

Survival '80: The Challenge to Grow

Reported by Martin S. Pollens, Social Action Chair

More than 250 SCSWP members and guests attended Survival '80, the Legislative Rally sponsored by the Society. Conceived and organized by co-chairs Robert E. Addison, Society treasurer, and Martin S. Pollens, Social Action chair, the Rally took place on Saturday, October 27th, at the Carnegie International Center, New York City.

Participants gathered to support the Rally's goals of

- sensitizing the Society's membership and the public to crucial issues confronting the profession
- focusing awareness of clinical social workers on a model of independence and autonomy
- raising funds to broaden the services of advocate/counsel Barry K. Mallin

Society members involved in the planning and implementing of the day-long event included Donna Rohlf (Metropolitan), chair of the luncheon; Kathleen L. Friend (Metropolitan), Robert P. Galardi and Gemma F. Colangelo (Queens), and Phyllis Gordon (Westchester) who spearheaded an intensive campaign to encourage attendance. In addition, the following Society members contributed their services to ensure the Rally's success: Floor Managers: Vera Fuchsman (Westchester); Robert Galardi and Marsha Wineburgh (Metropolitan); Controllers: Rita Benzer and Nan Miller (Westchester); Assistant Controller and Bartender: Sid Gordon, husband of member Phyllis Gordon.

During luncheon the Society's Distinguished Service Award was presented by President Abbie Blair to New York State Senator John E. Flynn, father of Chapter 893/77, the clinical social work third party payments law; to State Senate Minority Leader

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Medicaid Regulation Adopted.

On March 15th the Executive Board of NYSSCSWP formally recommended that all clinical social workers refrain from participating in the private medicaid services established under the State Department of Health regulation NYCRR 505.15. This regulation provides that psychiatrists in private practice receive medicaid reimbursement for services rendered by certified social workers. Retroactive to 1/30/80, a psychiatrist is permitted to hire no more than four certified social workers to provide services including counseling and group therapy. As there is no post-certification supervised experience required, the result is that the poor get lesser trained psychotherapists than do private insurance holders.

Your Board strongly objects to these regulations requiring that payment for clinical social work be funneled through a psychiatrist. This method of payment permits an increase in cost of service with no additional benefit to the user, encourages corrupt practice which leads to medicaid mills and condones fee-splitting practices. Under Sections 162 and 253 of the Insurance Law, direct medical insurance reimbursement is authorized for qualified clinical social workers who provide treatment. Why should not medicaid pay clinical social workers who are performing the services directly? The on-going supervisory requirement in these regulations is unnecessary as qualified social workers are authorized, as independent practitioners, under state law to treat mental and emotional disorders without the supervision of any other professional.

Society members should write, wire or phone their opposition to 18 NYCRR 505.15. Write to: Gov. Hugh Carey, Albany, NY 12224; Sens. Warren Anderson and Manfred Ohrenstein, State Senate, Albany, NY 12224; Hon. Stanley Fink, NYS Assembly Speaker, Albany, NY 12224.



Left to right, Donna Rohlf, luncheon chair; State Senator John E. Flynn; Robert E. Addison, Co-Chair; Marsha Wineburgh, President, SCSWP.

PERSPECTIVES

Konrad Fischer, MSW, President of the California Society of Clinical Social Work, submitted the following article at the request of the SCSWP. The feature has been edited for publication. Mr. Fischer was also a featured speaker at the October Rally on the topic:

TOWARD A WORKING DEFINITION OF CLINICAL SOCIAL WORK

By Konrad Fischer, MSW

Clinical social work is a professional discipline based upon a practice theory derived from clinical observation, theories and data provided by biological, psychological and social sciences. It is an independently contracted service rendered directly or indirectly to individuals of all ages—from very young children to elderly persons—as well as to couples, families and groups. Case-work, group work, psychotherapy, consultation, administration, community organization, education and research may all have application for clinical social work knowledge and skills. They

REFERRAL SERVICE

The Referral Service Committee has been working actively since the fall to coordinate services and programs. Active chapters at this time are Brooklyn, Metropolitan, Nassau, Queens and Westchester. The Rockland Chapter is currently establishing its referral service, as is the New Jersey Society. A representative from Bergen County has attended meetings for information on beginning its service.

From October through January of this year we engaged the services of public relations and media consultants, who organized and coordinated a radio campaign for the Society. Periodic 30-second public service spots were broadcast on some twenty top Metro area stations during this period. Although only a small percentage of calls resulted in definite referrals, it is encouraging to note that the number of calls coming in grew throughout the period. To date this has been the most effective advertising vehicle. The Committee plans to continue this media format as well as devising sustained print media campaigns in journals and newspapers.

