The Clinician

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

Dubbed the heart, the hub, or the water cooler: *Listservs Keep Clinicians Connected*

By Lisa Beth Miller, LCSW, State Listserv Committee Member and Met Chapter Listserv Committee Co-Chair

We have joined the digital revolution! Society listservs have become an integral part of our daily lives and work. Members regularly network online, linking to other clinical social workers and to clinical and practical information of importance to them and their patients. They meet in the morning over coffee or in the evening over chamomile tea, sharing news, resources, insights, and invitations to educational and social events.

Listservs are described by members as the "heart," the "hub" and the "water cooler," or as Jane Gold, long-standing Met Chapter Listserv Committee and Board Member dubs them, "our watering hole." They are not just an email service, but a vibrant cyber-community.

The Met Chapter Listserv Committee started six years ago with a wish for better communications. It had become clear to many of us in the Met Chapter that much more could be accomplished if we could connect to the members online. The committee we formed went on to create a tool that can be useful and enriching for all Society members. The Met Chapter launched its announcements-only listserv in February 2006. A streamlined version was later adopted by each of the other chapters.

For those who are new to all this, a listserv is a centralized email list used by a group to send email announcements to the entire body, or between individuals, via one email address. Our listservs are used for statewide and chapter announcements from board and committee chairs, as well as direct email contact from member to member in real time. When a new member joins a chapter, the Listserv Committee is notified and the member is added to the chapter listserv.

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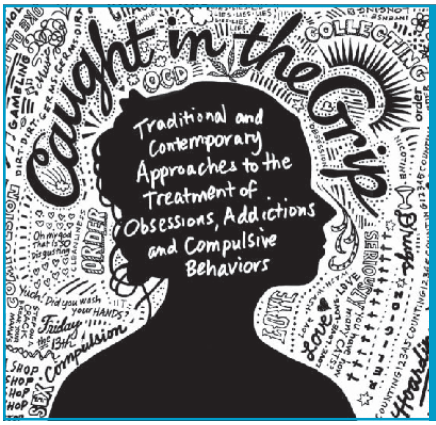

43rd Annual Conference May 5, 2012

Caught in the Grip:

Traditional and Contemporary Approaches to the Treatment of Obsession, Addictions and Compulsive Behavior

You're invited. See Page 5.

IN THIS ISSUE

PRESIDENT'S MESSAGE

Innovative Opportunities...

By Marsha Wineburgh, DSW, LCSW-R

As your new State President (as of January 1, 2012), I first want to convey to you my confidence in our newly elected state-level leadership. Their collegial spirit and creative energy is exactly what we need to build and extend our outreach activities and educational programs. We have a great deal of work to do and, crucial to our success, we have the collective will to do it.

We are very fortunate to have found several talented and experienced clinicians to serve on the State Board as officers and chairpersons. I have listed them on Page 2 with their credentials, reflecting their strong clinical educational accomplishments and experience.

The Clinical Society is the only New York State professional organization solely committed to representing the interests of social work psychotherapists. The passage of the licensing legislation for the social work profession, and remedying its unintended consequences, has been a primary concern for the last several years. Of necessity, we will continue to closely monitor issues concerning our license.

But it is time to move on! Our focus, more than ever before, will be on continuing

CONTINUED ON NEXT PAGE

2012 BOARD OF DIRECTORS

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NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

The Clinician

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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.

PRESIDENT'S MESSAGE

CONTINUED FROM PAGE 1

Marsha Wineburgh, DSW, LCSW-R

education for psychotherapists and those seeking to become social work clinicians. In addition, we will build an integrated social media presence for the Society to serve our membership and to be our professional face to the mental health community and the general public. We want to be more readily identified as *the* New York State social work psychotherapy organization.

Most of you are familiar with the activities at the chapter level of the Society. We have eight established chapters—Metropolitan (Manhattan-Bronx), Mid-Hudson, Nassau, Queens, Rockland, Staten Island, Suffolk, and Westchester—each reflecting the unique needs of the clinicians in its area. Each chapter has its own leadership and distinctive programming that addresses the particular educational and managed care influences impacting locally on its members.

The State officers, including five Members-at-Large, the President, First- and Second-Vice Presidents, Secretary, Treasurer and current Past-President, are responsible for strategic planning and implementation of the State Board's policies and the fiscal health of the organization. In addition to elected officers, the President appoints state-level chairpersons to develop and oversee the various tasks we support as part of our mission statement. These are our colleagues, volunteers all, who will guide the decisions for our organization as we tackle future issues and challenges.

What are some of these challenges on the horizon? As noted elsewhere in this issue, some social agencies are opposing the waiver to the Corporate Practice laws which would allow them to become authorized settings for delivering psychotherapy and counseling services. This would mean that supervised clinical experience in these settings could be used as a qualification for licensure as a mental health professional. Agencies are uncomfortable fulfilling the waiver requirement, which asks for a moral attestation from the board of trustees or directors.

A second issue: Should we oppose opening the grandfathering clause in our licensing law for MSWs and LMSWs who cannot meet the current licensing qualifications for the LMSW and LCSW? And,

- Should we weigh in on psychotherapy by SmartPhone?
- Where do we stand on online education for MSWs?
- Where do we stand on the new DSM-V, which pathologizes many more human activities?

As always, I urge you to explore what your chapter has to offer you. Bring a colleague. Keep in touch. Share your ideas. Attend educational and social events. Contribute to your listservs. Your participation will help strengthen our Society and ensure our ability to represent your professional interests.

Another Challenge to the Corporate Waiver for Psychotherapy Settings

By Marsha Wineburgh, DSW, LCSW-R, President

Inaccurate and inflammatory stories claiming that licensed social workers hired by not-for-profit agencies may be committing felonies—merely by working for these employers—have appeared in the New York Daily News, on January 29th, and on New York One, a cable-news television channel, on February 13th.

This is NOT TRUE. The appearance of this misinformation seems to be part of a political crusade to pressure the State Education Department-Office of the Professions (SED) to weaken the licensing laws which set standards for who can provide psychotherapy services and where they can be delivered in New York State.

The New York State Society for Clinical Social Work, along with NASW-NYS, SED, allied social work organizations and agency executives, has been intimately involved with a state-level group to create a waiver process for unlicensed agencies. It is a simple solution to an unintended consequence of the implementation of the law licensing mental health professionals. To date, nearly 1,000 agencies have applied for the waiver.

Although the application for the waiver is only four pages long, with no fee, it does require submission of a moral character attestation by the directors, trustees and officers of the agency. This attestation is similar to the form we sign when we submit our registration form every three years and is far less stringent than what is required by any other licensing or regulatory body.

NYSSCSW and NASW-State have responded to the *Daily News* and NY1. The joint communique is available on our website at clinicalsw.org—news and events.

Finally, for those who went on-line to fill out SED's questionnaire about whether state agencies should be exempt from the mental health licensing laws, we thank you. There has been no report back from the state as yet, but LCSWs were the largest professional group responding!

CHAPTER PRESIDENT HONORED: Janice Gross, LCSW-R, President of the Staten Island Chapter, was recognized at the 2011 Annual Membership Meeting for her "outstanding contributions" to the Society. She has served with distinction as Treasurer and Voting Representative to the State Board for four years. Her name was inadvertently omitted from the list of honorees in our last issue.

Photo by Sherry Felix

CORRECTION: *Our distinguished keynote speakers at last year's Annual Education Conference, Jane S. Hall, LCSW and Judith Siegel, Ph.D., were misidentified in the photo caption on the cover of the fall issue. They were listed correctly in the photo caption on page 15.*

Headquarters Update

These are busy and exciting times for us in the office. Busy, in that we are in the midst of the dues billing cycle, just as our new officers are taking their places in the leadership of the Society.

