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THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

Lest We Forget, We Are Clinical Social Work *Psychotherapists*

By *Marsha Wineburgh, DSW, President Elect*

This we already know: the practice of social work is more than 100 years old and highly diversified, across many settings, across several levels of education, and many areas of interests. One-eighth of all the social workers in the United States live here in New York State. We, the members of the NYSSCSW, are a self-selected group of clinical social workers within this very large profession. We are not defined by the setting we work in; rather we are defined by our interest in and/or our expertise in mental health and the treatment of mental illness with all its derivatives and nuances. Our knowledge base draws from distant as well as allied professions, from psychiatry and sociology to spirituality and the creative arts. We are the clinical social

work *psychotherapists*, whether we have a special interest in psychoanalysis, grief counseling, EMDR, or marriage and family therapy. There are nearly 26,000 LCSWs in New York State, all potential members, whose interests we advance and protect.

Ironically, after the passage of the licensing law for clinical social work (2002), wherein the function of LCSWs was explicitly described, confusion grew about what clinical social workers actually do and, consequently, whose interests the Clinical Society should represent. Many social workers believe that any direct contact with a client/patient is a *clinical* intervention. If one subscribes to this belief, then the mission of our organization could expand to include

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PRESIDENT'S MESSAGE

My Work on the State Board

By *Jonathan Morgenstern*

The mission of the State Board is to coordinate statewide activities and insure that the Society is meeting its purposes, which include:

- Establishing and maintaining high standards of professional education and practice
- Promoting post-graduate and/or advanced training in clinical social work practice,

CONTINUED ON NEXT PAGE

TWO SUCCESSFUL EVENTS: MEMBERSHIP MEETING and EDUCATION CONFERENCE



At the Annual Membership Meeting in September, Robert S. Berger, 1st VP, presented a tribute to Dr. Jeffrey Seinfeld. Dore Sheppard, 2nd VP, chaired the event (see page 4 for report). *Photo by Ivy Miller.*



At the 42nd Annual Education Conference in May, (l. to r.) Dr. Judith Siegel, Keynote; Suzanne Klett, Conference Chair; Jane Hall, Keynote; and President Jonathan Morgenstern (see page 14 for report). *Photo by Morgan Evans.*

State Board Members 2011

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Vendorship & Managed Care	Helen T. Hoffman, LCSW helenhoffman@verizon.net

President's Message



Jonathan Morgenstern, MSW, LCSW

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teaching, administration and research

- Collaborating with other social work and clinical social work organizations in order to address issues of mutual concern, to further our common goals and to provide a voice for clinical social work
- Informing the general public of the specialized skills of clinical social workers
- Protecting the rights of clinical social workers to practice that for which they are trained.

Four years ago, I was entrusted with the role of seeing that the Board does what the membership has entrusted it to do. I assumed this role with the goals of strengthening the Society's administrative structure and its communications.

I had assessed the status of the Society's administrative support services and concluded that over time its needs had changed and grown to the point of requiring a change. Mitzi Mirkin, who had been the Society's consulting secretary, retired and after a process that included consideration of alternatives, a search, and a selection process, the Board retained Total Management Solutions to provide all administrative services for the Society. Its most visible face is our Administrator, Sheila Guston, who is supported by Robin Cybulski, Administrative Assistant, who is the first voice you hear when you call the Society's number. We have also benefited from the services of Debra Guston, Sheila's daughter, who has provided significant support, albeit in the background. I am pleased to report that the transition was made successfully and TMS not only provides us with updated and strong support services but has also contributed original suggestions that have been considered and accepted by the Board, leading so such services as the Career Center on our website.

The Society's finances had previously been reorganized by the past president, but it became necessary to revisit the process of preparing the annual budget and the structure of financial reporting to the Board, the state committee chairs, and the chapter treasurers to insure fiscal responsibility, to see that there were adequate funds to provide services to the membership, and to maintain a balanced budget. TMS assumed bookkeeping services and capably reorganized them so that all expense requests have been efficiently processed and paid; members no longer wait extended periods of time to be reimbursed.

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Ad Deadlines: February 15 and October 1

AD SIZE	MEASUREMENTS	1 TIME	2 TIMES
2/3 Page	4 ¹⁵ / ₁₆ " w x 10" h	\$325	\$295
1/2 Page Vertical	3 ⁵ / ₈ " w x 10" h	\$250	\$225
1/2 Page Horizontal	7 ¹ / ₂ " w x 4 ⁷ / ₈ " h	\$250	\$225
1/3 Page (1 Col.)	2 ³ / ₈ " w x 10" h	\$175	\$160
1/3 Page (Square)	4 ¹⁵ / ₁₆ " w x 4 ⁷ / ₈ " h	\$175	\$160
1/4 Page	3 ⁵ / ₈ " w x 4 ⁷ / ₈ " h	\$140	\$125
1/6 Page (1/2 Col.)	2 ³ / ₈ " w x 4 ⁷ / ₈ " h	\$95	\$85

Display ads must be camera ready. Classified ads: \$1 / word; min. \$30 prepaid.

Headquarters Update

Our Treasurer, Helen Krackow, and our Finance Committee Chair, Shannon Boyle, have helped the State Board and committee chairs gain a better understanding of the Society's budget and how to more effectively manage its finances. It is this process that allows me to state that your dues are being spent in accordance with the Society's purposes and goals. The Society's growing needs have also required different accounting services and a more suitable accounting company has been retained.

The management infrastructure of the Society took a huge step forward through the work of the Strategic Planning Committee (SPC), under the leadership of Judy Crosley, who earlier this year relocated to New Hampshire. Judy coordinated the work of the Society's expert consultant, Marian Sroge, who reviewed decades of State Board meeting minutes and integrated the SPC members' input on current policies and procedures for all aspects of managing the work of the Society. This led to the first-ever-publication of the Society's Policy and Procedure Manuals, which now guide every aspect of leadership. This has strengthened not only current management but succession, so that new leaders have a structure for learning and expediting their responsibilities.

The State Membership Committee has been reorganized under the very capable leadership of Shannon Boyle, and has linked its work to all other activities taking place across the Society; this has resulted in a congruent approach to membership development and growth. Currently, there is very active discussion at the State Board level regarding the following issues that have direct impact on membership development:

- What is the definition of clinical social work?
- What is the identity of the NYS Society for Clinical Social Work? Are we a society of and for private practitioners, or do we represent clinical social workers in all practice settings?
- How may the Society support LMSWs who are seeking to become LCSWs, given the impact of licensure and the limited access to qualified supervision?
- What does the Society have to offer students in schools of social work?
How may the Society work collaboratively with the schools to strengthen social work education in general, clinical social work education in particular?

Communications are essential to the life of any organization and are the bloodlines of the Society. State Board meetings have been reorganized so that relevant issues are presented, informed discussions take place, motions are made, and votes are taken on a variety of projects and issues. As a result, the Board has become a better decision-making and action-taking body. Board members and committee chairs have been strengthened within their roles, have provided valuable services, and are now better recognized at such events as our Annual Membership Meeting. The Board's work is recorded in minutes that are distributed through the chapter presidents and committee chairs to the membership.

The Society now has an attractive and highly functional website, including a membership database that provides valuable information that helps create services for members and which is used for referrals, and a career center, where jobs and resumes are posted. Weekly e-mail blasts are sent to the membership with current information about Society activities. The website is primarily administered by Robin of TMS; the Society does not incur what are customarily additional costs, and changes are made in real time.

Robert Berger and the State Listserv Committee have facilitated the development of listservs for every chapter and every committee that has requested them. This has led to enhanced interconnectedness and support of a community of like-minded peers with referrals, answers to practice questions, and even suggestions about nonrelated services, including housekeeping services.

As I write, the season is beginning to change and fall is definitely in the air. To some this means the resumption of organizational activities. We have had a short summer hiatus, but have been working on NYS-SCSW programs throughout.

The Career Center on the Society's website was launched just before the summer. A mailing was sent to all institutions in the State of New York that might hire clinical social workers informing them of the availability of this means of advertising open positions. To date, several institutions have used the site. Additionally, Society members have the ability to post their resumes (at no cost) for potential employers to view.

Your headquarters also worked on assisting the Annual Meeting Committee, under the chairmanship of Dore Sheppard, in putting on a very successful meeting. The evaluation results indicate that those in attendance appreciated the meeting, the venue, as well as the educational component. In conjunction with that meeting, the Creativity and Transformation Committee, under the chairmanship of Sandra Indig, held an innovative and exciting art exhibit. There were 13 artists, all members of the Society, exhibiting their work.

We also have instituted a weekly e-blast that goes out every Friday to all of the Society's members. It usually includes the latest news from the various committees, reminders on pertinent topics and other items of interest.

