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

#### **EXECUTIVE REPORT**

### The Challenge Before Us

By Allen A. DuMont, CSW, BCD, Society President

am writing you in the days immediately following the despicable terrorist attacks on the World Trade Center and on the Pentagon on September 11th. The response of the people of New York and of many of our members who have come forward to help the survivors and their families and friends of the victims has been an inspiration. It is a time when all of us stand together united in mutual support and dedicated to the care of our fellow human beings.

But this week, as I received call after call from members asking what the State Society is doing to help in this crisis, I felt progressively frustrated and helpless. All I could answer was to encourage our members to contact organizations, such as the American Red Cross, that have the

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## National Coalition of Mental Health Professionals and Consumers Celebrates a Decade of Activism



Richard Yanes, Executive Director of the Clinical Social Work Federation; Helen Hinckley Krackow, Incoming President, New York State Society for Clinical Social Work; Richard Gephardt (D-MO), House Minority Leader; and Laura Groshong, Legislative Chair, Clinical Social Work Federation.

n June 22, The National Coalition of Mental Health Professionals and Consumers, Inc. held a rally in New York City at New York University Medical Center. Entitled "Shaping the Future of Mental Health Care — Let Your Voice be Heard," the event featured Representative Richard A. Gephardt (D-MO), House Minority Leader, and Representative Patrick Kennedy (D-RI). Rep. Kennedy joined the Coalition as an Advisory Board Member. Both gave rousing speeches on creating a new consensus.

Karen Shore, PhD, President of the Coalition almost since its inception in 1991, gave a stirring address and passed the baton to Deborah Peel, MD. Dr. Peel then introduced, "The Inform America Campaign," which has resulted since June in several Letters to the Editor being published in the national press, including *The New York Times*.

Helen Hinckley Krackow, MSW, a former Treasurer of the Coalition, gave a brief history of its formation and presented the first Karen Shore Award for Mental Health Advocacy to Dr. Karen Shore.

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## **Executive Report**

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public recognition, the staff, and the experience to meet emergencies such as this. Currently, the State Society does not have the structure or administrative capacity to mount an organized response to the needs of people in the throes of chaos and psychological dislocation.

While we hope never to see a recurrence of such savagery again, we may be faced with other crises which would require supportive, rehabilitative, and preventive

I will call upon the State Board

to assist in the launching of an

Response to carefully consider

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be able to respond to the public

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**Ad Hoc Committee on Crisis** 

services. The aftermath of the TWA Flight 800 crash on Long Island a few years ago, when scores of mental health practitioners volunteered to assist relatives and friends with their grief, comes to mind.

Accordingly, I will call upon the State Board at our next meeting to assist in the successful launching of an Ad Hoc Committee on Crisis Response. As I envision it, it will be the charge of the Crisis Response Committee to carefully consider the issues

and to formulate a plan as to how our Society — within the limits of our current structure — may be able to respond to the public need for clinical intervention in times of crisis.

The plan will need to include a method for the identification and recruitment of volunteers and an easy and rapid means of communicating with them in times

of need. When we next collect our annual membership information and dues, we will ask for members' e-mail addresses and about their interest in volunteering during times of crisis. We may also utilize the networks being developed for the Guild and for the Referral and Information Service to canvas interest in being a part of an emergency response system.

Not having the high public recognition, personnel,

and administrative structure to respond effectively to public crises, the Society will need to partner with organizations that have this capacity, such as the American Red Cross and union and employer organizations that would welcome skilled volunteers in times of crisis. The Crisis Response Team could assist volunteers to obtain further orientation and training if needed, and through organized chat rooms on the Internet, share information with their colleagues. As part of

our organized response we will need to use our website, both to inform the public of where and how to go for help and to provide our members with information to refer their clients or to get information and support in working directly with them.

As we move to meet the needs of those in crisis, we not only provide a public service but also demonstrate the value of skilled clinical social work and the commitment of the State Society to the mental and emotional well-being of the people of New York.

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This column is my last address to you in The Clinician after almost four years as your president. I appreciate the opportunity you have given me to serve the State Society and its members. It has been both challenging and rewarding and has helped me grow professionally and personally. In November I will be sending out a President's Letter which will recap what the Board and I have accomplished during my administration and will conclude with some thoughts as to where we should go from here.

I am happy to be passing the baton to Helen Hinckley Krackow, who has served us so well and can be expected to continue to do so.

Keep well, and, in the words of the old song, "I'll be seeing you." ■

NEW YORK
STATE
SOCIETY
FOR



SOCIAL WORK,

## **Current Licensing Bill Flawed**

#### State Society Drafts Amendment

by Marsha Wineburgh, DSW, BCD, Legislative Committee Chair

he current version of the social work licensing bill (S.4987-A) is substantially different in content and philosophy from those bills developed by the New York State Social Work Licensing Coalition, a group of professional organizations that has been drafting this legislation for more than ten years. There are many substantial problems with this version of the bill. Most critical for clinical social work licensure is that an unnecessary clinical level has been added that lowers the standards for minimum competence that have been in place for sixteen years and are codified in the "P" Insurance statute.

Several attempts have been made over the past year to iron out our differences with the National Association of Social Workers' (NASW) new approach to licensing the social work profession. Unfortunately, these have failed. The State Society is unable to agree to the current version of S.4987-A, a bill to license clinical social work on three levels of practice: Licensed Master Social Work, Licensed Advanced Social Work, and Licensed Clinical Social Work. This disagreement within social work has significant ramifications for the future of clinical social work in New York State because the other professions that deliver mental health services are independently working on their own licensing bills and moving them through the New York State Legislature. Unless the State Society and the NASW can agree on a bill, we clinical social workers who deliver mental health services may find ourselves locked out of any scope of practice legislation, forever weakly certified as CSWs, but able to practice as an exemption category in the stronger licensing bills of clinical psychology, marriage and family therapy, mental health counseling, creative arts therapy, and psychoanalysis.

