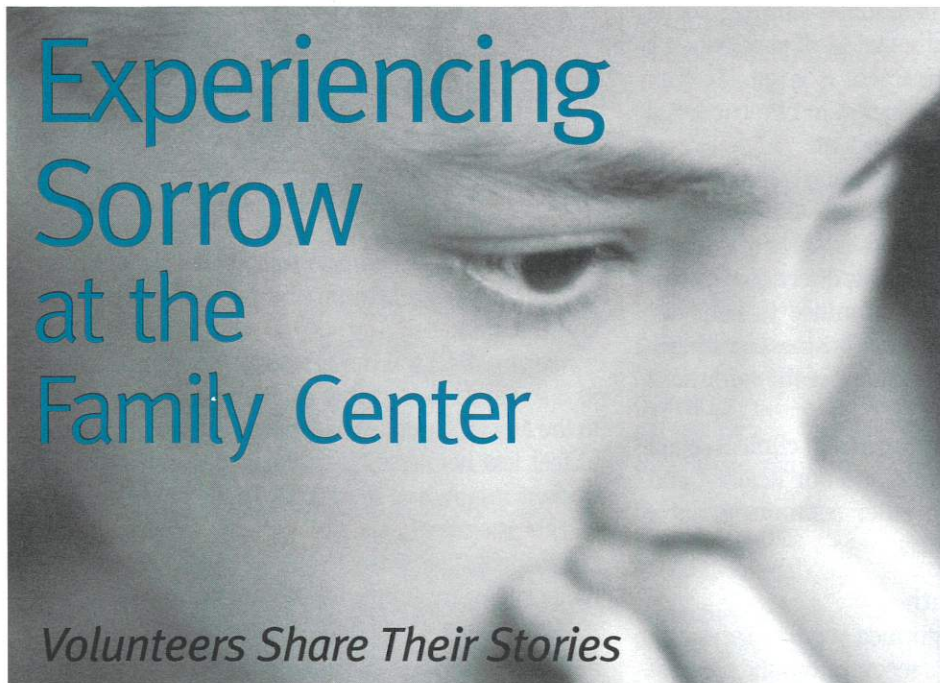


# The CLINICIAN

WINTER 2002 • VOL. 33, NO. 1

The Newsletter of the New York State Society for Clinical Social Work, Inc. • A Founding Member of the Clinical Social Work Federation



## Experiencing Sorrow at the Family Center

*Volunteers Share Their Stories*

By Joanna B. Strauss, CSW  
State and Westchester Chapter Referral and Information Service Committee Chair

When the Referral and Information Service (RIS) was created, no one ever dreamed that it would provide the structure to enable the Society for Clinical Social Work to respond immediately to a major crisis by fielding a substantial number of volunteers. Yet that was exactly what happened in the weeks following the World Trade Towers disaster.

Because RIS maintains members' state certifications and insurance forms on file in our database, we could respond as a group to requests for help. Some of the requests arrived through managed care, which sought (paid) help for critical incident stress debriefings. Other requests were for volunteers, primarily at The Family Center at Pier 94, on the Hudson River at 57th St., where Lifenet arranged for mental health volunteers.

RIS sent over 20 volunteers in the first weeks following the disaster, and continued to provide volunteers for several additional weeks. In addition, many RIS members volunteered to be available for pro bono counseling when people affected by 9/11 called our 800 number.

What was it like for our volunteers who worked at the Family Center? Several have put their thoughts and feelings

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### EXECUTIVE REPORT

## Renewing Our Mission

By Helen Hinckley Krackow, President

It gives me great pleasure to address you once again as President of the New York State Society for Clinical Social Work, Inc. This column will outline the concerns of my Presidency as well as suggest we need all of you to take an active role in helping the Society fulfill its mission. Dues payments alone do not secure our profession. Participation does!

The mission of the Society is:

1. To promote the financial security of the membership
2. To establish and maintain professional standards and ethics
3. To enhance public recognition of and demand for clinical social work
4. To establish the Society as a leading voice for clinical social work
5. To provide education and training resources for the enhancement of clinical knowledge and skills and professional development in order to better serve the public

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# Executive Report

By Helen Hinckley Krackow, CSW, BCD, Society President

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6. To create a sense of professional community in order to take advantage of the resources we can offer each other.

We are now ten chapters strong and will be building more chapters across the State. One of our primary tasks is to protect clinical social work as a distinct profession. As part of this effort, we will continue to support a licensing bill that fully differentiates clinical social work. We believe that clinical social work exists when a diagnosis takes place and treatment is given. We support extensive post-masters education in clinical social work and in all modalities of treatment.

Another key task is to market ourselves as practitioners. Many of us spend years mastering clinical skills, but the marketplace demands additional skill sets of us. Last year the Society took a new direction in forming an Independent Practice Committee to help our members with marketing and other business issues. We hope the Chapters will take advantage of the workshops offered by the new committee.

We must also publicize ourselves and clinical social work as a profession. Our Guild and our Referral and Information Service, among other committees, have projects to market our members.

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## Terrorism and its aftermath

New York members have performed yeoman service in recent months to help citizens recover from the blows of terrorism. The Society has been offering both educational opportunities, to arm us with expertise in trauma work, and support, to help us heal.

Because of the tragedy in September, the State Board decided to cancel a fully developed program on financial and business issues for both agency based and private practice clinicians and substitute a program on January 26, 2002 entitled Compassionate Care: How Clinicians Can Cope. The Board is indebted to Marsha Wineburgh and Sheila Peck for developing this program in three short months. It is included as part of your annual membership in the Society. The original program will be offered at the next Annual Meeting in January of 2003.

