Village v. Lewis*, 96 A.D.2d 810, 466 NYS2d 346 (1st Dept., 1983).

The court held, in pertinent part, "Clearly not all business pursuits entail a violation of the lease . . . The fact is that most people engage in a certain degree of business activity in their home. What is crucial is not whether the tenant conducts . . . business in his or her apartment but that the extent of that undertaking be maintained within reasonable bounds."

The court went on to find that, "[A]n examination of the record herein fails to reveal a scintilla of evidence that respondent's very limited practice has created any distur-

bance or nuisance, impaired the value of landlord's property or in any manner altered the residential character of the dwelling unit. The landlord has not demonstrated the existence of any security problems or even that management or the other tenants are in the least inconvenienced by [Dr. Lewis'] small number of weekly visitors."

In a concurring opinion, the Presiding Justice noted that Dr. Lewis' practice did not injure any legitimate interest of the landlord, that Dr. Lewis' patients did not have any perceptible impact on the traffic in this high rise building and that "the character of the activity, which is inherently quiet, unobtrusive, harmonious with a residential setting and of undoubted social usefulness," was not in violation of Dr. Lewis' lease.

LANDLORD APPEALS

The landlord has taken an appeal of this decision to the Court of Appeals, New York State's highest court. If the Court of Appeals finds for the landlord and sustains the original order of eviction, the decision will have significant impact on clinical social workers. Many clinical social workers conduct such small, part time practices from their homes. If they were no longer permitted to practice in their homes, they might not be able to afford (or, in some areas be able to locate) suitable office space for their part time practices. This would impair the community's access to clinical social work services and would impair clinical social workers' ability to engage in part time private practices.

CONTRIBUTIONS SOUGHT

The cost of litigation is prohibitive. Mental health professionals from all disciplines have been urged to assist in underwriting this cost. Those wishing to contribute to the legal costs in this case may send a check to: Dr. Barbara Lewis Legal Fund, c/o NYS Psychological Association, 2112 Broadway, New York, NY 10023.

Update: On June 14th the Court of Appeals rendered a decision reversing that of the Appellate Division. □

ANNUAL MEETING *Continued from page 1*

erage cost effective. It is therefore a function of the insurance carrier to monitor these costs carefully. If the insurance company finds itself paying out more than anticipated in such claims, then premiums to the corporation must be increased.

Mr. Gorman detailed the process of peer review at Metropolitan and suggested that it is similar in other insurance firms. The claims office receives the completed form from a patient as a request for reimbursement and honors the claim according to the coverage in the policy.

The therapist is requested to complete and return a form indicating a diagnosis and course of treatment, in general terms. He/she is not required to give specifics about a

patient's condition and does not betray the patient-therapist relationship in which confidentiality is a crucial factor.

FOLLOW-UP WITH THERAPIST

After 15 visits another form is submitted to the therapist by way of a progress report and, if possible, a prediction as to how long treatment is likely to continue. This is an estimated period, in most cases. Each time a form is submitted by the therapist it is reviewed by the insurance firm's consultant, who is part of the medical review team. Such reports are not seen in the claims office. Mr. Gorman stressed strongly that such patient information is held separate and kept strictly confidential.

Only if the consultant/reviewer is aware of unusual or irregular treatment or diagnosis does the report go further. If there is a serious question, the consultant can send the report to the next level—another professional outside the insurance company. Currently, the American Psychiatric Association is the only review body for mental health forms of all non-M.D. health care professionals. (Both SCSWP and NASW are currently establishing a peer review structure, and it is the clinical social work definition that is being accepted.)

To date, Mr. Gorman stated, Metropolitan Life has not rejected any claim based on rejection of a report by peer review, nor is he aware of rejections by other companies on this basis. (Several members of the audience recounted their experiences and at least one rejection was brought to light.)

At this time it may be observed that corporate employers and their insurance carriers have instituted a "sentinel" effect for psychotherapists to assure employers of cost efficient treatment by consistent reporting and review. □

Society Member Appointed to State Board

Professor Kenneth J. Herrmann, Jr., of the Department of Social Work, SUNY College at Brockport, has been appointed as a member of the State Board for Social Work by the Board of Regents for a five-year period, effective May 1, 1984. Professor Herrmann is the author of two books: *I Hope My Daddy Dies, Mister*, and *I'm Nobody's Child* as well as several articles on child abuse and related issues. He appears frequently on local and national radio and television programs to discuss child and family violence problems.

Professor Herrmann also serves as a national board member of the children's advocacy group, Defence for Children International. He is a founding member and past president of the Western New York chapter of the Society. □

CHAPTER NEWS / EVENTS CALENDAR

BROOKLYN

This chapter, now 7 years old, continues to grow. A New Members Brunch in May saw 50 in attendance, 25 of whom were potential future members. We reviewed the history of the Society and the chapter and our present professional concerns.

We extended appreciation to Karen Reader for her excellent performance as president during the past 2 years and welcomed president Adrienne Lampert, assuring her of continued support.

In June Ella Harris, a future member, addressed the meeting on issues around rape. Plans were discussed for the 1984-85 chapter year.

Adrienne Lampert, CSW

NASSAU

Carl Bagnini, vice president/program, and Lilith Lehner, vice president/education, have provided a varied calendar. In March Esther Menaker presented a paper on Otto Rank prior to her presentation at the 1984 Otto Rank Centennial, "Man and his Ideas," in May. In April Joan Spector discussed "Aspects of Adoption from the Child's Point of View," using Piaget's *Concepts of Cognitive Development* as a theoretical guide. The June meeting featured Martin Greene, who compared theory and techniques of Heinz Kohut and Robert Langs.