We hope that by the time you read this, all members have paid their 2012 dues. After March 31, unpaid members will be removed from their chapters' listservs, and their names will not appear in the print edition of the membership directory that is currently being prepared. If you have not yet paid dues, please do so immediately by filling out the form that was mailed to you and returning it with your check. Or, you can pay dues online on the Members Only section of the website, www.clinicalsw.org. If you have any questions, please contact us at the office.

These are exciting times for advances in the Society's communications programs. In addition to the newly redesigned and ever-evolving website, our listservs and newsletters, we have added a weekly E-blast that is sent every Friday to all members. The E-blast is an emailed update of news and information provided by state and local leaders. If you have not received E-blasts, perhaps we do not have your correct email address. Please go to your profile on the website and update all your contact information.

We are also in the process of developing a Facebook page for the Society that should be up and running in the near future. Additionally, you will soon be hearing about other new member benefits that will enhance the value of your membership while benefiting the Society. We welcome your feedback on all of these programs. Please don't hesitate to contact us.

With best wishes to all for a wonderful spring,

Sheila

Sheila Guston, CAE, Administrator

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Vendorship and Managed Care Committee

By Helen T. Hoffman, LCSW, Chair

The Vendorship and Managed Care Committee meets by teleconference six or eight times a year and communicates by email as needed. The committee is comprised of 12 representatives from the various chapters of the Society. Its purpose is to gather and disseminate information on insurance issues, support individual members in their practices, and consider in what way the Society might influence external forces affecting the profession.

Here is a sample of articles, lists, and bulletins available on the webpage of the Vendorship and Managed Care Committee at clinicalsw.org. For specific inquiries about insurance issues, see the list of members there.

- A Brief Introduction to the HIPAA Rules
- Power Point on Electronic Billing Strategies from James Bavoso, NGS Medicare
- Billing Resources Compiled by the Vendorship and Managed Care Committee
- When Should You State Your Full Fee…
- Peering Into The Future
- What Members Say About Electronic Billing and HIPAA Compliance
- Managed Care Toolkit
- Exactly How Do They Set Those Medicare Rates?
- Highlights of the Medicare Webinar February 28, 2011
- Elizabeth Neuwirth Power Point on Antitrust for NYSSCSW
- Luba Shagawat: A History of the Clinical Social Work Federation and the Clinical Social Work Guild
- Filing a Complaint with the New York State Department of Insurance
- Questions for New York State Insurance Department
- Managed Care Companies Continue to Target Out-Of-Network Providers
- HMO Contact List

Getting Started with Electronic Billing

By Linda Plastrik, LCSW

This is a speech given by Westchester member Linda Plastrik, LCSW at the Electronic Billing Workshop, October 15, 2011. In it she describes her personal transition from paper claims to electronic claims submission using a clearinghouse.

If you are thinking about billing electronically in your private practice you may have some trepidation, as I did. For me, and perhaps for some of you, this touches the hot button of computer technology.

I'd like to briefly share with you my recent experience of shopping for a new television at Best Buy with my husband. My head really began to spin when the questions began: Plasma, LCD, LED, HDTV? How many pixels do you want? Will you be setting up a wireless connectivity? Do you want smart TV? Will you be streaming movies? Will you need a USB port?

When the salesman asked me to sit down, I thought he knew I felt flushed, but he was trying to decipher what size screen we would require based on the distance of the TV from our couch.

Despite my ignorance, we are the proud owners of a new Toshiba Integrated High Definition LCD TV with its very own 42-page easy set up guide. It took us hours to set up the TV and the remote control is still somewhat of a mystery to me. And I assure you, I will not be able to answer any TV questions.

This is an example of the process for me when I began to think about billing electronically. I realize there is a continuum. On one end are those people who are truly excited about technology and can't wait for the newest thing that comes out. On the other end are those who stay away as much as possible from anything computerized. And in between lie most of us.

I was at a point in my private practice where I felt frustrated sending in paper claims because of the many problems I was having. I wasn't hand- writing the claims. For a while, I had been using LittleGuy Software, which is software on a disk with a template of the HCFA 1500 form. You type in the information and then print it out using a HCFA form in your printer.

But the insurance companies are becoming less and less willing to have paper claims submitted to them. Also, I was over and over again being denied payment and having to call and then having them respond by saying they were sorry, but it was a mistake on their end, which meant I had to wait another 2 to 4 weeks for them to resubmit the claim and pay me. Not to mention how often my printer didn't line up the paper just so, and when the form wasn't aligned properly, I had to tear it up and print again...or my printer was out of ink… and so on.

So I began to revisit the question of what my next step needed to be. Choosing from a folder of information I was saving, I found a list of billing programs compiled by Psychotherapy Finances Newsletter. The cheapest one, Helper, formerly Therapist Helper, was now $550 and $75 to enroll, a $200 service fee with an additional $10 month for service, and only 27 cents per claim with an annual $329 for tech support.

My practice consists of about 25 patients on the average. I won't get on my band wagon about what we are getting paid for sessions by insurance companies, but I can tell you I didn't want to decrease that amount by one bit. I'm unwilling to have billing be an additional expense for me as long as I can help it.

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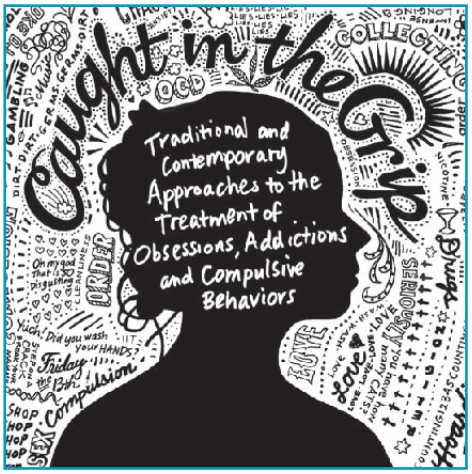
The 43rd Annual Conference of the New York State Society for Clinical Social Work



CAUGHT IN THE GRIP:

Traditional and Contemporary Approaches to the Treatment of Obsession, Addictions and Compulsive Behaviors

Saturday, May 5, 2012, 8:00 AM – 4:00 PM

The Nightingale-Bamford School, 20 East 92nd Street, New York, NY

OVERVIEW: **Compulsive, obsessive and addictive behaviors are prevalent in our society and span a wide spectrum of disorders. Preoccupation with repetitive behaviors causes severe emotional and financial distress to patients, their partners, children and families. This conference will address effective ways of helping patients to overcome addictions and/or to break this vicious cycle.**

KEYNOTE PRESENTATIONS

Carl Bagnini, LCSW, BCD

I Need It, I Want It: Clinical Challenges When Couples Present With an Obsessional Partner

Carl Bagnini is a founding faculty member of the International Psychotherapy Institute in Washington, DC and chairs the video-conferencing couple therapy seminar in Long Island. He is on the faculties of the Adelphi University Derner Institute, New York University post-Master Certificate Program in Child & Family Therapy, and the New York Psychotherapy Training Institute. He has presented in the US and internationally, and published on a wide variety of topics. His new book, *Keeping Couples in Treatment: Working from Surface to Depth*, will be published in 2012 by Jason Aronson.

Stephen L. Dewey, Ph.D.

