



NEWSLETTER

NEW YORK STATE SOCIETY OF CLINICAL SOCIAL WORK PSYCHOTHERAPISTS, INC

SPRING 1990 VOL. XXI, NO. 1

Second Psychoanalytic Conference: "The Widening Scope"

Report by Benjamin Mankita, CSW

The Second National Clinical Conference of the Committee on Psychoanalysis took place in November on the University of Pennsylvania campus, Philadelphia. This broad-based professional gathering brought psychoanalysts together from all over the country to explore "The Widening Scope of Psychoanalytic Treatment." Approximately 350 attended — up from 250 at the 1988 conference — and were treated to a formidable program.

This conference provided a variety of clinical and theoretical perspectives. Workshops were geared to studying the widening spectrum of psychoanalytic treatment, conceptualization, methodology and patient population.

Four Schools in Current Psychoanalysis

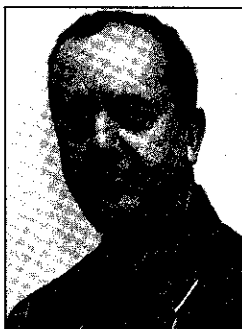
A major objective of this 4-day event was to present, compare and contrast the four major schools in current psychoanalysis: Drive/Conflict Theory, British Object Relations Theory, Developmental Ego Psychology and Self Psychology. This was accomplished in several ways. The conference began with the classic film, "The Rat Man," followed by a panel discussion moderated by Rosemarie Gaeta, MSW; each panelist presented a different clinical approach.

Charlotte R. Schwartz, MSW, discussed "Theoretical and Technical Considerations..."; Judy Ann Kaplan, MSW, presented "The Rat Man's Fantasy: Implication for Development of Male

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New Board Members Offer Experience to Implement Goals

President



Philip Banner, CSW, BCD

Philip Banner, CSW, BCD, Diplomat, is now in full leadership of the NYS Society. President-elect since mid-1989, his experience spans all levels of responsibility at both chapter and state levels.

There's very little Phil has not done — from organizing and implementing membership drives to coordinating three annual meetings (1986-1988). He has both hands-on and leadership skills — and remains enthusiastic and motivated.

Phil is on the staff of Brookdale Hospital Center, Brooklyn, Department of Psychiatry, and is in private practice.

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Judge Orders NASW to Support ABE Agreement

*By Marsha Wineburgh, CSW, BCD
Legislative Chair*

On February 26, 1990, Maryland Circuit Court Judge Peter Messitte granted a motion requested by the American Board of Examiners in Clinical Social Work (ABE) and the National Institute for Clinical Social Work Advancement (formerly, the National Registry of Health Care Providers in Clinical Social Work). He stopped NASW from going forward with its plan to renew its Diplomate program. He based his opinion on his belief that ABE would win its suit against NASW next year, when NASW will have to defend its refusal to honor its contractual promise to support the ABE Board.

Citing his concern for the best interests of the public, Judge Messitte prohibited NASW from offering an advanced clinical social work credential in competition with ABE. In addition, NASW may continue to offer its entry level credential, the Qualified Clinical Social Worker (QCSW), only if it clarifies that the QCSW is an initial level credential and makes clear that advanced level certification is available solely through ABE. Finally, Judge Messitte ordered that NASW publish a copy of his order on the first page of NASW's next newsletter.

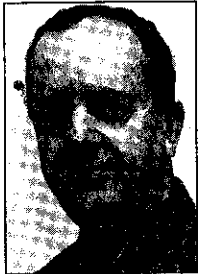
Update: Medicare Coverage*

After many years of persistent effort, lobbying efforts of the National Federation has achieved the third goal of its original three-part strategy to weave clinical social work into the mental health fabric at the national level. This was achieved by successful recognition of CSWs as providers by CHAMPUS

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EXECUTIVE REPORT

Unfinished Business: A Journey of Two Decades



Time marches on and I am proud to be your new president. I welcome you warmly to this new decade and hope that our work together will gather the momentum that is needed to propel us well forward into the 1990s. Despite some gains, we are still frozen in time.

Before clarifying the above, I want to thank Bob Evans for his help, good humor and orientation — and the 1989 board for their willingness to have me represent the Society as its president. I shall do my best to move us forward and I know that you will be there with me.

