



NEWSLETTER

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

SPRING 1988 • VOL. XIX, NO. 1

Successful Candidates Begin Tenure Smooth Transition With President-Elect

As a result of elections held in November, new officers assumed responsibilities January 1, 1988 for two years. In addition to president, first vice president and treasurer, members-at-large elected in November for a two-year term include Cindy Costello-Marschke, Ph.D. (Westchester), Lydia Keitner (Western NY), and Carole Ring, Psy.D. (Brooklyn).



*Robert J. Evans, CSW
President*

Robert J. Evans, CSW NYS president, is the first to move into this responsibility with more than a good idea of the functions and expectations of the office. As the first president-elect, he has spent the past year gaining a thorough knowledge of the Society's operations first-hand.

Bob feels better prepared; serving an "apprenticeship" and learning the job allow a smooth transfer and, because he is already involved, all systems remain on go — without the fits and starts that often accompany new administrations.

Public Relations — and Then?

In discussing future plans for NYS, Bob

believes that the just-beginning public relations program will provide clear direction and integrated efforts. Public relations, as a comprehensive campaign derived with outside counsel, can ultimately make a vital difference as it develops and promotes the professional image of clinical social workers. The accessibility of CSWs should be the first priority: to the consumer who will use their services directly, and to the various other "publics" — insurance carriers, prospective members, and to the public at large.

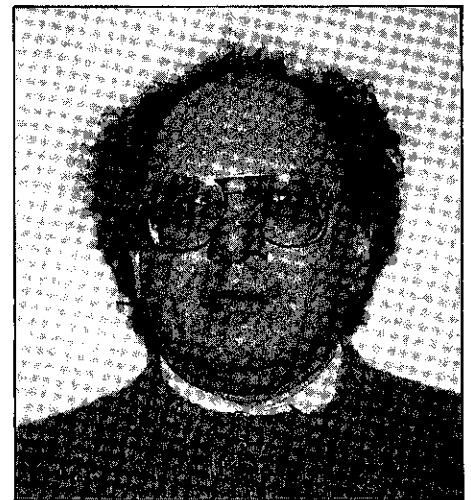
Thinking even further ahead — a successful public relations campaign will produce a new set of challenges. Bob believes we must be thinking about them before they hit. A good deal of interest will be generated by this new activity, to which the Society must be prepared to respond. What are the best ways of meeting this new area of growth? How will we respond? Specific mechanisms must be developed to meet the expected demands generated by the public relations campaign. The Society must address this soon.



*Phyllis L. La Bella, CSW
First Vice President*

Chapter Development . . . A New Look

For several years the Society has encouraged and extended help to clinical social workers in outlying northern and western areas of the state, where popula-



*Manny Rich, Ph.D.
Treasurer*

tion is sparse and resources for therapists are lacking. These efforts, directed by the chapter development committee, have resulted in the formation of new chapters.

Another aspect of chapter development, however, concerns helping existing chapters (new or old) to "develop" to their optimum. As chapters grow and change, their needs also change. To address these needs, Bob has expanded the role of Cindy Costello-Marschke, Ph.D., past president (1984-1985) and current chair of chapter development. She will serve as special consultant to the president's committee. (This committee, itself a new entity, was started by immediate past president Adrienne Lampert). Whatever the problem — from recruiting new members to

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EXECUTIVE REPORT

Defining CSWs as Professionals is Key Issue in Public Relations Effort



Of the many activities in which I've been involved during my apprenticeship as president-elect this past year, participating in the development of the Society's public relations campaign has been one of the most interesting. Public relations became a priority, by order of the Society's Executive Board, a few years ago, after we had secured mandated vendorship. Along with the "R," the Board recognized the need for CSWs to spread the word about who we are and what we do. This seems to be even more important today as we recognize the limitations of our past victory and see mental health benefits shrinking day by day.

The public relations firm we are working with has begun to help define the image we want to present; this will be an ongoing process. Developing a consensus is not an easy task in an organization such as the Society, which celebrates diversity and tries to make room for differences of opinion. We have to move beyond the issue of parity and begin to think about what makes clinical social workers unique.