The Effects of Drug Abuse on The Human Brain

Stephen L. Dewey, Ph.D. is Director and Investigator at the Laboratory for Behavioral & Molecular Neuroimaging, The Feinstein Institute for Medical Research, North Shore – LIJ Health System. For the past 24 years, he has conducted research on the effects of addictive drugs on the brain. In 1994, he started an outreach program bringing his research findings to school districts throughout New York State. His message is based on objective scientific data, and his findings have helped him develop a novel treatment for drug addiction currently in Phase III clinical trials across the US.

CHOICE OF SEVEN AFTERNOON WORKSHOPS

1. **"Tell Me Everything!": How to Treat the Couple Dealing With Post-Affair Obsessive-Compulsive Questioning by the Hurt Partner and Help Them Move Forward to Healing and Transforming Their Sex Life**
   Sari Eckler Cooper, LCSW, Certified Sex Therapist, member of Ackerman Institute Alumni Association.

2. **A Multi-Dimensional Family Therapeutic Approach to Adolescent Substance Abuse**
   Graham Danzer, MSW, Psy.D. Trainee, Mental Health Coordinator and Faculty Member, California State University, East Bay.

3. **Neuroscience and Eating Disorders: A Clinical Integration**
   Judith Rustin, LCSW, Faculty, Institute for the Psychoanalytic Study of Subjectivity and Heather Ferguson, LCSW, Faculty, Institute for the Psychoanalytic Study of Subjectivity.

4. **I Can't Take It Anymore! Countertransference in Harm Reduction Work**
   Valerie Frankfeldt, LCSW, Ph.D., Director of Training, Psychoanalytic Psychotherapy Study Center, and founding member of PPSC's Committee on Psychoanalytic Addictions Treatment.

5. **Treating the Drug Abuser: An Integrated Approach**
   Natalie Z. Riccio, Ph.D., LP, LCSW, Faculty, training and supervising analyst Washington Square Institute; Faculty, Fordham University Graduate School of Social Work.

6. **Looking for Attachment Solutions in All the Wrong Places: Out of Control Sexual Behavior as a Symptom of Insecure Attachment In Men**
   Michael M. Crocker, MA, LCSW, Member of the Society for the Advancement of Sexual Health and Michael Aaron, LMSW, Member of The American Academy of Clinical Sexologists.

7. **Integrating Recovery Process in Addiction, 12 Programs, and Theories and Practice of Psychotherapy**
   Betsy Robin Spiegel, LCSW-R, Supervisor and Senior Clinician at the Blanton Peale Counseling Center.

REGISTER TODAY! *See reverse side* ···⁘

The 43rd Annual Conference of the New York State Society for Clinical Social Work

CAUGHT IN THE GRIP: Traditional and Contemporary Approaches to the Treatment of Obsession, Addictions and Compulsive Behaviors

Saturday, May 5, 2012, 8:00 AM–4:00 PM
Nightingale-Bamford School, 20 East 92nd St., New York, NY

SCHEDULE

8:00 AM	**Registration and Refreshments**
9:00 AM	**Welcome** Marsha Wineburgh, DSW, President, NYSSCSW
9:15 AM	**Opening Remarks and Introductions** Susan A. Klett, LCSW-R, BCD, Chairperson, Education Committee, NYSSCSW
12:00 – 1:30 PM	**Lunch**
1:45 – 3:45 PM	**Afternoon Workshops**

VISIT the ART EXHIBIT Relevant to theme of conference.
Curated by SANDRA INDIG, LCSW-R, LP, ATCB

ADVANCE REGISTRATION: *Return by April 26, 2011*

	ADVANCE REGISTRATION	REGISTRATION AT DOOR
Member	$115	$125
Non-Member*	$130	$140
MSW Students**	$ 60	$ 65

*Non-member registrants will receive a $10 rebate if they join the NYSSCSW within 30 days of the conference. For information, please visit www.ClinicalSW.org

** Include photocopy of student I.D.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

CHOOSE AFTERNOON WORKSHOP PREFERENCES BY NUMBER (*Please refer to list on reverse side.*):

1st Preference _____ 2nd Preference _____ 3rd Preference _____

I have enclosed a check for _____ .

CEU CREDITS ARE AVAILABLE: CEU credits will only be granted for the workshop for which participants have registered. For information, call Marie McHugh, LCSW-R at 917-674-4510.

CANCELLATION POLICY: Refunds granted on or before April 26, 2012
MAKE CHECKS PAYABLE TO: NYS Society for Clinical Social Work
MAIL TO: Susan A. Klett, LCSW-R, BCD, 157 East 57th Street, 6D, New York, NY 10022
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ANNUAL EDUCATION CONFERENCE COMMITTEE:
Chair: Susan A. Klett, LCSW-R, BCD. **Committee Members:** Meryl G. Alster, LCSW-R; Gildo M. Consolini, Ph.D., LCSW; Tripp Evans, Ph.D., LCSW-R; Gail Grace, LCSW-R; Marie McHugh, LCSW-R; Ashanda S.Tarry, LMSW.

The views and opinions expressed by the presenters at this conference are their own and are presented to you by them for your consideration. As a matter of policy, the Society does not endorse the views and opinions of any presenters at educational conferences.

Listservs Keep Clinicians Connected CONTINUED FROM PAGE 1

Among other things, Society listserv users can:

1. Seek/receive referral possibilities.
2. Find office space or rent office space to others.
3. Discuss managed care and medical insurance issues and problems.
4. List social work job openings.
5. Find and share mental health professional services and resources.
6. Find clinical and community resources, such as specialized treatment programs.
7. Share and discuss professional news and events.
8. Explore any topics of concern to clinical social workers.
9. Post announcements of upcoming conferences, clinical presentations and institute meetings.
10. Share information about personal services, e.g., housekeepers and elder care workers.

One new member, Dorothy Yang, LCSW, told us: "I cannot thank you enough for your extremely kind and helpful response to my request for assistance. You generously shared your practical knowledge of the insurance review process; you provided kind support and gave me your valuable time and effort. Many of you emailed responses immediately, and quite a few offered to speak with me on the phone.

I am deeply touched by your generosity. I was much better prepared for the second review (with your help) and my patient was able to get many more sessions. As a new member who had not asked for help before and felt very much alone with this problem, I am deeply grateful to you and inspired by what NYSSCSW does... I hope to help other members when the opportunity arises."

Behind the Scenes

A dedicated corps of volunteers manages the increasingly well-oiled machine we call the Listserv Committee. We have carefully developed Listserv Guidelines—an extensive compilation of protocols and policies—that continue to be modified as we recognize new ways to improve the interactive listserv experience. These rules spell out the best ways to use our on-line professional listservs to ensure smooth and low-irritation communications.

Each chapter has at least one listserv moderator who helps members understand and follow the protocols and policies. For example, we strongly suggest members use a clear and descriptive subject line for each email. That way, recipients can easily read the emails that interest them and delete those that do not. Each moderator also monitors those on "moderated status" to help them learn the guidelines at their own pace. Another volunteer monitors the emails from all seven of the interactive listservs, reading all the emails and forwarding relevant messages and referral requests between chapters.

Moving forward, the Committee's goals will be to ensure that members of all chapters become aware of the benefits of this phenomenal resource and use it. We ask members to read and apply all the guidelines we have established. We'll be encouraging members to discreetly compile lists of the generously sent information they receive to share with the entire listserv.

When asked what she valued most about our listserv, long-time member Deborah Rubin, LCSW, Ph.D. said:

"The listserv provides an indispensable community, linking me to clinicians all over New York City and beyond, while I am sitting alone in my office... The listserv and the chapter preserve a human ear and voice; they provide individual help when we really need it and they gather and make available resources that we as individuals could never find on our own. I am grateful to all the people working behind the scenes to make this possible, and to all the participants in the listserv, whose good will, responsiveness, diverse knowledge and deep experience have made this organization what it is."