Keep in mind, too, that social work certification is a voluntary credential. One is not legally required to obtain it. It is estimated that up to 30,000 MSWs in New York State are currently practicing without a CSW, i.e., without any oversight by the State Board for Social Work and the consumer protection it affords.

#### Highlights of a Few Flaws in Version S.4987-A

1. The way this bill is drafted, it could appear that everyone who graduates from social work school is doing clinical social work. The Licensed Master Social Work (LMSW) level, usually the generalist level, has no provision for autonomous practice for those social workers who are NOT engaged in clinical practice. There are many MSWs who, upon completion of their degrees, are

able to enter the professional world as community organizers or administrators, delivering services that are not specific to treating mental health problems.

2. The Licensed Advanced Social Work (LASW) level is unnecessary for clinical social work licensing. In the current bill, to qualify for LASW, practitioners with an MSW must have the same 3000-hour experience requirement as those qualifying for the Licensed Clinical Social Work level. The LASW level also reduces the experience requirement for those who hold a DSW/PhD in Social Welfare to only 2,000 hours. This is a curious idea, since the majority of doctoral programs in social work are focused on administration and social policy and include no clinical course work. Further, non-clinical education in administration or social policy is in no way comparable to clinical education nor can it replace supervised clinical psychotherapy experience, i.e., direct practice experience.

Note also that there is no standardized examination for the clinical LASW level. Historically, the advanced social work level is a category designed to recognize only those social workers who have advanced post-MSW experience in nonclinical areas of social work practice. While the American Association of State Social Work Boards (AASSWB) still offers an examination for this level of professional expertise, it is a non-clinical exam. Recently, the AASSWB has eliminated the Advanced Social Work level as a category for any kind of licensing in their Model Licensing Practice Act.

#### State Society's Suggested Remedy

The State Society has drafted legislation to amend S.4987 to license only clinical social workers at this time with provisions to allow CSWs with less than 3,000 hours of clinical experience to practice under a mental health professional's supervision. This is identical to the "P" Insurance statute and its accompanying regulations. The legislation would provide clinical social workers with the rights and responsibilities to diagnose and treat mental illness in autonomous practice, independent of setting. It is the essential minimum legislation to protect clients receiving mental health services.

Any licensing statute should be written as clearly and simply as possible in order to be understandable to the public for whose protection it is intended. It should avoid being a politically-guided vehicle for expanding professional functioning beyond minimum competence levels as measured by appropriate education and experience.

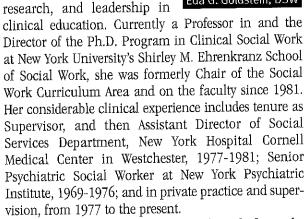
## Six Society Members Receive Highest Honor – Diplomate Status

by Helen Hinckley Krackow, MSW, BCD, Membership Chair

A tour Annual Meeting in mid-May, six stellar members of the New York State Society for Clinical Social Work were awarded the status of Diplomate, the highest level of membership in the Society. It is an honor awarded in recognition of sustained commitment to the purpose for which the Society was founded, namely, the support of excellence in the exercise of the clinical social work function.

Chapters nominate members for the award. There are currently 81 Diplomates among our 2,350 members. They are clinical social workers who represent the highest values of professional dignity and social commitment to society at large, their clients, the field, and to our Society. They value advanced postmasters scholarship. We celebrate them! The achievements and contributions of the newest six Diplomates follow.

Eda G. Goldstein, DSW
Dr. Goldstein has been a
Fellow of the Society since
1993. She has made profound contributions to the
field of clinical social work
through her teaching, writing,



She holds a doctorate in social work from the Columbia School of Social Work and has taken numerous courses at the Psychiatric Training Institute. She also was a member of the study group of Dr. Margaret Taggart-White in self-psychology from 1984-1989. Dr. Goldstein is the author of numerous papers and presentations, and six books including Ego Psychology and Social Work Practice; Borderline Disorders: Clinical

Models and Techniques; Short-term Treatment and Social Work Practice; and Object Relations Theory & Self Psychology in Social Work Practice (to be published in January 2002).

She was a co-principal investigator with Dr. Otto Kernberg at the Columbia University College of Physicians and Surgeons Intensive Hospital Treatment Research Program. The recipient of two NIMH training grants, Dr. Goldstein is a gifted teacher and author. Her clarity of thought and acuity of insight

are invaluable to the field.

Ms. Adelman, MSW
Ms. Adelman has been a
Fellow of the Society since
1992. Her clinical experience dates from 1987.
She has worked for the
Schneider Children's Hospital
of Long Island Jewish Hospital

in the Neonatal Intensive Care Unit, supporting and teaching physicians, nurses and staff in psycheducational skills in communicating with parents. She has had a part-time private practice for the last 13 years in child development and mother/child relationships.

Ms. Adelman has completed the clinical doctoral program at Adelphi University with an index of 4.0; her dissertation is based on research examining maternal

self-esteem and its relationship to splitting in premature twins. She has served as a guest lecturer at Adelphi and Columbia universities for the past five years in areas of psychopathology, child treatment, social work practice, field practice, and theory of social work. She was commissioned by the Educational Alliance Institute, a philanthropic organization, to develop a parenting curriculum, which she did from the maternal perspective. Ms. Adelman has been the Child Therapy Chair of the Nassau

Chapter from 1994-1999.