A great deal of attention will continue to be paid to the Society's efforts to cope with the September 11th tragedy. The traumatic effects of the event will need to be addressed for many years to come. New York, Washington, and Pennsylvania social workers were at the epicenter of a human disaster that has injured the entire nation.

Personally, I was never so grateful for my credentials as a social worker as that night, when I was able to go to the American Red Cross and get a job right away, and to feel less helpless. There I found hundreds of social workers responding to the call. In the crowd were many of our members -- Gina Collelli, Brigitte Lipschitz, Susan Bady, Lorraine Temple, Fred Mazor, Jerry Russo, Sandra Segan, Judith White, and many others.

I was able to work side by side with Susan and Sandra to set up shelters between 14th Street and Houston. There were 15 teams of medical personnel, disaster workers, engineers, security personnel and mental health workers who were sent all over the locked down area preparing to receive survivors and dislocated people. It was a ghostly experience driving around the area at night, but it made me feel reassured to see that the city was still standing.

Our members have continued working tirelessly at the Pier and in our offices, with the American Red Cross and with a variety of companies decimated by the terrorist's acts. We will continue to offer various training opportunities to members and a Crisis Response Committee was established, chaired by Mark Maginn.

In October, the lobbyist for the OPEIU, a member of the AFL-CIO, presented a bid on behalf of Guild 49 to the federal government for funds for mental health services to meet the needs of New Yorkers affected by the World Trade Center disaster. As part of the bid, a document was developed describing clinical social work and the kinds of fees we command. It relied heavily upon the work of Laura Groshong, CSWF, Legislative Chair, Richard Yanes, Executive Director of the CSWF, and our

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Helen Hinckley Krackow,  
CSW, BCD  
212-683-1780  
hhkrackow@aol.com

### Vice Presidents

Carole Tosone, Ph.D., CSW  
Ct2@nyu.edu

Sheila Peck, CSW

516-889-2688

sheila2688@aol.com

### Recording Secretary

Mark Maginn, CSW  
914-591-7357

### Treasurer

Stephen M. Bayer, CSW, BCD  
718-727-0198  
terrqb@aol.com

### Past President

Allen A. Du Mont, CSW, BCD  
718-224-4886  
allendumont@aol.com

## Members-At-Large

Lisa Caruso, CSW  
315-458-0919  
graylac311@earthlink.net

Joseph Cattano, Ph.D., BCD  
516-623-6715  
ato66@aol.com

Jacinta Marschke, Ph.D., BCD  
845-255-5466  
cindy210@frontiernet.net

Roberta Omin, CSW, BCD  
914-941-8179  
goodomin@bestweb.net

Marsha Wineburgh, DSW, BCD  
212-595-6518  
mwineburgh@aol.com

## Chapter Presidents

### Brooklyn

Ethel Barber, CSW  
718-722-7144  
ethelbarber@msn.com

Henni Fisher, CSW, BCD  
718-646-7001  
hennifisheraarc@aol.com

### Capital District

Katherine Dayton-Kistler,  
CSW, BCD  
518-462-4418  
kmdk5@earthlink.net

### Metropolitan

Murray Itzkowitz, DSW  
212-348-7315

### Mid-Hudson

Carolyn B. Bersak, DSW, BCD  
845-452-1553  
cbersak@aol.com

### Nassau

Lee R. Kramer, CSW, BCD  
516-569-8455  
lrkramer8@aol.com

### Queens

Debbie Kaplan, CSW, BCD  
718-793-9592  
dlkap80@aol.com

### Rockland

Beth Pagano, CSW  
845-353-2933

### Staten Island

Joyce A. Daly, CSW, BCD  
718-351-8728  
jdalycsw@aol.com

### Suffolk

Eleanor F. Perlman,  
CSW, BCD  
631-368-9221  
elliep5@aol.com

### Syracuse

Linda Troia, CSW  
troiawoman@aol.com

### Westchester

Patricia Lawrence, CSW  
plawrencecsw@att.net

### Western New York

Laura Salwen, CSW, BCD  
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### Crisis Response

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### Education

Dianne Heller Kaminsky,  
CSW, BCD  
212-369-7104  
dhkaminsky@aol.com

### Ethics/Forensic/By-Laws

Hillel Bodek, CSW, BCD  
212-753-1335  
bodekmsw@mindspring.com

### Family Practice

Rita Gazarik, CSW, BCD  
212-727-1568

### Group Psychotherapy Practice

Phyllis Mervis, CSW, BCD  
212-369-8879

### Guild

Allen A. Du Mont, CSW, BCD  
718-224-4886  
allendumont@aol.com

### Clinical Hypnosis

Susan H. Dowell, CSW, BCD  
Kathleen L. Friend, CSW, BCD  
914-632-8878  
klfcsw@aol.com

### Independent Practice

Rosemary Lavinski, CSW, BCD  
718-783-4295  
rlavinski@aol.com

Iris Lipner, CSW, BCD

212-353-9721

ilipnercsw@aol.com

### Legislative

Marsha Wineburgh, CSW, BCD  
212-595-6518  
mwineburgh@aol.com

### Membership

Adrienne Lampert, CSW, BCD  
718-434-0562  
alamp12619@aol.com

### Newsletter

Helen Hinckley Krackow,  
CSW, BCD  
212-683-1780  
hhkrackow@aol.com

### Psychoanalysis

Marilyn Schiff, CSW  
212-255-9358

### Public Relations

Sheila Peck, CSW  
516-889-2688  
sheila2688@aol.com

### Referral Service

Joanna B. Strauss, CSW, BCD  
914-478-1267  
strauss2@concentric.com

### Research

Jacinta Marschke, Ph.D., BCD  
845-255-5466  
cindy210@frontiernet.net

### Strategic Planning

Judith J. Crosley, CSW  
315-422-0300  
crosleyj@yahoo.com

Marsha Wineburgh, DSW, BCD  
212-595-6518  
mwineburgh@aol.com

### Vendorship/Managed Care

Alice C. Garfinkel, CSW, BCD  
917-424-3545  
aglcsw@aol.com

# Suggested Readings on Trauma

Prepared by Joyce Edward, CSW, BCD

This reading list was compiled for the *Coalition Report*, the newsletter of the National Coalition of Mental Health Professionals and Consumers, Inc., an organization committed to preserving Choice, Confidentiality and Quality and to Building a Pro-Consumer Health Care System (888-SAY-NO-MC). The readings have either been recommended by Coalition members or I have located them myself. Those readings that I have had a chance to look at or actually read, I have briefly described. In some instances I have included publishers' blurbs or reviewers' comments.