By its very nature, email is not private; it is open to public scrutiny. So we'll continue to remind clinicians to exercise personal and professional restraint and standards in everything we say on- and off-list (back-channel) about ourselves, each other and outside clinicians, and when making confidential, online referrals and discussing insurance contracts. We also encourage members to use the phone, as email communication does have its limitations.

Finally, we hope to find a few additional computer-savvy volunteers to help us with the considerable work of maintaining the listservs. For years, our devoted volunteer committee members have made sure all the tasks get done. We are grateful and indebted to them for their vision, determination and effort in providing this valuable service to members. With an eye on excellence, clarity and humor, we have developed and expanded this project into a statewide resource.

Please email the State Listserv Committee at i.m.c.moderators@gmail.com if you have any questions, or if you might be interested in volunteering to help your chapter's Listserv Committee.

Chapter Reports

Metropolitan Chapter

Karen Kaufman, Ph.D., LCSW, President
karenkaufman17@gamil.com

The Met Chapter has new leadership team in place, with Karen Kaufman, Ph.D., LCSW as President and J. Michelle Cuevas, Esq., JD, MPA, LMSW as First Vice President. We also welcome Lorin Carlson-Healy, RN, LCSW, BCD in her new role as Secretary, and Liz Ojakian, LCSW, CASAC, CEAP in her continuing role as Chapter Treasurer. The Met Chapter Board's dedicated and active leadership continues to provide outstanding substantive and administrative services to our community.

The Met Chapter strives to improve and enhance the professional practice of clinical social work through its sponsorship of clinical lecture and discussion opportunities, peer-supported private practice groups, listserv access, ethics and legal workshops, mentorship groups, self-care conferences such as *Healing the Healer*, which took place in early March. Outreach is ongoing to the faculty and students of all New York City area social work schools, and includes the annual First Year MSW Student Writing Scholarship Program.

Our community is growing, as evidenced by the increasing number of members attending the compelling Food for Thought dinners and Education Committee Brunches, which combine lecture presentations from respected professionals, great food and discussion. Interest in our private practice groups, speed-networking events, mentorship programs, and new member receptions has grown exponentially. Responsiveness to our members' feedback and needs contributed to these successes. We are ever-evolving and growing.

Many exciting and stimulating programs and events are planned for 2012–2013. We are exploring new ideas to suit our members' varied clinical interests and educational needs. We encourage you to get involved, join a committee, explore board positions and share your strengths and talents with the chapter. We welcome your inquires and ideas for future events as well as for the development of new committees. Members are welcome to contact any board member or committee chair listed in the Met Chapter section of the Society's website.

New members are welcome to attend the New Member Reception on April 20. Join us in growing and strengthening the chapter and expanding the variety of programs we offer.

Mid-Hudson Chapter

Rosemary Cohen, MSW, LCSW, President
rosemarycohen@gmail.com

The Mid-Hudson Chapter is pleased to announce the appointment of long-time Society and Chapter Board members Jeanne Asma, LCSW as Chapter Treasurer and C. Thaddea Compain, LCSW as Chapter Representative to the NYSSCSW Board and Presidents Committee.

Our programming has included, in November 2011, a workshop presented by Dr. Kevin T. Kalikow on medication for children and adolescents, *The Psychiatric Medication Dilemma*. In January 2012, Cindy Dern, LCSW led experiential exercises for clinicians as part of her presentation, *Listening to Your Body: Helping Clients Learn to Listen and Trust Their Body's Signals*.

Our spring 2012 schedule includes, in March, *A Fine Romance… or Not: Some Fine Ways to Work with Couples*, with Ruth Hirsch, LMFT at Benedictine Hospital in Kingston; and in April, *Using Clinical Hypnosis in Managing the Symptoms of Anxiety,* with Dr. Charles E. Burbridge, at Vassar Brothers Medical Center in Poughkeepsie.

Nassau Chapter

Lorraine Fitzgerald, MSW, LCSW-R, President
lorraine@grieflistener.com

The Nassau Chapter ended 2011 with a successful second clinical conference where Terry Nathanson, LCSW, a Westchester Society member, shared his expertise. His program was titled, *The Relational Brain and Psychotherapy: Neuroscience in the Treatment Room.*

We began 2012 with a series of meetings dedicated to social networking. In January, Mitch Topel, a marketing professional, shared his expertise about Linked In. He continued this series in February by presenting a program on Facebook and Twitter.

In March, we are looking forward to David G. Phillips, DSW, LCSW, continuing his series with, *What Ever Happened to Confidentiality?* April will offer our annual Author Book Brunch, an intimate program held at one of our board member' homes.

Our educational programs take place on the Molloy College Campus, 1000 Hempstead Avenue, Rockville Center, NY 11570. For directions, please visit www.Molloy.edu. CEU's are available for our Clinical Educational Programs. When these programs are not clinical in nature, Certificates of Attendance are offered.

Each year, the Nassau Chapter Board tries to offer educational programs that we believe would enrich members' professional lives. I encourage you to call me at 516-987-6931 or email @ lorraine@grieflistener.com. You can also call our Program Chair, Sheila Peck, MSW, LCSW at 516-889-2688 or contact her at Sheila2688@aol.com with educational program suggestions or comments.

The Program Committee will do its best to fulfill your requests.

In addition, I hope you'll come join us at our Board and educational meetings. They're open to all members. Please feel free to contact Sheila or me for Board meeting and educational program schedule times. Remember, networking is an important part of building a successful practice, and our meetings provide excellent networking opportunities.

Queens Chapter

Fred Sacklow, MSW, LCSW, President
freds99@aol.com

The Queens Chapter kicked off 2012 with a repeat engagement of Karen L. Arthur, LCSW discussing *Emotional Freedom Technique*. Prior presentations included Fred Sacklow, LCSW talking about anger management, Michael Greene speaking on developing a web site for practitioners, and David Grand, Ph.D. presenting *Brainspotting*.

In February, Helen Adrienne, LCSW, BCD presented *Finding the Fertility in Infertility*. She discussed and demonstrated how she uses mind/body therapy, stress reduction and hypnotherapy to treat issues of infertility. Her new book is titled *On Fertile Ground–Healing Infertility*.

Please note the dates of our four upcoming educational presentations: March 18, April 15, May 20, and June10. Check the Society's web site for details or e-mail Freds99@aol.com. Light refreshments will be served. We meet at Holliswood Hospital from 11:00 am to 1:00 pm, spending the first half hour in lively networking and informational discussions. Our Chapter Board meets from 9:30 am to 11:00 am.

The chapter just redesigned and printed a new brochure and we will be starting a new member initiative to increase our membership rolls.

Westchester Chapter

Jody Porter, MSW, LCSW-R
Co-Chair, Leadership Council
Jodyp100@aol.com

The Westchester chapter is flourishing under a new collaborative leadership structure. Meetings are held on the first Saturday of each month; however, our April meeting will occur on the second Saturday, April 14, 2012, to accomodate holiday observances.

Clinical Practice Groups meet from 9:00 am to 10:00 am. Our newest practice group, The Relational Brain: Neuroscience and Psychotherapy, led by Terry Nathanson, MSW, is generating a great deal of excitement. Members study the impact of psychotherapy on the architecture of the brain, and explore cutting-edge research about phenomena such as the "ah ha" moment; the neurobiology of shame, anxiety, curiosity and silence; the neural patterning of OCD; empathy as "brain sync"; and the use of "limbic language" to facilitate safety, self-attachment, stability and open heartedness.

