



# NEWSLETTER

NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

FALL 1993 • VOL. XXIV, NO. 3

**25th  
ANNIVERSARY  
ISSUE**

## The First Quarter Century

This issue commemorates the 25th anniversary of the New York State Society for Clinical Social Work, Inc. Although the name has been changed twice, the mandate and purpose have remained steady. The Society was formed to promote the concept of clinical social workers as independent

professional practitioners and to address the concomitant issues emerging around that idea. Former presidents were invited to write a short piece recalling their time in office; their articles are contained in this issue.

An additional purpose defined since its

formation seeks to make the organization more inclusive: to broaden the composition of the membership. CSWs practice their profession in a variety of clinical settings, and it is appropriate that NYS Society reflect this. As an organization of professional leadership, it embodies all segments of practitioners and becomes more effective with diversity and growing numbers.

The original mandate remains: to promote CSWs as independent professionals in psychotherapy and entitled to any and all inclusion and reimbursement equal with other mental health professionals. The Society has made great strides during its quarter century and expects to achieve its long-range mission.

*Ed.*

## Multi-Level Licensing: Most Social Workers Agree

*By Marsha Wineburgh, MSW, BCD  
Legislative Chair*

Three years ago, in November 1990, the State Board for Social Work called together representatives of the social work profession to discuss the possibility of moving from certification to a true scope of practice license. This was a landmark meeting for two reasons. Most importantly, it marked a change in the state's policy to resist licensing additional professions. (The last group to be licensed, in 1974, was respiratory therapists.) Secondly, a consensus emerged among those attending to support licensing for the profession.

The legislative committee of NYSSCSW was the first to respond to this opportunity. We drafted and introduced legislation to license the clinical level of the profession, noting that we have no objection to amending our bill to include other levels of the profession. For months after, there was intense debate among the leadership in the profession about whether a single level bill (the "MSW—no experience") or a multi-level bill which would include a clinical level should be endorsed. The NYS chapter of NASW opposed multi-level

licensing, arguing initially that it would create two professions. Later, its position was altered to support a basic license for all entry level MSWs with tiers for advanced practice added later. This September, the city chapter of NASW and the deans of the Schools of Social Work have agreed to support multi-level licensing which will include an "MSW—no experience" level and an independent clinical social work level of practice. At this time, only NASW's state chapter continues to support a single level bill—the MSW. Plans are in the works for drafting and introducing the legislation by early spring.

### Other State Legislation

We continue to monitor the managed care legislation submitted by Senators Nicholas A. Spano (S. 2018), Michael J. Tully Jr. (S. 1015) and Assemblyman Richard N. Gottfried (8456—"Utilization Review Bill"). Essentially vehicles for monitoring peer review agents, these bills reflect the first attempts to explore the need to regulate external reviewers known as managed care companies. A good deal depends on how national health care reform is structured and what is delegated to state

governments to implement.

Parity for clinical social workers in the arena of Workers' Compensation was set back by NASW's state chapter, which opposed NYS Senate Bill S. 5189 to extend freedom of choice to social workers with the "P" and/or "R" who deliver mental health services. NASW's memo argued that "the broadest range of CSWs should be included as eligible providers . . . [to] insure that injured workers receive the benefit of a range of social work services, when needed, rather than only limited psychotherapy services." □

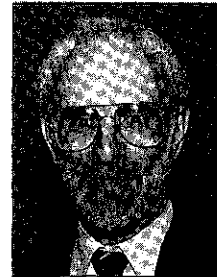
### In This Issue 1968-1993

Eleven presidents recall issues and events over the 25-year history of the NYS Society. This perspective begins on page 3.



# EXECUTIVE REPORT

## Completing the 25th: 1992-1994



This edition of the *Newsletter* marking the 25th Anniversary of the Society comes at the time in which my 2-year term as president is drawing to a close. The convergence of these two events makes me think of the issues and challenges of the last 25 years, and especially of the past 2.

This organization began when a small group of social workers, psychoanalytic trainees and graduates, got together to search for a way in which their needs and interests could be expressed. This group of visionaries had not yet begun to develop a pro-active agenda and could not have possibly anticipated the complexity of the issues that the organization would ultimately face. Because of the interest and commitment of an unusually dedicated membership the Society has succeeded to a remarkable degree. We have developed a philosophy about who we are and what we do and have been able to generate a broad program in our major areas of concern: legislation, education, vendorship, and chapter activities.

***We have developed a philosophy about who we are and what we do.***

On becoming president-elect 3 years ago, I was very much aware of the successes of the Society—and concerned about how to position ourselves to meet the even more imposing challenges of the future. I knew that it would be important to form alliances with other structures in the social work profession as well as to reach out more effectively to the widening group of colleagues who now identified themselves as clinical social workers.

The first move in implementing this agenda was both simple and far ranging: the change in our name that was approved 2 years ago. By this single process we changed our public identity from that of a group of "psychotherapists" to that of a group that was "for clinical social work," and I believe that this will be a significant

asset in advancing our educational and legislative agenda.

Another major change, just being completed as I am about to leave office, is the revision of the By-Laws. The most important of these alterations was, of course, the change that expanded the criteria for becoming a Fellow of the Society. This revision, approved by more than 80% of the membership, removes an internal impediment to our continued growth and will, I believe, significantly help to structure us as an organization that welcomes and represents all clinical social workers.