In addition to these efforts on the State level, each chapter is pursuing its own referral program ideas. The increasing momentum of activity at each level should increase visibility in the community and stimulate additional referrals.

Barbara Pichler, CSW

may be used effectively in the areas of health, education, welfare, business and government. Clinical social work has as its objective the assistance of the client in growth and development, facilitating endeavors and objectives individually and in concert, and ameliorating and/or preventing maladaptive conditions and processes. By diagnosis, treatment and evaluational procedures practiced in conformity with a shared code of ethics, clinical social work can accomplish these goals.

Professional status is extended to an individual who has achieved agreed-upon qualifications of competence by virtue of his/her education, training and demonstrated attainment of special knowledge and skills. Status is acquired by earning a degree from an accredited educational institution. Additional professional credentials and status recognized by society are of three types:

(1) **Tacit sanction:** There is no common or statutory law prohibiting either identifying oneself as a clinical social worker or engaging in its activities (practice); there is no qualification or fee requirement.

(2) **Title licensing or registration:** A statutory law prohibits identifying oneself as a clinical social worker without a license. Licensure usually entails some form of accreditation and a fee.

(3) **Licensure of practice:** In addition to title licensing, the statutory law indicates what kinds of activities are to be engaged in, who is exempt from the prohibitions and under what conditions. Requirements may include specific qualifications, examinations and standards of competence.

Licensing is intended to provide a degree of control (policing) over an identified population and/or process to insure protection of the public interest. This by its very nature establishes a vested interest group. Looking at the track record of boards and commissions which regulate professions and business, one notes that they often serve the interests of those whom they are meant to regulate rather than the public they are sworn to serve.

All clinical social work is independent practice regardless of the setting, services rendered, clientele or method of payment. The only exception to this is when special authority and responsibility are inherent by virtue of the assumption of a special role, e.g., appointment of a clinical social worker as a commissioner to a clinical social work licensing board. The requirements for board membership may be a license or a graduate degree. However, the authority of qua commissioner is held by the clinical social worker as an agent of the institution, not personally, regardless of his professional

status. *Responsibilities to the client system are always primary, however.* The policies of the agency do not and cannot take precedence over clinical judgment and ethics.

Direct and indirect service mean merely whether a social worker and the contractee fulfill the conditions as supplier and consumer without a third party or parties. For example, from the point of view of the client/clinical social worker contract at an agency, consultation and supervision of the social worker would be viewed as indirect service even though they are direct services when viewed by the social worker/contract supervisor.

There is also confusion in the macro-micro system of services. A skillful clinical social work community organizer (macro/indirect) must have knowledge and skills in case work and group work (micro/direct) with fundamental knowledge and skills vis-a-vis individual biopsychosocial processes and problems just as a clinical social work case worker (micro/direct) must have the knowledge and skills regarding the cultural, sociological, political, economic, familial forces impacting the patient.

The information derived from applicable disciplines: biology, psychology, sociology, as well as from clinical observation, have not developed as comprehensive and internally consistent theoretical models comparable to the physical sciences. Predictability and reliability are thus reduced. Theories formulated in the physical sciences make possible a higher degree of exactitude, requiring less interpretation and personal judgment by the technician. Clinical social work is therefore an art or discipline depending more upon intuition, empathy and creativity.

Our differences as practitioners—special skills, interests, styles, etc. make for our professional uniqueness. We look at complicated interactive and interfacing systems from a variety of viewpoints, theoretical models and priorities and help the client system to clarify objectives and goals and assist in achieving them.

From my perception it seems most pernicious that some clinical social workers confuse the *field* of clinical social work with the *profession* of clinical social work. The field—like the field of medicine—is much broader and involves ancillary professions and disciplines. Just as medicine includes bacteriology, epidemiology and surgery, etc., so in clinical social work we have anthropology, economy, sociology, etc. To paraphrase the statement about war and peace, the *field* of clinical social work is too important to be left in the hands of the professionals. □

Chapter Update

BROOKLYN

The second reunion of the chapter's Referral Service took place March 21st. In the late spring Brooklyn Chapter members Rosemary Lavinski and Lynda Cohen will conduct a workshop on "Crises of Adult Life." All Society members are welcome and should get in touch with either Cohen or Lavinski for details.

Ruth Margolis, CSW

MID-HUDSON

The Mid-Hudson Chapter has been reactivated. Many requests indicate interest in membership and in Mid-Hudson's programs on clinical social work issues. Membership recruitment continues, including efforts to reach students in the area.