When I addressed our state board last June, I made the following statement: "The clinical social worker is at present in an ambiguous position in our society. The community does not clearly understand his training and role. Compared with his colleagues in related professions, his status is often nebulous and his competence is not fully recognized." Most of the board members present on that date agreed that this statement was unfortunately true — and the statement is from a brochure put out by our state Society a decade ago!

In perusing our "archives," I found other statements by which we can measure our progress. Florence Radin, an early president of the State Society, is quoted in our 1972 *Newsletter*: "Professionally, we still have ahead of us the work of informing our fellow professionals about the danger to our entire profession from erosion of clinical social work programs in the schools of social work...." Déjà vu! How about this one from the 11/70 issue of our *State Newsletter*, from the report of that year's Social Action Committee: "The activities of this committee over the past few months have been focused on the upcoming session of the New York State Legislature and the introduction of legislation licensing the practice of clinical social work." Yes, that was nearly 20 years ago!

My intent is certainly not to put down any of the efforts generated over the last two decades. We have made important strides (e.g., parity, Medicare) with tre-

mendous volunteer effort to achieve and maintain what we now have. Our committees, chairs and officers have been in the front lines time and again and will, I expect, continue to do so until that which we deserve is ours. I would like our newer members to know how difficult the battle has been and of the endless amount of energy and effort their predecessors have expended.

I am grateful to Harriet Pappenheim for her wonderful article, "Twenty Years Worth of Changes," which appeared in the Winter 1990 issue of the *Met Chapter News*. She touches upon several areas from yesteryear that impact upon us today. She notes: "Actually, it was a small group of social work psychoanalysts from Postgraduate Center that started the New York State Society of Clinical Social Workers... As private practitioners, they realized that NASW was not serving their interests... But in those early days, NASW was in a snit about us and... undermined our efforts at every turn.... We needed to increase our membership (I remember how excited we were when our rolls reached 100!). That's when we started to think about... chapters throughout the state. There was a lot of conflict about this initially because it meant we had to open our doors to social workers who worked for agencies and who were neither psychoanalysts nor private practitioners... Many board members were worried about lowering standards, while social workers who were interested in starting chapters accused us of elitism and snobbism and wanted to get some of us thrown off the board."

Our evolution may be related to the current relatively low membership... compared with those eligible for membership in New York State.

It is interesting how we came to be and how we evolved. And I think it may have something to do now with our relatively low membership numbers compared with

the actual number of social workers who are eligible to join us in New York State. Despite changes in our structure over the years, I suspect that many still see us as an "elitist" organization that caters to psychoanalysts. Certainly, many of our workshops, presentations and programs can be viewed as somewhat esoteric. If this is the predominant image, then many of our colleagues will shy away from membership. We need to attract ALL clinical social workers no matter the setting in which they work. A "medical" social worker uses clinical skills and should be targeted for membership recruitment just as we target MSWs in psychiatric clinics and institutes. We can expect to have greater clout only if we have greater numbers of our colleagues in our ranks.

Our programs therefore need to be formulated and addressed to different strata of our profession whose needs may

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Advertising dates for 1990: Summer issue due May 1; Fall issue, October 1.

All advertising must be camera ready.

NEW MEMBERS (continued)

1st Vice President



Phyllis L. La Bella, CSW, BCD

Phyllis L. La Bella, CSW, BCD, Diplomate, has long been active in both state and chapter goals. Met chapter president (1986-1987), and an energetic participant in the legislative struggle, she was chapter legislative chair, and co-chaired the Society parity celebration. She is currently head of the state public relations committee. Through this means she believes the Society "can achieve many of... its goals."

A psychoanalyst with expertise in infertility and adoption, she is also an active public speaker.

2nd Vice President



Haruko Brown, CSW, BCD

Haruko Brown, CSW, BCD, Diplomate, has been unanimously approved by the board as 2nd vice president following the resignation of Carl Bagnini, CSW, BCD. She will fill out the remaining year of the 2-year term.

A Queens chapter founding member, Haruko has served as chapter president and treasurer, and as state member-at-large. Currently co-chair, state membership committee, Haruko is the Society's editorial consultant for the *Newsletter*.

