

NEWSLETTER

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

SUMMER 1985 • VOL. XVI, NO. 2

Parity: Implementation Moving Ahead

Confidentiality Privilege Extended To CSWs

Parity Celebration Honors Sponsors

By Marsha Wineburgh, CSW

More than 300 Society members and guests joyfully gathered to celebrate the passage of the Parity bill (Chapter 990 of the laws of 1984) on March 10th at Tavern on the Green in New York City. Assemblywoman May W. Newburger (Nassau) and Senator John E. Flynn (Yonkers), the primary sponsors of the Society's bill, were presented special award plaques by president Jacinta Costello for their tireless efforts on behalf of this milestone legislation.

Chapter 990 of the Laws of 1984, effective January 1, 1985, amends Sections 162 and 253 of the New York Insurance Law. The new amendment provides that, for every group policy issued within the state that provides reimbursement for psychiatric or psy-

chological services by a physician, psychiatrist or psychologist, such reimbursement coverage must extend to certified social workers who have qualified for reimbursement.

The regulations for implementing the 6-year parity bill are now in final form. In *Continued on page 6*



President Cindy Costello presents award plaque to Representative May W. Newburger.

Federation Addresses Peer Review, Ethics Issues

Report by Jacinta Costello, Ph.D. NYS President

Washington, D.C., May 2-5 — Although many issues were addressed at this semi-annual meeting, those that are of particular relevance to NYS members include peer review and standards and ethics. NYS representatives included Society president Jacinta Costello, Marsha Wineburgh, past president of the Federation, Hillel Bodek, cochair of the forensic social work committee, and Crayton E. Rowe, Jr., chair of the committee on psychoanalysis. *Continued on page 6*

Society Honors Senator Ohrenstein

Members Learn Marketing Techniques At Annual Meeting

Report by Joan Furedi, CSW

There were 91 members in attendance at the Society's annual general membership meeting on Saturday, May 18th, at the Omni Park Central Hotel in New York City. Honored guests were Senator and Mrs. Manfred Ohrenstein. State Senate Minority Leader and a consistent champion for mental health issues, Senator Ohrenstein has been a staunch ally in the struggle for parity. He received a *Continued on page 2*



Patricia M. Landy, CSW; Senator John E. Flynn; Representative May W. Newburger; CSW Marsha Wineburgh, Legislative chair; Miriam Pinzer, CSW; and Harriet Pappenheim, CSW, PAC chair.

plaque from Society president Jacinta Costello in recognition of his steady support. Expressing thanks to all those who had worked with him to help take the bill to final passage, Ohrenstein also spoke to the issue of protecting the mental health service consumer against fraud, emphasizing that there are no existing state laws against unlicensed psychotherapists; he urged consideration of this issue by a multi-disciplinary group of mental health professionals.

After Society officers were introduced and guests welcomed, committee reports were presented.

Committee chairs reporting included Hillel Bodek, treasurer; Florence Dutko Grossman, membership co-chair, who reported a gain of 204 new members since last fall; Maria Warrack for chapter development; Eleanor Perlman, stepping down as referral chair. The education committee has no current chair; a steering committee is evaluating the future direction of educational programs as well as the feasibility of establishing a training institute.

Ethics committee chair David G. Phillips, DSW, discussed the committee's focus on the increased responsibility that accompanies growing legal recognition of CSWs as independent practitioners. He explained the pending new national code of ethics and noted the issue of defining the clinician's responsibility to insurance carriers and to insured patients.

Legislative chair Marsha Wineburgh mentioned recent articles in *The New York Times* about social workers as independent clinicians. She pointed out that "the psychosocial modality of treatment is now one of the four approved treatment modalities in

New York State." The Society is currently considering a peer review organization that would be available on a consulting basis to insurance companies.

She noted that a draft of the proposed guidelines for provider eligibility for insurance reimbursement will be finalized over the summer. In addition, recently passed by the Senate and Assembly [and since signed into law by Governor Cuomo], the NYS confidentiality law extends this professional privilege to CSWs. A qualified clinician can legally refuse to divulge confidential patient information.

Barbara Pichler reported the continued success of the *Newsletter*, this year expanded to 4 issues annually. New features include regular book reviews and conference reports. Issues of ethics and legal responsibility continue as regular features.

Crayton E. Rowe, Jr. reviewed the genesis of the committee on psychoanalysis as a response to the efforts of psychiatrists and psychologists to control education and practice standards without input by social workers. He reported that the widely circulated position paper has had national impact.