Clearly, we are the largest provider group among mental health professionals and practices in a wide variety of settings. Considering this, what can we say about our common values and perspectives on

people and their problems? How do we acknowledge our roots in social work as we differentiate ourselves as specialists within the field? As the answers to these and other questions are elaborated, they will shape our message. We've identified the "publics" we want to reach — consumers (clients), employers and the health care industry, i.e., insurance carriers, EAPs, HMOs and PPOs, and have begun to prepare to respond to the interest which we expect to be generated.

As our public relations project has moved ahead, it has attracted the attention of other societies in the tri-state area and of the National Federation. It is possible that we might join with others in broader based, collaborative public relations efforts in the future.

*Robert J. Evans, CSW
President*

National CSW Committee to Sponsor Conference

"Advances in Psychodynamic Practice for the 90's," the first clinical conference of the Committee on Psychoanalysis, will take place November 4-6, 1988 at Penn Tower Hotel, Philadelphia. The event is the first national conference focusing on a subspecialty of clinical social work.

Presenters will include Gertrude Blanck, Ph.D., Rubin Blanck, CSW, Dale R. Meers, DSW, Jean Sanville, Ph.D., and Herbert Streat, DSW. Others are expected to join this roster.

Papers, workshops and discussion groups will provide the format, and participants will be able to meet the conference faculty and colleagues nationwide. Programs will be sent out as soon as plans are complete.

The organization is a national membership committee of the National Federation and is headed by Crayton E. Rowe, Jr., MSW, a NYS member. □

CANDIDATES (continued)

improving operational functions — chapters can now get help by requesting it. With this mechanism in place, chapters can go on to their next stage of growth.

... And speaking of growth ... Bob, past president of the Staten Island chapter, believes his affiliation with that small chapter provided a unique opportunity for his own growth. For him, it was a gentle transition from what he terms a "generic" social worker to the full functioning as a more specialized clinical social worker. His chapter activities afforded participation both clinically and socially. Members in larger chapters, he says, miss a good deal in not getting to know each other. He encourages a series of small events in chapters with too many members to meet all at once.

Unlike many large organizations, the structure of the Society, with almost 2,000 members, depends a good deal on the health and vitality of its member chapters. Ideas and their implementation begin essentially at chapter level. In turn, chapters depend on each of their members.

This parallels Bob's strong feelings about the direction for the Society. He wants to encourage more people to work (which begins at chapter level) — and sees positive signs of this, as more members become candidates for office. With energy and enthusiasm, Bob stands ready to work at all levels to sustain and expand members' efforts and contributions.

Bob earned his MSW and postgraduate certificate in psychotherapy at Hunter School of Social Work. He has a private practice in Staten Island and is on the staff of the Division of Special Education, NYC Board of Education.

First vice president **Phyllis L. La Bella**, CSW, Diplomate (1987) has been a Society member since 1974 and a Fellow since 1977. She is past president of the Met chapter (1986-1987); earlier, chair of that chapter's legislative committee, working closely with the State legislative committee in the push for vendorship equality for CSWs. When that was achieved, effective January 1, 1985, she co-chaired the large celebration at Tavern-on-the-Green. In her capacity as Met chapter president and member of the State board, Phyllis has worked on the bylaws, chapter development, education and legislative action committees as well as the newly established president's committee. She is also a member of the National Federation's Committee on Psychoanalysis.

As first vice president, she states her desire to "have a greater opportunity to further the goals" of the Society, which she

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IN BRIEF

Liability of Expert Witnesses

By Hillel Bodek, CSW



Therapists who are concerned about their liability when evaluating individuals in pending legal proceedings or when testifying in court express concern that if they are forthright and present information or opin-

ions that are negative in nature, the person offended by their report or testimony may sue them for libel or slander.

The well-established rule of law is that the parties, attorneys and witnesses involved in a judicial proceeding are immune from actions for libel or slander for their written or spoken statements made in the course of such proceedings, provided that such statements are pertinent to the litigation. This immunity is granted so that individuals will feel free to provide truthful and forthright responses without fear of retribution. Mental health professionals or others who conduct court-ordered evaluations are included in that category of those enjoying such immunity.

New York State case law has previously affirmed dismissal of complaints for libel and slander against psychiatrists conducting court-ordered examinations; recent case law extended this protection to certified social workers.