"As a member through many phases of the organization," Haruko is well qualified to serve on the executive board. She believes in the Society's mission of "concern with professional standards... in private and agency practice."

Treasurer



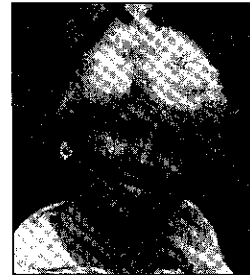
Allen A. Du Mont, CSW, BCD

Allen A. Du Mont, CSW, BCD, Fellow, past president of Queens chapter, has served on various committees, including state public relations. He is currently chair of the ad hoc committee on specialty practice and a member of the new family practice committee.

Allen plans to "reach out to social workers who deliver... services to the poor... and to child and family therapists whose professional needs... have not received the attention and support they deserve."

A NYC school social worker, Allen is also an instructor at Fordham University School of Social Services. He is in private practice.

Member-at-Large



Carole Ring, PsyD, CSW, BCD

Carole Ring, PsyD, CSW, BCD, Fellow, was 1989 chair and Annual Conference leader, state education committee co-chair in 1988, and state election chair, 1986 and 1987. Immediate past president 1989 of Brooklyn chapter, she is co-chair, National Federation membership committee on psychoanalysis and psychotherapy.

Carole wants to strengthen the social work image, "widening continuing education, establishing specialty practice groups... responsible public policies and their dissemination...."

In addition to private practice, Carole teaches and lectures.

Member-at-Large

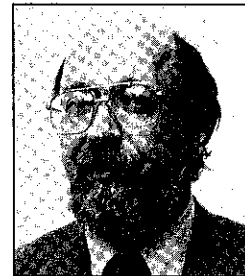


Rhoda Green, CSW, BCD

Rhoda Green, CSW, BCD, Fellow, has served as Westchester's chapter president as well as co-chair of its education committee. She reinstated chapter peer study groups and initiated clinical presentations at chapter meetings. She is in full-time private practice.

Rhoda brings "the viewpoint of the... professional working outside the metropolitan area...." She believes the Society can benefit from a "greater integration of experiences."

Member-at-Large



Neil Teicher, CSW, BCD

Neil Teicher, CSW, BCD, is a member of Mid-Hudson's nominating committee. Currently serving as vice chair, Board of Dutchess County Child Development Council, he is also an adjunct lecturer at community level. He has a full-time private practice.

Neil plans to increase information exchange between chapter and state; to "assure the society's responsiveness to evolving developments in the health care system"; and to make more visible the private practitioner's needs.

SECOND CONFERENCE (continued)

Gender Identity;" Crayton E. Rowe Jr. explored "Notes on Freud's Rat Man: A Self Psychology Perspective." The comparative views of the case indicate that the controversy continues. As the first major feature of the conference, it set the tone: insight, open-minded sharing and exploration.

Further Exploration in Workshops

The four major currents were also explored in dynamic workshops that informed all present of the basic tenets of each psychoanalytic school. And, of course, by attending several of these, one learned that each was absolutely right. Unfortunately, what was demonstrated in these presentations was that they were all clinging to their "rightness" and the basic "wrongness" of other schools of thought. Can we look forward to a time and place when people can be wrong and learn from each other?

The 4 days offered a wide variety of workshops of a high caliber. A sampling included "Psychosomatic Reaction," "Toward Understanding Religious Experience," "From Delusion to Play," "'Through the Looking Glass' of the Dream . . ." "The Myth of the 'Perfect Woman'."

Keynote Presentations

Although I have not touched upon the keynote addresses, yet, it is by design. These major presentations were enjoyable and educational. Joseph Palombo's "Bridg-



Herbert S. Strean, DSW

Margaret G. Frank, MSSW

Joseph Palombo, MA

ing the Chasm Between Clinical Theories and Developmental Theories" was an outstanding call for a more scientific approach to uniting the various pieces of psychoanalysis into a more cohesive and coherent whole. Margaret G. Frank's address, "The Widening Scope of Psychoanalytic Thought: Influences of Developmental Object Relations Theory Upon Concepts and Practice," demonstrated through personal case material how a confluent understanding of development, ORT and practice experience was important in several cases.