Additionally, we worked with the Finance and Budget Chairs to establish a new formula for the rebates that chapters receive from the State in order to fund their activities. This rebate was issued to the chapters in mid-September, and now that we have an equitable formula, will be issued in August of each year.

The office continues to assist those who have questions about membership, membership billing, dues, chapter finances, website updates, the weekly e-blast, upcoming chapter and State events and any other Society business. We are available to help you at any time

Cordially,

Sheila Guston, CAE, *Administrator*
1-800-288-4279, info.nysscsw@gmail.com

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ANNUAL MEMBERSHIP MEETING AND EDUCATIONAL PROGRAM

Honoring Drs. Eda Goldstein and Jeffrey Seinfeld

Contemporary Perspectives on Object Relations Theory: Its Relevance to Private Practice, Agency Work, and Clinical Social Work Education

The 2011 Annual State Membership Meeting and Conference was a memorable and meaningful event:

- Memorable in so many ways, including the Inaugural Art Exhibition showcasing our members' artworks; the President's report by Jonathan Morgenstern, highlighting improvements to our infrastructure, policies and procedures; the ceremony recognizing our extraordinary Chapter Presidents; the tribute to our esteemed colleague, Helen Hinckley Krackow, for 30 years of leadership in the Met Chapter and on the State Board; and the presentations by three noted speakers on "Contemporary Perspectives on Object Relations Theory: Its Relevance to Private Practice, Agency Work, and Clinical Social Work Education."
- And meaningful, in that the meeting was dedicated to two luminaries in the field of clinical social work, Drs. Eda Goldstein and Jeffrey Seinfeld. Both were distinguished members of the Society, keynoters at several educational conferences, and sadly, they both passed away this year. Several speakers reflected on this profound loss and their enduring legacies.

The day-long event drew 134 attendees to the 18th floor conference room of the Hotel Pennsylvania, with panoramic views of the city. Distinguished guests included Dean Lynn Videka, BSN, AM, PhD of the New York University Silver School of Social Work; Dr. Susan Kavaler-Adler, Executive Director of the Object Relations Institute for Psychotherapy and Psychoanalysis and an affiliate member of the Society; and representatives of the National Institute of the Psychotherapies.

In brief remarks, Dean Videka expressed her appreciation for being invited and interest in working with our Society to promote clinical social work, both within NYU and beyond. She also expressed her sorrow at the loss of Drs. Goldstein and Seinfeld, and her deep gratitude for their contributions as faculty members at NYU and leaders in the field of clinical social work.

Creativity

Sandra Indig, Chair and Curator of the Inaugural Art Exhibition, and her committee members arrived early to set up so that the exhibition was ready for viewing when attendees arrived. She deserves much credit and appreciation for a masterful organizing job that resulted in a fine art show [see accompanying article].

Also on display, at a recognition awards ceremony later in the morning, was the extraordinary creativity of our Chapter Presidents. In their acceptance speeches, they described what it takes in energy and resourcefulness to build a vibrant chapter. Beth Pagano, Chair of the State Leadership Committee, led the proceedings.

President Elect Marsha Wineburgh presented a tribute to Helen Hinckley Krackow, Past President, who currently serves as Treasurer, and chair of the Newsletter, Chapter Development and Mentorship committees, and is also a member of the Finance and Strategic Planning committees. Her contributions to the Society over three decades have been so numerous, in fact, that Marsha created a special data analysis system to outline them.

Helen took the podium to express her appreciation for the recognition and for all the Society has given her. She went on to present a heartfelt tribute to Eda Goldstein. Eda was Helen's consultant, and over the years they worked together the New York State Licensing Bill committee, among other efforts, and became close friends. Eda was a uniquely gifted woman, Helen said, who created an indelible legacy for our Society and the field of clinical social work.

Robert S. Berger, 1st Vice President, followed with a tribute to Jeffrey Seinfeld. He spoke about the personal and professional qualities Jeff possessed that benefitted his students and the colleagues he taught, trained and supervised. "We have lost a brilliant, creative mind; a man with an ability to 'think outside the box' about theory and cases; a man able to articulate complex concepts in clear, simple, direct language; a man able to extract and convey the essential essence of a theoretical concept; a man able to get to the heart of clinical matters," Robert said.

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Report by Dore Sheppard, Chair, State Membership Meeting Committee



Special Honoree
Helen Hinckley Krackow.



Chair and Curator of the Inaugural
Art Exhibition *Sandra Indig.*



Speakers *Neil Altman and Theresa Aiello.*



Chapter Presidents Honored: (top row) Beverley Goff, Rockland; Lorraine Fitzgerald, Nassau; (middle row) Sandra Jo Lane, Suffolk; Carol Kamine, Brooklyn; (bottom row) Ariane Sylva, Met; and Fred Sacklow, Queens. Not pictured are Rosemary Cohen, Mid-Hudson and Mary FitzPatrick, Staten Island.



Annual Meeting and Conference Committee
(l. to. r.) *Leslie Altmark, Dore Sheppard, Chair, Linda Wright and Beth Pagano.*

Photos by Ivy Miller and Sherry Felix

Inaugural Art Exhibition 2011

Samples of Members' Artwork Exhibited at the Annual Membership Meeting

CHAIR AND CURATOR: Sandra Indig, LCSW-R, LP, ATCB

EXHIBIT PHOTOGRAPHY: Sherry Felix. [Visit www.ClinicalSW.org](http://www.ClinicalSW.org) for more.

1. Sarah Zahnstecher, Met Chapter, *Watercolor and mixed media*



1

2. Susan Kavelar-Adler, Met Chapter, *Poster of her books, published and forthcoming*



2



3

3. Joan Feredi, Met Chapter, *Photographs*



4



5

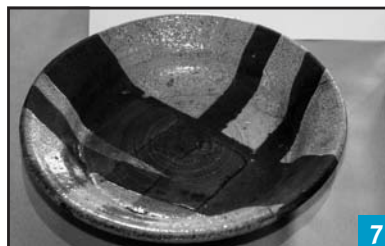
4. Sandra Indig, Met Chapter; Chair and Curator, *Triptych, acrylic paint on charcoal paper*

5. Helen Krackow, Society Treasurer, Met Chapter, *Jewelry*

6. Beverly Goff, Rockland Chapter, *Crochet layette*



6



7

7. Betsy Robin Spiegel, Met Chapter, *Stoneware plate*

8. Judy Lynn Burns, Rockland Chapter, *Drawings, markers and pens*



8



9



10

9. Susan L. Edlis, Met Chapter, *Photographs*

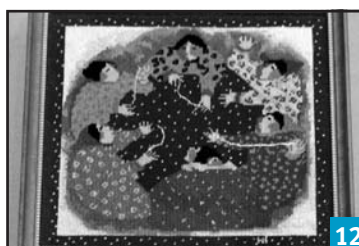
10. Sema Gurun, Met Chapter, *Paintings*

11. Toby Seiden, Nassau Chapter, *Intaglio Prints*



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12. Marsha Wineburgh, Society President Elect, Met Chapter, *Needlepoint*



12

13. Naomi Miller, Met Chapter, *Painting*



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Committee for Creativity & Transformation in Clinical Practice

Committee Report

by Sandra Indig, LCSW-R, LP, ATCB, Chair

There is a time for every season and this appears to be the season for this committee to expand its scope, develop ideas, and change some of its traditional practices. For one thing, we are no longer pre-scheduling our meetings. Meetings will be announced at least two weeks before they take place. It was felt that this would allow for greater flexibility in case of cancellations and the ability to add speakers as the need or occasion arises. So, let us know if you have an interest in presenting.

We had planned to start a Writing Workshop this fall, but due to circumstances beyond our control, we had to postpone until, hopefully, the new year. It is something exciting for us to look forward to and gives us time to hear from more prospective participants. If you are interested, please contact the chair or workshop committee members.

We held the "Inaugural Art Exhibition 2011" at the Annual Membership Meeting and Conference on September 18 at the Pennsylvania Hotel (see accompanying article). We appreciate those who most generously shared their creative gifts with us. Special mention goes to Susan Kavalier-Adler for exhibiting a wonderful poster and video honoring the memory and tremendous contributions of Dr. Jeffrey Seinfeld. Many thanks are due to Jonathan Morgenstern, President and Beth Pagano, Chair of By-Laws, Nomination/Elections, and Leadership Committees, for their unstinting encouragement in support of making the dream of this exhibit a reality.

WORKSHOP SPEAKERS/PRESENTERS 2011–12

[Schedule to be announced]:

Joy Sanjek, LCSW, Bob Schavrien, LCSW, Susan Kavalier-Adler, PhD, ADPP, NpsyA, DLitt, George Hagman, LCSW, BCD, Sarah Zahnstecher, LCAT. Volunteers and interns are needed to help us continue to explore and present high quality and frequent opportunities and presentations/workshops to our society. Last academic year we offered six exciting and well attended workshops. If you or someone you know would profit from working with us, please don't keep it a secret.