Prudence Emery, MSW
Ms. Emery has been a
Society Fellow since 1991.
Her clinical experience
dates from 1974 when,
until 1987, she worked in
the Psychiatric Outpatient
Department of Montefiore

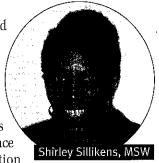


Medical Center. From 1977 to the present she has been in private practice in psychotherapy and psychoanalysis. She graduated in 1991 from the Psychoanalytic Training Institute of the New York Freudian Society and has been teaching since June 2000 at North Shore University Hospital Department of Psychiatry while also supervising outpatient groups. Since August 2000 she has taught at the Program in Clinical Psychology at City College Supervision of Evaluation of New Outpatients and has done consultation to faculty to JBFCS in Group Treatment.

Ms. Emery wrote articles for *The Clinician* and the *Group Journal*. She is currently doing research with Judith White, CSW, of the Met Chapter on women who marry after thirty-five. She has presented research at Eastern Group Psychotherapy Society, Training Institute for Mental Health, and Mount Sinai Department of Psychiatry. She was the first social worker to be given a teaching appointment at North Shore Hospital Department of Psychiatry. Editor of the Nassau Chapter's *Nassau Newsnotes* from 1999 to the present, Ms. Emery has given many presentations at the Nassau Conference.

**Shirley Sillikens, MSW** Ms. Sillikens has been a Society Fellow since 1978. She has thirty years of postmasters experience, which includes service as a social work supervisor in the Obstetrics and Pediatric Service at Lincoln Hospital since 1979, and part-time private practice since 1976.

Ms. Sillikens received her Certificate in Advanced Clinical Social Work from Hunter College School of Social Work Post-Masters Program in 1985. She served in various capacities in the Queens Chapters since 1974, including Education



Chair from 1978-1987, President from 1985-1987, Managed Care Chair from 1994-1996, and Vendorship/Marketing Chair from 1989 to the present. She has been a mainstay of the long-time active members in Queens, giving her time, devotion and energy to the Society.

Eleanor F. Perlman, MSW Ms. Perlman received her certificate in Adult Psychotherapy and Psychoanalysis from the Postgraduate Center for Psychotherapy in 1989. She has served as the Suffolk Chapter Co-President and State Chair of the Referral Service from 1981-1985. On the Chapter level, she has been Chair of the Vendorship/Managed Care Committee since 1999, having been Co-Chair from 1997-1999. From 1999 to the present she has represented Suffolk on the Legislative Committee.

#### Laurie Rosen, MSW

Ms. Rosen has been a Society Fellow since 1994. She has twenty-four years of post masters experience including five years as Clinical Social Worker at Central Islip Hospital, eleven years as a psychotherapist in



North Suffolk Mental Health Center, ten years as a parttime Clinical Supervisor at Recovery Resources in Islip. Her part-time private practice, begun in 1983, became full-time in 1987.

Ms. Rosen received her Certificate in Psychoanalysis and Psychotherapy from the New York Center for Psychoanalytic Training in 1990 and in Psychoanalysis in 1995. She has been a course instructor there from 1996 to the present. The author of several articles on the psychology and experiential factors in renal disease and organ transplantation, she has served as Education Chair of Suffolk from 1994-1997 and again from 2000 to the present.

Steven Gruntfest,

cal social worker

J.D., LCSW, is a clini-

and psychoanalytic

psychotherapist in

private practice in

Jersey. He is A.B.D.

at the Ehrenkranz

School of Social

was a graduate

Work of New York

University where he

research assistant.

He worked for 25

vears in the New

Jersey Department

of Corrections as a

caseworker, super-

visor, and then

administrator. He

was trained at the

for Psychoanalytic

Training, and is a

long-time student

and supervisee of

Herb Strean.

New York Center

Teaneck, New

## "More Human Than Otherwise"

### Remembering Herb Strean

by Steven Gruntfest, JD, LCSW

Ferb Strean, who died unexpectedly on June 25th at the early age of 70, rarely taught, lectured, or ▲ presented without reference to the above words of Harry Stack Sullivan. Strean and Sullivan were semiotically connected by their initials (H.S.S.), to which Herb often alluded, and both believed that all of us are linked by the frailty of being "more human than otherwise." Herb believed this, of course, even as he was setting a standard of humanness beyond what most of us could hope to achieve. He did this in the quantity of his life and work and, more importantly, in the quality of his life and love.

Herb's quantitative achievements are well known. His doctorate in social work was from Columbia University, and he taught for many years at the Rutgers School of Social Work. He was the first in that school to receive the university's "Distinguished Professor" award and was later honored as "Professor Emeritus." His casework course at Rutgers was so popular that students were admitted by lottery. Once completing his course, many students became mentees and then friends for life. As one of the "lucky ones," I think this is easily explained. Herb took his students on a journey into the theretofore unexamined realm of the dynamic unconscious, demonstrating how our "more human than otherwise" clients unconsciously contributed to and helped arrange at least some of their suffering. Herb's famous aphorism, "chronic complaints are unconscious wishes," helped lay the groundwork for a more complete picture of "where the client is at." In the experience I've often described as "love at first listening," treatment moved from a dynamic muddle with "shot in the dark" interventions to a clarity as to the client's conflicts and a conviction about how to ameliorate them. These realizations empowered both client and clinician.