Senator and Mrs. Manfred Ohrenstein display award presented by Society at annual meeting. Parity chair Marsha Wineburgh.

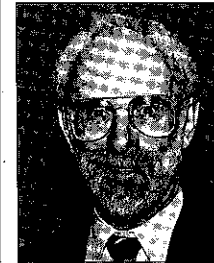
To complete the program, three panels presented a discussion on the topic, "Marketing Your Private Practice." Dr. Charles Smith addressed "Approach to the Challenge," providing an amusing presentation which stressed the importance of a thoughtful and positive attitude in building a private practice. Stephanie Kravec, CSW, shared her experiences in "Communicating with EAPs and Other Organizations." She outlined the process involved in becoming a consultant to business, emphasizing the need for networking. Shafer Zysman, CSW, talked about "Successful Advertising" in terms of the system and organization he has developed, stressing that maximum exposure is urgent to promote one's defined skill. All stressed the importance of a positive attitude.

Closing remarks by president Costello encouraged active participation by members. □

A QUESTION OF ETHICS

Crucial Ethical Choices May Face Therapists

By David G. Phillips, DSW



Irwin Levin is a professional social worker who, in 1979, began work at the Brooklyn field office of New York City's Office of Special Services for Children (OSSC). When he began work in this office, he

quickly observed serious deficiencies. He found that caseworkers were failing to do adequate follow-up on serious cases of abuse, that supervisors were not requiring regular case checkups, and that some families had not been visited for as long as three years. In evaluating the office caseload, Levin estimated that as many as 11 children had died of child abuse, inadequately served by caseworkers.

Levin began to report his findings to his director and to other top officials in the Brooklyn office and was assigned to write reports on improving the system. When these reports were ignored, Levin began to go for help to members of the New York City Council, who attempted to aid him, but they were not able to achieve significant change. Feeling unable to accomplish anything, either within the agency or through the City Council, Levin began an anonymous letter writing campaign to public officials and organizations concerned with social work and child care. To authenticate his charges, he sent copies of case records.

After a handwriting expert confirmed that he had written the letter accompanying the case records, an agency hearing resulted in his demotion and suspension without pay for 4 months for violation of the confidentiality law. The New York City Chapter of NASW refused to support his request for assistance from its legal defense fund. Although it was agreed that he had "compelling professional reasons" for his violation of the law and the NASW code of ethics, the chapter maintained that it would be inconsistent to support Levin's breach of confidentiality while opposing other breaches by the city.

Levin remained within the agency, continued to press for needed reforms and to supply information to public officials on alleged negligence; after many months he was finally supported in his actions. A report recently issued by the inspector general has detailed widespread failures to follow proce-



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Issued quarterly in 1985

"Dark Journey" Into Psyche Was Original Intent of Analysis

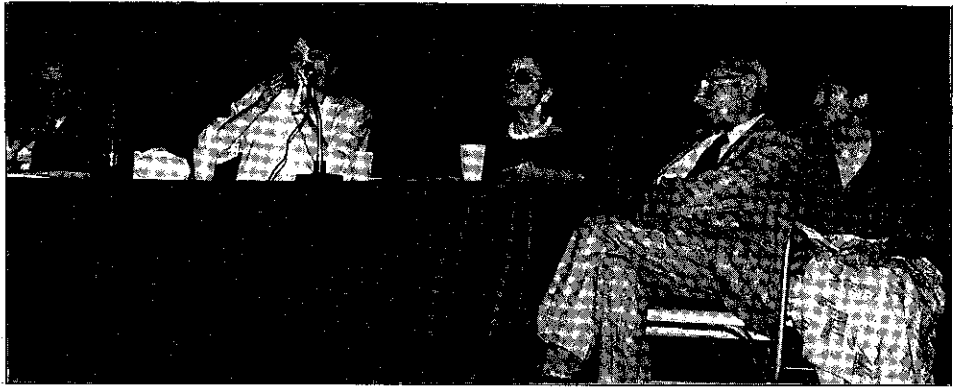
Dr. Bettelheim Notes Changes in U.S.

Report by Henry Blumfarb, CSW

On Saturday, May 11th, almost 200 attended the Metropolitan chapter's annual continuing education conference at Fordham University's Pope Auditorium. The conference, titled "Where is Psychoanalysis Today: Implications for Clinical Practice," featured Dr. Bruno Bettelheim. Panelists included New York City analysts Hilda Grey, CSW, William Alanson White Institute of Psychiatry; Norman Kelman, M.D., supervising and training analyst, American Institute of Psychoanalysis; and Toni C. Thompson, CSW, faculty and supervisor, New York School for Psychoanalytic Psychotherapy.