At the last program meeting Betsey Bergman, CSW, led a discussion on how one's lifestyle as a psychotherapist affects one's other important relationships. She addressed the question of balancing professional and personal concerns, needs and interests.

Our next meeting is scheduled for April 15; Carolyn Bersak, CSW, will talk on "Treatment of the Borderline Patient—Theory and Technique." Ms. Bersak is a doctoral student at Adelphi University and an instructor in the social work department at Marist College and in the Hudson Valley Adelphi program.

We look forward to developing an active chapter both through increased membership and by varied programs that will meet the needs of seasoned professionals as well as newer members. We would welcome hearing from Society members willing to offer workshops in Poughkeepsie.

Evelyn Hill, CSW

NASSAU

At a general membership meeting and inaugural party on October 7th, Nassau chapter members met their newly elected officers: president Margaret M. Isbell; vice president Maria P. Warrack; corresponding secretary Nancy Van Dyke; treasurer Rima Ogrin; and members-at-large Joan Berman, Selma Lane, Joan Nobler, Gloria Sandler (membership) and Marcia Zigelbaum (program). Under the leadership of past president Florence Dutko Grossman, Nassau tripled in size and provided its membership with interesting and stimulating programs.

During her term Margaret Isbell plans to encourage individual involvement by all chapter members. She brings to the presidency an intriguing and varied background ranging from

service as a Captain in the USAF, teaching in the Delaware State Penitentiary, and acting as Robert Kennedy's emissary in touring European prisons to gather information on educational systems.

As part of the chapter's ongoing educational effort, a three-session workshop November 10th was attended by some fifty people. Joyce Edward, a Diplomate of the Society, began the program with a paper entitled "Borderline Organization as Related to Vicissitudes in the Separation-Individuation Progression". Dr. Mahler's theoretical contributions were examined in terms of the way in which they illuminate early developmental difficulties leading to borderline and/or narcissistic organization. Ms. Edward also summarized Dr. Kernberg's and Dr. Kohut's theories of the borderline personality.

The second paper, delivered by Dr. Martin Greene, concerned "The Function of the Silence of the Therapist in Actualizing and Working Through Object Loss". He illustrated how the fear of silence is related to loss of love, and how denial defenses are used to keep the experience below consciousness. The dynamics of this kind of resistance was demonstrated with case material. Dr. Richard Harrison explored the theory and techniques involved in "Treatment of the Obsessive-Compulsive Personality". Dr. Harrison presented a detailed account of the treatment of such a patient, elucidating how his technique was related to the theoretical orientation. His presentation included not only dialog, dreams and transference material, but counter-transference reactions as well.

On December 7th Nassau held another in a series of closed meeting case studies. Society Fellow Patsy Ann Turrini discussed her treatment of a medium borderline patient. She showed how a knowledge and use of the Mahler-Blanck theory, combined with preverbal reconstruction, helped the patient grow and mature. This paper will be incorporated into a text on the use of ego psychology to be published under the auspices of the Hunter College School for Social Work.

An all-day seminar on Family Therapy was held March 8th at which Gerda Schulman, MSW, LL. D., presided. Short Term Therapy is the topic for the April 12th seminar at North Shore University Hospital, Manhasset; Leopold Bellak, M. D., will speak.

We note with pride that Isidore Shapiro, Nassau County Commissioner of Mental Health, and a Diplomate of the Society from Nassau Chapter, has been named by Governor Carey to the New York State Council for Mental Hygiene Planning. This fifteen-member, unsal-

aried panel establishes statewide goals and plans for services to the mentally disabled.

Mitzi Mirkin

QUEENS

This past October the Queens Chapter held its second all-day Annual Education Conference at Queens Children's Psychiatric Center in Bellerose. The guest speaker was Dr. William Kirman, psychoanalyst and educator, author of the recent book, *Psychoanalysis in the Schools*, who addressed the group on "The Aggressive Child, in School and in Therapy". The topic was directed to both educators and therapists working with children.

Dr. Kirman presented some thought probing and controversial ideas for dealing with the aggressive child, both in the classroom and in the consulting room. Dr. Kirman's theoretical appreciation of the origin of aggression is psychoanalytically based, but his methods of handling a child's expression of this behavior are varied, imaginative, sometimes controversial, but most interesting, and this provoked much stimulating comment and reaction from listeners.

During the afternoon several workshops highlighted specific forms of aggressive behavior: e.g., the out-of-wedlock teenage mother; the withdrawn child in the community, etc. All the workshops were well attended and a professionally stimulating and enjoyable day resulted.

The Queens Chapter is five years old. A champagne party given for chapter members and spouses commemorating the anniversary was held January 6th at the home of chapter president Robert P. Galardi.