Our other practice groups are Child and Adolescent Peer Consultation, Peer Consultation, Group Therapy Practice, Career/Private Practice Mentorship, and Spirituality and Therapy. Dynamic monthly educational presentations have included *Eating Disorders as Metaphor: Treatment That Has Little to Do with Food; Attachment, Secure and Insecure: The Promise and Perils of Adult Relationships*; and *The Impossible Bond: Being a Psychotherapist-Parent of a Difficult Child*.

We congratulate our devoted member, Martin Lowery, LCSW on his recent election as a State Member-at-Large, and for his subsequent appointment as Chair of the New York State Ethics and Standards Committee. We are also delighted to announce that Rosemary Sacken, LCSW has volunteered to serve as Westchester Chapter Representative to the New York State Board, and also to represent our Chapter Leadership Council on the State Board's Chapter Presidents committee.

Our Membership Committee, chaired by Rita Smith, LCSW has been energetically reaching out to invite participation by social workers as they enter the field. The committee will present a workshop on Clinical Practice for students at Fordham School of Social Work in White Plains, and will also participate in Fordham's Job Fair on April 18.

For more information or just to say hello, contact Jody Porter, Co-Chair, Leadership Council at 914-737-1732. You may also refer to the Westchester Chapter section of the Society's website.

Panel of Ethics Consultants Forming

By Martin J. Lowery, LCSW, Chair

As the newly appointed chair of the Ethics and Professional Standards Committee, I have been charged by the President to administer the development of a list of member consultants who would offer their opinions gratis relating to issues around ethics and professional standards to Society members. This process involves soliciting knowledgeable members and reviewing their credentials with the Executive Committee for inclusion on a panel. Society members requesting services will be appropriately referred and feedback solicited. I invite any of you who are interested in being considered for this panel to contact me at: mlowery@maryknoll.org, 914-941-7636, Ext. 2289.

Healing the Healer – Healing the Patient

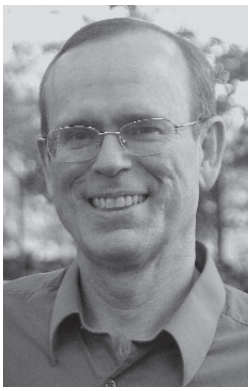
Sold-Out Met Chapter Event Features Breath-Body-Mind Pioneers Richard P. Brown, M.D. and Patricia Gerbarg, M.D.

By Rita Mae Gazarik, LCSW and Bobba Jean Moody, LCSW, Conference Committee

On Saturday, March 3, over 100 social workers and other mental health professionals gathered at the Chelsea SUBUD Center in Manhattan for an all-day conference and workshop sponsored by the Metropolitan Chapter. The event, *Healing the Healer – Healing the Patient: Integrating Neurobiology and Psychotherapy*, was presented to help relieve caregiver stress among Society members and to increase their understanding of the research, neurophysiology, and applications of cutting-edge breath, movement, and meditation practices.

The dynamic speakers, known for their pioneering work in Complementary and Integrative Psychiatry, were Richard P. Brown, M.D. associate clinical professor in psychiatry at Columbia University, and Patricia Gerbarg, M.D., assistant clinical professor in psychiatry at New York Medical College.

The sold-out event drew participants from across the state, including members of eight other Society chapters.



Dr. Richard P. Brown

Dr. Patricia Gerbarg

Dr. Brown leads an exercise during the Breath-Body-Mind Workshop

Photo by Ralph M. Ferraro, Met Chapter

Those who came hoping to relieve physical and emotional symptoms of stress were not disappointed. In fact, many reported that their chronic aches and pains improved over the course of the day. One participant found that her intractable TMJ pain was relieved as her jaw muscles relaxed. Others noted a reduction in neck, back, and joint discomfort. Even experienced yoga practitioners reported feeling deeply relaxed, refreshed, more optimistic, and more connected to others.

"[We were] treated not only to a brilliant duo, consisting of Richard Brown, M.D., a renowned psycho-pharmacologist, and his wife, Patricia Gerbarg, M.D., also an expert on holistic healing, but also to practices and skills, including breathing and movement, designed to heal ourselves and use with our clients," Met Chapter member Gwenn A. Nusbaum, LCSW, later wrote. "I was especially moved by this pair's genuine desire to heal globally, reaching out to war-torn countries like Rwanda and Sudan …to people who desperately need them. In short, Drs. Brown and Gerbarg possess the values and humanistic goals which have driven so many of us to the field of social work….[This] memorable event…offered healing tips I plan to use and develop."

Didactic and Experiential

The didactic portion of the program included lectures by Drs. Brown and Gerbarg on the neurophysiology of the stress response systems, activation of the soothing, healing, parasympathetic system by special breath practices, and the effects on emotion regulatory systems, body perceptions, and trauma formations. They reviewed their research and case studies showing rapid and powerful effects with reduction of anxiety, depression, and PTSD in Generalized Anxiety Disorder and survivors of mass disasters, including the Southeast Asia Tsunami, earthquake in Haiti, Vietnam War, 9/11 Attacks, war and slavery in Sudan, and the Gulf oil spill. By changing the pattern of breathing, they asserted, it is possible to change the interoceptive (internal body sensations) messages from the body to the brain, inducing rapid and far-reaching effects on perception, emotion processing and regulation, and cognitive function.

The Breath~Body~Mind Workshop grew out of Dr. Brown's experience as a certified teacher of Aikido (4th dan), yoga, Qigong, and Open Focus meditation. He has created a unique fusion of modern science with ancient wisdom, and Dr. Gerbarg has applied her psychoanalytic training and clinical observations. In collaboration, they have developed testable theories and research projects to discover new ways to use breath practices to balance the stress response system and relieve physical and psychological symptoms of stress, depression, anxiety, and PTSD.

Drs. Brown and Gerbarg have written many scientific articles and book chapters together, and co-authored several

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Relational Aggression:

What You Need to Know and What You Can Do to Address It

By Barbara Murphy, LCSW, BCD

Once considered a normal rite of passage, Relational Aggression or social bullying among youth is now considered a serious problem with harmful and often devastating consequences. Nationally, 71% of school shooters have been targets of bullying prior to the shooting episode. This article will describe the extent and dynamics of relational aggression, and outline interventions that schools and parents can implement to address this problem.

Relational aggression has reached alarming proportions. A recent survey (2006-2007) conducted by Child Abuse Prevention Services (CAPS) of middle school students on Long Island confirmed that "bullying is very much a part of the fabric of students' everyday life, "and that "girls now are catching up to boys in terms of escalation of physical violence." Some 54% of 6th graders and 74% of 7th graders surveyed reported that bullying was a problem in their school.

According to Dan Olweus, a Norwegian researcher and expert on bullying, approximately 7-15% of the student population is always comprised of aggressors or targets, while the remaining 70-85% is comprised of kids in the middle who move between all three roles of aggressor, target and bystander. Targets may become aggressors in an escalating cycle of revenge, as in the case of school shooters.