Susan Rudnick, CSW, committee and conference chair, suggested in her opening remarks that the current view of psychoanalysis is also being influenced by the increase in social workers providing psychotherapy, as well as by the impact of the women's and gay liberation movements. A recent *New York Times* article described this trend: "Social workers are providing the bulk of therapy... and are growing in numbers in treating... affluent private clients."

Dr. Bettelheim's address furnished both historical perspective and personal views of the current state of psychoanalysis. He described a shift from the old world "humanistic" approach to a more "hygienic, cold



Panelists included Norman Kelman, M.D., Toni C. Thompson, CSW (speaking), and Hilda Grey, CSW. Dr. Bruno Bettelheim and conference chair Susan Rudnick, CSW, are seated at right.

and neutral" American version.

Bettelheim pointed out that pre-World War II Vienna reflected essentially a pessimistic society: art, literature, music, drama, i.e., Mahler's Resurrection Symphony, Schiele's paintings and the works of Goethe and Thomas Mann. Sex and death offered a dark association for public consumption. This was the atmosphere in which Freudian psychoanalysis was developing. Freud's interest was in the exploration of the unacceptable, chaotic unconscious material buried deep in the human psyche. Psychoanalysis was to be an intensely personal journey into this dark, primitive region.

At the same time, it was a "personal" relationship between analyst and patient; the analyst would accompany the patient on this perilous trip.

When psychoanalysis came to the U.S., it

entered an optimistic, forward-looking society. Americans, noted Bettelheim, are serious but "basically optimistic." Psychoanalysis changed and expanded because of the mentality of Americans. The transformation occurred because the material of Freudian analysis was so "dirty," so unacceptable, that both practitioners and patients were uncomfortable with it. To handle it, people required defenses; analysis moved, consequently, from the "dark journey" to a lighter, "problem-solving" approach more in line with American thinking.

PANELISTS EXPLORE QUESTIONS

In the panel discussion that followed, Hilda Grey, CSW, elaborated on Bettelheim's explanation that the essence of psychoanalysis involves uncovering the "unacceptable and the not respectable," of the ubiquitousness of the destructive impulse in humans, and agreed with his view that psychoanalysis can provide more intimate contact with man's aggressive nature.

Dr. Norman Kelman's remarks were provocative and questioning; literary references punctuated his presentation, lifting the focus from the conference theme.

Toni Thompson, CSW, addressed herself more directly and thoroughly to the theme of the conference. Raising the question, "Is psychoanalysis an investigative method or a healing process concerned with humanistic values?", she cautioned against the tendency of idealizing the old methods (the classical approach) and urged the exploration of newly developing theories — guided by the ego rather than the superego.

Reaction to the conference reflected a mood of controversy, reinforcing the timeliness of the topic. Perhaps next year's program could begin where this year's left off — in elaborating social work's unique contribution through its humanistic approach to current psychoanalytic practice. □

dures and to look into reports of child abuse at the Brooklyn office of OSSC. A television program on Mr. Levin's 5-year ordeal will be aired soon, and he recently received an award from his alma mater, the Wurzweiler School of Social Work.

Colleagues are not always supportive

Mr. Levin is a classic example of the kind of "whistle blower" who chooses the most difficult path: an "unbending resister":

Unbending resisters protest within the organization about unethical or illegal behavior that they have observed. They maintain a strict commitment to their principles, despite efforts to cajole or coerce them. Ultimately, as a consequence of neglect and retaliation

within the organization, they take a public stand. (Glazer, Myron: *Ten Whistleblowers and How They Fared*. Hastings Center Report, Volume 13, Number 6, December 1983, p.33)

The code of ethics of the New York State Society calls on clinical social workers to "take appropriate measures to discourage, prevent, expose, and correct the unethical behavior of colleagues..." (Section IV, b). It is likely that no ethical precept is more problematic and less frequently carried out than that which enjoins us to "expose unethical behavior of colleagues." We tend to have an antipathy toward "stool pigeons," who are seldom portrayed with sympathy; we are reluctant to report those with whom, as colleagues and/or personal friends, we may have long-standing and important relationships. In the profession of social work, furthermore, a long tradition exists of taking

Continued on page 4

action against institutions, but no custom of supporting a fellow professional who is exposing the unethical behavior of a colleague.