The Queens Chapter, as some earlier chapters, was independently established within the Society in 1975. Its first president, Cecil Dunn, was dedicated to forming a separate chapter for clinical social workers within the borough where they worked and lived. Initially the chapter was "small" in terms of membership but more recently has increased its membership to forty and is defined now as a "medium" sized chapter of the Society.

Queens Chapter members have always addressed themselves to the general goals of the State Society and have actively supported state functions. Members holding state level positions include Robert Galardi, new first vice president; Gemma Colangelo, who retains her position as state membership chair, has been appointed member-at-large; and Anne Marie Lee remains the Society's recording secretary. Election of new chapter officers will take place in May.

Note: New telephone number for Queens Referral Service is 212-539-6887; Haruko Brown, CSW.

Robert P. Galardi, CSW

ROCKLAND

Rockland County, the smallest county geographically in New York State, is home to one of the newer chapters in the Society, begun two years ago.

In the beginning the chapter struggled to find ways and means to attract both members and prospective members to meetings, without much success. The format of meeting in someone's office after work on Friday was not conducive to attracting healthy attendance. The chapter's second year saw dramatic changes. Meetings were held in members' homes on Friday evenings. The business portion of the meeting was kept to an hour and was followed by a clinical presentation by a different member at each weekly meeting. This more social ambiance helped considerably. Chapter meetings have generated a steady increase in attendance.

Recent clinical presentations have included: "Sex Therapy with People Who Have Suffered Physical Disfigurement Through Illness or Surgery"; "The Use of Art in Family Therapy"; "Beginning a Private Practice"; and "Exploring Group Therapy".

A good indication of an actively functioning organization is the activity of its committees. We are pleased to report that we now have a working referral program, as well as social committees which are "alive and kicking".

At this writing the chapter plans an Open House March 1st to attract new members. Plans are in progress for the chapter's first all-day workshop this fall.

Active membership renewals as well as new applications for membership attest to Rockland's health and vitality. Chapter members are encouraged to active participation on the state level; at the same time, we urge the State Executive Board to hold at least one of its monthly meetings in Rockland next year.

Monty Kary, CSW

WESTCHESTER

The Westchester Chapter's fall All-Day Professional Institute took place September 15th at New Rochelle Hospital Medical Center. Gertrude and Rubin Blanck each read a paper relevant to the theme, "A Developmental Overview of Narcissistic and Borderline Problems and the Implications for Technique." At this writing the chapter's spring Institute is scheduled for March 22nd at Phelps Memorial Hospital, North Tarrytown, with the theme of "Transference and Countertransference: Issues, Problems and

Implications." Keynote speaker Joseph Giordano will speak on "Ethno-Cultural Issues in Transference and Countertransference." Four 4-hour workshops are scheduled by SCSWP members: *Workshop 1: Countertransference and the Beginning Clinical Social Worker*; Chair—Ruthe Feilbert-Willis, MSW, CSW; *Workshop 2: Differences Between Patient and Therapist—Issues for Countertransference*; Chair—Phyllis Gordon, MSW, CSW; *Workshop 3: Issues of Transference in the Differential Use of Individual and Group Psychotherapy*; Chair—Renee Pellman, MA, Ph. D., *Workshop 4: Beginning Cotherapy and Transference Issues*; Chairs—Robert E. Addison, MSW, CSW, Nohmie B. Myers, MSW, CSW.

In addition to regular formal meetings, Westchester holds monthly group discussions for members interested in peer supervision. Each month a different case is presented for discussion and review

by group members. A consistent number of social workers in the community have expressed interest in these programs.

Chapter members are informed of the latest legislative news from Albany and Washington and, when appropriate, are requested to write to legislators in support of bills currently pending.

We are pleased to report that membership increased to 142 from 100 in less than two years. Considerable credit goes to the Information and Referral Committee, headed by Rita Benzer and Nan Miller.

Westchester will hold elections in May. As the nominating committee prepares the slate of officers, chapter members are discussing the future direction of the Society and the Westchester Chapter, which will continue as a focus for sharing professional information among its members and as an active participant in the social work community.

Phyllis Gordon, CSW

Proposed Amended Third Party Payment Bill

This proposed bill will correct the inequitable and discriminatory system of only reimbursing the patients of psychiatrists and psychologists, while denying such reimbursement to patients of clinical social workers for the same psychotherapeutic services. The bill, now in force in New York State and reproduced in its entirety, contains the proposed amendments. Text enclosed in brackets indicates desired deletions; underscored copy shows proposed additions.