Dr. Olweus notes that to meet the criteria for bullying, behavior of an aggressor or aggressors is intended to harm someone, is repeated over time and displayed in a situation in which there is an imbalance of power. Such an imbalance can be a difference between physical size, age, social status, economics or numbers of parties involved. Relational aggression refers to behaviors that use and damage relationships and feelings of acceptance. It is manipulative, calculated to hurt or control another, or prevent another from establishing or maintaining meaningful relationships. Sometimes it is so subtle that it can go unnoticed by adults. It ranges on a continuum of severity from such behavior as eye rolling, dirty looks, icy stares, shunning, name calling , malicious rumors and gossip to more serious forms of cyberbullying, hazing, date rape, stealing, assaultive and threatening behavior, and school shooting

DYNAMICS OF RELATIONAL AGGRESSION

Relational aggression is the lifeblood of popularity cliques, especially among girls, and it is often used to reinforce one's social status, according to Rosalind Wiseman, author of *Queen Bees and Wannabes: Helping Your Daughter Survive Cliques, Gossip, Boyfriends and Other Realities of Adolescence.* There is no such thing as an innocent bystander when social bullying occurs. There is an emotional impact on all parties involved. All three roles operate out of fear. While the aggressor seeks to gain or maintain status, power and control, the target often feels terrorized, powerless, hopeless, socially isolated and depressed. Over time, targets, especially girls, may respond by resorting to risky sexual behavior, drug abuse, self mutilation, suicide or violence. The bystander or "child in the middle" may remain silent out of fear of becoming the next target.

Relational aggression is often shrouded in an unwritten code of secrecy; incidents are rarely reported by the parties involved. Children may believe that adults will only make the situation worse or that the aggressor will retaliate more or target them next. Targets may have low self esteem and self doubts that lead them to believe that they deserve the abuse. Like a bystander, they may be driven by the need to fit in at whatever cost. Some kids, like adults, actually believe that aggressive behavior is the norm, and that those with status and high rank have a right to exclude others and don't have to follow rules of conduct.

> **Studies show that teachers intervene only 4% of the time that relational aggression occurs. However, inactivity only perpetuates the aggression and empowers the bully.**

Studies show that teachers intervene only 4% of the time that relational aggression occurs. However, inactivity only perpetuates the aggression and empowers the bully. Moreover, a person's level of aggression has been found to be self reinforcing if interventions are not made.

Aggression can be seen in children as young as two years of age in the form of exclusion and secrets, and can progress through school years into adulthood and the workplace. Two types of aggression can be identified among children: reactive and instrumental. In the reactive type, the aggressive child is reacting to experiences of being victimized and has a high level of emotional arousal with feelings of fear, anxiety and depression. These children exhibit deficits in their social information processing and cognitive biases. They view the

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world as a hostile place and hold a belief system that supports legitimacy of retaliation.

Instrumental aggression is premeditated use of force, goal-oriented and designed to obtain a reward or outcome. This is often displayed by sociopathic personalities who do not experience anger, but show narcissistic traits. They tend to look down on others and think that they are better than other people. Not only do they lack empathy, but they have a sadistic side that gives them enjoyment when they hurt other people or animals. They get a high from the power they feel while inflicting pain.

OTHER TYPOLOGIES

In 1999, Dr. Peter Langman, Director of Psychology of Kids Peace , found two other basic typologies among rampage school shooters besides the psychopathic, namely the psychotic and traumatized. Symptoms of psychotic shooters included paranoia, delusions and hallucinations. Traumatized youth who have engaged in shooting came from families that were affected by alcoholism, incarceration of parents, drug use and abuse. It was Dr. Langman's opinion that their backgrounds contributed to their depression, suicidal ideation and rage.

Recent research also links targets to parents, especially fathers, who are overly critical, domineering or antagonistic. Family environments that include domestic violence or inconsistent or severe punishment are other well known risk factors for the development of aggression, as well as genetics and cultural influences. Adult role models of aggression are depicted frequently in newspapers, magazines, music, sports events, movies, the Internet, and television programs, including cartoons. The media inappropriately promotes sex and violence in its celebrity icons and images, as well as false standards of femininity and masculinity which children feel pressured to achieve.

In her book, R*eviving Ophelia: Saving the Selves of Adolescent Girls,* Dr. Mary Pipher describes how culture splits adolescent girls and causes them to abandon their true selves and take up false selves, especially with the onset of puberty. Sacrificing oneself to please a clique or boy even in an abusive situation can result. Rosalind Wiseman describes how boys feel similar cultural and social pressures to fulfill traditional roles about masculinity that can be overwhelming. This can lead them to tease, bully or abuse others, abuse substances and engage sometimes in lethal acts of aggression and violence.

There is a high correlation between aggressive behavior in childhood and adolescence and criminal behavior in adulthood. In addition to serious adjustment problems, social and emotional difficulties, anxiety and depression, relational aggression can contribute to poor academic achievement, truancy and absenteeism.

INTEGRATED APPROACH

Experts believe that it is unrealistic to expect our children to stop social bullying without the guidance, modeling and support of adults, whether they act in the role of educator, school administrator, parent, mental health professional or community leader. Schools that address bullying with reactive measures or focus on individual students are not effective. Nor does the installation of metal detectors and surveillance cameras, or hiring of security staff to patrol hallways bring any tangible positive effects.

Instead, mental health professionals need to be actively involved in selecting, implementing and monitoring school-wide comprehensive programs of bullying prevention. Such programs should be research based and outcome driven; they should use pre and post intervention assessments, and comprehensive and systemic approaches. These include the training of all school personnel (even bus drivers and janitors), students and parents in identifying incidents of bullying and a united pledge on the part of all to intervene when they witness such incidents. Optimally, clearly stated codes of conduct and policies of zero tolerance outlining predictable and escalating consequences of bullying are agreed upon by signed contracts and enforced by school personnel. Uniform dress codes are also recommended to eliminate bullying based upon one's clothes. Training should help school personnel to recognize socially and physically dangerous moments and prepare them for crisis intervention. Close adult supervision of students in unstructured situations where incidents of bullying commonly occur (e.g., lunchroom, hallways, locker rooms, athletic fields, playgrounds) is also recommended. It is important that all school personnel not only know how to intervene in incidents of social bullying, but also how to give positive feedback for appropriate social interaction and model it as well.

In his book *Creating Schools Where Everyone Belongs,* Stan Davis recommends that school staff annually survey and review what they do and not do to make parents feel welcome in their setting. He also advocates a close examination of how different groups within the school system are treated by one another (i.e., relationships between students and teachers, parents and teachers, staff and administration, and community). Davis recommends that encouragement and recognition be given when mutual respect is demonstrated in these relationships, that teachers create more opportunities for cooperative and collaborative tasks among students, and limit unfair competition and rivalry between different groups of students.

Whether in the role of target or bystander, students need to learn how to stand up and speak out against bullies. They should be encouraged to report all incidents to school

personnel, if possible anonymously, to address students' fear of becoming future targets. In more serious instances in which injuries occur or a crime has been committed (e.g., assault, theft, or sexual harassment), parents will need to press charges against the aggressor(s).

Classroom instruction should begin as early as kindergarten on such topics as ethics, values, and civic responsibility, social and emotional skills. An anti-bullying curriculum also frequently includes sections on empathy, impulse control, anger management and nonviolent conflict resolution, as these are found to be common deficits among aggressive students.

▶ Mental health professionals need to be actively involved in selecting, implementing and monitoring school-wide comprehensive programs of bullying prevention.

In counseling aggressive children, school personnel need to cover three elements, namely 1) self reflection, in which the aggressor understands what was wrong with his/her behavior, 2) honesty in the students' reporting of the circumstances surrounding the bullying incident and 3) accountability, whereby there will be a predictable cost or consequence for the bullying behavior. It is essential that the school make a therapeutic response, in addition to taking disciplinary measures, in dealing with the bully. Mental health treatment for the targets, as well as for the aggressor(s), needs to be considered. Social workers can be instrumental in helping school personnel establish and follow guidelines in referring students out of the school setting for mental health treatment. The use of psycho-educational tools in group sessions or cognitive behavioral interventions on an individual basis are both effective with many students who are aggressors or targets of social bullying.