WHERE AND WHEN

130 Fifth Avenue, Suite 900, (18th Street is the cross street) in Manhattan. 11:00 am to 12:30 pm, Sundays. Registration starts at 10:45 am. Suggestion: Please leave 30 minutes for evaluation and networking.

Contact: Sandra Indig, Chair, 212-330-6787, to verify address and reserve a seat; Workshop Committee: Sema Gurun, 212-982-2489 and Joy Sanjek, 646-469-9733. 

Objects in the Psychotherapy Environment— A Dog in Therapy

Presentation by Paul Giorgianni, LCSW

Review by Sema Gurun, LCSW-R, Committee Member

Paul Giorgianni, LCSW, does not believe in the neutrality of the analyst's office. He practices out of his home office, with warm, character-filled furnishings. He has come to believe that the matrix of the treatment is not only the analyst and the analysand, but also the objects of the environment, which indelibly stir the subjective reaction of the patient. He is aware, of course, that not only do the objects stir these reactions, but also the words used and the quality of the therapist's voice. They can influence the decision of a patient to come to the first session or continue treatment. Reactions may start before the initial treatment, often in the anxiety-enhanced preliminary period of voicemail messages before the initial telephone contact.

In his presentation, "Objects in the Psychotherapy Environment: A Dog in Psychotherapy," to the Committee for Creativity and Transformation in Clinical Practice on March 13, 2011, Paul said, "Wherever our offices are located, and no matter how they are decorated or maintained, psychotherapists find that the aesthetics, including individual objects, elicit transference reactions from our patients. Patients often pay particular attention to how well (or not) these objects look and how they are being cared for. Sometimes, rather than speaking directly, patients feel more comfortable using these objects to express how they are feeling on a particular day or how they feel about themselves, their therapy, or us. They will often identify with or project their feelings onto these objects as they form attachments and relationships with both animate and inanimate objects."

He recalled his training analysis and used his experience within it as a model of what his patients' initial reaction to him might be or what they might be feeling along the way. He was aware that his appearance and the office setting, where his patients' selective attention picks up details of objects with lightning speed, form a primary impression of the analyst in his setting.

He noted that during his first session with *his* training analyst, he was seated with his back to a piano, an upright visible only to him at first. He remembered having a similar piano, and his own feelings about pianos—that they have a life of their own, a soul—and he was very protective of them as representatives of himself. He also noticed that his analyst's piano had been restored and well-kept. The piano, as an object of transference or projection, if you will, had already created an immediate positive reaction to the therapist; Paul thought: since he has taken good care of the piano, he will also take good care of me.

Paul also recalled his reaction to the clothing his analyst wore one day when Paul felt certain that his analyst was ill. It was a dark blue cardigan like the one Paul's father wore when very ill, a sweater that Paul had given him. He realized that he thought his therapist was terminally ill when he wore a blue sweater, having made the connection to his father by his transference.

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What Members Say About Electronic Billing and HIPAA Compliance

In May 2011, we invited members of NYSSCSW to answer an online survey polling them on their experiences with electronic claims submission or their feelings of readiness to explore it. We asked about resources they found helpful, about HIPAA and privacy concerns, and about other issues that might be deterring them from moving in this direction.

A total of 157 persons completed the survey (Society membership was approximately 1435.) Responses were skewed toward “early adopters” of technology in clinical practice. Considering that some members do not use computers, do not receive electronic communications from the Society, or do not accept any insurance reimbursement, this sample probably represents those who are comfortable with the computer and are at least thinking about whether to bill electronically. Here were their responses:

- 63% of our sample indicated they were Medicare providers and most of these said Medicare represented less than a quarter of their practice.
- 73% indicated they were managed care providers.
- Direct electronic claims submission to an insurance company: 29% of our sample said they were filing some claims electronically. (These did not include those billed through a billing service.) 37 respondents have billed UBH/Oxford/Optum directly; 21, Aetna; 20, Anthem Empire BCBS; 14, Value Options/GHI/HIP/Emblem; 10, Cigna; 7, SEIU-1199; 7, MHN; 5, Magellan; 4, Pomco; and 18, Medicare.
- We asked, “What were some of the difficulties, if any, getting started? Have there been out-of-pocket expenses?” Of the 52 people who answered the question, 16 said that there were few or no difficulties. 7 mentioned that owning a Mac computer made submission problematic or impossible. Some mentioned the expense of software or the time involved setting up. Others said they were too tired or too busy to try electronic billing; found the process too time consuming; were intimidated; lacked confidence in computer skills; had privacy concerns; liked the feeling of control represented by paper claims; had anxiety about change; or had a practice too small to be worth it. They found certain websites difficult to negotiate or were overwhelmed by the complexity of having different systems for different plans.

Some were discouraged by past experiences and seemed to have given up.

- **Billing Services:** Some members had found that a billing service was the answer. Services mentioned were Long Island Medical Billing Services, Precision Billing, MRS, Bill Shrinkers, Health Assets Management Kingston, NY, Billing for Doctors in Rockland County, Solutions Medical Billing (going out of business soon), MediQuik (not taking new clients), Claims Management Consulting, Emdeon, Computerized Office Services, and Claims Connect. At least four respondents used private individuals to assist with billing.
- **Clearinghouse Websites:** A number of members had had positive experiences with clearinghouse sites, entities that submit claims to hundreds or even thousands of payers. 13 used Office Ally, and mention was also made of Secure Connect (Therapist Helper), Beaconhealth Strategies, Gateway EDI through Office Therapy, NaviNet and MDon-line.
- **Practice Management Software:** Of the 16 who used practice management software, 11 mentioned Therapist Helper. Other software mentioned was Therascribe Small Practice Edition 5.0, Shrinkrapt, Notes444, EZClaim, Office Therapy and Quicdoc by Docutrac. At least two people had created their own system. One mentioned, “basic spreadsheet programs customized for our business needs.”

Among those using Therapist Helper, there were mixed reactions: “Not for the solo practitioner. Maintenance too expensive.” “Only for note taking. I never mastered the claim form part.” “Right now I only use it for billing.” “A steep learning curve but worth it. “Paid for the software and for monthly electronic billing.” “I have always done my billing myself and I have a big practice.”

- **Electronic Record Storage:** We asked, “Do you store any case records electronically?” This created some confusion, since the survey did not distinguish between storing records on one’s own computer and storing them on a remote website, which has greater HIPAA implications. 32% indicated that some records were stored electronically. 23 people stored only claims; 22 stored clinical material.


- **Paper Claims:** For many members with just a few patients, paper claims were still the mode of choice. We asked, "If you submit paper claims, do you use any kind of program for typing your claims?" 28% said yes. The most commonly cited program (9 people) was Little Guy Software. Others mentioned EZcms1500 from Queens City Computer Press Instant Office Kit for Psychotherapists (3 people), EZ Claim (3), Smart Forms, HCFA1500 Fill and Print, Omni Forms, or Speedysoft for Medicare claims.

Still others mentioned the practice management software provided by Therapist Helper (11 people), Notes444, Office Therapy by Docutrac, or Office Ally. At least one person had created his own form.

- **Out-of-Network Providers:** We asked, "If you file claim forms as an out-of-network provider, which methods do you use?" Of the 97 who responded, 63% filed handwritten paper claims, 28% filed typed paper claims and 10% used a billing service.
- **HIPAA:** Because providers should not file electronically without becoming HIPAA compliant, we asked, "Are you HIPAA compliant?" 76% of respondents (106 out of 140) said yes. We then asked, "If no, please state your rationale for remaining non-compliant." 32 people answered this question thoughtfully and honestly. 12 said they were doing nothing patient-related online, were not a "covered entity," and therefore did not believe that they needed to be HIPAA compliant. 6 were unsure if they were in compliance. Other responses reflected confusion, procrastination, denial, misinformation, or protest, in response to HIPAA regulations.

Asked what procedures had been put in place to satisfy HIPAA, respondents mentioned: Privacy policy fact sheet and an acknowledgement signed by the patient that they received it; Billing release; Patient bill of rights; Locked file cabinet, fire and waterproof storage containers; Computer password protected, electronic records stored properly; HIPAA statement included on each fax or email sent; Care taken in transmitting information electronically (no names used, only initials or numbers); and, Communication with the managed care company discussed with the patient and permission gained to share further information.

Overall the survey raised important questions. Members wanted more information about HIPAA compliance, billing services, software, MACs, out-of-network billing, and Medicare billing, and would be interested in a presentation on these topics.

To this end, the Vendorship and Managed Care Committee is compiling more information on billing services and software and is planning a Billing Workshop in October to provide practical information on billing and HIPAA compliance. 

Helen Krackow has insured that our newsletter continues to keep members informed about essential issues, including information about licensure provided by our Legislative Chair Marsha Wineburgh and her committee of chapter legislative chairs. I arranged a presentation by the Society's lobbyist at the last State Board meeting so that the Board could gain a better understanding of her work and positions taken on behalf of the Society.