Levin's case is further complicated by his crucial choice: that his responsibility to expose abuses which imperiled the lives of children had priority over his responsibility to maintain the confidentiality of case material; it was at this point that he lost significant support within the profession. In evaluating his action, we must remember that virtually every difficult ethical situation forces us to choose between two or more ethical principles. Professional codes of ethics give us little assistance in making such choices since they present precepts as equal in validity and significance: nor do they suggest criteria to help determine our basis of choice when these precepts conflict.

Ethics codes provide little guidance

Few of us will become famous whistle blowers; yet every professional should consider the implications of Levin's experience and of the choices he faced. Those of us who might take similar actions will find that we will gain little in personal popularity and will not have recourse to ethical codes which mandate clear choices. Yet, if our professional codes and public statements about ethics are to have any meaning, we must be equally ready to make such choices and take such actions. □

Member Appointed To State Board For Social Work

Patricia Morgan Landy, CSW, has been appointed to the State Board for Social Work. Her term began May 1, 1985, and expires April 30, 1988. The announcement came from Gordon M. Ambach, Chancellor, Regents of the University of the State of New York.

The Board assists the Regents and the Department of Education on matters of professional licensing, practice and conduct. Landy's name was submitted by Society president Cindy Costello, Ph.D.

Ms. Landy, book review editor for the State Society's *Newsletter*, has been an active member of the Queens chapter. In fulltime private practice, she has worked closely with James Masterson, M.D., on borderline problems. She received a certificate in Intensive Psychodynamic Treatment of Adults from Smith College School of Social Work after completing an MSW at Fordham University. □

BOOKS

From the Inside Out and Other Metaphors: Creative and Integrative Approaches to Training In Systems Thinking

*By Bunny S. Duhl, Ed. D.
Brunner/Mazel, NY, 1983; 298 pages*

Reviewed by Joan Graham CSW

The title of Bunny Duhl's book refers to the training method developed at Boston Family Institute (BFI) where she has been deeply involved since its inception years ago—first as a student, then as a teacher and co-director. Each trainee participates in exercises designed to evoke his feelings, thoughts, images and memories, which are subsequently explored in "debriefing" sessions at which analogies and connections are made between these particular "inside" experiences and certain "outside" ideas about human interrelationships and interactions in general.

TRAINEES' ROLE PLAY

In one such exercise, for example, a trainee is asked to choose fellow students to represent his parents when he was a child, and to enact with them a family scene. The trainers may have set up this role-playing to illustrate a systems concept such as "triangulation," which refers to the process by which a third person is drawn in to resolve or deflect a conflict between two others. Viewing the individual as part of a living system, whether it be a family, a school system, or other group, and indentifying circular repetitive patterns of interaction to explain behavior (rather than seeking a cause-and-effect explanation) is called "systems thinking," and it is a basic skill needed for doing family therapy.

The systemic perspective emerged in the 1950s, primarily from the work of Gregory Bateson and others at the Mental Research Institute in Palo Alto. Now, most family training institutes have a systems approach, but these vary in the degree to which the therapist is considered to be an integral part of the system. The system model used at BFI is a broad one, including the observer's (or therapist's) actions and reactions within the system. The curricula of family training institutes typically includes: self development of the trainee, basic concepts of systems theory, and clinical technique. BFI, as it is described in this book, puts emphasis almost entirely on the first two of these, for two reasons. Firstly, because they see themselves as training "generic" systems thinkers who may apply their skills to any arena and, secondly, because they see self-under-

standing and an awareness of one's own world view as critical elements in participation and interventions in another system. This is in striking contrast to many institutes where the main emphasis is on developing clinical skills. Theirs is a growth, or health, model in which use of self is central. It is reminiscent of Virginia Satir who, it is acknowledged, was developing similar methods of teaching independently, and unknown to them at the time.

Another difference from other family institutes is the egalitarian ethos which is explicitly stated as well as implied in their methods. They have what they call the "horizontal/equivalency model of relationship" and acknowledge that they learn as much from their trainees as vice versa. Their goal is not to provide formulas but to give people, whether trainees or clients, the tools to find their own answers.

USE OF METAPHORS

A constant theme of the book is the reminder that we can only conceptualize the whole person in context by means of metaphors or analogies. And all of our theories fall short of reality—"the map is not the territory." As therapists, most of us already collect those telling phrases or dream images our clients produce which capture so well their problems and their solutions. We use them every day to convey back to them our understanding of connections between past and present, inner and outer realities, in their own personal language. This book encouraged me to ask my clients more directly for metaphorical images which fit their marital and family relationships; their responses were quite illuminating.