Herb was also a training analyst, supervisor, teacher and, following his analyst/mentor, Reubin Fine, Director of the New York Center for Psychoanalytic Training. When he retired, he was named Director Emeritus and remained NYCPT's most sought-after speaker.

Over the last 30 years, Herb wrote prodigiously and prolifically. His articles and close to a book-a-year have been a major contribution to the field of social work and its sine qua non, the understanding of the total person in his/her environment and the redress of the imbalance between suffering and pleasure. Herb's creative commitment to his field and understanding of the full range of clients (from combat veterans in the army to troubled children and adolescents to those receiving public assistance to the ambulatory neurotics and psychotics of his

private practice) is embodied in seminal works such as the article, "The Use of the Patient as Consultant" (1970), and books such as Clinical Social Work: Theory and Practice (1978), Resolving Resistances and Resolving (1990),Psychotherapy Counterresistances in Psychotherapy (1993). These works demonstrate a never-ending resolve to promote the fullest understanding and empowerment of clients while courageously challenging all clinicians to view themselves as equal partners in an endeavor in which the client may know more than the clinician about how to conduct the treatment (see "The Use of the Patient as Consultant") and the clinician may resist as much as the client (see Resolving Resistances in Psychotherapy Counterresistances Resolving Psychotherapy). Herb's resolve and courage have been acknowledged in New Jersey, where he was named Social Worker of the Year in 1972, and in New York, where he was a member of The New York State Society for Clinical Social Work from its inception in 1972. The Society made him a Diplomate in 1987.

The qualitative aspect of Herb's life and love is best reflected by the sheer number of people for whom it was "love at first listening" followed by a lifetime of mutual devotion. Herb would be the first to admit that he worked better with some than others and that he experienced the inevitable "failures" in both his didactic and clinical endeavors. Yet, as we assess his remarkable life, we must begin with the incredible number of people he touched. Students, supervisees, analysands, colleagues, and peer group members, all potential acolytes, became his partners in the search for understanding and mutual gratification. Herb had a singular gift in his ability to make people feel like his equal, and thus, okay about themselves. His down-to-earth manner, photographic recollections of past interactions, sense of humor, and ability to speak to the unconscious proved natural antidotes to the potential for self-diminishment when in his extraordinary presence. Herb almost always succeeded in elevating the self-esteem of those with whom he associated.

In technical terms, Herb dwelt within the realm of transference discovered by Sigmund Freud. He offered himself as what James Strachey referred to as an "auxiliary superego" against which frightening impulses could be discharged. His nondefensive and nonretaliatory posture helped expose pathological introjects, so that internal could be separated from external, and fantasy from reality. Thus was laid the foundation for Herb's stock in trade, the transference (Strachey's mutative) interpretations that could lead

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## Vendorship & Managed Care

COMMITTEE REPORT

The Vendorship and Managed Care Committee continues to function as a support for Society members in their dealings with managed care and third-party insurance payers. We assist members with difficulties in payment, nonpayment, or delayed payment of authorized sessions. We also help members obtain continued authorization for patients, become enrolled and removed from panels, and resolve dilemmas about confidentiality and Medicare questions.

#### Opening New Markets: Self-Insured/Self-Funded Companies

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

#### **Recent News To Report**

Medicare Part B has a new toll-free number, effective Oct. 1, 2001: 1-877-869-6504. Medicare also has a waiver of liability designed to describe who is responsible for payment when a claim is denied because a service was considered not reasonable and necessary under Medicare guidelines. Usually providers don't bill for services they believe aren't medically necessary. However, if providers bill for a service they believe could

not be covered, they should obtain a waiver of liability statement from the patient. When filing a claim, the provider uses the modifier GA to denote that. Even though the provider feels the service being billed isn't covered by Medicare, the claim is filed because of the patient's right to determination. If a waiver isn't signed by the patient in advance of filing a claim for a service that is expected not to be covered by Medicare, the patient won't be responsible for payment.

#### Participation Is Still Needed!

The VMCC is instrumental in helping Society members learn how to address problems and to know whom to contact for advocacy, which often makes the difference between resolution and victimization. We have a new representative for the Metropolitan Chapter and are thrilled to have his help and interest. We are still looking for representatives in the following areas: Cap District, Mid-Hudson, Western NY, Staten Island, and Rockland. If anyone is interested in learning more about the Committee or has any suggestions, please contact your local chapter representative. You may also call me at 718-352-0038 or 917-424-3545.

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SUFFOLK	ellie Perlman	631-368-9221
SYRACUSE	GARY DUNNER	315-488-1884
WESTCHESTER	LIZ RUGGIERO	914-618-8919
WESTERN NEW YORK	ALICE GARFINKEL	718-352-0038

#### **National Coalition**

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In 1991 Dr. Shore and twelve clinical social workers on Long Island, including Joyce Edward, Chairwoman, Patsy Turrini, Monica Rawn, Alice Medine King, and Carlene Tockman, among others, founded the Coalition. Mark Dworkin, Managed Care Chair of the New York State Society, brought them together. Dr. Shore and Joyce Edward were the first Chairwomen.

Clinical social workers support the National Coalition by representation and funding through the New York State Society for Clinical Social Work, The Clinical Social Work Federation (CSWF), The National Membership Committee on Psychoanalysis in Clinical Social Work, Inc., The Clinical Social Work Guild No. 49 of the Office of Professional Employees International Union, The Alliance for Universal Psychotherapy, and The American Mental Health Alliance, USA.