The newsletter also features reviews of important Society presentations as well as reports of relevant committee work. In this regard, I want to recognize Helen Hoffman, Chair of the Vendorship and Managed Care Committee, and her committee members for providing essential and current information, and Sandra Indig, who was responsible for our first art show at an Annual Membership Meeting, and who is herself a model of integrating arts and creativity into clinical practice through the work and activities of her committee.

The Society is fortunate to have a renowned ethics expert as its statewide Ethics Committee Chair in the person of David Phillips. An ethics and professional practices blog is being developed to provide supportive practice information to the members; keep an eye out for it as it promises to be very good. Those who have called upon David's expertise have reported finding him accessible, eminently knowledgeable, supportive and easy to understand—rare qualities given the complexities of ethical issues.

In all, being president has turned out to be the meaningful lesson in leadership and management I hoped it would be. A seasoned administrator in the New York City child welfare system and a private practitioner, I nevertheless found myself challenged by the responsibility of managing a board of volunteers—people motivated by their commitment to something larger than themselves and to making a contribution to their profession beyond their own practice. Some on the Board have been around long enough to have witnessed several administrations come and go.

I previously spoke about the challenges of change, so I want to commend the State Board for its willingness to consider, and its responsiveness, to the changes that I have recommended during my tenure, including my chairing State Board meetings, appointments of state committee chairs, administration of the Society's support services and finances, as well as my work on the Strategic Planning Committee and the By-Laws Revision Committee. Regarding the latter, look for proposed changes, coming your way soon, courtesy of Beth Pagano, By-Laws Revision Committee Chair, and her committee.

I would like to make special mention and to thank a core group of steadfast supporters who have meaningfully and reliably supported me in my work as president. They include Judy Crosley, Beth Pagano, Sheldon Blitstein, Shannon Boyle, David Phillips and Marian Sroge.

And thank you, the members, for having elected me. I appreciate the privilege you have given me to lead and to serve. 

Chapter Reports

Metropolitan Chapter

Ariane Sylva, PhD, LCSW, President

The Met Chapter continues to expand its membership and develop offerings through new and existing committees. We've just added two new positions to our board to help meet the growing demands of coordinating the increasingly rich programming: Karen Kaufman, 1st Vice President and Michelle Cuevas, 2nd Vice President. Karen will take over as President of the Met Chapter in May 2012.

We're also actively seeking a new Recording Secretary for our monthly board meetings to take over from Elizabeth Ojakian, who will remain our Treasurer. Please let us know if you're interested in the position, which entails being part of our board, attending monthly meetings and taking minutes.

The Conference Committee has chosen Richard Brown, M.D. as the speaker for our March 3, 2012 conference, which will run from 9:00 am to 4:00 pm. We have reserved a space, to be announced, for up to 120 attendees. We are working toward offering CEUs for attendance at all our educational programs—another benefit of membership.

The next Education Committee brunch presentation, "The Role of Forgiveness in the Working through of Traumatic Events—A Dialogue," by Gwenn A. Nusbaum, LCSW, will be held on Sunday, October 16, from 11:00 am to 2:00 pm, at PPSC. Future presentations are set for February 5 and April 1, 2012.

The next Member Reception, welcoming new and existing members to meet and mingle, will be held at Richard Joelson's home on Friday, November 4, and will include a special invitation to former members of the Brooklyn Chapter, which is no longer in operation. The Membership Committee also has three Food for Thought programs scheduled: for October 2011, and January and April 2012.

The Psychoanalysis Committee has organized the next movie night, which will feature "The Kids Are All Right," for October 28 at 7:00 pm at the Community Church, Gallery Room, 28 East 35th Street.

The Student Award ceremony, for students who wrote the best essay in a contest in each school, is planned for November 29 from 6:30 pm to 9:00 pm at the Presbyterian Church, 7 West 55th Street. Three schools, NYU, Columbia and Hunter, were able to complete the project, but all New York City social work schools will be invited to the award ceremony. Family, friends, and faculty will also be invited, along with board members. We hope all the schools will participate next year with more advance notice.

The Mentorship Committee currently has two mentorship groups running and a third is in formation.

The Family & Couples Committee is planning another series of three seminars on sexuality and aging and has identified a presenter from Adelphi University.

Our new Legal Issues Committee has Michelle Cuevas connecting with two other social workers who are also lawyers, and the plan is to set up a series of meetings where members can raise various legal issues. This committee will not be offering legal advice, but will be discussing legal and other related issues.

To find out more about our committees and events, contact any board or committee member. Find us at the Met Chapter section of the Society's website, www.ClinicalSW.org.

*Report by Lisa Beth Miller, LCSW,
Met Chapter Listserv Committee Co-Chair*

Mid-Hudson Chapter

Rosemary Cohen, President

The Mid-Hudson Chapter and NASW NY Hudson Valley Division co-sponsored a conference on "Social Work Practice with Veterans through the Life Span" on September 23 at Marist College in Poughkeepsie. The co-sponsors were Adelphi University/Hudson Valley Graduate School of Social Work, Marist College Social Work Program and Department of Psychology, and the U.S. Department of Veterans Affairs.

In the winter-spring of 2011, three workshops were presented by long-time Society members: "Theraplay: An Attachment Based Family Play Therapy," with Alan Spivack; "Ego in Motion: Play Therapy," with Gloria Robbins; and "Borderline Personality Disorder: Two Treatment Models (DBT, Linehan, and Mentalization, Fonagy)" with Dr. Jacinta (Cindy) Marschke.

Fall 2011–Spring 2012 Workshops:

- November 6, Dr. Kevin Kalikow, child psychiatrist, "The Psychiatric Medicine Decision," (focusing on children and adolescents).
- January 28, Cindy Dern, LCSW, "Helping the Client Learn to Listen to and Trust His/Her Body Signals."
- April 28, Charles Burbridge, PhD, "Treating Anxiety with Hypnosis."

Queens Chapter

Fred Sacklow, President

The Queens chapter has begun a series of monthly board meetings and educational presentations. We meet at Holliswood Hospital on Sundays. There is plenty of parking, light refreshments and certificates of attendance. Join us for the networking opportunity at 11:00 am and presentation from 11:30 am–1:00 pm.

The Queens Chapter has a dedicated Board and some very active members. Please consult the Society website,

www.ClinicalSW.org, for details of upcoming meetings and presentations, taking place on 10/16/11, 11/13/11, 12/11/11, 1/8/12, 2/12/12, 3/18/12, 4/15/12, 5/20/12, and 6/10/12. We look forward to seeing all interested Society members at our next get-together.

Rockland Chapter

Beverley Goff, President

The Rockland Chapter is excited to begin another fantastic year of providing professional services and programs to our burgeoning membership and to other chapters. Please check out the 11 programs scheduled for the coming year on the Society's website under Rockland Chapter events.

Last year, in addition to monthly educational presentations chaired by Aimee Ennis, we hosted two films with discussions, *Elsa and Fred* and *Damage*. For our full-day conference, we were fortunate to host the internationally renowned speaker, Dr. Patrick DeChello, who presented "Treating Self-Injurious Patients and the Upcoming DSM-V."

The Rockland Chapter also provides monthly group and peer support programs, including a Clinical Case Discussion Group for peer feedback on private cases or social work issues, led by Beverley Goff; a Mentorship Group for second-year MSW students of the NYU School of Social Work in Rockland, led by Dore Sheppard and Orsolya Clifford; and a Private Practice Support Group for members to network and discuss cases and practice issues, chaired by Sharon Forman.

Recently, we have added a Membership Committee, headed by Monica Olivier, which has been creative in expanding our chapter with new members of all ages and stages in their social work careers. We have been reaching out to second-year MSW students and they, along with several new graduates, have been joining our chapter.

We always welcome new members and those from other chapters, so please drop

in any time. For additional information or just to say hello, please contact Beverley Goff, President, at 845-735-7349 or Aimee Ennis, Education Chair, at 201-848-5276.

Report by Orsolya Clifford, Vice President and Beverley Goff, President

Nassau Chapter

Lorraine Fitzgerald, President

On September 25 we held the first board meeting of the season. Our monthly board meetings and educational presentations are held at Molloy College in West Hempstead. When educational presentations are offered, board meetings begin at 9:00 am, followed by networking and our educational presentation from 10:00 am to noon. Our Intermediate Mentorship Group for members contemplating, building, or transitioning into private practice meets from noon to 1:00 pm. A light brunch with refreshments is served. CEUs are provided. When an educational program is not planned, board meetings take place from 10:00 am to noon. We encourage Nassau members to attend our board meetings and think about joining one of our committees.