Once children are helped to gain a greater sense of self control, the mental health professional can explore the possibility of contributing familial factors. A prevention workshop for parents should cover the psychology of anger and its triggers, and help them become aware of how they express or manage anger. In their book, *Cliques: 8 Steps to Help Your Child Survive the Social Jungle*, Charlene Giannetti and Margaret Sagarese stress that it is important for parents to observe and understand the dynamics and roles their children play in social situations and to take an active role in teaching tolerance and acceptance of others' differences. This entails examination of the parents' own prejudices and behavior for signs of hostility and negativity and seeking professional help when necessary.

Like school personnel, parents need to give positive feedback to children and model appropriate social behaviors and apply consequences for aggressive or bullying behavior. As it has been demonstrated that children who are exposed to violent programming become immune to it over time, parents need to restrict their children's use of games or viewing of movies with violent content, beginning in their children's preschool years. If they watch movies or television shows which depict or validate aggressive or bullying behavior, it is important that parents hold discussions with their children to counter the negative messages of the media. Reading and discussing books together is another great way to teach and discuss social norms and values.

There are many ways parents can build a child's social competence and confidence without the child's involvement in cliques or popular groups by focusing on the child's interests, passions, aptitudes and talents. Martial arts and yoga are two ways for children to learn self control, and the Girls Scouts and Boys Scouts can provide healthy socialization for school age children.

Social workers can help parents implement other interventions depending upon the role their child plays as aggressor, target or bystander. Common mistakes made by parents include emotional or defensive reactions, addressing school personnel regarding incidents without proper documentation, unwillingness to accept their child's role, and demanding punishment for the bully. It is important that parents know their rights under state education laws and become familiar with the policies and procedures of their child's school in addressing bullying. It may be necessary to lobby for change with the support of the PTA or as a volunteer on a special school task force or committee. Allies in the community may be helpful in building a coalition with the common thread of caring for youth.

Barbara Murphy is a licensed clinical social worker and board certified diplomate who graduated from Adelphi University School of Social Work and the Child and Adolescent Psychotherapy program of the New York School for Psychoanalytic Psychotherapy and Psychoanalysis. She has a private practice in Mineola, N.Y. and volunteers as an Ambassador Troop Leader and trainer on relational aggression for Girl Scouts of Nassau County. She has written articles on the subject matter which have been published in social work newsletters locally and nationally during the past two years. She helped to write a program titled *Mothers and Others: Courage and Confidence in the Face of Social Bullying as The Parent of a Teenager*, which is one of many anti-bullying programs used by Girl Scouts of Nassau County.

Electronic Billing CONTINUED FROM PAGE 4

I reviewed my caseload and the key payers, for example, five Oxford claims, six BC/BS, seven UBH, and I decided that I would go about billing electronically slowly, exploring the use of each insurance company's website individually, to bill without any cost to me.

THE FIRST MONTH

The first month, I signed onto the BC/BS website, which is very user-friendly. They have an 800 number as well as a tech support number. You log in with a password and, if you're a provider in their network, they know who you are. You can easily do a member search, which is really nice to do in the moment when you get a new patient, and you get up-to-date information about the patient's benefits, co-pay, and mental health visits. And then you set up a screen with your office info and they help you make a screen that they call your "waiting room," where you add your patients' names and you bill in the moment. When you push "submit claim," they tell you, "here's what we're sending you," and it's pretty much on the way to you.

Well now I got my feet wet and I was on my way with electronic billing. It was only a few short months later that the BC/BS website no longer allowed you to do that. They do provide other means through MD Online. This is an example, I think of why people like me are so hesitant about electronics. Things move and change very quickly. It's a matter of keeping up all the time.

So that is just what I did. While I was billing BC/BS on their website, I ventured onto Oxford, which brought me to a website called Office Ally. As I signed up using their enrollment form, they informed me that you can submit claims to Medicare and that, as long as your monthly Medicare claims consist of less than half of your total claims for the month, there is no cost. (If you go above 50% there is a charge of $19.95). I keep that in mind each month to be sure not to go over. If you are a Medicare provider and want to use this option, Office Ally directs you to their form and you have to go to Medicare's CMS website to request an EDI enrollment agreement, also pretty user-friendly.

Upon registering with Office Ally, I received a fax from them welcoming me with info about my assigned tech rep, who scheduled a session to walk me through the system when I was ready to begin. There is also a handbook (only 12 pages, compared with my 42- page TV user guide). It's a clear and helpful user guide for Office Ally.

That's when I learned that I can use Office Ally to submit claims to hundreds of payers!

You really have to sit down in front of it yourself, but I will briefly tell you that you set up a page which includes the payers that you will be billing, for example, Aetna, Empire BC/BS, Medicare, and you store that info, so that you don't have to retype it. You store your patients and their info; you store your billing info, and even templates of diagnostic codes that you use. Then it's a matter of clicking on your stored info, plugging in dates of service, and hitting "create new claim." I especially love when they red-flag you and say, "You forgot to put something in." When your claim is sent, they give you a screen ID number and send you an email letting you know that your claims were accepted by the insurance company (usually the next day, sometimes the same day.)

I am no expert on this, and I can tell you that there is so much Office Ally does that I don't understand. But I will also tell you that I bill completely electronically now.

In conclusion, I would like to just say that with my new electronic billing experience and the purchase of my new TV, my practice, like my TV, is no longer a Zenith with rabbit ear antennae. I'm cable ready, not high definition, but I'm working on it.

Linda Plastrik, LCSW, Tarrytown, NY, www.linplastriklcsw.com

Healing the Healer CONTINUED FROM PAGE 10

books, including: *How to Use Herbs, Nutrients, and Yoga in Mental Health Care* (Norton), *Non-Drug Treatments for ADHD* (Norton), and *The Healing Power of the Breath* (Shambhala, book and CD set, forthcoming, June 2012).

Several participants remarked that the tone of the conference was friendly, collaborative and congenial, which could be attributed to the presenters' manner and philosophy, and their use of both experiential and didactic segments in the program. Drs. Brown and Gerbarg were eminently approachable, personable, available and generous with their time, attention, and knowledge. Their enthusiasm was matched by the willingness to engage of an open, eager audience.

For those who are interested in learning about this clinical approach and in developing this practice, please visit www.haveahealthymind.com.

The Conference Committee thanks the Society members from across the state who attended the workshop. We spent a collegial day, getting to know each other better and supporting our common efforts to heal patients and reduce our own stress in this important work. We also thank the colleagues and friends without whose help we could not have produced so successful and welcoming a conference, in particular, Richard Joelson and the Membership Committee, Robert Berger, Lisa Miller, and Elizabeth Ojakian. We also thank STWS (Serving Those Who Serve) for lending their expertise, recommending a wonderful space, and lending their yoga mats.

By Richard B. Joelson, DSW

How Could They Have Said That?

Sometimes Condolences Can Hurt More Than Help

In my private practice workshops, I promote writing articles for the public as one among many means of marketing your private practice. "How Could They Have Said That?" was published in a New York City newspaper and follows a formula for mental health-related articles that appeals to editors and to their readers. It is short, uses illustrative case material, and offers the reader some how-to recommendations based on the content. This article generated referrals to my practice and wound up in the waiting rooms of a West Virginia hospital as a guide to people visiting seriously ill and dying patients.

In the course of my career as a clinical social work psychotherapist, I have worked with many clients who have endured serious illness, or suffered a tragic loss or some other equally life-altering trauma. In their therapy sessions, many of them have spoken about the well-meaning friends and relatives who inadvertently added to their troubles by saying something that was heard as thoughtless, insensitive or, at the very least, non-sympathetic.