***The major challenge, now and in the near future, is response to the impact of managed care.***

There is no doubt that the major challenge of the past 2 years has been, and for the foreseeable future will continue to be, the response to the impact of managed care on the delivery of all health care. Organizationally, the Society has developed a flexible approach by which we have informed the membership about developments in the managed care industry; represented our members when they have encountered difficulties in working with managed care companies; worked with other organizations to develop a legislative program to regulate the industry.

It is likely that the continuing development of managed care will test our resources as nothing else has in our history. The key challenge, I believe, will be to develop a program that will represent the values and ethics to which we are all committed as social workers, to represent the needs of our clients who are affected by managed care, and to reflect the concerns of a diverse membership with a variety of involvements with the managed care industry.

The past 2 years in the life of this organization have been complex and intense. Nothing could have been achieved without the efforts of chapter presidents, committee chairs, and officers who make up the state board. These members have been consistently supportive, generous with their time and energy, and committed to

the concerns of this organization and of all clinical social workers in New York State. I would like to take this opportunity to recognize and thank them for their valuable work.

My successor is Helen Hinckley Krackow, outgoing president of the Met chapter. It is hard to think of anyone who has been more tireless in her efforts on behalf of the Society and who is more qualified to come into office at this very difficult time. I'm confident that she will also have the support and assistance that I have enjoyed.

David G. Phillips, DSW  
President



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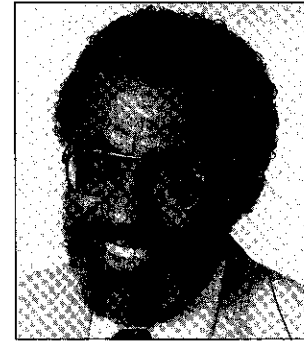
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## 25-YEAR HISTORY



**Charles E. Smith,  
EdD, BCD  
1968-1970**

### The Beginning

As cofounder and the first vice president of the Society of Clinical Social Workers, neither I nor the first president, Dr. Robert Lampert—or, for that matter, anyone—could predict or even guess in 1968 that 25 years later a formerly obscure group of social workers would be celebrating its 25th anniversary. The Society had its birth via frustration and despair when its "mother" organization failed to respond to its needs, to its cries for help relating to clinical interests with special regard to the practice of psychotherapy and psychoanalysis in private practice.

Starting and developing a new organization was fraught with misgivings, guilt, anger and fear. The new path was riddled with uncertainties and possible pitfalls. Nonetheless, a small group of like-minded social workers banded together to establish the Society under the capable leadership of Robert Lampert.

The first members of this "rebel" group met in the fall of 1968. They included Jack Oshwetz, Sheldon Schneider, Breena Priestman Overton, Marcia Rabinowitz and Barbara Silverstone, joined later by Abraham Ring, Morris Black, Alan Grossman, Martin Sylvester, Crayton Rowe Jr. and Florence Radin. The first slate: Robert Lampert, president; Charles E. Smith, vice president; Jack Oshwetz, treasurer; Marcia Rabinowitz, membership, then recording secretary. The group met Saturdays 11 to 4 at Postgraduate Center.

***The first objective was identification. A few in this group wanted to abandon the term "social worker".***

The first objective was identification; what's in a name? A few wanted to abandon the term "social worker" altogether. Members were analytically trained—how about the Society of Non-Medical Psychoanalysts? After many a discussion the term

"clinical social worker" was adopted.

While these lively meetings absorbed half of everyone's weekends, Jack Oshwetz went to California on vacation, where he discovered the counterpart of the eastern group. West Coast social workers were on the same track and were calling themselves The Society for Clinical Social Work.

Charles Smith worked extensively in coordinating activities to recruit new members. Social workers joined quickly, often dropping membership in NASW. The first large general meeting took place at Postgraduate; subsequent meetings were at members' homes or offices.

During that first year it came to Charles Smith's attention that a colleague, Mary Gottesfeld, was eager to publish a journal of clinical social work. Charles invited her to a Saturday meeting (this one at Florence Radin's house), and the enthusiasm of this "elite" group encouraged the start of the present *Clinical Social Work Journal*.<sup>1</sup>

The history of the New York State Society from the viewpoint of its presidents presents a unique perspective of this organization now in its full maturity at a quarter century. Read on!

<sup>1</sup>Data from "Society Chronicles: Founders Recollections," by Helen Hinckley Krackow, CSW. *Met Chapter News*, Winter 1987/88.



**Florence M. Radin,  
MSSA, BCD  
1970-1972**

### National Federation Born in Winnetka

It is autumn of 1993, 8 years since I left New York for California. I am still in private practice, and completing a book I've been writing the past 5 years. Now, I have a request from the *Newsletter* editor of the NY State Society asking what I remember from my tenure as president of the Society. That was in 1970-1972. There were 2 years prior to that when we were beginning to organize the Society plus a 2-year stint as past president afterward.

Those first years of the Society's existence (1968-1974) run together in my mind. We had no computers, our financial resources were miniscule, and the handful of active members did everything.