This list is very limited. The literature on this topic is vast. There is much I have not covered. I have not, for example, included any of the literature on medication which is frequently recommended as an adjunct to other forms of therapy. Since I do not work with children, I have included only those few articles on child treatment that were suggested by other Coalition members. There are no references to group therapy, which is regarded by many as an important approach in working with trauma patients. Finally, the list does not reflect adequately the diversity of perspectives that clinicians are drawing upon today.

I was reminded recently by one of the online courses on trauma offered by PsyB, Psych Broadcasting Corporation, <http://PsyBC.com/about.html>, of just how varied these approaches are. Therapists reported on psychospiritual therapy, art therapy, attitudinal healing, forgiveness therapy, E.M.D.R., cognitive behavioral therapy, energy therapies, and flooding, to name but a few. As the reader will see, this list draws mainly from the psychoanalytic literature on the topic.

I have included certain Web Sites that offer pertinent information, some of which offer more extensive and more diverse bibliographies on trauma.

## Books

- Aberbach, D. (1989). *Surviving Trauma, Loss, Literature and Psychoanalysis*. New Haven: Yale University Press.
- Akhtar, S. ed. (2001). *Three Faces of Mourning*. Northvale, New Jersey: Jason Aronson.  
*As described by the publisher this book contains articles which address the multi-faceted processes involved in mourning and adaptation. Among the topics considered are the pain of mourning, the manic defenses often employed to ward off such pain, effects of age upon the capacity to mourn, difference in reactions to the loss of mother and the loss of father, the impact of childhood parental loss, and pathological forms of mourning. It also includes the therapeutic strategies suitable for individuals with chronic interpersonal difficulties, the result of unresolved grief of long duration. Issues of transference-countertransference and separation reactions from the therapist are covered.*
- Barton, A. (1989). *Communities in Disaster*. New York: Doubleday.
- Bellack, L. (1987). *Manual of Brief and Emergency Psychotherapy*. Larchmont, N.Y.: C.P.S., Inc.
- Boss, P. (1999). *Ambiguous Loss-Learning to Live with Unresolved Grief*. Cambridge, Massachusetts: Harvard University Press.  
*The therapist who contributed this reference notes that this book is particularly relevant to the World Trade Center disaster in that it considers those situations in which there are no remains of the deceased for the survivors to bury.*
- Caplan, G., ed. (1964). *Principles of Preventative Psychiatry*. New York: Basic Books.
- Caruth, C. ed. (1995). *Trauma: Explorations in Memory*.  
*This is a group of essays that demonstrate the ways in which a variety of disciplines contribute to an understanding of trauma. Annotation by Book News, Inc. Portland, Oregon.*
- DeVries, M. W. & Hobfoll, S. (editors). (1995). *Extreme Stress and Communities*. Boston, London: Kluwer Academic Publishers.  
*This volume considers the impact of large scale traumatic events. It examines personal, social and instrumental resources that have been found to aid adaptation to major stressful circumstances, and proposes strategies for research and intervention at the community level. It considers such topics as prevention, education, pre- and post disaster strategies and treatment. Annotation by Book News, Inc., Portland, Oregon.*
- Ehrenreich, J. H. (2001). *Coping with Disasters, A Guidebook to Psychosocial Intervention*. Center for Psychology and Society. State University of New York College at Old Westbury.  
*This is a comprehensive volume that considers a wide range of issues, including the importance of appreciating the role that cultural background may play in how an individual experiences a traumatic event.*
- Ewing, P. (1978). *Crisis Intervention as Psychotherapy*. New York: Oxford University Press.
- Furman, E. (1974). *A Child's Parent Dies*. New Haven, Ct: Yale University Press.
- Garland, C. (Ed.). (1998). *Understanding Trauma, A Psychoanalytic Approach*. Tavistock Clinic Series. London: Gerald Duckworth & Co. Ltd.  
*This book describes the psychoanalytically oriented work of the Unit for the Study of Trauma and its Aftermath in the Adult Department of the Tavistock Clinic. It draws (though not exclusively) on the contributions of Melanie Klein as well as those of contemporary Kleinians. Detailed clinical examples are included. Though most of the book focuses on work with individuals, attention is also paid to group treatment.*
- Golan, Naomi (1978) *Treatment in Crisis Situations*. New York: The Free Press.
- Herman, J. L. (1992, 1997). *Trauma and Recovery: From Domestic Abuse to Political Terror*. New York: Basic Books.  
*This book focuses on the importance of a healing relationship and the need for empowerment of the trauma survivor in the treatment experience. Three stages of recovery are delineated in detail and demonstrated through clinical vignettes. The central task of the first stage is the establishment of safety, the second is that of remembrance and mourning. The task of the final stage is reconnection with ordinary life.*
- Hobfoll, S. E. & W. de Vries, M.W. (1995). *Extreme Stress and Communities: Impact and Intervention*. Boston, London: Kluwer Academic Publishers.  
*This collection of papers is aimed at expanding an understanding of the role of communities in responding to large scale traumatic events. The one chapter I read on widowhood contains findings from a large scale study identifying misconceptions and generalizations about this population and some of the ways the needs of widows go unmet by those who would seek to comfort them.*
- Horowitz, M. J. (2001). *Stress Response Syndromes*. Northvale, NJ: Jason Aronson.  
*This is a classic book which has been revised several times. It delineates in detail the feelings of fear, rage, shame, guilt, and numbness associated with trauma and, in particular, intrusive images that can haunt the victims*



for years. The book emphasizes that in order to overcome these feelings, the meaning of the trauma in a person's biography must be understood.