Meeting Recap: We began with our January 2011 program, "Clinical Issues with Divorced and Separated Families," facilitated by Carl Bagnini, one of our chapter's senior members. Our annual conference on February 13, "Exploring Out-of-Control Sexual Behaviors," was presented by two sex addiction specialists, Michael Crocker, LCSW, a Met Chapter member, and Susan Malewicz, LCSW.

Each year our Annual Book Authors Brunch is held at board member Susan Kahn's home. This year's author, Cathleen Fanslow-Brunjes, M.A., R.N., who studied under Elizabeth Kubler Ross, held an intimate conversation about her book, "Using the Power of Hope to Cope With Dying: The Four Stages of Hope." A group discussion took place, with the opportunity for consultation, as members presented cases.

Future Meetings: The 2011–2012 year is dedicated to exploring social networking. We hope to see new attendees at these events:

- October 23, Annual Membership Brunch, reviewing Linked-In.
- November 20, discussion of Facebook and Twitter.
- December 3, Annual Conference, "The Relational Brain and Psychotherapy: Neuroscience in the Treatment Room," presented by Terry Nathanson, a Westchester Chapter member
- March 18, 2012, State Ethics Committee Chair David Phillips will present "What Ever Happened to Confidentiality?"

For more information and to confirm Nassau Chapter meeting times, please contact President Lorraine Fitzgerald at 516-987-6931 or griefflistener@gmail.com, or refer to the Nassau Chapter section of the Society's website: www.ClinicalSW.org.

[Special Note: Dolores Colgan passed her licensing exam and has earned those four wonderful letters after her name, LCSW. Congratulations Dolores!]

Westchester Chapter

Interim Leadership Committee

The Westchester Chapter is pleased to report that a successful transition to a collaborative style of leadership is underway! We continue to have monthly meetings on the first Saturday of each month. Our day starts at 9:00 am with clinical interest group meetings. These practice groups are Integrating Neuroscience and Psychotherapy, Peer Consultation, Child and Adolescent Peer Consultation, Group Therapy Practice, Career/Private Practice Building Mentorship and Spirituality and Therapy. From 10:00 am–noon, we have dynamic presentations on such topics as, "The Impact of Divorce on Children," "Therapy with Men Who Have Been Sexually Abused," and "The Assessment of Bipolar Disorder." Our Interim Leadership Committee meets monthly from 12:15 pm–1:30 pm.

Report by Jody Porter, 914-737-1732 

this wider base of direct practice professionals and might include medical social work, child welfare, or case management. One of the problems with this expansion is that there would be no professional social work organization representing the particular interests of social work *psychotherapists*. And there would be internal conflicts of interest within the organization about financial and legislative priorities stemming from the legitimate tensions between these different groups.

KEEP IT SIMPLE: My preference is to respect our history and stick to what we know best. We are the only social work organization specifically representing social work *psychotherapists* in this state. There is no other professional organization that is able to represent and advocate for our particular needs without encountering conflicts of interests with other social work specialty groups. The history of our organization validates the effectiveness of a narrowly focused agenda.

Let's review: in 1968 the New York State Legislature legally recognized social work as a profession through the passage of a title certification law which created the title "certified social worker." Title certification, since it only creates a **title designation, CSW, is a weak form of regulation and there is no requirement for an MSW graduate to have this designation** (and many as one-third of MSWs did not bother to get it). Further, the description of the functions of social workers was so **generalized and vague** it made it difficult to prosecute ethical and professional practice violations. This statute, however, was a beginning for legally defining social work as a profession.

The Clinical Society (NYSSCSW) originated in 1968, in part as a result of national NASW's embracing the BSW as the entry level into social work. Here in New York, the leadership of the psychology professional associations had introduced hostile legislation to require social workers providing psychotherapy services to be supervised by psychologists (the Biondo bill). Founding members of the Clinical Society were social work *psychotherapists*, graduates of advanced training institutes, who opposed national NASW's decision to lower professional entry standards and also actively disputed this psychology bill. From the beginning, the mission of the Clinical Society was to have clinical social work recognized by state and federal authorities as one of the traditional mental health disciplines—along with clinical psychology, psychiatry and psychiatric nursing.

The New York State Legislature, in the 1970s, was not amenable to licensing additional professions, so passing legislation for a clinical social work license was not a viable

option. Instead, the Clinical Society prepared a bill to amend the Insurance Statute that would allow employers the option to cover mental health services rendered by certified social workers (the "P" law). Employees could request this coverage from their employers if it was not already available in their health insurance contract. The services of CSWs who had three years (20 hours/week full-time) of supervised *psychotherapy* experience would be eligible for insurance reimbursement. This legislation was finally passed in 1978.

Optional coverage was a start, but we wanted mandatory coverage for our mental health services within the state. The rise of peer review for mental health services and managed care's acceptance of social work psychotherapists on their panels was important to the field. Consequently, using the insurers' cost experience of covering mental health services by P-CSWs, we were able to go back to the legislature and change the statute requiring reimbursement by any group policy that already covered psychologists and psychiatrists. This is the "R" statute, which requires three additional years of supervised *psychotherapy* experience. It was passed in 1985, and still identifies the most experienced LCSWs. (Note that both legislative efforts were initially drafted by the Clinical Society and initially opposed by the other social work professional groups.)

Time passed as we waited for an opportunity to pass a scope of practice licensing bill that fully described the functions of the clinical social worker providing mental health services. Finally, in the early 1990s, the State Education Department **indicated the time might be ripe for legislative consideration of a social work licensing bill**. The Clinical Society promptly drafted and introduced the LCSW legislation. NASW was invited to add an LMSW level. Fifteen years later, after hundreds of hours of meeting with the BSWs, both chapters of NASW, the deans of the social work schools, and other social work groups, we all agreed to the legislation: two licenses for the social work profession, LMSW and LCSW.

In meantime, the State Education Department and the Higher Education Committees of the Senate and Assembly decided to license the practice of psychotherapy in New York State. Until then, anyone could use the title "psychotherapist," including a barber, bartender, or psychiatrist who lost his medical license. To license individuals to practice psychotherapy would mean licensing all those who were currently legitimately offering these professional services. Psychoanalysts without mental health backgrounds, MFTs, mental health counselors and creative arts therapists had been lobbying for decades for legal recognition. If clinical social work and clinical psychology were granted a scope of

The Self-Defeating Private Practitioner

Part 2: Office-Related Issues

Some therapists are not sufficiently mindful of the impact their office has on their clients—especially new clients—and how it conveys something about them. One client told me the main reason she elected not to work with someone else with whom she had consulted: “There was a large spring protruding from the couch I was invited to sit on. The couch was in terrible disrepair and so was I. I was afraid that the broken couch might be a metaphor of some kind so I decided not to go back.” Another oft-heard complaint concerns inadequate soundproofing and, in the case of some home offices, too many personal distractions that interfere with a sense of privacy and optimal concentration.

Some clients have spoken of their unease or worse, confusion and upset about not having been given clear instructions about how to locate the office and, once there, which door to enter, whether or not to ring the bell, and what to do when the therapist—especially a new therapist—may be running late. Sometimes the issues that we see as insignificant have a profound impact on our clients. If one agrees that a first session is often a particularly anxiety-arousing event with a more-than-likely vulnerable prospective client, then therapists should do everything possible to insure that the journey from phone contact to first visit is as smooth and reassuring as possible.

The office bathroom can be another problem area. Client comments have included such things as broken toilets, no toilet paper, general hygienic neglect, and broken locks or no locks at all to insure privacy. To some clients, some of these things may be hardly noticed, but to others, these moments have significant impact and may influence or determine their feelings about continuing the relationship itself. This is generally more of an issue with new clients. If one agrees that the therapeutic cathexis is likely to be to the office as well as to the clinician, then appreciating the importance of an attractive, appealing, “holding (office) environment” is crucial.

Communicating with Referral Sources


One of the most common complaints I hear from those who consult with me for private practice help is that certain referral sources have stopped sending clients for reasons unclear or unknown. Curiously, some private practitioners resign themselves to the loss and quietly regret it without ever inquiring why.

A guiding motto throughout my life has been “it’s all about relationships.” Referral sources need and expect to be acknowledged and thanked when they send a client to your practice. They also like to be informed about the disposition of their referral and some appropriate and discreet information about how the person

they sent to you is doing. When I was building my practice many years ago, I sent referral sources and prospective referral sources a one-page statement entitled, “My Treatment Approach,” which enabled them to understand how I conduct the initial evaluation and what the client would be experiencing when they came to see me. I also contacted referral sources with appropriate information about therapeutic progress periodically and sent information articles written, changes in my professional life, office relocations, etc., so that we were in touch whether or not we had a client in common. When I have not received any referrals from a traditionally active referrer, I inquire why. Sometimes the answer is as simple as, “you just didn’t come to mind,” so my call or e-mail inquiry serves to reestablish my presence.