That was when the NASW wanted to brush the Society off as beneath their notice. We had only 125 members statewide. However, NASW helped our organizing by disregarding their clinical social work members and by putting down the private practice of clinical social work as not quite acceptable to the mainstream social workers employed by social agencies. My personal

bias is that NASW is run by social agency administrators who have time and administrative skills to attend to the organization and that their primary interest is to have a supply of low-cost employees available for their clients. One of the Society's major efforts during that time was to make our presence known—to be at times irritatingly present. And the folks at NASW gradually found it necessary to shift their positions somewhat on clinical social work and later even on private practice.

***We knew we needed a national organization***

The major accomplishment was on the national scene. We learned of a state society similar to ours, already established in California. We knew we needed a national organization if we were to be effective. We heard from a group in Chicago wanting to develop a society in Illinois. Individuals

*continued on next page*

## RADIN (continued)

in other states expressed interest. Our board decided to participate in a national meeting in Chicago that would give impetus to organizing the Illinois Society and would promote publicity in other states. California was sending three delegates: current president, president-elect and its executive secretary. Our original plan was to have New York State match that.

### Getting Lucky in Winnetka

The meeting was set for Winnetka, a suburb of Chicago accessible to the airport. My board members and I knew of Chicago,

but none of us knew anything about Winnetka except that it was smaller than Chicago, which was smaller than New York City. We were just a tad provincial, as I recall. We were also strapped financially, without personal resources to make up the lack in our treasury.

I smile at the recollection of our board meeting just prior to the "national" one. We gloomily faced the fact that we could send only one person to Winnetka. Some members were concerned about my going there alone. "Will you feel safe?" one asked. At that time I was working and living alone in Manhattan, and I was a bit cocky. I replied that if I couldn't get lucky in NYC,

it was highly unlikely I'd be in any danger in Winnetka, Illinois. Not my most dignified moment but it did break the tension with a laugh.

Actually, that turned out to be a very productive meeting we had in Winnetka, with interesting and able people from that area and from California, Texas, Louisiana, Kentucky and Florida. We came away with an Illinois State Society taking shape and with the embryonic beginning of the National Federation of State Societies of Clinical Social Work. Later on, Louisiana, Kentucky and Texas produced their Societies. So, in a way, we did indeed get lucky in Winnetka.



**Alan Grossman,**  
MSS, CSW, BCD  
1972-1974

### Introduction to Politics

My earliest recollection of the NYS SCSW is of the day I started attending board meetings as a vice president in 1971. At that time it seemed to me that the entire board, composed primarily of graduates from the Postgraduate Center, comprised the total state membership. I know the impression wasn't accurate but I doubt that we had more than a few hundred members at that time. We were struggling with issues around requirements for membership, and a statement made by Barbara Silverstone at a board meeting just before I took office as president impressed me greatly. She said that we would have to decide whether we were going to be a small, elite organization or a larger broad-based one.

### Were we going to be a small, elite organization or larger and broad-based?

Since our objective at that time was to have political influence, primarily to attain third party vendorship, I decided that my first goal as president should be to expand our membership. We started by mailing a questionnaire to all CSWs statewide. This served two purposes: the first was to let other social workers know of our existence; the second was to build a data base of social workers in private practice and of those employed in social agencies who felt that a separate professional organization might

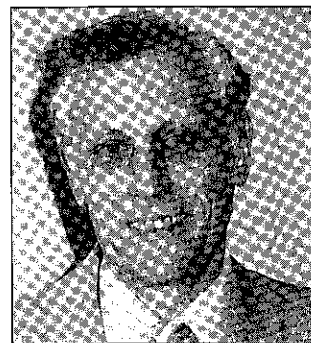
better represent their interests. Soon I found myself speaking to small groups of clinical social workers who wanted to form chapters and affiliate with us. When time allowed, I traveled to meet with them. I remember meeting with the group that founded the Nassau chapter and with a group in Philadelphia who later went on to form the Pennsylvania Society.

In my second year in office I concentrated my efforts on our political activities. The National Federation was getting off the ground at this point and I attended an all-day legislative workshop in Chicago given by Pat Hewitt, our first Washington

lobbyist. That turned out to be a pivotal meeting for me because not only did I learn how we could be more effective politically, I also got a long-range view of the future impact of health care in the field of clinical social work. HMOs were just beginning to be created and much of what I learned that weekend anticipated EAPs, PPOs and managed care.

When I returned, Barbara Bryan and Crayton Rowe helped me interview and select Jim Moran, our first lobbyist, who would help us formulate and get through the Albany legislature our first third-party payment bill. With Jim's direction, the Society's board of directors and I worked very hard to get our bill through both the Senate and House of Representatives in Albany only to have it vetoed by Governor Malcolm Wilson (1973-1974).

As I look at the Society today, I see a group that is larger and more representative, better organized and with a strong sense of identity and purpose. We have become politically savvy and effective in setting goals and getting things done. It's a far cry from the small searching group in 1973 and I am proud to have had the opportunity to play a part in its growth.



**Crayton E. Rowe Jr.,**  
MSW, BCD  
1974-1976

### Parity, Survival, Setting Standards

I was the fourth president of our State Society. When I took office, it was truly a time of depressive upheaval for our profession. On the state level, NASW was

determined to lower standards and fought our legislative attempts to identify the clinical social work practitioner. Earlier (1971), psychologists introduced the in-

famous Biondo bill which clearly stated that the domain of anything psychological belonged to psychology. The first version of this bill required all clinical social workers to be supervised by psychologists.