And, as always, Herbert S. Strean, DSW, delivered "Sex, Psychoanalysis and Social Work: Friends or Enemies?" with charm and wit. "The Four Psychologies

and Their Place in Clinical Work With Borderline Patients," presented by Judith M. Mishne, DSW, brought all into perspective.

. . . and not least

The cognitive/didactic program was interspersed with social distractions including dinner at area restaurants, tours, meetings, etc. It was a special treat to meet colleagues from other states far from New York and to learn that psychoanalysis is alive and thriving.

Committee Chairman Crayton Rowe and the conference committee labored tirelessly for more than a year to bring this event to fruition and is due much praise and appreciation. □

Annual Meeting 1990: Family Theme

By Allen A. Du Mont, CSW

The family practice committee, jointly with the education committee, will sponsor the Society's 1990 annual membership meeting and conference. The all-day event, "Individuals, Couples and Families: Enlarging the Context of Therapy," will take place on Saturday, May 12, at the Association of the Bar, 42 West 44 Street, New York City. It is open to all social workers.

The morning's program includes the regular business meeting and an address by Society President Philip Banner, who will also award Diplomate certificates. A Family Institute Fair has been organized. The day's key feature will be Peggy Papp, CSW, noted family therapy teacher, author and innovator; she will speak on "Belief Systems in Treating Individuals, Couples and Families," and will show how

belief systems govern people's intimate relationships.

Afternoon Workshops

After lunch, three workshops will explore the following topics: "Family Assessment: A Contextual Perspective," led by Myra Weiss, DSW; "Object Relations and Systemic Thinking in Family Therapy," presented by Carl Bagnini, CSW; and "Couple Therapy: Defining the Problem," to be discussed by Rita Gazarik, CSW.

A recent survey conducted by the newly formed family practice committee indicates strong interest in ongoing educational conferences on couple, family and child therapy. Some 80 members responded to the survey from all chapters statewide. For the most part respondents

identified themselves generically as clinicians; were likely to have an eclectic orientation; and tended toward a general practice. While some had formal training in family or child therapy, most had received their training less formally as part of in-service programs, as part of their analytic training, in private supervision or through completion of courses.

The family practice committee plans to sponsor additional educational events and to generate activity on the chapter level.

Note: The conference is free to Society members, except for \$20 for lunch. The fee is \$45 (including lunch) for nonmembers.

PRACTICE MANAGEMENT

Child/Family Treatment



By Barbara Pichler, CSW

Child treatment, by its very nature, poses certain management issues and treatment considerations that usually don't need to be addressed in adult treatment. We asked two members of our Society about how they see the role of the family and how they work with it, as well as about certain issues in the treatment process.

Lois Jaffin Levine (Bklyn), in private practice, is a psychoanalyst and psychotherapist for children and adults. She is a member of the Association of Child Analysis.

"I see children from 2½ through adolescence and am comfortable with the whole age range. I prefer not to see children less than twice a week; they need that frequency for continuity. I see children in analysis 4 or 5 times a week. These tend to be — although not always — children of analytically sophisticated parents. It pays off sometimes to be bold and strongly recommend analysis if you're convinced that this is really what is needed. Children can be analyzed as early as 2.4 years of age — as soon as there is symbol formation.

Parents Visit First

"Until adolescence, I usually see the parents first, both together and individually, to get a good understanding of who they are and what their issues and concerns are. It is important to be aware of family dynamics, but I prefer to work individually. I may refer parents for treatment if the

Parents may be referred for treatment.

parents are interfering with the child's development and if monthly consultations prove insufficient to help them modify their behavior. I may see parents of very young children for brief marital counseling, but my preference is to refer out. Regular consults with parents are very important for the parents as well as for myself and my countertransference — keeping a balance of empathy for both child and parent. With adolescents, I may suggest that the adolescent make the initial call. Only after the adolescent is ready do I see the parents for a history.

"As to physical contact with the patient, it's all right if the child initiates it. It may be

the expression of something or a need. I don't initiate it. As to food, I have a kitchen in my office, and probably get involved with eating more than other therapists might. I do feel, especially with younger children, that they should be fed if they are hungry, so they might have a rudimentary snack such as some instant soup, or hot chocolate or a piece of fruit.