- Jacobs, S. (1993). *Pathological Grief: Maladaptation to Loss*. Washington, DC and London: American Psychiatric Press.
- Jozefowski, J. T. (2001). *The Phoenix Phenomenon-Rising From the Ashes of Grief*. Northvale, N.J.: Jason Aronson.  
*The publisher describes this book as examining the resiliency of individuals enduring great adversity and emphasizing the way pain and despair can become transformative experiences. The book seeks to show how, while a person may not be the same after the death of a loved one, diminishments of self and of life are not the only possible outcomes.*
- Janoff-Bulman, R. (1992). *Shattered Assumptions: Towards a New Psychology of Trauma*. New York: The Free Press.
- Krystal, H. (1968). *Massive Psychic Trauma*. New York: International Universities Press.
- Lehman, D. R., Ellard, J. H. & Wortman, C. B. & Williams, A. F. (1986). Social support for the bereaved: Recipients' and providers' perspectives on what is helpful. *Journal of Consulting and Clinical Psychology*, 64:438-446.
- Lifton, R.J. (1979). *The Broken Connection: On Death and the Continuity of Life*. New York: Schuster.
- Lifton, R.J. (1993). *The Protean Self*. New York: Basic Books.  
*This is a book about human resilience under conditions of great fragmentation. It is a hopeful book which helping professionals may find supportive.*
- Lindemann, E. (1979). *Beyond Grief*. New York: Jason Aronson.
- Malkinson, R., Rubin, S. S., & Witztum, E. eds. (2000). *Traumatic and Nontraumatic Loss and Bereavement: Clinical Theory and Practice*. Madison, Connecticut: Psychosocial Press.  
*The editors of this book and many of the contributors reside in Israel. The book includes chapters on childhood bereavement, on the therapeutic implications of cultural conceptions of death and bereavement, and on the topic of collective bereavement and commemoration.*
- McCann, I. L. & Pearlman, L. A. (1990). *Psychological Trauma and the Adult Survivor: Theory, Therapy and Transformation*. New York: Brunner/Mazel Psychosocial Stress Series 91.
- Neal, A. G. (1998). *National Trauma and Collective Memory*. According to Book News, Inc.  
*This book, written by a sociologist, examines the individual and collective reactions to such catastrophic events as Pearl Harbor and the Vietnam War.*
- Parad, H. J. & Parad L. G. ed. (1999). *Crisis Intervention*. Lewiston, New York: Manticore Publishers.
- Parkinson, F. (2000). *Post-Trauma Stress*. Tucson, Arizona: Fisher Books.  
*This book deals with the effects of disasters on the rescuers and helpers, as well as the victims and survivors. It alerts those involved to the normality of their reactions, and emphasizes their need for support. The author stresses the value of psychological debriefing and offers a detailed description of this process. The book also contains a detailed bibliography and references to relevant web sites.*
- Roberts, A. ed (2000). *Crisis Intervention Handbook: Assessment, Treatment and Research*. New York: Oxford University Press.
- Rogers, K. L., Leydesdorff, S. with Dawson, G. eds. (1999). *Trauma and Life Stories*.  
*This volume explores the relationships between the experiences of helplessness and terror associated with trauma, the ways in which the survivors recall their experiences, and the way in which they represent these memories in the language and form of their stories. The books includes accounts of violence in South Africa, the violence in Ireland, experiences of Ethiopian Jews moving to Israel, as well as violence in other countries. Though not directly useful in the clinical situation, some readers may find it, as I did, an interesting volume.*
- Rothschild, B. (2000). *The Psychophysiology of Trauma and Trauma Treatment*. New York: W.W. Norton & Co.
- Saakvitne, K.W. & Pearlman, L. A. *Transforming the Pain: A Workbook on Vicarious Traumatization* (Paperback, October 1996). Boston: Allyn and Bacon.
- Ulman, R. B., & Brothers, D. (1988). *The Shattered Self*. A Psychoanalytic Study of Trauma. Hillsdale: The Analytic Press.
- Van der V. Kolk, B. A. & A. C. McFarlane & L. Weisaeth eds., *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. New York: The Guilford Press.
- York, S. (2000). *Remembering Well. Rituals for Celebrating Life and Mourning Death*. San Francisco, Cal: Jossey Bass.  
*This book, by a Unitarian minister, is described as a guide for those who wish to put death in a spiritual context but are unsure how to do so. It is written for those who have broken with tradition as well as those who wish to give new meaning to the rituals of their faith. Among the issues it addresses are the difficult decisions that survivors must make quickly when death occurs, including the composing of a funeral service. Perhaps of special relevance today is a chapter on the impact of different ways that a loved one may die. It is entitled All Deaths are Not Equal, and specifically considers deaths that result from violence.*
- Young, J. I., Ford, J. Ruzek, J. I. Friedman, M.J. & Gussman, F. *Disaster Mental Health Services: A Guidebook for Clinicians and Administrators*. White River Junction, Vermont: National Center for PTSD.  
*This is a very extensive volume focusing in detail on the delivery of services to those experiencing trauma at disaster sites during the crisis and over the long term. It has an extensive bibliography on trauma. The entire book can be accessed on the Web at <http://www.ncptsd.org/treatment/disaster/index.html>. It is not yet available in print form.*
- Wolfenstein, M. & Kastenbaum, R. J. Ed. (1977) *Disaster*. North Stratford, N.H.: Ayer Co. Publishers