Allen A. Du Mont, President of the State Society, Richard Yanes, Executive Director of the CSWF, Laura Groshong, Legislative Chair of the CSWF, Richard Marek, President of the New Jersey Clinical Social Work Society and other Board Members of the New York State Society, including Marilyn Schiff, John Chiaramonte, Rosemary Lavinski, Stephen Baver, Iris Lipner, and Adrienne

Lampert, Past President of the State Society and of CSWF, were in attendance, as well as Beth Meehan and Rosalind Gilbert, Past and Current Co-Presidents of the Alliance for Universal Access to Psychotherapy.

Clinical social workers have long fought managedcare abuses. The New York State Society and the Coalition will continue to be mutually supportive over the next decade.



Dr. Karen Shore (r)
received the
Karen Shore
Award for Mental
Health Advocacy
from Helen
Hinckley Krackow.

## Report on NYSSCSW 32ND Annual Conference: "Complexity of Gender

he 32nd Annual Conference on May 12, entitled "Complexity of Gender and Sexuality: Clinical Implications," was a resounding success with an attendance of close to 200 people. Eda Goldstein's presentation was scholarly, punctuated with a sharp sense of humor, and clinically astute. Terrence Real, while mesmerizing in his presentation, challenged many of the audience's theoretical and clinical assumptions. Thanks go to Dianne Heller Kaminsky, Education Chair, and to the Education Committee for another successful conference.

James Mac Rae
is a therapist in
private practice
in Manhattan and
Director of
Children and
Family Services
for the Mental
Health Association
of NYC, Inc.

## Why Men Have Trouble Loving And What To Do About It

Review by James Mac Rae

r. Real asserted that there is a basic reason that 40 to 50 percent of all marriages result in divorce: women's roles are changing radically, while men's are not. Women insist that men access their sensitivity; however, men had their more relational feelings stamped out of them when they were boys. In other words, men are coming up short in the marriage dyad.

During his presentation, he showed a scene from the movie, "Good Will Hunting." Skylar, played by Minnie Driver, is looking for some kind of a commitment from Will (Matt Damon) and confronts him, asking, "What are you afraid of?" Will's face turns hard. He replies, "I don't love you." Then, rather than reveal his feelings of tenderness, Will resorts to intimidation and finally rage. According to Mr. Real, if loving her meant opening up his pain, it would be preferable for Will to disconnect altogether from Skylar. But Skylar carries her own pain and seeks the connection. As she tries to get closer to Will, he moves out. He feels mistrust with connections. He reverts to his grandiosity. So it goes in movies and in life.

According to Mr. Real, boys do not develop via the Relational Model. While we are all wired to be relational at birth, boys soon learn another route. Although both girls and boys suffer traumas, they are different, and the damage begins very early for boys.

For example, he stated, if you ask a nine-year-old girl what she wants, she would be able to tell you. However, ask the same question to an eleven-year-old girl, and she may respond, "What do you want?" Thus, girls are socialized around complicity issues and seeking to please others.

Boys, on the other hand, are unable to read someone else's feelings by the time they are three to five years of age. The damage done to boys is preverbal and developmentally more disabling. Since boys do not ever Keynote by Terrence Real

Dianne Heller Kaminsky, Education Committee Chair, Allen DuMont, President, and speakers Terrence Real and Eda G. Goldstein.

learn how to relate to the other person, they must "go it alone." Disconnection rather than relationship is the boy's method of socialization. The healing work with men, then, is working with issues of connection.

#### Traditional Therapy Ineffective with Men

While traditional therapy works well with women, it is ineffective with the man who exhibits grandiosity. To be effective with men, the therapist must hold men accountable and do it with love. "Men don't have pain; they have 'troubles,'" he said.

Mr. Real challenged the audience and asked for a show of hands from those who felt they were successful in treating their male patients. There was a quiet moment, and then he began to explain his approach.

He always treats men in couples rather than alone, and his work with couples is quick. He attacks the man's grandiosity, which, he stated, is based on judgment impairment.

He said that women tend to be emotional, nurturing, intuitive, dependent, withholding, and fearful. Men, on the other hand, are aggressive, decisive, logical, and competitive. In relationships, this results in a "dance of contempt" between the two, where each blames the other for being the way they are. Furthermore, the dance of contempt can never be named. It essentially gets acted out in the relationship.

8

Terrence Real is Director of the Gender Relations Program at Meadows Institute in Wickenburg, Arizona, and has recently published a book, I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression. In addition, he is in private practice and has taught couples and family therapy, principally at the Family Institute of Cambridge for the past twenty years.

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## From Little Woman To Superwoman:

### Intrapsychic, Interpersonal, and Clinical Challenges

Keynote by Eda G. Goldstein, DSW, BCD

Review by Tripp Evans, PhD, CSW

Eda Goldstein set the tone for her entertaining and informative keynote presentation with a story about a computer maker who asked two groups of experts, one female and one male, to consider whether a computer should be referred to as feminine or masculine.

After careful deliberation, the group of female experts decided the computer should be referred to as masculine because (to paraphrase) in order to get a man's attention, you have to turn him on; computers have a lot of data, but they are still clueless; most of the time, they are the problem; and, as soon as you commit to one, you realize that if you waited a little longer you could have had a better model.

In contrast, the group of male experts proposed that the computer be referred as feminine because when computers communicate with one another, it's impossible to understand their language; a computer's inner logic is incomprehensible; as soon as you commit to one, you spend a fortune buying accessories for it; and, when you make a mistake, the computer stores it in long-term memory for immediate retrieval.