"In relation to all these issues and others in treatment, it's important to remember that you are attending to developmental deficits as well as resolving conflicts, and this understanding will help inform your interventions."

Allen A. Du Mont (Q) has a part-time private practice for children, families and individuals. He also works as a school social worker. He has training in child psychoanalytic psychotherapy and family therapy and is organizing the family practice committee for the Society.

"I treat all ages, but I have a preference for younger children. I usually see children once a week. It's often determined by finances but I also don't encourage more. I'm not into promoting a strong transference bond; it's not always proper.

Parents' Alliance is Important

"I work very flexibly. I typically like to speak with the parents first to see what the problem is or how they describe it, how they are affected by it, how they work together about it. I may or may not bring the child into the initial interview, depending on the unfolding of the story. The parents' alliance is most important so I do whatever serves that end. The first set of meetings is really diagnostic so that we come to an agreement about the best way to proceed.

There is an advantage in being the therapist to all family members involved.

"I conceive of the family as a whole unit and, in fact, may see them that way. Sometimes I'll see a parent and child together. Sometimes what the child presents is a reflection of a marital struggle, so I'll work toward doing couples therapy. With children in whom the problem is more internalized, I'll spend more time with the child, but where the problem seems to arise within context, I get more involved with the family. In general, I feel there is an advantage in being the therapist to all members of the family who need to be involved in the process.

"As for touching, sometimes kids need that; they want to touch you or lean against you. That's okay, but if a kid wants to be held, e.g., "You be daddy and I be baby," I don't encourage that.

"As to snacks, generally I don't have them. If a kid needs it, I go along with it with the idea of weaning from it.

"I used to follow a more traditional analytic model, but over the years, I have found this kind of flexible approach to be more useful." □

UNFINISHED BUSINESS (continued)

vary — from students and beginners to very advanced practitioners who practice in a multiplicity of settings. Let's not be viewed as snobbish or elitist; let's be realistic and encouraging. Our challenge is to develop multi-level educational programs so that we can attract and accommodate a broader spectrum of our colleagues statewide.

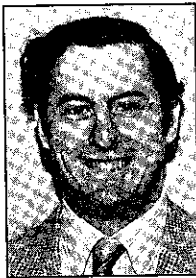
Our challenge is to develop multi-level educational programs... to attract a broader spectrum of our colleagues.

This elitist image may also be responsible for the blatant fact that very few of our members are Asians, Afro-Americans or Hispanic. To more closely examine this issue, I have initiated an ad hoc committee to study this phenomenon and to make very specific recommendations to the board. Any member interested in participating on this committee should contact either myself or his/her chapter president.

Philip Banner, CSW, BCD
President

High Standards - The Foundation of the Profession

By Hillel Bodek, MSW, CSW



The recent court victory by the American Board of Examiners (ABE) in Clinical Social Work against NASW represents an important victory for clinical social work. This resulted in NASW's being enjoined from offering its Qualified Clinical Social Worker (Q) credential as an advanced clinical social work credential.

Court Upholds High Standards

First, the court's ruling upheld the high standards for clinical social work practice established by the ABE. Second, and more important, this case demonstrates the resolve of the clinical social work profession to police itself and to take the steps necessary to protect its practice standards.

Significant organizational enticements abound to lower standards.

One of the hallmarks of a profession is that it has established standards for prac-

tice. Maintaining high standards for practice is a consistently important objective. Significant organizational enticements abound to lower standards. The lower the standards, the more potential eligible members, the greater the opportunities to gain membership and with it the dues to support the organization and its activities. And the less open the organization is to the criticism of being discriminatory and elitist. However, if a given profession is to be successful in its struggle for recognition, its organizations must be unequivocal in support of high standards for professional practice.

Legislation Introduced to Recognize Forensic Practitioners

The National Federation's standard for qualifications to hold oneself out as a specialist in forensic clinical social work has long been accepted by several New York State courts. (*People v. Scala*, 491 NYS 2d 555, 558 (Sup. Ct., 1985.) That standard, recently reinforced by the Federation's condition that certification by ABE is a prerequisite for certification to practice in a subspecialty has been crucial to the increasing acceptance of clinical social workers as forensic mental health experts.