Our membership successfully struggled day by day against the demoralizing subverting assaults from within and from without our profession. The Biondo bill was eventually defeated and our Society continued its efforts to pass legislation to safeguard standards. Our dedicated board members were Mollie Parkes, Martin Pollens, Estelle Charles, Dianne Heller Kaminsky and Margery Warnock.

The membership was determined to ensure that our profession not only survived but also reached parity with the other mental health professions. This was the Society's vision and *raison d'être* given life by its first Board: Robert Lampert, Charles Smith, Florence Radin, Abraham Ring, Breena Overton, Jack Oshwetz, Morris Black, Aviva Blumberg, Sheldon Schneider and Barbara Silverstone.

It's difficult to speak about our Society's struggle without looking at national issues. It was clear that our fight for parity had to take place nationally. Our profession of clinical social work had to be recognized nationally as having equivalent educational and training standards with other major mental health professions if our members were to be included as providers in existing and future national health legislation. To achieve this goal we had to 1) establish national standards for clinical social work education and practice, and 2) institute a national advocacy program to influence Congress to recognize clinical social workers who met these standards as parity providers with those of other mental health professions.

### Our fight for parity had to take place nationally.

As state president and a board member of the National Federation, I was appointed by Bill Jett, president of the Federation, to be one of the organizers of a national registry to establish national standards for education and practice. We developed the National Registry of Health Care Providers in Clinical Social Work which later became the American Board of Examiners in Clinical Social Work. At the same time, we formed a search committee and, after interviewing many young lawyers, chose our current Federation advocate, Ken Adams. Achieving the goals of setting standards and advocating for clinical social workers were finally underway.

### A Direction for the Future

State societies and the National Federation have become aware of the need to

organize and support the specialties within clinical social work as do other major mental health professions. Clinical social workers have had to join other national mental health organizations to gain recognition as specialty providers. This has resulted in CSWs' denying their identity, thereby weakening the profession. As a consequence, clinical social workers, unlike members of psychology or medicine, have been quick to identify themselves by using a variety of specialty titles, eg, psychotherapist, psychoanalyst, family therapist, etc.

I am grateful for the Society's support

of my organizing the specialty committee on psychoanalysis in 1980 on the state and national levels. The Society's support led to the formation of membership specialty committees by state societies and the Federation. Recently, the Federation approved formation of the national membership committee for Couple, Marriage, and Family Therapy.

We must continue to form our national specialty membership organizations if we are to complete the Society's original mission, to achieve parity with other mental health care professions.



**Mitzi Mirkin,**  
Executive Secretary  
1977-1993

### A Longer View

When Mitzi Mirkin began as executive secretary for the NYS Society in 1977, information about the 500 or so members was contained in two boxes of dog-eared file cards, stuck together. State membership was concentrated in New York City, extending upstate to include the combined Westchester-Rockland chapter and east to include Nassau-Suffolk. Her duties, she was told, "would probably take about 15 hours a week." Mitzi had been working with the Nassau chapter and producing its newsletter (she still does the newsletter).

Mitzi was hired for the Society by Gemma Colangelo and Florence Grossman some 16 years ago and, beginning in January, will have served through nine administrations.

No one doesn't know Mitzi—or at least her voice on the telephone. "Call Mitzi, she'll know." Until recently, she reports, she knew all members' names. She takes special pleasure in meeting those she has talked to on the phone and counts many friends among the membership.

What does she do, exactly? She answers all queries about the Society (up to 100 each week), spends out packets of data to prospective members; prepares and mails annual invoices for membership renewal (and reminders); bills advertisers in the *Newsletter* and follow up; attends board meetings and prepares and distributes minutes; supervises all mailings; gets out the *President's Letter*. Moreover, working with the Society has been a family affair;

her husband Ed, a fashion illustrator, designed two directories and a membership brochure. And Mitzi noted that, when their four children were growing up, the Society came in for sibling rivalry as they competed for her attention.

### Skills Are Rewarded

Before coming to work with the Society, Mitzi worked with the American Cancer Society on its national radio campaign, writing all its public service announcements. These "spots," broadcast nationwide, were targeted for specific audiences and she developed the unique slant that would appeal.

Mitzi has an unusual background. For example, she has won numerous contests—in fact, she earned a full 4-year scholarship at the University of Pittsburgh (her choice) in an essay contest open to all high school students in her home state of Pennsylvania.

That was just the start; she has won more than 1,000 prizes in contests, including three cars, two trips to Hawaii and one to Mexico, as well as many for closer destinations, and two invitations to the Pillsbury Bakeoff, where she was one among 100 at this annual national event. She has won all manner of major appliances (20 in all), furs, a sterling silver coffee service, and a live tiger. Her contest-winning years proved her skill in completing statements "in 25 words or less," inventing slogans, writing limericks and verses, and cooking. She won several

(continued on next page)

## MIRKIN (continued)

prizes by composing limericks for the new historic Burma Shave road signs which extended the width of the country and that are so much a part of Americana. When scientists at the North Pole requested these signs to relieve the desolation of their surroundings, one of the signs they received was Mitzi's. How's that for making history?

Mitzi is pretty well tied to her desk these days and is on the phone a good deal. Her manual Hermès typewriter and the dog-eared cards are replaced by a computer,

fax and copy machines. The 500 members have grown to more than 2,350 in 12 active chapters statewide. And her work week has expanded to about 50 hours.