Section 1. Subdivision sixteen of section one hundred sixty-two of the insurance law, as added by chapter eight hundred ninety-three of the laws of nineteen hundred seventy-seven, is amended to read as follows:

16. Every insurer issuing a group policy for delivery in this state which policy provides reimbursement to insureds for psychiatric or psychological services or for the diagnosis and treatment of mental, nervous or emotional disorders and ailments, however defined in such policy, by physicians, psychiatrists or psychologists, must [make available and if requested by the contract holder] provide the same coverage to insureds for such services when performed by a social worker, within the lawful scope of his practice, who is certified pursuant to article one hundred fifty-four of the education law and in addition shall have either (i) three years post degree experience in psychotherapy, which for the purposes of this subdivision shall mean the use of verbal methods in interpersonal relationships with the intent of assisting a person or persons to modify attitudes and behavior which are intellectually, socially or emotionally maladaptive, under supervision, satisfactory to the state board for social work, in a facility, licensed or incorporated by an appropriate governmental department, providing services for diagnosis or treatment of mental, nervous or emotional disorders or ailments, or (ii) three years post degree experience in psychotherapy under the supervision, satisfactory to the state board for social work, of a psychiatrist, a certified and registered psychologist or a social worker qualified for reimbursement, or (iii) a combination of experiences provided for in paragraphs (i) and (ii) totalling at least three years. The state board for social work shall maintain a list of all certified social workers qualified for reimbursement under this subdivision. Such coverage shall be [made available] effective at the inception of all new policies and, with respect to policies issued before January first, nineteen hundred [seventy-eight] eighty-one at the first annual anniversary date thereafter, without evidence of insurability and at any subsequent annual anniversary date subject to evidence of insurability.

Section 2. Subdivision eight of section two hundred fifty-three of such law, as added by chapter eight hundred ninety-three of the laws of nineteen hundred seventy-seven, is amended to read as follows:

8. Every health service or medical expense indemnity corporation issuing a group contract pursuant to subdivision six of this section or a group remittance contract for delivery in this state which contract provides reimbursement to subscribers or physicians, psychiatrists or psychologists for psychiatric or psychological services or for the diagnosis and treatment of mental, nervous or emotional disorders and ailments, however defined in such contract, must [make available and if requested by the contract holder or in the case of group remittance contracts by a specified proportion of contract holders determined by the corporation] provide the same coverage to persons covered under the group contract for such services when performed by a social worker, within the lawful scope of his practice, who is certified pursuant to article one hundred fifty-four of the education law and in addition shall have either (i) three years post degree experience in psychotherapy, which for the purposes of this subdivision shall mean the use of verbal methods in interpersonal relationships with the intent of assisting a person or persons to modify attitudes and behavior which are intellectually, socially or emotionally maladaptive, under supervision, satisfactory to the state board for social work, in a facility licensed or incorporated by an appropriate governmental department providing services for diagnosis or treatment of mental, nervous or emotional disorders or ailments, or (ii) three years post degree experience in psychotherapy under the supervision, satisfactory to the state board for social work, of a psychiatrist, a certified and registered psychologist or a social worker qualified for reimbursement, or (iii) a combination of experiences provided for in paragraphs (i) and (ii) totalling at least three years. The state board for social work shall maintain a list of all certified social workers qualified for reimbursement under this subdivision. Such coverage shall be [made available] effective at the inception of all new contracts and, with respect to contracts issued before January first, nineteen hundred [seventy-eight] eighty-one at the first annual anniversary date thereafter, without evidence of insurability and at any subsequent annual anniversary date subject to evidence of insurability.

Section 3. This act shall take effect January first, nineteen hundred eighty-one.

Certified social worker to do psychotherapy and intake interviews on a fee basis, afternoons and evenings in Forest Hills, Queens. Minimum of 5 years clinical experience necessary. Send resume to:

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CONTINUING EDUCATION

Notice: Applications are being accepted for training in analytic psychotherapy and psychoanalysis for two social work one-year work-study fellowships for fall 1980 by the Advanced Center for Psychotherapy, 178-10 Wexford Terrace, Jamaica Estates, NY 11432.

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Clinical Social Work Psychotherapists, Inc.**

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TREATMENT OF THE ACTING-OUT ADOLESCENT

Thursday, May 15, 1980

St. John's University, Jamaica, N. Y.

MAIN SPEAKER (9:30—10:30)

**James Masterson, M. D. : "Psychotherapy
with the Acting-Out Adolescent"**

PANEL DISCUSSION (10:45-12)

Eugene Kaplan, M. D.

James Masterson, M. D.

Stuart Kaplan, M. D.

Judith Mishne, ACSW

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John Price, M. D.

Ozzie Siegel, Ph.D.

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