Dr. Goldstein's point was that our attitudes about gender roles and behavior are deeply rooted in our culture. Gender role expectations affect women's identity, self-expression, educational and occupational accomplishments, relationships, economic status, health and mental health, and legal rights.

#### **Coming of Age After the Women's Movement**

Dr. Goldstein noted that although many men and women welcomed the changes brought about by the women's movement, others longed for simpler times. Many are still struggling with complex intrapsychic and interpersonal issues.

Women coming of age in the mid-to-late 60s, for example, had to balance the traditional values they had internalized with the introduction of the concept of career ambition outside of the home. These women, according to Dr. Goldstein, tried to liberate themselves, but also felt conflicted about whether they were doing the right thing or being too selfish; lacked positive role models, confidence and a sense of mastery; risked fighting with their husbands and bore the brunt of their disapproval or anger; expected more of, but were often frustrated by, their husbands; and were expected to outperform men in the workplace while making less money and earning fewer promotions. "Nevertheless,"

she said, "these women were inspired by what was going on around them to make changes in their lives and they gained self-esteem."

In contrast, women coming of age in the 80s, "tended to be more self-confident, to possess a greater sense of competency and mastery, and to hold stronger beliefs in their right to actualize themselves and to choose among many options," she said. But there was a down side. The social environment at the time "emphasized materialism, getting and flaunting the good life, and increased competition and ruthlessness at work." Social issues included a backlash against more feminist ideals in relationships, continued objectification of women, and the moral majority's emphasis on family values.

Dr. Goldstein described several intrapsychic and interpersonal issues faced by this group: working women felt they had to prove they were better than men and were criticized for being unfeminine when they succeeded; when they reached their 30s they scrambled, often unsuccessfully, to find suitable mates if it seemed that marriage and child bearing were passing them by; and, although "women wanted to be self-reliant," this sometimes "reflected a denial of realistic dependency needs."

Dr. Goldstein, citing Johnson (1997), added, "Meanwhile, it seemed like almost everyone developed an appearance obsession, an eating disorder, and an exercise mania."

Women were also coping with conflicts between work and family. If children were postponed, work became an addiction in order to maintain a position at the job and a lifestyle. Or, if a woman had children, she had to become superwoman — to do it all, to be the best employee and the perfect mother. Clashes over overt and covert expectations and gender-role behavior among couples became the norm.

During these years, Dr. Goldstein went on to say, options opened for lesbians, "who felt somewhat freer to live more openly with other women, were less bound and more egalitarian, achieved more educational, occupational, and financial success." However, sexual and physical violence toward women and children increased and "resulted in huge numbers of female victims of past and current trauma." Finally, she said, "as the children of superwomen come of age, some mothers are torn between pride and guilt for real or imagined maternal failures."

Tripp Evans, PhD, CSW, is in private practice in Manhattan specializing in couples and individual treatment. He also makes corporate and professional presentations and offers speeches/workshops on a variety of topics, ranging from emotional intelligence to divorce to men's issues.

y

Eda G. Goldstein, DSW, just became State Society Diplomate. Her biography is on page 4.

## The Practical Practitioner

## So, What Is Marketing Anyway?

ow that the NYS Clinical Society has launched its brand new Independent Practice Committee, the subject of how clinical social workers can and should market has again come to the fore. The committee, by the way, will be presenting a workshop at the January 26, 2002 conference for members — and for the Queens Chapter on October 27 — but until then, we thought we ought to revisit the question of what marketing really is.

Many of us think about marketing as if it's "manipulation" — that there's something not quite right about it. Others may view it as an admission of some sort of failure — if you need to market, then you might not be such a great therapist. However, business practice dictates — and if you're in independent practice you ARE in business — just the opposite.

Effective practice promotion is actually an educational process. You are telling potential clients and referral sources about you and your profession. You are helping people to know where to find help when they need it. Further, ethical marketing demonstrates that you are proud of your work and confident that what you offer is valuable! And it is, isn't it?

Our work may sometimes feel lonely, particularly if we're in private practice. We don't have clinical consultation or a colleague with whom we can sneak a moment when perplexed or upset by a session. Sometimes we feel hopeless and just want to give up. However, particularly with the advent of managed care, we need to take a second look at the nonclinical aspects of practice and learn more business.

Think of your practice as a business, subject to the same (but profession-specific) cycles as any other busi-

ness. For instance, many of us notice that our client load diminishes in the summer but gets higher after holidays. Remember that ups and downs are normal and plan accordingly. In fact, these slack times give you an opportunity to build marketing and planning time into your practice. Welcome those occasions when a client cancels; you can use this for networking phone calls, follow-ups, speaking engagement scheduling, etc. When client-hours are low, marketing hours should be high. Decide on one or two practice-building activities — don't overwhelm yourself — and DO them.

Stay visible even if you are satisfied with your current caseload. Such visibility will help you later on if the number of clients diminishes (and it will, temporarily. That's the nature of being in business). People tend to make referrals to clinicians whom they know. Take the initiative and become marketing-active. Continue to seek out new referral sources and communicate with those which you have already established. Such networking can be enjoyable — and your referral network can always be enlarged. That way, if one source stops referring, you have others to fill the gap. And remember to develop a lot of niches, too, which, if you view them as "products," will help you market (more about niches in a later article).

Some practitioners stay away from marketing because they may consciously or unconsciously fear rejection. To overcome this, pay attention, instead, to the needs of referrers or potential clients. They are not rejecting you if they merely do not need your services at the present moment. To paraphrase *Field of Dreams*, "When they need you they will come." It has nothing to do with how competent you are.