Mitzi notes with pleasure the changes and progress in the Society. One marker of this growth is the development of special committees by Society members, eg, psychoanalysis, family practice, group psychotherapy, and clinical hypnosis. Events that highlight the organization's progress stand out: the achievement of parity and the celebration at Tavern on the Green, as well as the first major conference on HMOs and PPOs, before the term "managed care"

came to have such an impact.

She states very strongly, "I'm really proud of the Society—what it has accomplished and its present stature as a professional organization."

Mitzi's 16-year perspective can offer an overview of the issues and events that are in closer focus in the articles written by previous Society presidents in this issue.

*This profile was written by the editor after telephone interviews with Mitzi Mirkin.*

*Alyce J. Collier  
Editor*

## Abbie Blair, CSW, BCD 1978-1980

### "P" = Reimbursement

Fifteen years ago when I became president, the New York State Society for Clinical Social Work Psychotherapists was very different. We were just 10 years old. I remember people from NASW telling me to "Come back to NASW and stop giving yourself elitist airs." We WERE upstarts in those days. Who DID we think we were?

Well, we were large enough to hire our first accountant. That sounded like progress to us, until he found a \$9,000 discrepancy in our books and as quickly discovered the money had been there all the time. (That's why we needed an accountant!) Our really big coup took place in mid-December 1978. The "P" legislation was signed into law. For the first time accredited social workers could be reimbursed on some mental health group insurance policies. Because it took a very long time to establish the regulations and then to process our applications, however, those of us who qualified never saw a penny of insurance reimbursement until late the next year.

People had all sorts of problems getting approved. One member complained that her supervisor had moved abroad. "Can I combine private practice with agency practice to come up with the 3 years' experience?" No, for the "P," but yes for the "R" law when it was passed in 1985. "Can I transfer my license from another state?" No. But even with all our problems, we were ecstatic. Finally, after 10 years of trying, we were on the insurance policies, sort of. We immediately began to push for legislation that would enable qualified social workers to be reimbursed on nearly all policies. Never say die!

As president, I represented the Society at National Federation meetings. The Federation had been formed in the early seventies to be sure we would be eligible for reimbursement under national health insurance. (Well, so we were a little ahead of ourselves, but look where we're standing now.) We presidents learned a lot from each other. Have you ever complained about the quality of the clinical courses in our local schools? If you went to social work school then in Arizona or Kansas, there were NO clinical courses. Have you ever complained that we are certified, not licensed? Well, back then Minnesota social workers had to fight tooth and nail to become registered (one step below certification on the priorities scale).



**Marsha Wineburgh,  
CSW, BCD  
1980-1982**

### Victory for Parity

On January 1, 1980, the NYSSCSW comprised 819 members in ten statewide chapters; we had a \$65,000 operating budget, a full-time administrative assistant, Mitzi Mirkin, and a very part-time lobbyist.

Our legal name was Society of Clinical Social Workers, the original incorporated name, even though we called ourselves the NYS Society for Clinical Social Work Psychotherapists, Inc. In 1980 we enjoyed

respect from NASW, the psychologists were courting us as clinical allies and legislators were beginning to know who we were. Four major objectives dominated this period: passing licensing and vendorship legislation, protecting clinical social workers' right to practice, establishing education programs to upgrade clinical social work skills, and expanding chapter membership.

### Parity with "R" Law

In the legislative arena, there was intense activity. On the state level, we sought to enact legislation that would provide insurance reimbursement for our psychotherapy services and, even then, to license clinical social workers. Since the New York State legislature was reluctant to license any additional professional groups, the vendorship circuit seemed the best place to put our efforts. The failure of the "P" legislation to expand consumer access to qualified psychotherapists provided the leverage to return to the legislature to ask for mandatory mental health reimbursement legislation. In February 1981, sponsored by Senator John E. Flynn and Assemblywoman May B. Newburger, the Parity bill was introduced into both houses. By January 1985 the resulting "R" law was part of the Insurance statutes. Incredibly, it has taken until 1991 for the political atmosphere to be receptive to licensing. Hopefully, in the spring of 1994, the social work profession will introduce legislation for multi-level licensing that will include a clinical social work level.

In addition to introducing legislation, the Society successfully opposed several bills. We lobbied against a bill that would have permitted BSWs with 10 years of experience to be certified; against a licensing bill for psychology which laid the ground-

### *It has taken until 1991 for the political atmosphere to be receptive to licensing.*

work for all psychotherapy to be part of the exclusive domain of psychologists; and against a bill that would abolish the state board exams for social work and psychology, to be replaced by a board that registered all mental health professionals, independent of discipline, including marriage and family therapists, counselors, etc. We pressed for clinical social work representation on the State Board for Social Work and sought recognition of institute experience as "facility experience" in the state board regulations for the "P".

During this period, the NYSSCSW Board recommended that all clinical social workers refrain from participating in private Medicaid psychotherapy services. Under

regulations established by the State Health Department, psychiatrists in private practice were receiving Medicaid reimbursement for services rendered by certified social workers. Our fees would be billed for and funneled through a psychiatrist, an arrangement inconsistent with our wish for parity with other mental health disciplines.