## Articles

- Bowlby, J. (1961). Process of mourning. *International Journal of Psychoanalysis*, 52: 317-340.
- Brunkow, K. (1996). Working with dreams of survivors of violence: facilitating crisis intervention with a psychoanalytic approach. In: *Fostering Healing and Growth A Psychoanalytic Approach*, ed. J. Edward & J. Sanville, New York: Jason Aronson Inc. pp.212-225.  
*Interesting examples of effective short term interventions in which dreams are effectively used.*
- Classen, C., Koopman, C. & Spiegel, D. (1993). Trauma-Dissociation. *Bulletin of the Menninger Clinic*, 57: 178-194.
- Congress, E. P. (2000). Crisis intervention with culturally diverse families. *Crisis Intervention Handbooks: Assessment Treatment and Research*, ed. A. R. Roberts. Oxford, New York: Oxford University Press. p. 430 --491.  
*This article highlights the importance of sensitivity on the part of the clinician to the particular cultural backgrounds of those we treat. Given the diversity of the population affected by the World Trade Center Disaster, this article should prove informative.*
- Coyne, J. C., Wortman, C. B., & Lehman, D. R. (1988). The other side of support: Emotional overinvolvement and miscarried helping. In B.H. Gottlieb (Ed) *Marshaling Social Support: Formats, Processes and Effects*. Newbury Park: Sage Publications. pp. 305-330.
- Craig, Y. (1977). The bereavement of parents and their search for meaning. *British Journal of Social Work*, 7: 41-45.
- Goldschmidt, O. (1986). A contribution to the subject of psychic trauma based on the course of a psychoanalytic short therapy. *The International Review of Psychoanalysis*, 13:181-199.
- Laub, D., & Auerhahn, N. C. (1993). Knowing and not knowing massive psychic trauma: Forms of traumatic memory. *International Journal of Psychoanalysis*, 74: 287-302.
- Lindemann, E. (1944). Symptomology and management of acute grief. *American Journal of Psychiatry*, 101:141-148.
- Nagera, H. (1970). Children's reactions to the death of important objects: A developmental approach. *Psychoanalytic Study of the Child*. New Haven, CT: Yale University Press. 25:360-400.
- Pruett, K. (1984). A chronology of defensive adaptations to severe

# Vendorship & Managed Care

## COMMITTEE REPORT

By Alice Garfinkel, ACSW, DCSW, Chair

The Vendorship and Managed Care Committee (VMCC) continues to support Society members in their dealings with managed care and third party payers. We can assist members with difficulties in receiving payment for authorized sessions, getting continued authorization for patients, enrolling and disenrolling from panels, resolving dilemmas about confidentiality, and answering Medicare questions.

The VMCC also tries to market to self-insured companies that do not recognize clinical social workers for independent reimbursement for mental health services. We are currently marketing to Pepsico, Daimler-Chrysler, Sun Chemical, The Mark Hotels, Bedford School District, Nova Care, Ford Motor Credit, IIT Research Company, Unisys Corporation and Chemed Corporation. We are using our connections with the AFL/CIO to enhance our efforts with the unions that do not recognize social workers as providers.

### Recent News To Report:

- A new self-insured company that does not recognize clinical social workers as providers – Capital Blue BCBS of Pennsylvania: The VMCC will attempt to market to this self-insured company. We depend on providers to notify us of these kinds of problems when they occur.
- Value Options is considering another method to survey practitioner availability to meet NCQA Standards, other than the “secret shopper” method (where a company representative, pretending to be a potential client, calls mental health practitioners for an appointment to assess their availability, etc.).
- Specialty Reference Guide – The Clinical Social Worker. Available from Medicare for \$15.00 each. The guide will explain coding issues and Medicare policy

specific to specialty. For questions call 914-248-2819.

- Since 7/1/00, Medicare will not forward checks to locations other than those recorded on the Medicare provider files. If your address has changed you must complete a HCFA 855C (change of info form).
- The new VMCC Representative for Staten Island is Colleen Downes : Tel. 718-816-0712.
- Medicare rates for the 2002 year have been reduced from last year. I am in the process of finding out who can be contacted at HCFA for calls and letters of complaint. For more information, call me at 917-424-3545 or 718-352-3545.

**IMPORTANT:** Please call your VMCC representative and/or me at 1-917-424-3545 or 1-718-352-0038 if you have similar problems or want further information about the VMCC. We can help you learn how to address problems, and know who to contact for advocacy. This knowledge can make the difference between resolution and victimization. ■

### VMCC REPRESENTATIVES

BROOKLYN	ADRIENNE LAMPERT	718-434-0562
CAP DISTRICT	ALICE GARFINKEL	718-352-0038
METROPOLITAN	PETER SMITH	212-744-6428
MID-HUDSON	ALICE GARFINKEL	718-352-0038
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### Medicare Clinical Social Worker 2002 Fee Schedule

CODE	DESCRIPTION	LOCALITIES (see below)			
		1	2	3	4
90804AJ	Individual Psychotherapy (20-30 min.)	\$58.78	\$56.54	\$51.67	\$53.95
90806AJ	Individual Psychotherapy (45-50 min.)	88.56	85.19	78.00	80.46
90808AJ	Individual Psychotherapy (75-80 min.)	133.51	128.52	117.53	119.03
90801AJ	Psychiatric Diagnostic Interview	131.41	126.49	115.89	121.49
90846AJ	Family Psychotherapy (without pt)	87.23	83.92	76.82	78.94
90847AJ	Family Psychotherapy (cojoint)	103.12	99.32	90.99	94.70
90853AJ	Group Psychotherapy	31.79	30.38	27.69	29.12

#### LOCALITIES

1. Manhattan
2. Brooklyn, Bronx, Westchester, Richmond, Rockland, Nassau and Suffolk Counties
3. Putman, Sullivan, Orange, Dutchess, Ulster, Columbia, Delaware and Greene Counties
4. Queens County

## Clinical Experts Wanted for AOL Chats

The Public Relations Committee, under the auspices of the NYS Clinical Society, is attempting to put together a panel of experts to appear as guests in chats on AOL's Social Work Forum. All chats are for professionals only and cover a variety of topics of interest to clinicians.