One is also given explicit models for encouraging non-verbal expression. The fascinating story is told of how family sculpture was invented by David Kantor as he reached for a way of clarifying family spatial and power relationships while teaching a class at BFI. Many of the exercises described in detail could also be adapted by the reader for use in workshops for family life education, as well as for staff training at agencies.

VOCABULARY CHANGED

Bunny Duhl speaks of the jargon that develops among those who share a common experience, and its strangeness to outsiders. A jarring note for me in this book was its use of such jargon. For example, to describe a way of perceiving as "holographically" or "synthetically" seemed aimed at lending a scientific aura rather than at clarification; this is in direct contradiction to the book's general tone. Making unneeded new verbs from nouns, such as "metaphoring," "boundarying" and "imaging" (which al-

ready means something else), also detracts from the work.

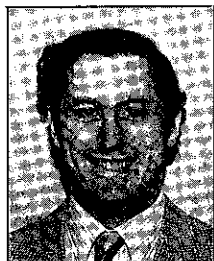
Aside from these minor reservations, I can enthusiastically recommend the book. It is an introduction to systems thinking which will be useful to anyone who has the responsibility for intervening in any system—whether as a therapist or as an administrator of an agency; family therapists or those seeking training in family therapy will also find it useful. The reader is invited to become actively involved in a dialogue through the use of exercises and questions before learning how the author and others at BFI tackled the same issues. In summary, the book encourages us to make fuller use of our own resources. □

Joan Graham, CSW, is in private practice in Centerport, NY, specializing in couple and family treatment. She attended the Ackerman Institute of Family Therapy and The Canterbury Group.

IN BRIEF

Filing Reports, Maintaining Records Form Basis for Reimbursement

By Hillel Bodek, MSW



With the recent passage of parity legislation, social workers are increasingly concerned about their rights and responsibilities as providers of services reimbursable under medical insurance plans.

Medical insurance is a contract in which an insurance company (or an employer in the case of self-insurers) agrees to reimburse covered individuals for expenses they incur in obtaining health care services covered under the terms of the contract. The provisions of the insurance contract ("policy") govern the nature and extent of insurance coverage. For patients to receive such reimbursement, clinical social workers are required to complete forms and reports to be submitted to insurance carriers.

CSWs must maintain a record for each patient that accurately reflects the evaluation and treatment of the patient. Such record must be maintained for at least six years or, in the case of a minor, for six years or until one year after the minor reaches the age of 21, whichever is later.

Clinical social workers who have a doctoral degree should not refer to themselves

as "Dr." on an insurance form. Rather, the specific degree: "Ph.D.," "D.S.W.," should be indicated, preventing any misunderstanding that they hold themselves out as physicians.

If the clinical social worker is signing an insurance form as the supervisor of the person actually providing the services, it is suggested that, rather than signing the insurance form itself, the supervisor submit a letter indicating that he or she has supervised the treatment as set forth on the form during the period in question. This procedure avoids any question that, in signing the insurance form, the supervisor attempted to mislead the company as to who actually provided the services in question. One should note the distinction between a supervisor and a consultant: specifically, a supervisor assumes professional responsibility for the services provided by the supervisee (who is providing the service).

CSWs are advised against signing an insurance form for another professional to enable a patient to obtain insurance reimbursement. Practitioners involved may find themselves engaged in civil and/or criminal action.

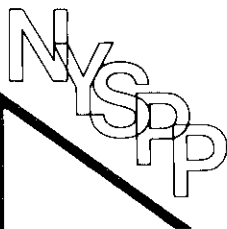
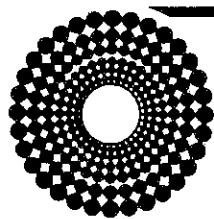
With regard to peer review, a patient applying for insurance reimbursement is usually asked to sign a release authorizing the insurance company to obtain from the provider data needed to process the claim. The therapist must complete and submit peer review and related forms, accompanied by the patient's consent. The clinician need not provide every detail; essentially, a brief description of the presenting problem, a short diagnostic formulation, general treatment goals and a summary of the patient's pro-

gress in treatment are sufficient. For treatment more than once or twice a week or for an extended period, further justification may be required. Again, this can be provided in general terms to document the need for treatment, without divulging sensitive information.