On the national scene, we wanted inclusion as providers in the CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) mental health package and the Federal Employees Health Benefits (FEHB) Plan. The first Medicare legislation had just been introduced by Senator Daniel Inouye and included clinical social workers as providers.

Other events were also taking place within the organization: we were discussing chapter rebates, and expanding board meetings to Upstate locations; we bought an electric typewriter and an answering machine for Mitzi. We hired Alyce Collier



**Jacinta (Cindy) Marschke,  
PhD, CSW  
1984-1986**

### Déjà Vu a Decade Later

It's been almost 10 years since I took office as president of the New York Society. As I reminisce, I am struck by the similarities in the concerns that we faced then and that confront us now.

In 1984, parity with other mental health providers was finally achieved with the passage of the "R" bill. At the time we were celebrating its passage at the Tavern on the Green in 1985, we never anticipated that we would be forced again to rally advocacy for legislation establishing clinical social work licensure. Both efforts were necessary to ensure access to affordable services and to assure consumer protection from unqualified practitioners.

Just as in 1984, we must convince the public, insurance companies, employees and the government of the inherent value and benefits in a) providing easy access to mental health services and b) including clinical social workers as providers. Surely we'll be as successful in achieving licensure as we were in achieving parity.

Perhaps the most volatile issue I had to deal with when I took office was the "malpractice insurance fiasco". For years the Society had been seeking an insurance

as *Newsletter* editor, established a state committee on psychoanalysis, began the search for a group health insurance policy, argued about the tax implications of the referral and information service, and drafted our own code of ethics.

Here are some of our colleagues who were the active contributors to the discussions: Monty Kary, Robert Galardi, Gemma Colangelo, Phyllis Gordon, Kathleen Friend, Donna Rohlf, Gloria Mitchell Mazza, Gloria Aronson Weinberg, Bert Kaplan, Richard Mingoia, Ann Marie Lee, Robert Addison, Martin Pollens, Maria Warrack, Alan Shanel, Florence Grossman, Jay Fischer, Lynn Hill, Peggy Isbell, David Phillips, Barbara Pichler, Rita Benzer, Marguerite Perrin-Klein, Selma Lane, Kenneth Herrmann, and Crayton Rowe.

So here we are in 1993 pursuing licensing, the last piece of our 1980 legislative agenda.

underwriter that would a) issue liability insurance not requiring membership in NASW and b) would not charge outrageous premiums. The only company doing so at the time had an agreement with NASW that mandated membership to qualify for inclusion at reasonable rates. Our initial exuberance at having found an alternative gave way when, with broader exploration, we were informed that the new policy did not fulfill our expectations. After much angst and a lot of effort, several alternatives were made available.

### Ongoing Professional Tensions

Unfortunately, the underlying intraprofessional tensions, competition and conflict have not been resolved. Save for informal instances in which clinical social workers have transcended their historical differences and joined forces to achieve important, shared goals (licensure, educational efforts, expanded mental health benefits, regulation of managed care, clinical research and advocacy), we continue to be a profession needlessly divided. Let's hope that in the next 10 years these cooperative efforts become

*(continued on next page)*



## MARSCHKE (continued)

more of the norm and less the exception.

Toward the end of my tenure the State Society and Federation boards convened independently to review their respective priorities and directions. The areas of primary interest were essentially the same

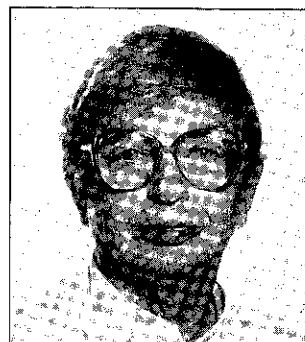
for both. Ironically, the issues and sentiments cited at those meetings seem to aptly reflect those of our present membership. The priorities identified in November 1985:

- promotion of licensure and vendorship
- increased public awareness through public relations, education, marketing
- further promotion of excellent educa-

tional standards for clinical social workers

- exploration of enhanced services provision via an executive director, office, etc.

We have achieved a good deal since 1984 and we're still working on some of the same goals. Thanks to the commitment and tenacity of our members, déjà vu provides both a comfort and a challenge.



**Adrienne Lampert,**  
CSW, BCD  
1986-1988

## Expanding Horizons

I learned back in 1971 that those social work colleagues who consistently supported my concerns regarding high practice standards, continued education, active advocacy for clinical social workers and our clients were members in NYS Society and the National Federation. In joining with these clinical social workers, not only did I have an opportunity for a truly proper identity, but I later had the honor and privilege of serving as chapter, State Society and National Federation president.

My term as NYS Society President involved increasing membership, encouraging the formation of new chapters statewide, advocacy in Albany and Washington, developing working alliances with state schools of social work, NASW and other social work groups. Probably the four contributions that stand out in my mind about my 2-year tenure include introducing a regular *President's Letter* to the membership; having an Annual Meeting that presented for the first time managed care issues in our practice; getting the Buffalo chapter up and running; and initiating a major public relations program, which certainly pushed the Society into the '80s; to be known you must be visible.