Termination

The problem for many clinicians here, it seems, is when a client announces a desire to end the treatment when they are ready and their therapist is not. This is an unfortunately mishandled moment in many treatment relationships that often sours or ruptures the relationship, at times, irreparably. Some clinicians simply cannot let go and, rather than explore the client’s desire to terminate as the treatment issue it is, they wind up angrily challenging the client and become an adversary, rather than remaining an invaluable ally. This often leads to an abrupt severing of the relationship, and the client does not return. He or she may simply seek a new therapist, or worse, may be reluctant to ever seek therapy again. It is always unfortunate when an initial treatment issue with a new client involves addressing the unresolved damage from a previous treatment.

We are all very busy mental health professionals who, at times, run the risk of losing sight of the additional issues that have impact on our clients. Our interpersonal skills and sensitivity to client needs must go beyond our technical abilities. Attention to our office space and the other ways we represent ourselves have significant impact on the treatment and demonstrate our appreciation for the people in distress who share their lives with us. 

Part 1: Telephone Behavior appeared in the Spring 2011 newsletter.

Note to Readers: Your private practice-related questions or comments are welcomed and will be responded to by e-mail or by phone, if preferred. Richard can be reached at RBJoelson@aol.com or 212-369-1239. Please visit www.richardbjoelsonsw.com and www.rbjstorybooksforchildren.com

THE MULTIPLE DIMENSIONS OF NARCISSISM

A wide and diverse audience of clinicians gathered at the Nightingale-Bamford School Auditorium on May 7, 2011 for the 42nd Annual Education Conference. Conversations flowed over breakfast; clinicians were fascinated and challenged by the narcissist, curious and eager to gain deeper understanding into the multiple dimensions of this personality disorder and to learn the most effective ways to reach and to heal the suffering it creates.

After a warm welcome by Jonathan Morgenstern, President and opening remarks and introductions by Susan Klett, Conference Chair, Dr. Judith Siegel began her keynote presentation. She seamlessly integrated a psychodynamic object relational approach with a systemic perspective, weaving in psychoeducation to facilitate empathy and self understanding in the couple in treatment. Dr. Siegel masterfully used the medium of film to exemplify the narcissist character in action, within a relationship, which further enriched this learning experience for her audience. In her review, below, Ashanda Tarry, LMSW captures Dr. Siegel's expert skills in breaking through the narcissistic defense and facilitating an emotional engagement of a very challenging couple.

In her presentation, Jane Hall, LCSW, FIPA brilliantly portrayed the narcissistic personality, the underlying causes contributing to its development, and the behavioral manifestations. She courageously shared her countertransference while

discussing the course of her four-year psychoanalytic treatment of a very challenging, difficult-to-reach, patient suffering from pathological narcissism. Mary McHugh, LCSW has written an in-depth review, included in these pages.

Afternoon workshops covered a wide spectrum of narcissistic disorders. Topics covered ranged from working to nourish a healthy narcissism within a patient to understanding and treating the continuum from normal/neurotic to severe pathological narcissism within families, between siblings, within the couple, and in the individual. Workshop leaders, including Joyce Edward, LCSW, BCD; Sharon Farber, PhD, LCSW, BCD; Marc Wayne, LCSW, BCD; Roberta Ann Shechter, DSW; Leah Pittell Jacobs, LCSW, LP, NCPsyA; Gildo M. Consolini, PhD and Tripp Evans, PhD, LCSW, addressed facets of narcissism and demonstrated optimal treatment approaches from their various theoretical orientations.

I would like to recognize and thank our outstanding Education Conference Committee members:

Meryl G. Alster, LCSW-R; Gildo M. Consolini, PhD, LCSW; Tripp Evans, PhD, LCSW-R; Gail Grace, LCSW-R; and Ashanda S. Tarry, LMSW, for giving generously of their time and talents in contributing to the success of this extraordinary conference.

—*Susan A. Klett, LCSW-R, BCD,*
Annual Education Conference Committee Chair

Call for Proposals

For workshops and panels at the 43rd Annual Education Conference in May 2012

Caught in the Grip: Obsessive Compulsions

Seeking proposals on compulsions/addictions –
different approaches and modalities – individuals, couples, families

EXAMPLES: Eating disorders, gambling, addictions to: being in love, alcohol, drugs, pornography, digital media/Internet, cutting and other self-injurious behaviors, plastic surgery, tattoos

Complete proposal information available soon at www.ClinicalSW.org and by mail

Deadline for Submissions is December 15, 2011

For more information, contact Susan A. Klett, LCSW-R, BCD, Education Committee Chair, 157 East 57th Street, #6D, New York, N.Y. 10022 and/or E-mail at suzanneklett@aol.com

AND HOW TO SURVIVE THEM

Breaking Through: Helping the Narcissistically Vulnerable Couple Engage

Presented by Judith Siegel, MSW, PhD / Reviewed by Ashanda S. Tarry, LMSW

Dr. Judith Siegel captivated the morning audience with a provocative discussion of the psychodynamic interplay between object relations and systems theories in her treatment of narcissistically vulnerable couples.

Dr. Siegel, an Associate Professor at the NYU Silver School of Social Work, is the author of over 20 journals and four books on marriage and relationships including, *What Children Learn from Their Parents' Marriage*, and *Countertransference in Couples Therapy*. In her work, she integrates the classic analytic approach to psychotherapy with the scientific perspective of neurobiology and emotional regulation. This blended approach helps couples attend to an organic responsiveness to which each partner had previously been un-attuned.

Dr. Siegel shed light on the neuro-cognitive responses in the brain that occur when an early memory is triggered, and the unconscious reactions to an encounter based on previously-recorded responses from encrypted sensory experiences. She explores with couples their recollections of early structural deficits as well as what each partner had hoped their current relationship would provide to meet their fundamental needs.

She discussed how primitive defenses of splitting and denial found in the early family structure of each partner reveal deficits in early attempts at soothing and attuning. According to Dr. Siegel, “during splitting, the self and the object are not experienced as not just good enough, but not enough. What occurs is that the devalued self is separated from the grandiose self, and then uses defenses to not experience the devalued self—denial. In treatment, the goal is to make room for the grandiose and the devalued self; to reconcile the bad object experiences.”

To illustrate, Dr. Siegel showed segments of the 1952 film, *Pat and Mike*, starring Katherine Hepburn and Spencer Tracy. Pat was an expert tennis player who could not perform well in the presence of her hyper-critical fiancé, Mike. Dr. Siegel posited the concept of enactment through parallel experiences as portrayed by the narcissistic partner and the devalued partner. Pat repeatedly relinquished power and underwent fluctuations in identity, intensified by the anxiety to perform

and the influence of the inflated grandiosity of Mike, the all-encompassing lover.

At times, Dr. Siegel referenced Kernberg’s “peak experiences” from the preverbal stage in childhood and Kohut’s mirroring and valuing of the “good object which affirms a child’s self object,” and adds to the emergence of entitlement—the expectation that other people will know and value the “me.”

She uses several creative approaches to enhancing insights into a couple’s regulatory responses. One is the analogy of a file cabinet in which each drawer holds a split-off



Keynote presenters: *Jane S. Hall, LCSW and Judith Siegel, PhD.*

experience of a partner. Each partner “opens a drawer” and cognitively recalls his or her earliest memories and the feelings attached to the contents.

Dr. Siegel explained that splitting occurs not only in couples but in individuals, and that we all split in various ways throughout life. The file cabinet analogy helps make the therapeutic engagement accessible to many of the most defensive clients and couples.

Dr. Siegel also noted that the couple does not stand alone in relating; the therapist also becomes an active witness to

CONTINUED ON PAGE 20

THE MULTIPLE DIMENSIONS OF NARCISSISM

The Hidden Pain in Narcissism: Reaching Narcissus—A Developmental Approach

Presented by Jane S. Hall, LCSW, FIPA / Reviewed by Marie McHugh, LCSW-R

The distinguished Jane S. Hall, LCSW, FIPA, began her thoughtful and sensitive presentation by giving a brief overview of the concept of narcissism from a psychoanalytic perspective, with particular emphasis on pathological narcissism, its manifestations, and its underlying causes. Given that narcissism lies on a continuum from the normal to the pathological, Hall raised the question of whether patients with less severe forms of narcissism can be helped by psychoanalytic work.

Hall is past President of the New York Freudian Society, a member of the IPA, ApsaA, AAPCSW, Div. 39, and a training and supervising analyst who has taught, lectured, and consulted on how to deepen psychoanalytic work for over 25 years. She is the author of *Roadblocks on the Journey of Psychotherapy* (2004) and *Deepening the Treatment* (1998), both published by Jason and Aronson, and other works. She is a member of the faculties of three New York institutes, and a founder of the New York School for Psychoanalytic Psychotherapy and Psychoanalysis. She was also the first director of the Psychotherapy Track at New York Freudian Society. A graduate of the Institute for the Study of Psychotherapy and the New York Freudian Society-Institute, Hall consults and supervises in person and via Skype and telephone. She is currently in private practice in New York City.

