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THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK

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PRESIDENT'S MESSAGE

Maintaining Our Strength

By Karen Kaufman, Ph.D., LCSW-R

In my last message, I wrote about the challenges we and our clients face in finding hope and optimism with ever-worsening circumstances in the country and in the world: political extremism and restricted voting rights primarily targeting people of color, the reversal of women's reproductive rights, climate disasters continuing with regularity, war, the uncertainties of Covid, and a continuing mental health crisis among adolescents and teens. I wrote about the need to have our own care and wellbeing prioritized, for ourselves, our families, and the people who rely on us for help. This can come in the form of regular medical and mental health care, involvement in community activities, immersion in the arts and nature, voting, and advocacy. We have to use the tools available to maintain strength in the face of so much threat and political divisiveness.

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Karen Kaufman

“With your active involvement the Society will continue to grow as a vibrant clinical organization throughout New York State.”



On Children & Adolescents

A Tale of Two Therapies

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**A Pioneer Researcher
Examines the Adolescent Brain**

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The New York State Society for Clinical Social Work, Inc.

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New York State Society for Clinical Social Work

The Professional Voice For Clinical Social Work Since 1968

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The Advanced Clinical Education Foundation of the NYSSCSW

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I am therefore pleased to report on some positive developments in the Society that include our goals for growing and strengthening the organization throughout New York State as we prepare for future generations of clinicians and leadership in the Society.

On October 29, we hosted our Annual Membership Meeting at the Red Hat Restaurant in Irvington, NY. It was a very well attended and celebratory occasion and the first major in-person event since the last annual meeting was held in this location in 2019. Along with good company and good food, members were introduced to the Society and chapter board members; ACE's new Director of

“Our 2022 Annual Membership Meeting was a very well-attended and celebratory occasion, the first major in-person event since 2019.”

Professional Development, Desiree Santos; the new LMSW rep to the Society Board, Fenisha Blanchard; and nominees for the current elections, Shannon Boyle, LCSW-R as Recording Secretary, and Jay Korman, LCSW-R, BC-TMH, Member-at-Large from the Met

Chapter, whose terms will start in January 2023. It is our goal to have LMSW reps from all of the chapters create a committee with Fenisha's leadership to support the needs of recent graduates and new professionals. We also introduced a new Committee for Agency Practice, chaired by Patricia Traynor, LCSW-R, to address the needs of clinicians working in agencies and other settings. Finally, all of the chapter presidents chose members to be honored for the contributions they've made in their chapters and in the field.

At the meeting, members were informed of the start of the PR firm's work: after the membership survey was completed, members' priorities, interests, and concerns

were analyzed and will inform the work to be launched to increase our presence throughout the state and on social media, revive or start new chapters, and upgrade the Society website. In addition, we are hiring a Leadership Coordinator who will assess the needs of chapter and state boards, plan in-person leadership trainings to develop future officers in the organization, and work in conjunction with the PR firm to launch a membership campaign throughout the state.

Members also heard from Marsha Wineburgh, DSW, LCSW-R, former President of the Society and currently the Chair of the Legislative Committee, about efforts taking place that could potentially weaken our license. Stay informed about the work of the Legislative Committee and our lobbyists in Albany through her regular updates in *The Clinician* and E-blasts.

As always, I want to encourage a spirit of volunteerism. It is with your active involvement as members in your professional community who can contribute your talents and expertise that the Society will continue to grow as a vibrant clinical organization throughout New York State. Whatever amount of time you can offer, whether in your home chapter or at the state level, it is a valuable contribution because it is only through the work of our volunteers that we can accomplish the goals of growth and continuity for future generations of leadership in the Society and for clinicians throughout New York State. 🇺🇸

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FOR ADVERTISING INFORMATION:
SEE PAGE 37



Red Hat restaurant in Irvington, NY.

Licensing for LMSW Threatened

ASWB licensing exams may be suspended during investigations of racial bias concerns

All social work licensing examinations are prepared by the Association of Social Work Boards (ASWB). Recent LMSW licensing test results indicate racial and age disparities in passage rates. A large percentage of those who failed to pass were people of color and those who learned English as a second language. This was interpreted by some as indication of racial bias in the preparation of the licensing examination.