Insurance companies usually pay only for treatment that is "medically necessary." As such, the appropriate DSM III diagnosis of mental disorder should be indicated. Many policies do not cover therapy for "family problems," "marriage counseling," and the like.

At times, disputes may arise about payment in a particular case. It is important to remember that the insurance contract is between the patient and the insurance carrier, not between the therapist and the carrier. Therapists should provide needed information to ensure that claims can be processed properly, including information that may facilitate review of a patient's claim, and should clarify, if required, the extent to which they are eligible providers of services rendered. However, therapists are not responsible to see to it that insurance companies pay claims.

If a patient is not satisfied with the action taken by an insurance carrier on a claim, such patient can complain in writing to the company (and, if it is a group policy, also to the group administrator). Sometimes a letter from the therapist clarifying information about the claim will be helpful. However, if this is not successful and the patient still believes that the insurance company has not paid a claim properly, he or she may file a complaint with the NYS Insurance Department, the state agency which monitors and regulates the insurance industry. □



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PARITY *Continued*

addition to obtaining the "P" vendorship status (3 years of supervised psychotherapy practice) or its equivalent, it is expected that 2400 additional hours of supervised direct practice will be required to qualify as a 6-year mandated provider. According to Philip Johnston, executive secretary of the State Board for Social Work, these regulations are scheduled for review for emergency adoption by the Board of Regents during its June meeting. Confirmation is expected in late July.

For specific information and applications for the new insurance law, write after July 1, 1985 to: Social Work Unit, Division of Professional Licensing Services, State Education Department, Cultural Education Center, Albany, New York, 12230.

For those who had already qualified for 6 years of supervised psychotherapy experience, the State Board for Social Work will make the effective date of qualification retroactive to January 1st if applications are received prior to year end.

The State Insurance Department of New York has indicated that reimbursement of social workers qualified under Chapter 990 (parity bill) will begin with the date of the provider's application for qualification for reimbursement. By making the date of qualification retroactive for those clinicians who qualify, it is hoped that insurance reimbursement will be retroactive to the date the law

actually took effect, January 1, 1985.

S.3102/A.6053, bill to amend the civil practice law and rules in relation to social worker-client privilege, was signed into law by Governor Mario M. Cuomo in May 1985. This bill, like an earlier bill for physicians and psychologists, strengthens existing protection against the inappropriate disclosure of mental health records. It clarifies that disclosure of otherwise privileged communications solely for the purposes of obtaining insurance reimbursement will not result in the loss of all confidentiality protection for this information. By signing this act into law, Governor Cuomo has provided uniform protection to all those who seek psychotherapy, regardless of who treats them. □

FEDERATION *Continued*

The establishment of a system of peer review has been an issue since CHAMPUS first included social workers as providers of outpatient mental health services for government employees and their families. NASW has developed a system and will include Federation members. Qualified CSWs will apply for inclusion. Of the reviewers selected from New York State, six maintain membership in both Federation and NASW.

A Federation committee met with NASW executive director Mark Battle to discuss peer review and other common issues on which the two organizations might cooper-

ate. In line with these growing needs, the board has appointed a committee to investigate the development of a Federation-sponsored system of peer review. Adoption of such a peer review system would enable the Federation to provide insurance carriers with a qualified panel of CSWs nationwide.

The emphasis on cost containment and accountability within the health care field necessitates that, as professional mental health providers, we take an active role in the establishment and maintenance of guidelines and standards for clinical practice. Within this context the Federation is reviewing the NYS code of ethics. An initial draft of this review was presented in Washington, and the final draft should be ready for adoption in October, along with adjudication procedures. The committee includes NYS Society member David G. Phillips, who was instrumental in the original development, adoption and present review of New York's adjudication procedures.

Federation is finding it increasingly difficult to address comprehensively and effectively the numerous clinical concerns facing our profession within the present organizational structure. Officers and board members serve on a voluntary basis and presently meet as a group only twice a year. Both factors make it extremely difficult to function effectively. Thus the board will be considering alternatives such as the hiring of outside professional full-time staff and the establishment of a permanent office. □

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For further information contact the Society at 960 Van Buren Street, Baldwin, New York (516) 546-0020.

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Zvi Lothane, M.D.

The Trauma of Reality and the Reality of the Trauma

Peter A. Purpura, Ph.D.

The Death of a Child: The Death of an Illusion

Afternoon session: William G. Niederland, M.D.

Clinical Observations on the Post Traumatic Stress Syndrome in Holocaust Victims

Moderator: Gerd H. Fenchel, Ph.D.

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