Hall utilizes a developmental as well as an object relations approach in her understanding of the concept of narcissism. The manner in which the normative phase of separation and individuation is achieved (or not) was examined in her presentation in relation to narcissism. Hall made the point that “the self we need to love is the separate, individuated self made possible by a ‘good enough’ infancy and childhood.” On the other hand, a traumatic childhood can result in different levels of narcissism, with pathological narcissism occurring in cases that are more severely disruptive. In such cases, the child will grow up with little if any sense of a good self and a fixation on the grandiose self with no sense of “other” as separate.

She provided examples on the pathological narcissism spectrum, such as those occurring when the infant is treated as an extension of the parent rather than as a separate human being with needs of her own. Sometimes the child is treated as the split-off bad part of the parent and is tortured or even killed. When this happens, the internalized bad object overshadows aspects of the good object. Often, anger at the internalized bad object will be self-directed and manifests as self destructive behavior or suicide.

In another scenario, the parent identifies narcissistically with the child, creating an untamable sense of grandiosity by protecting the child from reality. Or the child feels intense pressure to perform in order to earn the parent’s love, creating what Winnicott would refer to as the “false self.” Hall specifically cited her studies with G & R Blank, and the writings of Shengold, Kohut, and Annie Reich (as well as many unnamed others) as having shaped her thoughts on the subject.

Hall posited that the understanding of countertransference is crucial to treatment, given that induced feelings of boredom, sleepiness, anger, and impatience, to name a few, cause many therapists to make arrangements to end treatment prematurely. Strong narcissistic defenses characterized by omnipotence and grandiosity are often present in these patients as part of an adaptive process for coping with a troubling childhood experience marked by shame and humiliation. The high degree of self involvement and inability to recognize the other makes these patients difficult to reach and can be frustrating to the therapist’s own narcissistic wishes. The therapist must be able to see behind the façade and recognize the hidden pain that lies beneath.

Hall also made note of how easily-injured, narcissistic patients can become wearing to the therapist, who must at all times be extremely sensitive to any perceived or real rejections, slights or criticism. In concrete ways, this is most easily demonstrated in terms of starting a session exactly on time (to the minute). Many subtleties and nuances are involved in the development of a therapeutic relationship, and the narcissistic patient will be especially sensitive to them. Hall makes the point that closeness and trust are threatening to this kind of patient and it will take a long time to achieve attunement between therapist and patient in the treatment.

AND HOW TO SURVIVE THEM

The Treatment

Hall set the stage for her presentation early on with a synopsis of the Greek myth of the hunter, Narcissus and the nymph, Echo. Echo is in love with Narcissus, but unable to win him over due to her incessant chatter. Narcissus, enamored of his own good looks, spends all his time gazing at his reflection in a pond and, sadly, eventually wastes away. A beautiful flower blooms each spring in his memory, or so the story goes.

Hall was able to take this myth (with some poetic license) and artfully interweave it throughout her lecture, making it a metaphor for the treatment between the modern day therapist and narcissistic patient. Significantly, the difference is that in therapy “Dr. Echo” knows how to listen and is able to engage and lead the present day Narcissus into the therapeutic space and away from his closed off, self involved world. Hall elaborates on each aspect of the therapeutic stance—the quality and curative powers of listening, conveying interest and understanding, providing empathy, exquisite attention, and benign curiosity—all without judging what is being said. Major influences identified by Hall as shaping her stance were Ella Sharpe, Carl Rogers, Hans Leowald, Ronald Fairbairn, and again, “many unnamed others.”

Hall sees it as the therapist’s job to be a new object that the patient can begin to internalize with the goal of being able to love the self. She conceives that perhaps Narcissus needed to gaze at his reflection not only because he thought himself beautiful, but because he needed proof of his existence. Hall made note of Rogers’ use of unconditional positive regard to raise the self esteem of the patient and Ella Sharpe’s concept of benevolent curiosity to deepen the treatment. If patients are able to identify and internalize these qualities from the therapist, they can become less critical and more curious about themselves.

Hall notes Fairbairn’s contribution to the psychoanalytic paradigm is in seeing the libido as object-seeking, versus Freud’s pleasure-seeking. According to Fairbairn, early relationships shape the child’s emotional experiences and are bound to be repeated. However, according to Hall, current studies reveal the plasticity of the brain, indicating that present-day experiences do impact the brain. Hall heralds this as important and hopeful news for long term therapy, where the new internalized object can challenge the effects of past negative experiences with caretakers. The book, *The Brain that Changes Itself* (2007) by Norman Doidge, MD, was highly recommended by Hall.

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Conference Committee: (front row, l. to r.) Marie McHugh, LCSW Susan A. Klett, LCSW, BCD, Conference Chair; Meryl G. Alster, LCSW. (back row) Ashanda S. Tarry, LMSW; Tripp Evans, PhD, LCSW; Gail Grace, LCSW; and Gildo Consolini, PhD, LCSW.



Workshop Leaders: (l. to r.) Joyce Edward, LCSW, BCD, Roberta Ann Shechter, DSW, Gildo M. Consolini, PhD, LCSW, Tripp Evans, PhD, LCSW, Leah Pittell Jacobs, LCSW, LP, Marc Wayne, LCSW, BCD, and Sharon K. Farber, PhD, LCSW.

Photos this page and page 16 by Morgan Evans.

Relating to all


The three presentations on object relations theory served to illustrate a larger theme of the conference: the importance of reaching out to clinical social workers in education and agency practice, while at the same time addressing issues relevant to those in private practice.

Dore Sheppard, PhD, LCSW, presented the case of a severely dependent, personality-disordered woman, in part to demonstrate how the theories of Mary Richmond, Jeffrey Seinfeld and Eda Goldstein were beneficial in providing clinical interventions beyond the usual supportive psychotherapeutic approach. He discussed how these theoretical and practice approaches helped his client make productive changes towards becoming less dependent on the therapist and others in her life.

Theresa Aiello, PhD, LCSW, a professor at the NYU School of Social Work, discussed how object relations theories are being taught and applied in graduate programs. She spoke about how evidence-based clinical research, particularly from attachment theory, has been beneficial in verifying object relations theory. She also described how Drs. Goldstein and Seinfeld worked to make object relations theory meaningful for academic settings.

Neil Altman, PhD, a psychoanalyst and training/supervising analyst at the NYU Postdoctoral Program for Psychotherapy and Psychoanalysis, discussed clinical experiences in public clinics. He spoke about his recent (“overdue”) incorporation of clinical social work theory into his theories on community-based applications of psychoanalytic theory. Dr. Altman drew on an interesting case in a psychiatric clinic in the Bronx, and people he supervised in India, to discuss his latest thinking on incorporating social issues endemic to both clinical social work and psychoanalysis. He also said he concurred with those who had criticized him for leaving clinical social work theory out of his past writings. He said viewed the conference as a way to “reparate” this omission.

Overall feedback from the attendees was extremely positive. Credit for a smooth-running event went to the State Membership Meeting Committee, whose members included Leslie Altmark, Beth Pagano, Dore Sheppard, Chair, and Linda Wright. Sheila Guston and her staff at TMS were also very helpful.

The proceedings reportedly helped strengthen the feelings of camaraderie and community within the Society. 

Paul realized his patients might have negative transference reactions to his home office as well, ones that could jump-start the treatment process if heeded in time. One patient, he recalled, found that the office had too many “nice things,” and thought that he would be too envious to work with him. Another, who was paying a reduced fee, thought that he was being seen in the less elegant area (the office, rather than the well-appointed living room); this was an opener to discuss the patient’s feelings of self-worth.

Paul’s observations of his patients’ reactions to the office environment came about during the natural life cycle of his home practice. In his homey office of antique furniture and objects he had collected or inherited over time, Paul found that people responded to the paintings as they might to a Rorschach test, or to his many plants, because they were alive. Where patients projected their mood onto the painting (as a child might in play therapy) Paul found a way of communicating with them in an eased-in manner.

A bi-polar patient, for example, thought that a woman depicted in a painting with her head turned away was clearly crying. The patient did not recall this observation six months later, when she felt happier. Others played with the content of a painting as a way of approaching their inner lives. In some cases, it was easier to criticize a painting or an artist than to criticize the analyst. This use of displacement appeared to be in the service of a somewhat higher level of social consciousness.

Paul’s plants, like his own therapist’s piano, brought about transference reactions beyond the comfort and less clinical aspect of the treatment room. One patient wanted to bring him a sickly plant left on the sidewalk to care for and to save; then it would no longer be abandoned. Another patient, who was feeling discouraged and hopeless due to physical and emotional issues, reacted to a plant “in fallow,” saying that it should have been dead by now. Paul decided to talk only about the plant: that it was not dead, but only dormant, and with proper care it would bloom again. The patient’s hopeful and smiling reaction became the transitioning point from the plant to him.