Joseph Walsh, vice president/legislative action, and president Marcia Zigelbaum met with representatives of NASW-Nassau to

reaffirm support for the Parity Bill.

The chapter sponsored a campaign kickoff party for Assemblywoman May Newburger, who has been a consistent sponsor and supporter of the Parity Bill.

Marcia Zigelbaum, CSW

SUFFOLK

The chapter meets regularly and is currently defining its goals and functions as well as those of its committees.

The education committee, headed by Rhoda Rosenblum and Roberta Molinoff, presented Joshua Fendel in a program dealing with alcoholism; a pool party scheduled for July will feature Barbara Panos in a discussion on "Living in a Nuclear Age."

The referral committee has begun meetings with EAP coordinators of state hospitals and local businesses to stimulate use of the service.

Victor Goldman, past president, and Sandra Wickham attended a brunch for Governor Mario Cuomo and met briefly with him to press for support of the Society's Parity Bill.

Sandra Wickham, CSW

GESTALT THERAPY CENTER OF QUEENS (NY)

accepting applications for its training program, which begins Oct. 84. For the advanced student and practicing professional wishing to adapt the philosophy and methods of Gestalt therapy to their practice. Flexible, non-pressured environment. Reasonable tuition rates.

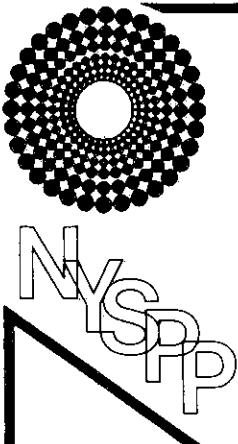
Contact Norman Friedman, CSW,—212-353-3631 or Michael Spindell, CSW, 212-297-5748

BLANCKS *Continued from page 1*

ference by presenting their own implementations of ego psychology techniques. The afternoon session will feature a program by the Blancks, who will present their current thinking on object relations theory. The award will be presented by Society president, Dr. Cindy Costello.

Additional details will be sent to members by mail. The date is Saturday, November 17th, at 10 a.m., at Fordham University at Lincoln Center.

*Micki McCabe, CSW
Education Committee*



Training in Ego Psychology for Psychotherapists

Few psychotherapists leave graduate school with an adequate knowledge of Freudian theory, and even fewer leave with a knowledge of modern Freudian 'ego psychology' as a foundation for clinical diagnosis and therapy. Hartmann, Spitz, Anna Freud, Jacobson and Mahler reflect the refinements, corrections and extensions of Freudian theory. These contributions have been expanded and integrated into a sophisticated and comprehensive framework for psychoanalytic psychotherapy by Gertrude and Rubin Blanck.

NYSPSP provides an intensive three-year curriculum in ego psychology and its application to psychotherapy. This successful program features small classes, case presentations and individual supervision by staff who have had advanced training with the Blancks. An advanced seminar in Child Psychotherapy is also offered. **NYSPSP** is an affiliate of the Council of Psychoanalytic Psychotherapists, and is Provisionally Chartered by the Board of Regents of the State of New York. Classes meet in Manhattan and Long Island. Clinical affiliations.

For further information write:

New York School for Psychoanalytic Psychotherapy
200 West 57th Street New York, NY 10019 212 245-7045

CHILD THERAPY SEMINAR

with **DIANA SISKIND, M.S.W.**

The New York School for Psychoanalytic Psychotherapy offers a continuous case seminar in child psychotherapy applying the principles of ego psychology.

Applications for September are accepted now. For information write:

**The New York School
For Psychoanalytic Psychotherapy**

200 West 57th Street New York, New York 10019
Telephone 212 245 7045

Chartered by
the Board of Regents, State of New York

pear as subsequent ones appear. Each of the calamities persists throughout life. The aim of the structuralist is to make the patient aware of the instinctual aspects of his conflicts and of his ways of defending himself.

In situations of psychic conflict one part of psychic functioning is intent on achieving gratification of a drive derivative while another part aims at preventing such gratification. The ideational content of every affect consists of memories, mental representations of object and of one's own physical sensations, whether joy, misery, yearning or dread. All such ideational elements have a progressive development from the early months of life (when psychic life is primitive) to adult maturation. An affect consciously perceived as pleasurable may in fact include unconscious displeasure or vice versa. The affect may be unconscious while the ideational content may be conscious.

Brenner also adds to and enriches understanding of female psychology. He holds that women's superego formation is different from that of men. While their superegos are just as harsh and just as severe, female superegos do not rest on a defense against anxiety but rather on a defense against depressive affect. For the boy castration anxiety relates to a fear of possible castration; for the girl anxiety is due to a misperception that the castration calamity has already occurred. The boy struggles with overwhelming anxiety while the girl must deal with massive depressive effect. This new formulation of female psychology is the third major contribution of Brenner.

Brenner's latest book is required reading for serious clinicians. It is a remarkable achievement and we are deeply in his debt. □

Patricia Morgan Landy, CSW, is in full time private practice in New York City. She obtained her MSW from Fordham University and a certificate in intensive psychodynamic treatment of adults from Smith College School of Social Work. Ms. Landy studied for several years with James Masterson, M.D., and is currently studying with Jacob Arlow, M.D.

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