In a recent case, a certified social worker conducted a court-ordered examination of a man indicted for murder. Part of this evaluation included an assessment of the defendant's family background. The defendant's father, upon reading the expert's report, was offended by comments about him contained therein and sued the social worker. The court, holding that "there can be no cause of action for libel against defendant [the clinical social worker], whose statements about plaintiff were made in furtherance of defendant's quasi-judicial duties in rendering a complete mental evaluation of plaintiff's son and the son's family background," dismissed the complaint. *Finkelstein v. Bodek*, 516 N.Y.S. 2d 464 (1st Dept., 1987).

In providing expert evaluations and testimony, one should strive to provide a thorough evaluation, accurate assessment and candid, honest opinion. One need not fear legal retaliation for doing so. □

National Health Coverage to Include Clinical Social Workers

National Federation Heads Push for CSW Inclusion

Bill Amended to Expand Freedom of Choice

By Robert J. Evans, CSW
NYS President

During late February clinical social workers won another victory in the ongoing struggle for equality as independent mental health professionals. They are now included as providers under the newly amended Kennedy-Waxman bill (S.1265) mandating national health care coverage of all employees. A strong effort was spearheaded by the National Federation, which sustained forceful leadership in negotiations with Senator Kennedy's staff to urge changes in the bill, first introduced in May 1987 by Senator Ted Kennedy and Representative Henry Waxman.

As originally presented, coverage for mental health care was not established, and the Federation in concert with other groups sought specific inclusion for these benefits and for the inclusion of clinical social workers as independent practitioners. The bill, which returned to the

Labor and Human Resources committee for amendment, now reflects broader coverage for all employees by including CSWs and psychologists as the only non-physician recognized as independent mental health professionals. The bill affords a minimum of 20 outpatient visits and 45 inpatient days per year.

Although the bill represents a compromise in terms of total freedom-of-choice for newly covered consumers, the new terms protect gains made by clinical social workers through the long years of struggle to achieve parity on a state level and now broadens the issue to national boundaries. The new provisions extend inclusion and reimbursement to CSWs in all *new* employer-issued insurance plans, including "self-insured" and "out-of-state" plans. Plans that have heretofore not included CSWs may now do so.

The bill is expected to be introduced into the Senate sometime after May. It is unlikely, however, that it will be voted on in this session. □

CANDIDATES (continued)

believes must be a "cohesive effort toward increased membership . . . in the outlying areas of the state, more media exposure" and increased insurance recognition through legislation to enhance the professional image of CSWs.

Phyllis has a private practice in New York City and serves as supervisor at the Bronx Center for Community Services, specializing in adoption counseling and family therapy. An alumna of Columbia University, she is a member of the American Orthopsychiatric Association and on the Board of Directors of the New York City Coalition for Women's Mental Health.

Manny Rich, Ph.D., newly-elected treasurer, holds the "R" in New York State as

well as an "LCSW" in California. He has been a consultant for Federal, state and city governments over the past 20 years and believes that "responsible management of any organization needs accountability The need for sound fiscal management is a necessity . . . and this is what I pledge to continue and augment."

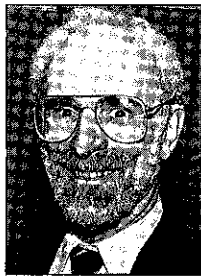
On the administrative staff of Postgraduate Center since 1969, he held the post of Associate Executive Director from 1982-1987. Manny is currently a director of Living It Corporation, an educational training center in relationships; he has had a full-time private practice 1969.

Manny has an MSW from Hunter School of Social Work and a Ph.D. from New York University. □

Issues for Clinicians and Insurance Carriers

Confidentiality of Major Concern

By David G. Phillips, DSW



This is the second of two columns based on a recent meeting between David G. Phillips, DSW, and Dr. Neal Pickett, Medical Director for Claims and Underwriting at Metropolitan Life Insurance Company in New York City. The previous column (Fall 1987 Newsletter) discussed issues regarding signing of insurance forms by clinical social workers. This column will address general trends and issues in the insurance industry that affect CSWs as professional practitioners. This material reflects only the views of Dr. Pickett and the policies of Metropolitan Life.