### *Our problems and successes are much like those in other states.*

This certainly is the time when clinical social work needs to look carefully and thoughtfully at the profession from within to ensure that we safeguard our position as the primary mental health providers in the United States. Each of us, whether in

an agency, hospital, as a faculty member or in private practice, is aware of the economic crisis in health care services and the continued proliferation of managed care groups that influence how we deliver services. At no time, in my many years in clinical social work, has there been this degree of impingement on practice. These



**Robert J. Evans,**  
CSW, BCD  
1988-1990

## PR and Internal Change

Looking back on the time I served as the Society's president brings a flood of memories. I think first of those who worked with me—the many talented people, board members and others—who gave so freely of themselves. Often, looking around the board room, I was impressed by my colleagues' creativity and dedication. I came to rely on their counsel and support. Many became my friends.

As president-elect in 1987, my mentor was Adrienne Lampert who had infused the organization with innovative ideas and energy. I was challenged to find a way to assume the leadership position and continue working on projects in progress in ways consistent with my personality. In spite of

crucial issues concern confidentiality, ethics, client coverage, paper work, telephone reviews, fee setting. If ever one needed a professional identification in terms of education, training, certification and licensing, that time is now.

Having worked at state and national levels, I see that our problems and successes in New York are much like those in other states. We need an ongoing dialog with schools of social work to ensure that our upcoming colleagues are well trained clinically. We must monitor state and national legislation for ourselves and our clients. We must get a licensing law passed in our state to define and protect our practice. We must be active participants, prepared to sit at the table and identify ourselves as one of the "powers that be".

As social workers we are trained to look after others; the time is long past when we must also look after ourselves.

our differences, we worked well together.

Around the time I came into office the Society initiated its public relations program, which was designed to define an image for the clinical social worker and promote the use of clinical social work services. The decision to use a public relations firm was viewed as a progressive step that would take us into the '90s with enhanced visibility, growth in membership and parity with other mental health professions. It wasn't long before it became clear that we were on uncharted ground. The PR project turned out to be very expensive, more labor intensive and less fruitful than we had expected. It was eventually discontinued. Involvement in

this project made clear the limits of what could be accomplished relying on volunteer efforts alone.

### *A weekend retreat was a catalyst for change.*

In the second year of my term the focus shifted to internal matters. In March the Society's board held a weekend retreat in the Poconos. Our purpose was to reach consensus around priorities for the coming years. The retreat was a catalyst for change. Out of it came the decision to move in the direction of establishing a central office and hiring an executive director. Afterward there was much work to be done to develop a viable plan of action. By the end of my term as past president the Society was preparing to hire its first executive director—part of the plan to usher in a new era of increased efficiency and effectiveness.

For over 5 years Society-related activities occupied a large part of my life. I recall that when I left the board in December 1990 I had a feeling of satisfaction and was eager to pursue other interests. Although not very active with the Society during the past few years, I have remained connected in spirit. It was an honor to serve as the Society's president and I grew a great deal through the experience.

## Health Care Reform: Federation Summary

*Report by Marsha Wineburgh,  
MSW, BCD*

*The following summary dated September 1993 is taken from a memo distributed by National Federation to state society presidents. Ken Adams is the national advocate.*

**The Health Security Act of 1993**—Now that President Clinton's proposal has finally been unveiled, the real work of drafting the health care reform legislation will begin in Congress. Most members of Congress seem to believe that they must enact some form of health care reform before the 1994 mid-term elections. This political imperative, combined with the President's high profile, makes passage of a bill more likely, although the exact shape still remains to be defined by Congress. There appears to be broad bipartisan support for the following elements in the White House proposal:

- medical malpractice liability reform
- establishment of medical purchasing



**Helen Hinckley Krackow,**  
CSW, BCD  
1994-1996

## Starting the Next Quarter Century

As I become the next President of the NYSSCSW, Inc., I will share my understanding of the task ahead of me in my administration. My name is Helen Hinckley Krackow. I am the eighth great-granddaughter of William Bradford, the first governor of Plymouth Colony and the sixth great-granddaughter of Thomas Hinckley, the last governor of Massachusetts Colony. My family fought at Valley Forge. I tell you this not to be grandiose or elitist, but to say that in spite of the fact that my relatives were the religious outcasts of Europe, they did not retreat into helplessness. They braved the Atlantic Ocean in a tiny wooden ship for the sake of religious freedom. They froze with rags on their feet in the snows of Pennsylvania for the sake of political freedom. They moved, strove and fought for what they believed in spiritually and governmentally. It is ironic that some of my work has involved helping my patients undo some of the pathological effects of religious extremism.

No movement or family is perfect and my family has in many ways also been dysfunctional. However, I want you to know that I will emulate the heroic aspects of my ancestors in my dedication to our survival. I am driven by the belief that it is important

for this Society and this country to establish a proper understanding of the role of clinical social work in the practice of all modalities of mental health treatment. Now is the time for another revolution! We must stand up for ourselves and fight for treatment and emotional education to become an entitlement, much as intellectual education is in this country. Governments fund year after

### *It is important to establish a proper understanding of the role of clinical social work.*

year of public education and offer student loans because the public believes we cannot function without this education. Legislators cannot respond to constituents who do not know what clinical social workers have to offer or even that we treat mental illness, dysfunctional families, or behavioral disorders. We must mobilize. I invite you to join the leadership of the Society in protecting the profession and educating the nation. This is a volunteer organization and we need you. I speak to you of a dream. Dreams in America become reality.