There is no cost to participate in this process, which represents an excellent opportunity to publicize the Society and to network.

Interested members should have access to AOL and should be reasonably adept at typing. The chat process, for those who have not experienced this, is easy and free flowing. Chats usually begin with the guest "speaking" about the topic, followed by questions and comments from participants. Saving the logs of the chats is quite easy and may provide a useful future reference for guest experts.

These chats will be "protocol chats," that is, the online host (not the expert) actually calls on partici-

pants as they type "!" to indicate a comment or "?" for a question. They take place at 9:00 p.m. Eastern time on Wednesday evenings, but we only expect those who respond to this request to appear once. Choice of Wednesdays will be arranged to accommodate clinician schedules.

I have been guesting on these chats for several years in the areas of practice-building and the use of the computer as an adjunct to clinical practice. I'm now scheduled for the first Wednesday of each month, though on occasion I appear on other dates.

I will be glad to walk anyone interested through the process. Just send a list of suggested topics to Sheila2688@aol.com. Or you can call (516) 889-2688.

Below are some excerpts from an article by Wayne Martin that appeared in the newsletter of the Family Therapy Practice Academy (FTPA), part of the Clinical Social Work Federation. In this piece, Wayne describes the entire experience.

### *On Being An Online Family Therapy Expert*

By Wayne Martin

*Excerpt from the Family Therapy Practice Academy newsletter*

I can't believe that I was actually talked into leading a social work chat on AOL. Sheila Peck asked for a volunteer to cover a "chat" while she was on vacation. Sheila explained how easy and user friendly the chat is. You just gain access via the Social Work keyword. Once you are in the chat room, the leader introduces your topic, and all you need to do is to type, read, respond, type and type some more.

It sounded easy enough, so I impulsively volunteered. Having done so, the tough part was to choose a topic. The thought of being an "expert" in a dialogue with my colleagues raised my anxiety level. I am pretty smart and can reasonably "fake it," but an expert—well, I did not think so. But, I had to decide on a topic so it could be announced.

After some contemplation, I decided on: "Family Therapy with Oppositional or Defiant Children," since I was familiar with this population and could confidently offer some of my views and methods in providing family therapy with this group.

All day long before the chat, I thought about what I would say — (I settled on a format of thesis-theory-helpful interventions). Then, at exactly 9:00 p.m. on May 24th I went on line and followed the instructions. And there I was in the chat room!

Slowly others entered the room as evidenced by their signing on with their AOL address. As soon as we had six in the room, we started. The chat leader made introductions and also put in a nice plug for the Family Therapy Practice Academy. I typed my opening remarks and thesis.

After only one paragraph, the others started to respond. Then the challenge became keeping up with questions and comments. No sooner did I type one answer and hit "send" than several other statements would appear. I could sense great energy, enthusiasm and camaraderie (many chatters already knew each other). The conversation was spirited and thought-provoking.

By 10:00 p.m. it was time to stop. Another topic with a different facilitator and presenter was scheduled. It had been a very quick one hour, with no time to stop and get nervous or have "stage fright." On the whole, it was a lot of fun.

Any of us can participate in these social work chats if we belong to America Online. If you are interested, type in the AOL keywords: "Professional Social Worker" and follow the directions. There are chats four nights a week. In addition, the social work site links with terrific information sites that are relevant to the chat topic. It is an enjoyable and educational hour. ■

## Experiencing Sorrow at the Family Center

CONTINUED FROM PAGE 1

down on paper. Hillary Volper, who practices psychotherapy and psychoanalysis and is a supervisor at the Training Institute for Mental Health wrote, "The experience was one of the highlights of my professional (life). I also realized that I like doing crisis work...I will never forget this experience."

### Volunteering at Pier 94

After arriving at Pier 94 and passing through two check points, our volunteers were directed to mental health services. At first sight it seemed confusing, like being plunked down in a large and busy airport, but in a short time it became familiar. For reasons of security and quick identification everyone at the Pier wore an identification tag stating their category: mental health worker, family member, Red Cross, visitor. Impersonal, but practical.

The setting, offering "one-stop" social services, was an immense building efficiently subdivided by curtains and temporary barriers. There were private compartments for legal consultation, help with employment and financial problems, quiet areas, two child care rooms, an interpreters' table staffed with volunteers speaking many languages, two dining areas, and even a massage room. Handlers with trained dogs wandered through the crowds, bringing a surprising amount of comfort and diversion.

The atmosphere was designed to help people feel attended to, even in the midst of their deep tragedy. Volunteers provided comfort and tried to minimize barriers to obtaining aid. People waiting for assistance were frequently offered snacks, Band-Aids, cough drops, lots of water, advice about getting through lines efficiently, and the opportunity to talk with mental health volunteers.