I pointed out to Dr. Pickett that many mental health professionals were reluctant to deal with insurance companies; one of their main concerns had to do with the issue of confidentiality. Therapists have a privileged relationship with their clients—a privilege protected by law—and in the context of that relationship they learn deeply private facts about their clients' lives. Confidentiality is traditionally the ethical precept that professionals take most seriously, and they tend to be very cautious about revealing private information to any third party.

Insurance carrier addresses issue of confidentiality, stressing protection.

Dr. Pickett stressed that Metropolitan Life goes to extraordinary lengths to protect the confidentiality of records. Material reported to that insurance carrier is not passed on to any other data bank, such as a centralized information service for the insurance industry. All records are kept in locked files to which only a limited

number of people have access. When peer review reports are submitted, the patient's identity is kept separate from all material about his or her case and the two pieces of data are linked only by a code number. In some cases, internal regulations around the maintenance of confidentiality are so strict that one department is not permitted to communicate with another about a patient's records.*

We also discussed a current trend in which employers set up their own trusts to handle insurance benefits for their employees rather than purchasing policies through traditional carriers. One of the benefits of these "self-insurance" plans to employers is that they are not governed by those state regulations which control traditional plans. The importance of this to clinical social workers is that these "self-insurance" plans can bypass state laws that mandate outpatient mental health coverage or name-qualified social workers as reimbursable providers.

"Self-insurance" can bypass state laws . . . but may prove too costly.

It was Dr. Pickett's opinion that the trend toward self-insurance may diminish, however, because of proliferation of AIDS cases. The enormous and unpredictable expenses associated with the treatment of AIDS will discourage companies from handling their own insurance needs and will lead them to return to purchasing policies through the traditional carriers, Dr. Pickett believes.

One topic that has distressed a number of people is the current insurance plan carried by Metropolitan Life for New York State employees, which excludes coverage, no matter what the diagnosis, if the therapy is used in any way to further the education or training of the patient. Dr. Pickett reminded me that the benefits in insurance contracts are arrived at in negotiations that involve the premium

rates as well as coverage. In other words, it was New York State as an employer that negotiated and decided on this exclusion, not the insurance company. Dr. Pickett does not see this type of exclusion as constituting a general trend in the insurance industry; Metropolitan will continue to reimburse for any treatment that is medically necessary, unless there are such contractual exclusions.

In ending our discussion, Dr. Pickett emphasized the interest of his company in working more closely with clinical social workers and continuing to be open to CSWs' concerns and questions about insurance issues.

Note: Readers are invited to submit comments or questions regarding insurance issues either to the Newsletter for publication or directly to David G. Phillips, DSW.

*It should be noted that there may be certain circumstances under which the insurance company cannot protect the confidentiality of data. In New York State, for example, patient records can, in theory, be subpoenaed from an insurance company.

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BOOKS

Witchdoctors and Psychiatrists: The Common Roots of Psychotherapy and Its Future

E. Fuller Torrey, M.D.
Perennial Library, Harper And Row,
New York, 1986, 308 pages (softcover)

Reviewed by
Harvey Rosensfit, CSW

Dr. Torrey, a research and clinical psychiatrist who holds a master's degree in anthropology as well, is the author of eight other books and of numerous articles. *Witchdoctors and Psychiatrists* is the revised edition of *The Mind Game*, published in 1972. The book's ambitious goal is to depict the similarities and differences in how psychotherapy is delivered today in a number of vastly different cultures. Dr. Torrey not only extrapolates the effective components of psychotherapy within our culture but he does this as well for a number of other cultures. As he analyzes and compares effective treatment in other cultures, he examines the therapeutic process and raises questions about the characteristics of an effective therapist. He addresses such matters as desirable personality traits, suitable training and societal roles; further, he has suggestions as to how effective therapeutic roles can be enhanced.