#### "More Human Than Otherwise"

CONTINUED FROM PAGE 6

to structural, not just behavioral, change. This technical exegesis explains, I believe, how so many people could love one man. For there is, arguably, no more loving and love-evoking thing we do for another individual than allow, in an encouraging and uncritical way, the exposure of all the feelings, wishes, and needs whose denial and repression have been at the root of so much self-abasement and suffering.

Since Herb died, I have experienced a recrudescence of self-doubt and feelings of inadequacy. In the past, I would have seen Herb, talked it over, and felt better. Since Herb is no longer here, and suspecting I am not alone in what he would have described as a bit of a "masochistic orgy," I revisited Freud's *Mourning and Melancholia*. In that short mono-

graph, Freud outlines the process by which the real loss of a beloved object becomes, via identification and inevitably ambivalent feelings toward the object, a loss within the ego. Conflicts between the ego and the loved object are transformed into a conflict and rift within the ego. In Freud's poetic prose, "...the shadow of the object [falls] upon the ego...In this way an object-loss [is] transformed into an ego-loss and the conflict between the ego and the loved person into a cleavage between the critical activity of the ego and the ego as altered by identification." I assume, following Freud, that the greater the affection for the object, the larger the potential shadow falling upon the ego and the susceptibility to melancholia. Herb Strean has cast an enormous shadow over an uncountable number of people; egos will be reeling for a while.

## The 8TH National Conference of the NMCOP

"Representations and Re-Presentations: Psychoanalytic Reflections"

CHICAGO, MARCH 8-10, 2002 > PRE-CONFERENCE, MARCH 7

by Barbara Berger

The 8th National Conference of the NMCOP will be chock full of exciting events from the intellectual to the entertaining. The Chicago Conference Committee is looking forward to offering all participants the most worthwhile educational experience possible.

**Pre-Conference Drs. Jack Novick** and **Kerry Kelly Novick** will lead the Pre-Conference on "Violence in Our Lives: Issues in Supervision," by presenting a paper and live supervision in response to a case presentation. The Novicks will be joined in the afternoon by **Diana Siskind, MSW,** and **Gerald Schamess, MSW,** for further supervisory comments and audience participation.

That evening, Dr. Jerry Brandell will moderate a panel discussion entitled, "Social Work and Psychoanalysis: Toward a New Synthesis." Panelists Jeffrey Applegate, PhD, Ellen Ruderman, PhD, and Carol Tosone, PhD, will present papers. Following that, Joyce Edward and Joseph Palombo will be honored with Lifetime Achievement Awards.

**Opening Day** The conference will open with a plenary session led by **Arnold Goldberg**, **MD**, the Cynthia Oudejans Harris Professor, Department of Psychiatry, Rush Medical College, Chicago. He is a Faculty Training and Supervising Analyst at the Chicago Institute of Psychoanalysis, past editor of *Progress in Self Psychology* and the editor of *Errant Selves*, recently published by the Analytic Press. The author of many articles and books, most recently, *Being of Two Minds*, 1999, he is also a five-time winner of the Benjamin Rush Award for Excellence in Teaching at Rush Medical College.

Following the plenary, papers, panels, and workshops will be offered and a festive evening of tapas and jazz with the very popular Chicago entertainer, Spider Saloff, is planned.

**Saturday** On Saturday morning, **Jessica Benjamin**, **PhD**, will lead the plenary address. A noted feminist theorist and psychoanalyst, she is a faculty member and supervisor at the New York University Post-Doctoral Psychology Program in Psychoanalysis and Psycho-therapy. She is the author of *The Bonds of Love* (1988), *Like Subjects*, *Love Objects* (1995), and *The Shadow of the Other* (1988), and has lectured widely on intersubjectivity and gender issues in psychoanalysis. The associate editor of *Studies in Gender and Sexuality*, she is a member of an Internet psychoanalysis panel and also maintains a private practice in New York City.

Renowned author Alex Kotlowitz will address Saturday's luncheon gathering. His most recent book is The Other Side of the River: A Story of Two Towns, a Death and America's Dilemma. A reviewer in The New York Times wrote, "Of all the many books written about race in America in the past couple of years, none has been quite like The Other Side of the River. It is the difference between the two towns, one white, one black, that anchors this story, gives it its soul, and makes it important, essential even, for the rest of us to contemplate." The book received the Chicago Tribune's Heartland Prize for Nonfiction and the Great Lakes Booksellers Award for Nonfiction. Mr. Kotlowitz also authored the best-selling, There Are No Children Here: The Story of Two Boys Growing Up in the Other America. This book was made into an ABC Movie of the Week starring Oprah Winfrey. Mr. Kotlowitz teaches writing at Northwestern University and holds the Welch Chair in American Studies at the University of Notre Dame.

Honors for students who have contributed papers will follow.

**Sunday** A panel of outstanding clinicians, **Eda Goldstein**, **DSW**, **Kenneth Newman**, **MD**, and **Marian Tolpin**, **MD**, will respond to a case presentation by social work psychoanalyst, Adele Kaufman.

Dr. Goldstein is the Director of the PhD program in Clinical Social Work at the New York University Shirley M. Ehrenkranz School of Social Work and a consulting Editor to the *Clinical Social Work Journal* and *Psychoanalytic Social Work*. She has published three books, most recently, *Borderline Disorders: Clinical Models and Techniques*. Dr. Goldstein is named a Distinguished Scholar by the National Academies of Practice. She also maintains a private practice in New York City.