Just as this was a new experience for the people coming to the Family Center, it was also something new for our volunteers. We all struggled with our feelings of wanting to approach people who were not directly seeking counseling, but worrying about how to accomplish this with discretion. Christine Schmidt, who specializes in adults, couples, teens, short and long term and cognitive therapies in Brooklyn, wrote, "Was I ready? Could I do this? Would I be welcomed or shunned?" Her first experience involved talking with a family that had suffered multiple losses. "As a therapist I expect to hear stories of suffering, but they are most often told over the time of many sessions ... How could I console for so many deaths in one family? With tears in my own eyes, how could I offer strength to bear so much grief? So I listened and inquired and realized how much they wanted to talk about the family. I listened."

My first experience began when I noticed a dignified woman dressed in black, seeming to sit alone in her sorrow. As it turned out, her family members were sitting

close by. I needed to push myself into her space; I wasn't sure whether she needed help or wanted to be left alone. In limited English she told me she didn't want to talk about her daughter...From somewhere deep inside I found two of my very few words of Portuguese, and said to her, "sua filha?" "Yes," she perked up and went on, "here is my daughter," and she showed me a photo of a lovely, dark haired, vivacious 24-year-old young woman. This was especially harrowing to me, because her daughter was close in age to mine. At length, she told me about how her knees hurt. It turned out that she had always kept the house sparkling clean for her daughter, and that now she found could not stop continually scrubbing, could not get off her knees. She was also unable to sleep. I later suggested to another daughter that perhaps one of the psychiatrists could prescribe some medication for her. The daughter was grateful, because the mother had been refusing the family's request to leave the house to see a psychiatrist.

### Sailing to Ground Zero

The boat trip for families was perhaps the most gripping aspect of being at the Family Center. Groups of family members were ferried down to the World Trade Center site, given hard hats and breathing masks, and led to a viewing platform and later to a memorial area where they could leave flowers and teddy bears with messages written to their loved ones. Each boat was staffed with several mental health workers. Sometimes, as Wendy Kaiser, a psychoanalyst in Hastings and Manhattan, experienced, "There were family members from varying backgrounds who showed intense feelings at different moments and burst into howls of grief and rage. Several of us gave support to each one, both physically and emotionally, in their suffering. At the memorial space, I helped one woman as she cried and spoke about her lost family member, by helping her position the teddy bear right in the spot where she wanted it."

Sometimes the grief was muted. I noticed a teenager sitting alone on the deck, staring off into space. His father had perished in the tragedy, and the young man, shyly at first, talked to me about trying to step into his father's shoes. He alluded to his fears of losing his care-free college life at the age of eighteen, and of not being able to cope with his difficult younger sister. His mother came along and joined the conversation, bringing up how out of control her daughter was at school, even preceding September 11th. Thinking about the need to rule out ADHD, I suggested that she arrange a psychiatric evaluation to see what could be done for her daughter. Both mother and son sighed in relief to think that something might be done for the little girl, whose problems made it so hard for the family to proceed with mourning.

The mental health volunteers also worked with other staff at the Family Center, such as attorneys and

Joanna Strauss is a therapist in Westchester who works with children, adolescents, and adults. In addition, she is trained in Imago Relationship Therapy for couples' work.



police officers. Christine Schmidt comforted a lawyer who was agonizing over having given false reassurance to a mother that her son had died a painless death. This man nearly cried when Christine reminded him that he had had good intentions. I found that the police at first were reluctant to talk, but once they got started, there were many pressures they were relieved to talk about. Most officers were on long shifts with few or no days off. Their families were suffering, and they particularly worried about their children when both parents were police officers assigned to long shifts. In those situations, often a different relative would come in every day to help out, and the children would wake up to a new caretaker each morning. Schoolwork was suffering, beds were getting wet. Women police officers were very interested in any suggestions to help their children.

Most of the RIS volunteers felt grateful to have the opportunity to volunteer at the Family Center, to be actively giving in the face of this massive tragedy, to see it up close, and to be challenged by a new and different experience of social work. As Haya Caspi, who specializes in Solution Focused Brief Therapy, wrote, "It was a very meaningful and gratifying experience for me, as difficult as it was."

Our members had a wide range of experiences at Pier 94: from the debriefing of volunteer lawyers, to playing with the children in the childcare room, to helping displaced workers express grief and find resources, to consoling and bearing witness to the mourning of family members. As Christine summed it up: "It was humbling. I felt honored that so many strangers entrusted me with their intimate memories as we joined in grief. I listened, genuinely, with compassion to those who were suffering and with my own need to know, directly, this damage. I listened with all of my senses — and felt like I was a vessel holding grief and sorrow and exchanging strength and hope. Being part of a large, volunteer healing community countered the pangs of isolation and vulnerability I've felt since the September 11th tragedy. I cried often, but didn't disintegrate with grief. This was a day of tremendous pain, but also of tremendous caring and I was grateful to contribute." ■

*N.b.: Identifying details have been changed.*

## The Traumas

have all come back, all of them.

All together at first,  
like a lost tribe of children  
gathering at a fragile border.  
Sequentially then, after the first jolt,  
tumbling by in small groups,  
like miners widening a chasm  
inch by foot by inch:

looking up at my father's distorted face,  
his roundhouse right to my left temple;  
best friend under the wheel of a school bus,  
my grandmother's body shaking loose from its life;  
cornered on the subway stairs at midnight;  
emergency rooms, one after the next,  
a surgery, then another, another and another.

Yes, they've all come back  
as if decades hadn't passed,  
rising up from a distant plain,  
annexing territory within my borders,  
swarming through  
my back, arms and legs:  
orphans demanding recognition,  
cleaving my heart.

They poured across the border  
on 9-11 for all of us  
through flames and cries and soot.  
Bruised and ragged,  
they all came back,  
clawing through locked doors,  
tumbling through each of us,  
hauling their buried selves  
into implacable light  
begging us to close this chasm  
inch by foot by inch.