- groups and a standard minimum benefits package
- limits on the tax deductibility of health insurance premiums
- encouragement of managed care
- more emphasis on primary and preventive care
- federal preemption of state-mandated benefits

Disagreements are likely to focus on the following areas:

- mandate for employers to pay for their employees' coverage
- the role of insurance companies in the proposed new structure
- the form of proposed health insurance purchasing cooperatives ("alliances")
- the general level of bureaucracy envi-

- sioned by the President's plan
  - the financing of the overall package
- More than a dozen congressional committees will conduct hearings on the White House proposal. The remainder of this year will be a time of exploration and debate, with little or no concrete action until next year. □

### Cx

In the Summer 1993 issue ("1993 Diplomates Elected") we incorrectly stated that Estelle Rauch, CSW, BCD, is director of group therapy at Peninsula Counseling Center. She held that position from 1973 to 1992.

## Annual Conference 1994: Call for Workshop Proposals

The Annual Meeting will take place November 19, 1994 rather than the usual Saturday in May. The topic: **The Nature of Change in Psychotherapy: Multi-Model Approaches to Treatment**

What do we mean by change? How does change take place? We will look at different theoretical models as well as different

## Special Recognition

Special recognition was accorded Hillel Bodek, CSW, BCD, at the Annual Meeting in May for his outstanding contributions to the Society and to clinical social work.

Founder and chair of the committee on forensic social work, he has designed and teaches a course in this specialty.

His work in the courts has contributed to changes in law around the issue of CSWs serving as expert witnesses.

modalities—long term, short term, family, group, couples, hypnotherapy.

Please submit a 2-page proposal based on the subject of the conference. How do you envision the workshop with respect to your expertise? Comment on structure, process, content, and clinical examples.

Suggested categories: Psychotherapy, psychoanalysis, short-term and group treatment, hypnotherapy, family practice, drug and alcohol abuse, eating disorders, treat-

ment of couples, children and adolescents. Please submit **FOUR** copies of the proposal (include title of workshop on all four copies and all other identifying information on the cover only) and a biographical abstract on a separate page.

**Deadline: March 30, 1994**

Mail to: Dianne Heller Kaminsky, CSW  
65 East 96th Street—1C  
New York, NY 10128

## 1994-1995 Slate

At the direction of Fred Frankel, CSW, BCD, the nominating committee proposes the following candidates:

**First Vice President** Marsha Wineburgh, CSW (Met)  
**Treasurer** David A. Ackerman, CSW (Suffolk)  
**Members-at-Large** Allen A. DuMont, CSW (Queens)  
Jacinta (Cindy) Marschke, PhD, CSW (Mid-Hudson)  
June Tu, CSW (Westchester)

Ballots are on their way to all members. Those elected will serve 2-year terms.

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## Public Relations Committee Forming

The NYS Society is forming a public relations committee to be chaired by Sheila Peck, ACSW, Nassau chapter. Suggested goals include plans for the following:

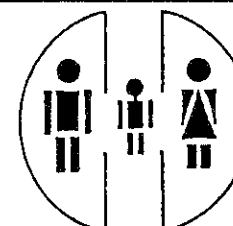
- Clinical Social Work Image**
  - Informing media about the Society
  - Establishing media contacts to promote accurate and positive portrayals of clinical social work. This could include creation of public service announcements for radio and TV.
- Monitoring the Media**  
Development of a media kit to help members monitor media for incorrect presentation of the profession. This may include a check list, a form for reporting to the Society and/or suggested format for letters to be sent to media sources. Such monitoring would include the attempt to remedy omission of the Society as a reliable source.
- Public Education**
  - What is a clinical social worker and

what services does s/he provide to the consumer and/or the general public?  
b) What does it mean to be an educated consumer of clinical social work services?

### 4. Individual and Agency PR

Educating social work clinicians and administrators about public relations for their own practices or agencies. This will include writing a press release, how to be interviewed, getting a point of view presented in the media, finding appropriate ways to be in the public eye, etc. A hands-on, how-to publicity workshop will be offered for Society members, to include a component on low-cost/no-cost publicity targeted for not-for-profit groups.

A letter and form are on their way to all board members, chapter presidents and committee chairs. Data to be supplied will help to direct and set goals/strategies for this new committee. We invite you to join and share your ideas and expertise. Call Sheila Peck: (516) 889-2688.



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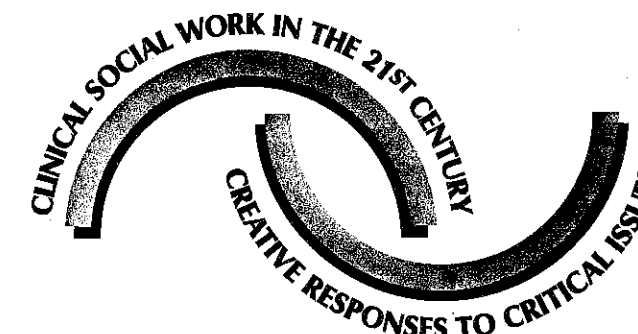
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Commissioner  
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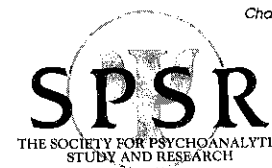
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Executive Director

Advanced Center for Psychotherapy  
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Fred Lipschitz, PhD, Director of Training  
THE INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY  
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