Analysts have often discussed the many opportunities for speeding up the process of transference or projection during the analytic session. Most often, the objects in the analyst’s setting are there without the therapist’s conscious intention to elicit a reaction; they are part of analyst’s daily life. A familiar object can provide just the right amount of relaxation necessary for the patient to be eased-into the therapeutic alliance.

Winnicott’s patient

In *Holding and Interpretation, Fragment of an Analysis*, David Winnicott describes the ease with which a 19-year-old applicant to analysis (recommended by his mother, who made the initial appointment) fell almost naturally into the analytic stance.

“At 5 o’clock the next day the boy came into my room, lay down on the couch and started analysis exactly as he would do a year or two later. In other words, analysis for him meant something, which he already believed in. As he left the room he went to my bookcase and saw two books, which he said were in the bookshelves in his

home. In this and in every way he showed that he placed in my chair someone who already belonged in his inner world, and it is roughly speaking true to say that I remained an object of his inner world until the moment which I am to describe in the first of the analytic hours which I took down verbatim.”

The young man fell into the familiar inner object world through the appointment made by his mother and the books on Winnicott’s shelf. He remained in that world, little realizing the outer world, a frustration for the analyst as the emotional conditions that were embarked upon in the external world of work and love, such as jealousy, were a continuing part of the resistance.

Winnicott goes on to say that the analysis “material was rich and work done considerable but it was impossible to reach the dynamics of the Oedipus situation. . . . Moreover the patient had anxiety regarding the conclusion of the analysis. There were a number of ways in which anxiety is produced by the idea of completion of a job, and with the patient the accent was on one way, namely the disappearance of the hallucinated breast or subjective good external object at the moment of gratification and cessation of desire. For the patient the cessation was worse than aggression towards the love object, it annihilated it.”

The above case study offers excellent insights into the effects familiar objects in the treatment room have on our patients. Nevertheless, one can’t help but think that Winnicott’s strong adherence to orthodox models of treatment seems to have left him without recognition of the emotional regression induced in the individual when the home country is at war, as was England at the time of the young man’s analysis, and said resistance to work and love in the greater world.

Reactions to dogs

Paul that above all other objects of transference in his treatment office—his clothes, furnishings, paintings, books, the color of the walls, the lighting and plants—nothing has stimulated a rich source of patient reactions as much as his dog.

It is well-known that animals of all sorts give comfort and help relax people. They are a source of companionship, solace, and they aid in therapy for those who are ill or disabled, including veterans with brain trauma or PTSD. In a published study, therapists reported that pet dogs, brought in immediately after the 9/11 attacks, provided relief and comfort to relatives of the missing or those who had witnessed the horrors first-hand.

The transformative love of pets is a common theme in the arts. *My Dog Tulip*, a 2009 animated film based on J.R. Ackerley’s 1956 autobiographical novel, is about a man whose life is changed when he adopts an Alsatian dog. Another recent film, *Hachi: A Dog’s Tale*, tells the story of an Akita puppy that befriends a music teacher and becomes his loyal companion for life.

In his presentation, Paul said he did not remember when the idea to adopt a dog came to him, but after surveying his patients to determine whether any were allergic to dogs, he adopted a four-year old, 13-inch beagle named Addie. She was well-trained, calm and did

not bark or jump on people. For the most part, she stayed outside the office while Paul was in session.


Addie had a defense-reducing effect on his patients. Her presence speeded up the transference that even while experienced, can often go unexpressed by the patient for months.

Paul shared his thoughts on this triadic relationship. He had made a decision to adopt a dog, although he was not sure what prompted it. Only later did he remember that a patient had dreamt that he had adopted a dog. Where did his decision originate? Did he think of it first, or did come from the patient?

A detour in might be useful here. Post Freudian, post Kleinian psychoanalysis has reached a more evolved understanding of the therapeutic alliance based on the realization that there is more material in the dyad than previously thought. The analysts who studied this difficult-to-quantify experience in the therapeutic alliance called it the *intersubjectivity theory*.

This newer theory, stemming from Heinz Kohut’s *self psychology* model of the mind, was developed in the early 1990s by several psychoanalysts, namely Stolorow, Atwood and Brandchaft. The central metaphor of the paradigm is the larger relational system or field, in which psychological phenomena crystallize and experience is continually and mutually shaped. The observer, the psychoanalyst, and the observed, the analysand, are in an interactive nexus, each influencing the other’s unconscious, pre-conscious material.

In the case of Paul and his patients, the dog Addie was often treated as a family member, talked about in a familiar and inclusive manner. When Addie became ill and was not expected to live, Paul handled her possible death with care and sensitivity (Addie actually lived four years longer than expected). Later, Addie’s imminent death brought out heretofore unexpressed grief in some patients, those who had lost a parent or a pet or who were faced with the loss of a friend or sibling.

For Paul, Addie’s presence in or near the treatment room brought about acloseness with his patients that gave greater depth to the analysis, and on the whole, added to more meaningful relationships, perhaps actually defining the genuine therapeutic alliance. 

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SEMA GURUN, MSW, LCSW-R, is a painter who exhibits from time to time. In her private practice in New York City, she works with artists experiencing creative inhibitions as well as international patients who are experiencing difficulties around identity and adaptation to cultural and life cycle changes.

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Breaking Through

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the narcissistic needs of the individuals. In therapy, it is optimal to make the room safe while expressing a gentle curiosity about the couple. But it is also vital for the therapist to act as a container for the aggression which needs to be expressed, while making sense of many simultaneous reactions. Utilizing countertransference, a form of projective identification, is useful, she said, when therapists start by being “centered and recognizing our own selves.”


The audience was eager to share comments and questions at the conclusion of her presentation. In a lively discussion, Dr. Siegel reflected further on techniques that incorporate theories of parallel shifts of early childhood experiences with current object re-enactments, all within the scope of neuro-biologically transmitted references. Throughout her remarks, she was accessible, thoughtful and dynamic in describing the application of theory to practice. 

Ashanda S. Tarry, LMSW, is an Intensive Case Manager for EmblemHealth/HIP.

The Hidden Pain

CONTINUED FROM PAGE 17

Several examples of clinical work with narcissistic patients were given in which Hall demonstrated the practical application of her theoretical base. She had worked with each patient she discussed for a number of years. Reflecting on the outcomes, she gave an honest and revealing look into the treatments, discussing her successes and what might be considered, in one case, a stalemate with a sadomasochistic reenactment. In this case, Hall’s frustration and feelings of helplessness with the process were evident, and she eventually chose to end the treatment. She then questioned herself about what made her continue the treatment for so long and had obvious conflicts about it. Nevertheless, she believed in the treatment and realized that there had been a degree of success.


Hall ended her presentation on the hopeful, positive note that new objects are internalized and that “the patients that you remember, remember you too.” 

Marie McHugh, LCSW-R is a certified psychoanalyst in private practice in Manhattan and Roslyn Heights.

practice license, it would be illegal for these groups to continue to practice psychotherapy until they were granted the same authority. The state ultimately recognized four new professions under a new Board of Mental Health Practitioners.

When the smoke cleared in 2004, there were six newly licensed groups providing *psychotherapy* services, i.e., diagnosis or diagnostic assessments, treatment and treatment planning. The only psychotherapists who could practice autonomously, without physician consultation, referral or supervision were LCSWs and clinical psychologists. These two licenses were subsequently found by the Supreme Court of New York to be equivalent, which unquestionably establishes LCSWs as one of the four traditional mental health professions.

The Clinical Society has succeeded in establishing a legal identity for clinical social work psychotherapists. We have parity with the other mental health groups, a more comprehensive license than exists in most states, and insurance reimbursement for our services. Attempts to erode these gains are continuous from forces both within and outside of our profession. I believe the mission of the Clinical Society is to protect and advocate for our continued right to diagnose and provide psychotherapy services autonomously.

I invite your written comments about this issue and the Clinical Society's future direction. Please e-mail your thoughts to: mwineburgh@aol.com. 



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A professor emeritus at Hunter College School of Social Work, Dr. Lieberman was the author and editor of many works, including *Social Work with Children*, and *Clinical Social Workers as Psychotherapists*. After the National Academies of Practice was founded in 1981, Dr. Lieberman was elected the first president of its Social Work Academy. She also served as president of the International Committee on the Advancement of Private Practice (ICAPP), as editor of the *Clinical Social Work Journal*, and established and edited a second journal, *Childhood & Adolescent Social Work*.

A graduate of Hunter College and the Smith College School for Social Work, she obtained her doctorate from Columbia University School of Social Work. In addition to teaching and writing, Dr. Lieberman maintained a private practice for more than a half-century in Westchester and Manhattan.

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