Working together with the Federation's

Committee of Forensic Clinical Social Work, the NYS Society's legislative committee has succeeded in having legislation introduced that would authorize by statute the appointment of properly qualified CSWs (who have earned the "R") as psychiatric examiners in New York's courts.

Independent forensic clinical social work specialists must have ABE certification.

This legislation is in keeping with the standards of the National Federation: An independent practitioner in forensic clinical social work must be certified (or eligible for certification) by the ABE and have at least one year of postgraduate supervised experience in forensic services. Moreover, Federation standards require that "Forensic clinical social workers should provide forensic . . . evaluation services only in cases where they have the clinical skills . . . needed to evaluate . . . the particular person(s) in question."

These high standards enhance the protection of the court system, the integrity of the judicial process and the recipients of forensic services. □

NASW (continued)

(Civilian Health and Medical Program of the Uniform Services) and FEHBP (Federal Employees Health Benefit Program). Now with the passage of H.R. 3299, clinical social workers will be reimbursable providers for psychotherapy services to Medicare patients, beginning July 1, 1990.

What services are covered? In New York State, any services performed by a clinical social worker for the diagnosis and treatment of mental illness which the clinical social worker is legally authorized to provide under law is reimbursable. Inpatient and skilled nursing home facilities are excluded in order to avoid duplication of Medicare payments. These facilities are required to provide these

services to Medicare patients.

What will be the reimbursement? Clinical social workers will be paid 80% of the lesser of the actual charge for the service or 75% of the amount paid to a psychologist. For example: a psychologist PhD charges \$100/session; an MSW (with an "R") charges \$80/session. Seventy-five percent of the PhD's fee is \$75; 80% of the \$75 is \$60. The MSW will be paid the lesser fee, or \$60 (80% of the MSW's \$80 fee is \$64, vs. \$60), computed on the psychologist's fee.

This reimbursement formula came about during the final hectic hours of putting together H.R. 3299. It is obviously unacceptable to tie clinical social work

reimbursement to psychologist fee schedules, and the National Federation is committed to try to legislatively amend this provision. Look for a bill in the fall.

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CSWs Win Rights Over Zoning Board

In a landmark decision, the Supreme Court of the State of New York ruled that the practice of social work is comparable to that of physicians, dentists, psychologists, and other similar professions. Complete story in summer issue.

BOOKS

The Art of Intervention in Dynamic Psychotherapy

Bert L. Kaplan, Ed.D.

**Jason Aronson, Inc.
Northvale, NJ, 1988,
263 pages**

*Reviewed by
Richard B. Joelson, CSW*

Many writers have attempted to provide therapists with an experiential X-ray of the treatment process: an opportunity to observe the intrapsychic and interactive activities of clinician and patient. The attempt is to explain, in vivo, how psychotherapy represents the interplay of different theories, the personal styles of psychotherapists, and the practical exigencies of aiding those in distress. A recent offering is Lawrence Friedman's *Anatomy of Psychotherapy*.

And now, *The Art of Intervention* is, like Friedman's work, a book about technique: about the application of theory to practice. We are invited to join Kaplan in an intimate exploration of the interplay of theory and practice as it occurs in the mind of the therapist as he intervenes in the lives of his patients. We see how the author translates what he calls "experience-distant" developmental and clinical theories into meaningful "experience-near" interventions. He accomplishes this by the use

We are invited to an intimate exploration of . . . theory and practice as it occurs in the mind of the therapist.

of verbatim or near-verbatim transcripts of treatment interviews with seven carefully selected patients. Kaplan demonstrates his use of contributions from ego psychology, object relations theory and self psychology in developing specific interventions. A particular strength of this book is the effective interweaving of patients' material with the author's comments, self-analysis and clinical thinking as well as elaborately explained rationales for his formulations.