Successful Treatment Requires a Shared View

Dr. Torrey believes that the current Western systems of psychotherapy constitute a self-encapsulated cultural institution within the framework of the disciplines of psychiatry, psychology and social work. It is his contention that the tendency to accept these institutions unquestioningly generates a level of built-in obsolescence and ossification. In his view, an ethnocentric examination limits our perception. Dr. Torrey argues for common elements indigenous to successful mental health treatment—wherever and however it is given. These common elements should include the treating person and the patient holding a shared view of the world. The personal qualities of the therapist impact favorably or unfavorably on the treatment, the expectations of the client have an impact on the success or failure of the therapeutic endeavor, as does the growing sense of self-mastery both internal and environmental. The author examines therapists in action in various



cultures and includes in his study shamans or witchdoctors, comparing their techniques with those of Western psychotherapeutic techniques. He argues that when the cultural context is stripped away, techniques are really quite similar.

As Dr. Torrey opens his discussion on the components of psychotherapy, he refers to the "Principle of Rumpelstiltskin," i.e., the ability to name the problem. He maintains that naming the problem has an immediate therapeutic value, for it comforts the client. By naming the problem the client feels "he is not alone with his sickness, and implicitly that there is a way to get well." Dr. Torrey feels that the naming process must be done within a cultural context so that the patient and therapist, shaman or witchdoctor share the same world view. This is essential, as any number of attempts at treatment cross-culturally have proven to be ineffective.

The author examines therapists in various cultures, comparing their techniques with Western psychotherapy.

Dr. Torrey's principle of "The Medicinal Mensch" relates to the personal qualities of the therapist. One important characteristic is that of the therapist's "projected personality"—the aura of being the "professional," within whatever cultural context the treatment is taking place. Too, the relationship between the shaman, witchdoctor or therapist and the client must be viewed by both as having healing qualities. The treating person needs to portray genuineness, empathy and warmth. Dr. Torrey points out that in many cultures the selection of therapists is done using criteria other than that of academic achievement. Such nonacademic criteria are closer to what we in Western culture would consider to be good personality traits for healers.

Client expectations or "The Edifice Complex" as Dr. Torrey calls it, is another component affecting the transference. The

ramifications of client expectations and expansion around this in all cultures by therapists for a desired positive result are discussed in some detail. "The Superman Syndrome" is what Dr. Torrey calls gaining a sense of self-mastery. He maintains that "Learning and mastery are important components of effective psychotherapy not because the theories being taught have any scientific basis, but because people believe in them." Thus he argues that belief in a system, whether it be psychoanalytic or shamanist, helps to empower the believer and to foster a sense of self-mastery.

An Anthropological Approach

In the second part of the book Dr. Torrey presents anthropological accounts of psychotherapy as it is delivered in Ethiopia and Borneo, and as it is delivered by the Curanderas among Mexican-Americans and by Medicine Men among Native American Indians. He undertakes as well an anthropological look at psychiatrists in the United States.

In the section of the book called "Toward the Future of Psychotherapy," Dr. Torrey argues that psychotherapy is effective; evidence to support this is cross-cultural and he puts to rest arguments to the contrary. Arguing for more selective criteria within Western culture for choosing psychotherapists, he suggests that academic scholarship is a poor criterion and maintains that personality characteristics should be given more weight. He also raises ethical issues and issues regarding payment for treatment. Dr. Torrey criticizes severely the ethnocentric bias of Western therapists and asks that we keep an open mind. He points out that people in other cultures do get well and that it is biased to reject other systems as "superstitious nonsense." It only takes a trip to another culture, one without European influence, to discover how easily we don blinders, sometimes with a sense of smugness. Dr. Torrey's book is valuable as an attempt to provoke a fresh perspective. Whether he has succeeded in proving his arguments is, in my opinion, secondary to the fact that he has provided us fertile and fresh ground for self-examination. I highly recommend this book to my colleagues.

Harvey Rosensfit, CSW, is a Fellow of the Society, member of the Academy of Certified Social Workers, and is a certified practitioner of Biofeedback, with the BCIA. He is currently the administrative supervisor of the Continuing Treatment Program of the JBFCS, CSS Program in Coney Island, Brooklyn; he has a private practice in Manhattan and Staten Island. An amateur anthropologist, he has studied healing practices in various cultures including Native American, Buddhist and Nigerian systems.

NYS Member to Represent Federation

Clinical social work has moved another step forward in its quest for full parity with other mental health professions. The American Bar Association's *Mental and Physical Disability Law Reporter*, a national journal dealing with legal issues that relate to mental health and disabilities policies and services, has invited the National Federation to join its editorial advisory board. This is the first time the social work community will be represented, along with other mental health professions, on that board.