One client, the mother of two adult daughters, suffered a tragic loss when her oldest child, age 21, mysteriously died in her sleep. At the funeral, a well-meaning neighbor attempted to comfort her by saying, "Don't feel too bad, you still have another daughter." Another client, whose child had died in utero one month before birth, was told by her obstetrician, "I don't want you going around feeling like a coffin, okay?" She hadn't, until that remark.

Chemotherapy patients complain about people telling them how they will or should feel before, during or after their treatments. Simple attempts at reassurance, comfort or support, like, "Don't worry, it'll be okay," or, "I'm sure everything will be just fine," are often heard as impersonal and hollow.

A new client, who recently told me of her attempt to kill herself 10 years earlier by jumping out of a window, remembers her therapist predicting that she would soon "forget all about this," as he signed the cast on her broken leg. Another client, a 40-year-old woman with a terminal illness, was assured by her physician, her lover, and her boss that she would be "just fine."

Comments like these are powerful and often find permanent homes in the memories of their recipients. And they are usually uttered by individuals described as otherwise sensitive, thoughtful and supportive. All of us, at times, have felt unsure how best to respond to those in our lives who have undergone a trauma of one kind or another, especially if that trauma was unrelated to our own experience. Our need to provide reassurance or comfort in response to the misfortune of others may lead us to say the very kinds of things described above.

Attempts to "give" to suffering people may have more to do with our needs than with theirs. The therapist who predicted his client would forget about her suicide attempt may unknowingly have been alleviating his guilt or trivializing this serious event so that he could cope with it. The obstetrician's seemingly offhanded advice to his patient may really have been a way of addressing his own feelings about such a tragic loss occurring on his watch. Inadvertently hurtful remarks often come about as a result of a need to say something, regardless of whether the something we choose has been thoughtfully considered beforehand.

I asked these individuals what they would have preferred to hear from those upon whom they rely for help and support in times of crisis. Generally, they said that reassurance is something they only want from people who know more about their situation than they do. A reassuring comment from a trusted physician, for example, is usually received quite differently than reassuring words from someone who is not really in a position to offer any. They also want people to tell them how they personally feel, for example,"I feel terrible for you" or "I'm so sorry," rather than to attempt to tell them how they ought to be feeling under the circumstances.

Several clients told me that the words "I'm sorry" have more meaning and value than many of the more elaborate expressions of sympathy and concern they have heard. A client who recently lost both parents in an automobile accident told me that "as far as I was concerned, there was really nothing to say, so less was more and 'I'm sorry' or 'I'm with you' was just right." Another client, who suffered a miscarriage, found little comfort in being told that her loss was God's will working in mysterious ways or that perhaps her fetus was deformed and she should consider herself lucky to have been spared a torturous life. The simple "so sorry for your loss" was the phrase she remembers as being most comforting.

The guidelines that emerge from these troubling stories can be helpful to all of us when we have occasion to comfort or support someone for whom we care:

- Think about what you want to say before you say it.
- Keep it brief and simple.
- Say what you feel and not what you think or wish would be felt by another.
- Remember that "I'm sorry" may often be the most helpful thing you can say to someone regardless of the severity or magnitude of their situation.

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.richardbjoelsondsw.com and www.rbjstorybooksforchildren.com

Committee for Creativity & Transformation in Clinical Practice

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

We have rescheduled presentations/workshops at new meeting times and places. Although the previous Thursday night schedule brought us new-to-the-Society attendees, it was not convenient for our regular members. In recognition of this, we have rescheduled meetings to encourage weekend past and new participants to attend. Please watch for e-mail postings.

May 5 Art Exhibit:
We are still getting positive feedback about our Inaugural Members' Art Exhibit, which took place at the Annual Membership Meeting at the Pennsylvania Hotel on September 18. With this encouragement, along with an invitation from Susan Klett, LCSW-R, Chair of the Education Committee, another exhibit of visual productions is scheduled as part of the Annual Education Conference on May 5. As this is being held at an entirely different venue, the presentation of the works to be exhibited will be different but, I am sure, just as stimulating and provocative.

At the May 5 exhibit of works on paper and canvas, including photography, artists/clinicians will show both their abstract and representational responses to the conference theme, *Caught in the Grip: Traditional and Contemporary Approaches to the Treatment of Addiction and Obsessive-Compulsive Behavior.* The aim of both the abstract and representational art works on exhibit will be presented as statements on their own; they are not illustrations of the conference theme. As in our Inaugural Members' Art Exhibit, exhibitors may choose to include their associations to the conference theme in written form, prose or poetry.

All who are interested in taking part in the exhibit are asked to contact Sandra Indig, curator of the exhibit. Details about entering the exhibit will shortly be announced in the Society's Friday E-Blast update. An initial meeting of prospective artist/clinician participants will be held in conjunction with our March 26th Committee meeting at an art collective, the White Street Studio, at 60 White Street, #7, accessible to most transportation.

Presentations & Workshops:
Since our last report, Sarah Zahnstecher, LCAT gave her workshop, *Art and Countertransference* on December 19 at Washington Square Institute. She made use of metaphor, image and role-playing to both enrich and expand participants' understanding of their own thoughts and feelings, as well as those of their clients, and suggested possible directions to take with them in the future. At the well-attended meeting, the eager-to-participate group took part in exercises and techniques developed by Sarah after her many years as both practitioner and supervisor of art therapy. A plethora of art supplies enriched the experience and increased attendees' repertoire of ideas for enhancing and encouraging patient creativity. On March 24, a workshop by Bob Schavrien, titled *The Art and Spirit of Family Sculpture and Intimate Conversation*, will take place at noon at the White Street Studio.

May 19 Presentation/Celebration:
On Saturday, May 19, at noon, our last meeting of the academic year will be held at the Lafayette Bar and Grill. Susan Kavaler-Adler, Ph.D. will present *The Dark Side of Creativity: From Idealized Male Muses to Eroticized Demon Lovers: The Compulsion to Create versus Creative Blocks: Character Disorder versus Neurosis in The Creative and Psychoanalytic Processes*.

Our May 19 celebratory event is intended to include learning, entertainment and networking. It is also being held in recognition of our dedicated Workshop Committee members, Sema Gurun, LCSW and Joy Sanjek, LCSW; the many clinicians who faithfully support our work by attending and participating in meetings; and our generous speakers, who freely share their expertise on a voluntary basis.

Volunteers and interns are needed for us continue to explore and present high quality and frequent opportunities and presentations/workshops to the Society. This includes the art exhibition on May 5. If you or someone you know would profit from working with us, please don't keep it a secret. More information is posted on the Society's Friday E-Blast. Contact Sandra Indig, Committee Chair, to verify address and reserve a seat: 212-330-6787 or psych4arts@hotmail.com. Workshop Committee contacts: Sema Gurun, 212-982-2489 and Joy Sanjek, 646-469-9733.

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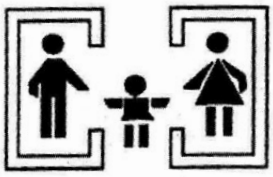

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Presented by James L. Fosshage, PhD
Saturday, November 5, 2011; 10:00 am – 3:00 pm

We're All in This Together: Dissociated Selves in Transition
Presented by Sheldon Itzkowitz, PhD
Distinguished Respondents: Philip Bromberg, PhD & Elizabeth Howell, PhD
Saturday, December 3, 2011; 10:00 am – 3:00 pm

Infant Research and Adult Treatment: Videotaping Mother-Infant Interaction and Videotaping the Analyst's Face
Presented by Beatrice Beebe, PhD
Saturday, January 7, 2012; 10:00 am – 3:00 pm

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