Dr. Marian Tolpin is a Faculty Training and Supervising Analyst at the Institute for Psychoanalysis in Chicago. She is also Clinical Professor of Psychiatry at Chicago Medical School and an author, teacher, and lecturer on psychoanalysis. Dr. Tolpin's most recent work is on the healthy aspects of transference.

Dr. Kenneth Newman is a Faculty Training and Supervising Analyst and Dean at the Institute for Psychoanalysis in Chicago. He is also co-author, with Howard Bacal, of *Object Relations: A Bridge to Self Psychology*, and he has written numerous articles on the use of the object. Dr. Newman's focus is on the patient's internal world as constituted by early experience, object relations and affects.

Why Men Have Trouble Loving

#### **Dynamics of Treatment**

"Whatever reasons lead women to seek treatment, they differ considerably in their internalized attitudes about gender roles, their self-representations of femininity, their self-regard, and their expectations," Dr. Goldstein said.

Using three clinical vignettes, she looked at Ellen (a self-deprecating, 57-year-old, single school teacher); Stephanie (a self-confident and self-reliant, 38-year-old, single career woman); and Jessica (a successful, 36-year-old professional, mother, and wife who was experiencing superwoman burnout), to discuss and explore the different adaptations and dynamics these three woman presented in treatment. Dr. Goldstein believes it was extremely important to provide clients with an opportunity to "explore and strengthen their self-concepts."

She spent some time looking at countertransference issues and spoke about the need to be aware of our "lack of empathy," our "mutual blind spots," and "our own cultural training." Some of the countertransference Dr. Goldstein experienced in herself and her female supervisees included "difficulty in differentiating between strengths and pathology; helping women decide what balance they want between work and family; differentiating when a woman's pessimism about finding a mature, sensitive, supportive, and loyal male

partner reflects realistic concerns or more deepseated negative attitudes towards and distrust of men: knowing when to help a woman adjust her unrealistic expectations without giving her the message that she must settle for less; dealing with the infidelity of their partners or spouses and their own temptation to engage in or actual acts of extramarital relationships; and the difficulty of helping women maintain a vision of what they can have and do to support their efforts."

Finally, Dr. Goldstein closed her talk on a note of hope and optimism. She said, "No one will turn women back, but there is a lot of work that still lies ahead, and as clinicians, we must do our share."

Most of Freud's system was born from the development of girls, he said. Carol Gilligan believes that girls lose their ability for truth telling at the edge of adolescence. What truth is it that cannot be spoken? The answer is "the truth about men." Women fear they will escalate the man's grandiosity and his rage (as Skylar did with Will) if they confront him. They fear the man will fall apart. The man feels unappreciated and bewildered.

If you are waiting for a man's movement, you will be greatly disappointed, according to Mr. Real, who stated that it would not happen. The hope for solving this dilemma lies in the end of patriarchy.

Following his speech, many members of the audience wanted to know more specifics about Mr. Real's ideas. One wanted to know if there were any groups of men that were more relational. Mr. Real replied that men over fifty-five, men with disabilities, and retired men were more amenable.

When asked if male therapists might be more effective than female therapists in working with men, Mr. Real responded that both men and women could treat men effectively. The problem is that most therapists (male and female) form a trusting relationship with their male clients. Effective work with males involves having leverage. Both male and female therapists must be empowered and confront the male client.

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#### James L. Fosshage, Ph.D.

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#### Philip M. Bromberg, Ph.D.

The Aesthetics of Psychoanalytic Supervision Saturday, February 9, 2002, 9 a.m. to 1 p.m.

#### Neil Altman, Ph.D.

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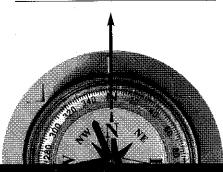
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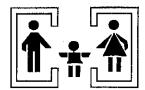
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# Call for Proposals for Workshops and Panels for the 33rd Annual Conference of the New York State Society for Clinical Social Work

## Collaborative Dialogue: The Clinical Process

We are looking for proposals for workshops and panels from all theoretical orientations as well as all modalities—individual, couples, group, family. The focus should be on therapeutic action and the dynamics of the therapeutic relationship.

#### Suggested topics:

- How do attachment styles of both the therapist and patient impact on the therapeutic relationship?
- What do we mean by therapeutic action? How do we define it? How do we know when it is happening?
- Enactments. How do we identify them and how do we work with them?
- What do we listen for?
- Therapeutic action in other therapies: EMDR, Hypnotherapy, Cognitive Behavioral Therapy, Short-Term Therapy....
- Working with Trauma and its impact on the patient and therapist.
- When the communication breaks down: How do we understand it? How do we work with it?
- Negative therapeutic reaction: How do we define it? How do we work with it?
- Other suggestions are welcome

Proposals should be a minimum of two typewritten pages, double spaced, and should include the following:

- 1. Description: purpose, function, and teaching objectives.
- 2. A workshop or panel outline describing concepts to be developed.
- 3. A bibliography.
- 4. Nine copies, with one copy of biography (and all other indentifying information) on a separate page. Underline one affiliation that you would like listed in the brochure. Private practice is not considered an affiliation.

Mail to: Dianne Heller Kaminsky, CSW, BCD, Chair, Education Committee 1192 Park Avenue, 4E New York, NY 10128

If you have any questions, call: (212) 369-7104

Proposed date of conference: Sat., May 11, 2002

Deadline for submission of proposals: Nov. 14, 2001

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