This new data indicates a review of the causes of this disparate failure rate is necessary, which the various stakeholders are asking ASWB to do. These include many State Boards for Social Work, the social work professional organizations and the Council on Social Work Education (CSWE), which is responsible for accrediting the curriculum of BSW and MSW programs and upon which content the exam is based.

Recently, CSWE has responded to this situation with the suggestion that the MSW licensing exam be suspended while investigating these concerns.

Note that the LCSW licensing exam was NOT included in their recommendation. And we in New York State are fortunate to have two separate levels of licensing that essentially created two professions: the LMSW and the LCSW.

However, it is essential that the NYSSCSW be vigilant. There is a nationwide effort to de-license many professions. Deregulation or “sunsetting” of the MSW license has already begun in many states. Illinois has passed a law ending the licensing requirement for generalist MSW practice. Other states are considering it, including New Jersey, Delaware, and Maine. California has never had an LMSW level.

Consequences, Intended or Not

Threat to Public Safety and Welfare: Licensing is primarily a public protection law which allows citizens to seek recourse from their state’s licensing boards in the case of professional misconduct, incompetence, and negligence. It establishes minimum standards for competence for a group seeking professional status.

No measure for minimal competence: Unlike most graduate programs, there is no entrance exam required to apply to a MSW program, for example, no GREs. Acceptance in social work graduate school is essentially an open system, completely dependent on the discretion of individual social work schools. With no exam upon completion of the MSW, how is it possible to assess

proficiency or measure what one has learned? There is no measure of minimal competence which a licensing exam of necessity does provide.

For many MSW graduates, the first exam they take at the end of their 60-credit program is the LMSW exam. This includes BSWs who are granted an MSW with only 30 credits in an MSW graduate program. Many variables can influence failure to pass this exam including inadequate past education and skill building.

Impact on Schools of Social Work: The MSW has always been determined to be the terminal degree in social work education. Sunsetting the licensing privilege for MSW graduates essentially destroys the professional status of social work. Schools may have a mixed reaction to these laws – on the one hand, they would no longer worry about graduates passing a minimum competence exam. With the economic advantage of online education, delicensing MSWs can be very attractive. But...

Disincentive to MSW graduate study: Candidates interested in psychotherapy preparation would look to the other graduate mental health programs for this education: mental health counseling, marriage and family psychotherapy, psychology etc. Why spend upwards of \$90,000 for a degree that does not lead to licensure, a living wage, and a way to repay student loans?

Preserving Our LCSW Privilege

Of course, it is important to look into the validity of the current social work licensing examinations, which the State Boards for Social Work, social work professional organizations and other stakeholders will insist on. Although the ASWB was initially very committed to testing examination questions for validity and reliability, it is unclear what their procedures are now. Many years have passed since the examinations were developed. How these basic statistical procedures are currently evaluated, we do not know.

Although clinical social work has its roots in generalist social work, our professional identity is based on additional education, the setting where one works, and/or the theories or modalities one uses. Our New York State license establishes our qualifications to diagnose and treat mental illness, which in turn qualifies us for reimbursement for our mental health services and establishes us as one of the original four mental health professions in this country.

We must preserve our LCSW privilege. Perhaps it is time to return to our original identity as a discrete

New Ace Director: Desirée Santos

By Marsha Wineburgh, ACE President



The ACE Foundation Board is pleased to introduce our new Director of Professional Development, Desirée Santos, LCSW-R. She brings extensive experience and dedication to our mission to advance clinical education. She will help us grow our programming and resources for the

mental health professionals who attend our presentations.

In addition to her private practice and agency social work experience, Ms. Santos created and managed the continuing education program for Mount Sinai's Social Work Department, is an adjunct Professor at Columbia School of Social Work, a Teaching Faculty Member of the Psychoanalytic Association of New York (PANY) affiliated with NYU School of Medicine, and Chair of the APsA Graduate Education in Social Work Committee. She can be reached by email at Director.ACEFoundation@gmail.com.

Ms. Santos is stepping into the shoes of our supremely competent director for the last seven years, Dr. Susan Klett. We are pleased that Susan will remain with the ACE Foundation as Consultant, so we will not be losing her programming expertise and extensive knowledge of the field.

Desirée Santos, LCSW-R, is a psychoanalyst and licensed clinical social worker in private practice with more than 20 years of experience as a psychotherapist, supervisor, lecturer, and program developer in the fields of hospital-based

social work, school-based services, community-based health, and mental health.