By Mark Sheridan Maginn

For the families and volunteers at Pier 94, NYC, Fall 2001

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## Executive Report

CONTINUED FROM PAGE 2

own Executive Committee, which included Marsha Wineburgh, Al Du Mont and myself, for New York State.

I was highly impressed by the two-day training session given by the Westchester Chapter in Mitchell Training in CISD. The federal government recognizes it as useful in helping rescue workers and military personnel survive trauma. Through our association with the Central Labor Council of New York, I also received training from the Green Cross in CISD and in dealing with ambiguous loss. Such loss played a large part in this tragedy because so many families could not be sure if their

loved ones were killed, and had no remains for burial.

This disaster reminds us all that, as never before, highly trained clinical social workers are needed in America. As a member, you can look to my administration to bring more public recognition of the vital work that we do. As many of you know, I find working with and for the Society gives me deep personal satisfaction. I am thrilled to be serving you as President again and hope that you also will want to be involved. We have a great deal to look forward to in terms of personal and organizational growth. ■

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**Study Group** on The Application of Psychoanalysis to the Understanding and Treatment of Patients with Eating Disorders. Starting April 2002. Location: 150 E. 94<sup>th</sup> St.. Day, time and cost to be arranged. Contact: Dianne Heller Kaminsky, CSW, BCD, 212-369-7104.

**The Conference Committee** of the NYSSCSW is opening its training workshop, normally offered only to conference presenters, to all members of the Society. The workshop date is April 6<sup>th</sup>. 9am to 11 am, at the office of Phyllis Mervis. The fee for non-presenters is \$45.00. For further information, call 212-369-8879.

## Suggested Readings on Trauma

CONTINUED FROM PAGE 5

psychological trauma. *Psychoanalytic Study of the Child*. New Haven CT: Yale University Press. 39-591-612.

Roberts, A. R. (2000). *An Overview of Crisis Theory and Crisis Intervention*. Crisis Intervention Handbook Assessment, Treatment, and Research. ed. A.R. Roberts. Oxford, New York: Oxford University Press. Chap. 1-3.

Van der Kolk, B. A., & Van der Hart, O. (1995). *The intrusive past: The flexibility of memory and the engraving of trauma*. In C. Caruth (Eds.), *Trauma: Explorations in Memory*. Baltimore: The Johns Hopkins University Press.

Volkman, Vamick (1985). *Psychotherapy of complicated mourning*. In V. Volkman (Ed.). *Depressive States and Their Treatment*. Northvale, NJ: Jason Aronson.

Wolfenstein, M. (1966). *How is mourning possible?*, *Psychoanalytic Study of the Child*. New Haven and London: Yale University Press. 21:93-126

Wortman, C.B. & Silver R.C. (1989). *The Myths of Coping with Loss*. *Journal of Consulting and Clinical Psychology*. 57:349-357.

Yacoubian, V.V. & Hacker F.J. (1989) *Reactions to disaster at a distance*. *Bulletin of the Menninger Foundation*. 53: 331-339.

*A brief summary of the responses of Armenian Americans from a Los Angeles school after a massive earthquake in Armenia in 1988. Students were strongly identified with the victims, felt personally affected, and rushed into hectic activity in order to escape grief. The article identifies a special type of survivor guilt which takes the form of envy of the victims, a feeling of having been excluded from a valued experience.*

Zetzel, E. (1943). *War neurosis: a clinical contribution*. In. *The Capacity for Emotional Growth*. (1970) New York, IUP. 2-32.

*Several case vignettes showing how external traumatic events can bring to the fore specific unconscious conflicts which lead to symptoms.*

Widom, C. S. (1987). *The cycle of violence*. *Science* 244, 160-165.

### Web Sites

American Mental Health Alliance  
[www.AmericanMentalHealth.com](http://www.AmericanMentalHealth.com)

American Red Cross Disaster Services  
[www.redcross.org/pubs/dspubs/terrorat.html](http://www.redcross.org/pubs/dspubs/terrorat.html)

David Baldwin's Trauma Information Articles  
[www.trauma-pages.com/articles.htm](http://www.trauma-pages.com/articles.htm)

International Critical Incident Stress Foundation, Inc. [www.icisf.org/911.htm](http://www.icisf.org/911.htm)

National Center for PTSD  
[www.ncptsd.org/treatment/disaster/index.html](http://www.ncptsd.org/treatment/disaster/index.html)

Psyche Matters: A Psychology and Psychoanalytic Resource Guide  
<http://%29cam@psycnematters.com/>

### Journals

*Journal of Traumatic Stress*, Kluwer Academy  
Plenum Publishers, 233 Spring St., New York, NY. 10013-1578, 212-620-8000. ■

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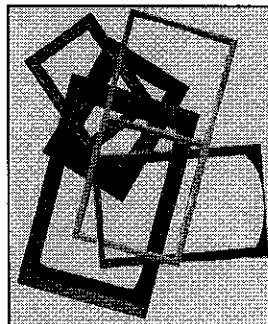
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*For more information about our programs and events, please contact  
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## LECTURE

by Jody Messler Davies, Ph.D.  
*"FALLING IN LOVE WITH LOVE:  
Oedipal Idealization, Mourning, and Erotic Masochism"*  
Thursday, February 7<sup>th</sup>, at 8:00 p.m.  
(call for location)

## OPEN HOUSE

Thursday, March 7<sup>th</sup> and Thursday, June 6<sup>th</sup>  
at 7:30 p.m.

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*A PREVIEW OF ANALYTIC TRAINING*  
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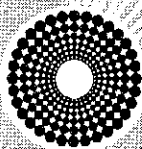
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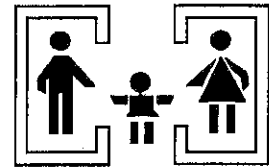
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