National Federation president Elizabeth Horton appointed Hillel Bodek, chair of the Federation's committee on Forensic

Clinical Social Work to represent the organization on this board. Hillel is a Diplomate of the NYS Society, past first vice president and treasurer, and current chair of the Ethics committee.

In her letter to the ABA, President Horton indicated, "the National Federation looks forward to working with your Editorial Advisory Board and with its member organizations to increase clinicians' and attorneys' awareness of issues at the interface of clinical practice and the law and to advance the ability of human service and legal professionals to work together to address those issues." □

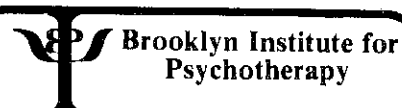
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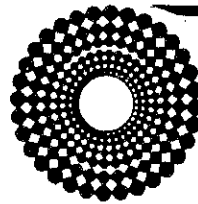
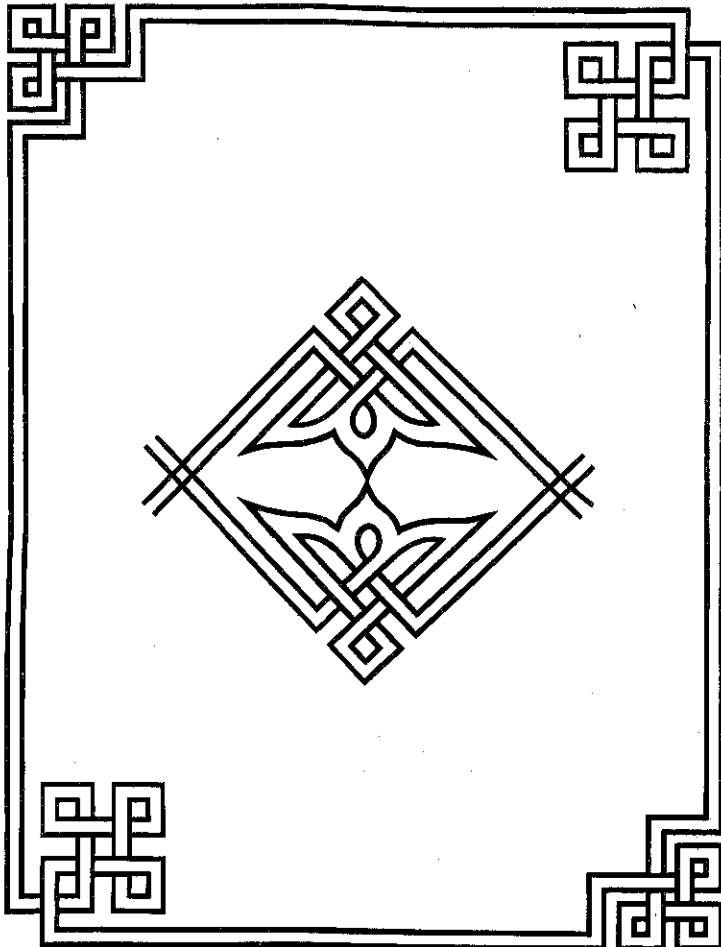
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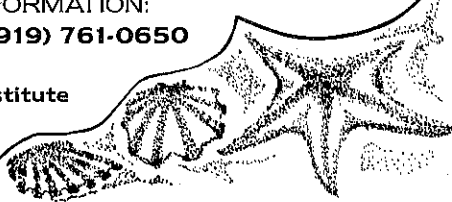
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Advanced Institute For Analytic Psychotherapy

Certificate Training Program
in Psychoanalytic Psychotherapy

- contemporary psychoanalytic theory
- individual supervision
- high level courses
- treatment experience provided
- clinical case seminars

limited number of applicants accepted
annually for training

for information for September 1988 contact

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**NATIONAL
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PSYCHOANALYSIS**

Founded 1949

The Training Institute offers a comprehensive program of psychoanalytic training designed to prepare qualified applicants for the professional practice of psychoanalysis and for admission to membership in the NPAP.