In August 2022, she became the Director of Professional Development for the Advanced Clinical Education Foundation (ACE). Prior to then, she worked at The Mount Sinai Hospital in New York City for more than 13 years as a clinician and then as continuing education program manager for the Department of Social Work Services.

Ms. Santos is also an adjunct lecturer at Columbia University, where she achieved a B.A. in Psychology and Master's degree in Advanced Clinical Social Work. In addition, she is a Teaching Faculty Member at the Psychoanalytic Association of New York (PANY) affiliated with NYU School of Medicine, where she graduated from the post-master's adult psychoanalysis training program. She enjoys collaborating on various community-based initiatives to promote wellness, growth, and resilience among youth, adults, and families.

Her recent and current projects include completing her doctoral classes, working on her dissertation, chairing the APsA Graduate Education in Social Work Committee, developing curricula for early-career clinicians in the community, and working with clinical education programs across the country as a professional development consultant. Clinical research interests include intersubjectivity, human development, narrative therapy, clinical training, and supervision. Since joining ACE, Ms. Santos said that she has found the NYSSCSW community welcoming, and she extends her warmest wishes to everyone for 2023 and beyond. 🗨️

LEGISLATIVE Continued

profession (psychiatric social work) with a stronger defined and separate state and national presence from generic social work organizations. We are clinical social workers and as such have different education and experience from basic social work preparation.

Right to Diagnose for LMHCs, LMFTs, and LPs – An Update

Here in New York, regulations are being considered for the currently licensed mental health professionals who do not have the right to diagnose. These regs are intended to address the issue of limited permits and what additional education in diagnosis and supervised clinical experience in an appropriate setting is needed to qualify for this privilege. The NYSSCSW and the NASW-NYC Chapter have requested that all masters-level mental health professionals meet the identical requirements

needed for the LCSW. The main problem with the new regulations for those already licensed mental health practitioners is there is no examination to measure minimum competence after meeting the specific qualifications for the diagnostic privilege.

New Required Course on Ethics and Appropriate Boundaries

After April 1, 2023, social workers, psychologists, and mental health practitioners may be required to complete three hours of continuing education (as part of the 36 hours required for recertification) related to ethics and maintaining appropriate boundaries between psychotherapists and their patients. Courses must be approved by the State Education Department. The Board of Regents will consider mandating this requirement in their November or December meeting. 🗨️

Save the Dates!

The New York State Society for Clinical Social Work with The ACE Foundation Presents

THE 54th ANNUAL EDUCATION CONFERENCE

The Stranger Anxiety: Inside and Out

APRIL 15 & APRIL 22, 2023

Live Virtual Programs on Two Saturdays

Both Days: 6.0 CE CONTACT HOURS

(See Next Page for CE Provider Accreditation Information)

PART 1: SATURDAY, APRIL 15, 2023

(3.0 Live Online CE Contact Hours)

- 9:15 am** **Welcome Remarks**
Karen Kaufman, Ph.D., LCSW, President, NYSSCSW
- Opening Remarks**
Desirée Santos, LCSW-R, Director, Professional Development,
ACE Foundation of NYSSCSW
- 9:30 am** **The Other: Listening for Sibling Dynamics and How They Shape Us**
PRESENTER: Susan A, Klett, Ph.D., Psy.D., LCSW-R
(Moderator TBD)
- 10:30 am** **Audience Participation, Q & A**
- 11:00 am** **Topic: The Other and Subjectivity**
PRESENTER: Donna Orange, Ph.D., Psy.D.
(Moderator TBD)
- 12:00 pm** **Audience Participation, Q & A**
- 12:30 pm** **Closing Remarks**
Marsha L. Wineburgh, DSW, LCSW-R, President, ACE Foundation of NYSSCSW

SAVE THE DATES | 54th ANNUAL EDUCATION CONFERENCE

PART 2: SATURDAY, APRIL 22, 2023

(3.0 Live Online CE Contact Hours)

9:15 am **Welcome Remarks & Film Featured:**

Crip Camp - A Disability Revolution (1 hr., 42 min.)

MODERATOR: Marsha L. Wineburgh, DSW, LCSW-R, President, ACE Foundation of NYSSCSW

DISCUSSANT & PRESENTER: Edward Ross, LCSW, Director of Health and Behavioral Health at Lighthouse Guild International

11:15am **Q & A Discussion with Audience**

12:00 pm **Closing Remarks**

Desirée Santos, LCSW-R, Director, Professional Development, ACE Foundation of NYSSCSW

This conference is appropriate for mental health professionals with all levels of experience.