Self-revelation Unusual for Clinicians

Kaplan is unusually forthcoming and open in his self-observations. More important than the creative application of clinical theory to practice is his personal invitation to the reader to sit beside him while he works — to observe, critique, compare and learn how one clinician responds to the moment-by-moment demands and challenges of his patients. Greenson wrote about the reluctance of therapists to expose their methods of practice, explaining that the work depends

Therapists are generally reluctant to expose their methods of practice.

on intimate and personal processes within the therapist, resulting in a feeling of exposure and vulnerability in writing about one's clinical work. The constant presence of powerful instinctual currents and even primary process functioning within both therapist and patient too often interferes with professional self-revelation. For example, describing his reaction to a patient whose sudden decision to terminate takes him by surprise, Kaplan says, "I was aware of wondering whose well-being I was concerned about if termination occurred that very day." Engrossed by a patient's forceful presentation, he says, "Fortunately for me, since I was in poor condition to say much more, she was apparently ready to reveal more of herself." Other examples of reflective self-awareness make this book unusual and attractive to clinicians at all levels.

Formulating a Successful Intervention

Kaplan tells us that the formulation of an intervention requires a complex combination of incompletely known factors including knowledge, experience, ability, empathy and intuition. He distinguishes the last three from the first two as being innate and without which no amount of increased knowledge and experience can improve a therapist's capacity. Nowhere does he better illustrate this than in the case of "The Man without Buttons," which reveals Kaplan's ability to integrate and apply the five criteria for successful therapeutic intervention. It also underscores the extent to which the therapist's human

capacities such as compassion and empathy play a critical role in psychotherapy and determine whether the patient feels accepted and understood. Technique, while obviously important in helping the patient gain self-awareness, is inert unless it forms an integral part of the therapist as a person. Kaplan's painstaking work with this particular patient underscores the theme of this book — that differing theoretical perspectives emphasize different aspects of the same human experience. Moreover, therapeutic effectiveness is related to the clinician's ability to integrate several theoretical perspectives rather than being wedded to one.

The author presents this book as valuable for clinicians as well as for the lay person. I readily agree. The succinct summaries of different schools of thought found throughout the book and their application to the seven cases highlight this volume.

Therapeutic effectiveness is related to the clinician's ability to integrate several theoretical perspectives.

The sections on the practical or technical aspects of the treatment experience, notably those discussed in his postscript, were particularly interesting. He addresses common issues in treatment all too frequently minimized or ignored in the literature, as well as in clinical practice — therapists' telephone behavior during and outside sessions, patients' contact with other patients, the 10- or 15-minute lapse between sessions, discussing fees, accepting referrals from colleagues, etc. A subsequent volume elaborating these ideas would extend his contribution to current literature in our field.

Richard B. Joelson, CSW, is a clinical social work psychotherapist in private practice in New York City and in Great Neck, Long Island.

Executive Director

At a recent meeting the Society's board approved the establishment of full-time responsibilities for an executive director. An active search is currently in progress.

NASW (continued)

Physician Consultation

Physician consultation will be required for both psychologists and social workers. Criteria will be developed by the Department of Health and Human Services. Basically, the clinical social worker must inform the patient and note in his/her record a discussion of the desirability of conferring with the patient's primary care physician to consider potential medical conditions that may be contributing to the patient's symptoms. The clinical social worker must then write to the patient's designated physician notifying him/her that psychotherapy services are being provided, or must consult directly with the physician to discuss the patient's medical condition and its contribution to the patient's symptoms. The patient may request that such notice or consultation not be carried out.

This legislation has also removed the cap which limited mental health services to \$1100 each year. This provision goes into effect January 1, 1990.

* Report from John Dill, CSW, NFSCSW

"Infancy to Adulthood" in NYC

Save the date! The Third National Clinical Conference of the Committee on Psychoanalysis will take place November 1-4 at the Vista International Hotel, World Trade Center. The title: "The Continuing Evolution of Psychoanalytic Thought: Infancy to Adulthood."

Psychotherapists

Counseling & Psychotherapy of Throggs Neck has three part-time openings: (1) individual psychotherapist; (2) child therapist; (3) substance abuse counselor. Must have "R" plus their own therapy. Fee per session basis. Day and evenings. Send resume to Counseling & Psychotherapy of Throggs Neck, 3626 East Tremont, Throggs Neck, NY 10465.

Psychotherapy Office — Part Time

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Howard Kogan, M.S.W.
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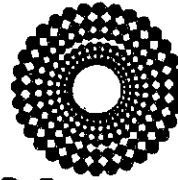
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