The Psychoanalytic Review

a publication of NPAP founded in 1913

The George Lawton Memorial Library

Psychoanalytic books and periodicals

The Theodor Reik Consultation Center

A service branch of the NPAP Training Institute providing psychoanalysis and psychotherapy to the community

Phone or write for *Bulletin*

Annabella Nelken, Registrar
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An intensive training program in
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and
Psychoanalytic
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The Institute for Contemporary Psychotherapy, a non-profit organization chartered by the Board of Regents of the State of New York, is now accepting applications for admission to its 4-year Training Program.

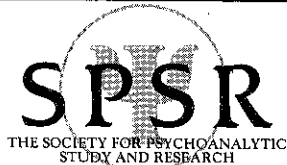
Fourteen students are accepted each year and take courses in the four areas of: *Phases of Treatment, Clinical Entities, Theoretical Issues, and Techniques in Therapy.* All classes are on Wednesdays, from 1:30-8:30 pm. Supervision and personal analysis are required. Students are assigned patients from our treatment services. There are also opportunities to work in our children's service, our Center for the Study of Anorexia and Bulimia, and our Division of Couples and Family Treatment.

Deadline for applications is May 1st

For early admission, applications received before Jan. 15th will result in notifications of a decision by Feb. 23th

For further information contact:

THE INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY
attn: Fred Lipschitz, Ph.D.-Director of Training,
1 West 91st Street, New York, N.Y. 10024 (212) 595-3444



non-profit provisionally chartered by the New York State Board of Regents

Our **Training Program** offers a systematic course of study in psychoanalytic psychotherapy and/or psychoanalysis, in an atmosphere that promotes careful attention to the individual needs of candidates, and which is conducive to close contact among candidates and between candidates and faculty.

- Clinical service with supervision for students
- Scientific programs and workshops for the professional community
- Educational programs for the community
- Affiliate, Council of Psychoanalytic Psychotherapists

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Joyce Edward, C.S.W.	Arnold Pumar, Ph.D.
Carroll A. Felleman, Ph.D.	Monica Rawn, M.S.W.
Roslyn Goldner, M.S.W.	Jacob E. Slutzky, Ph.D.
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For application or information telephone (516) 678-0804 or write to:

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WELLNESS PSYCHOTHERAPY CONSULTANTS presents:
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MENTAL HEALTH PROFESSIONALS
AND EDUCATORS**

PRESENTER: Eliot P. Kaplan, ACSW

NEW YORK, NY - Thurs., June 16	PHILADELPHIA, PA - Thurs., June 23
GRAMERCY PARK HOTEL 21st ST. & LEXINGTON AVE.	HOLIDAY INN — MIDTOWN 13th ST. & WALNUT

NEW BRUNSWICK, NJ - Thurs., June 9	TIME: 9:30 A.M. - 4:00 P.M.
BPO ELKS, 40 LIVINGSTON AVE.	



This workshop is for mental health professionals and educators who would like to increase their effectiveness when working with the difficult client/student. The focus will be on the experience and issues of the helping professional. Participants are encouraged to bring in questions and cases of their own. Topics of discussion will include:

- | | |
|---------------------------|------------------------------|
| • Preventing Burnout | • Couple & Family Treatment |
| • Paradoxical Techniques | • Motivation vs. Frustration |
| • The Process of "Change" | • Intuition & Humor |

— REGISTRATION —

Fee: \$80., students \$40. (1/2 of fee must accompany reg.) \$70/\$50 at door.
Send name, address, phone number, agency and workshop location.
Make checks payable to and remit to: **WELLNESS P.C.**,

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Program of Study (offered at the Tarrytown Campus).

• *Treatment Planning in Child Therapy* • *Treatment of Adolescents* • *Therapy of the Preschool and Latency Age Child* • *Family Therapy*

Time and Location

Two courses are offered each Fall & Spring. These meet one evening per week (5:00 pm-6:45 pm; 7:15 pm-9:00 pm) for fourteen weeks each semester at the Tarrytown Campus.

For information call or write Nancy Boyd Webb, DSW, ACSW, Director, Postgraduate Certificate Program Child and Adolescent Therapy, Fordham University in Westchester, Tarrytown, NY 10591 (914) 332-0104.

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