NYSED CE Provider Accreditation Information:

This two-day virtual conference is approved for 6.0 live online CE contact hours (3.0 CE contact hours for each conference day). Participants are welcome to attend both conference days but must attend at least one entire conference day and complete an online survey in order to receive the 3.0 CE contact hours for that particular conference day. The Advanced Clinical Education (ACE) Foundation of the NYS Society for Clinical Social Work, Inc. is recognized by the New York State Education Department's State Boards as an approved provider of continuing education for licensed marriage and family therapists #MFT-0028; licensed mental health counselors #MHC-0045; licensed psychoanalysts #P-0017; licensed psychologists #PSY-0121; and licensed social workers #SW-0056.

ASWB CE Provider Accreditation Information:

The Advanced Clinical Education (ACE) Foundation of the NYS Society for Clinical Social Work, Inc., Provider # 1413, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Social Work World maintains responsibility for this course. ACE provider approval period: 07/15/2020–07/15/2023. Social workers participating in this course receive 6.0 continuing education credits.

Met Chapter

Helen Hinckley Krackow, LCSW-R, President

Before reporting on our many activities, I want to thank our former President Michael Crocker, DSW, LCSW, who has led us for the past year, and his husband Shaun Peknic, MA for all their contributions to the Met Chapter, particularly to the Racial Equity and Sexuality and Gender committees. They are both a great loss. We are building the Chapter on their legacy.

The Met Chapter is designing a number of Zoom programs—both workshops and practice groups. This fall, we presented a rich program through the Committee on Psychoanalysis (COP) entitled, *The New Sexual Landscape and Contemporary Psychoanalysis*. The presentation covered the ways in which advanced technology and the

“The sensitivity and dedication of these leaders [of our committee and practice groups] makes our Chapter come alive.”

emergence of more expanded information about sexuality and gender need to be addressed by psychodynamic and psychoanalytic techniques and perspectives. It was given by Danielle Knafo, Ph.D., who has published a book by the same name and teaches in the doctoral program at LIU-Post. The COP is Chaired by Barbara Lidsky, LCSW and Don Appel, LCSW.

Racial Equity is planning to present a two-part workshop on therapeutic issues to be aware of in the treatment of the myriad of Hispanic clients. Dr. Bahia Munem, Ph.D., who holds a doctorate in Women’s and Gender Studies from Rutgers University, will present the section addressing cultural concerns of Latinx and South American groups, and Maria Elena Oliva, Ph.D., LCSW will present the clinical material relative to treating mental health issues in Hispanic clients. She holds a doctorate in social work from Smith College. These workshops will take place in January and March 2023.

The Chapter is preparing to resume several Practice Groups this winter and in the spring:

- Gender and Sexuality is now chaired by Kathryn Sedgwick, LCSW. The first program will be on trans terminology and treatment of trauma in the trans population.
- Our Addiction Committee will address integration of the 12-Step Program with psychodynamic psychotherapy under the leadership of Betsy Spiegel, LCSW.
- We are also in the beginning stages of starting a Practice Group on Infertility.

The Chapter has several groups that continue in full swing:

- Jane Gold, LCSW has been leading The Riverdale Clinicians Group with great skill for a number of years and has added another leader, Kathy Sommerich, LCSW-R to help her.
- Sandra Plummer-Cambridge, LCSW-R, continues to chair our BIPOC Committee. She was honored at the Annual Meeting for her dedication to the Society in the formation of this vital activity in support of our BIPOC members.
- Of course, Chris Farhood, LCSW-R continues to lead the highly successful Mentorship Program for our new professionals.
- Aging Issues plans to meet in person in the next few weeks under the leadership of Henni Fisher, LCSW-R, BCD, and myself.

The sensitivity and dedication of these leaders makes the Chapter come alive. I also want to thank the Chapter for being honored by the Society at the Annual Meeting for my leadership over the last 40 years. It has been an abiding pleasure.

Met Honorees

Helen Hinckley Krackow, LCSW-R and Sandra Plummer-Cambridge, LCSW-R



Helen Hinckley Krackow

Helen Hinckley Krackow has been an active part of the Society since the 1980s. She was State Society President for three terms, Treasurer for two terms, President of the Met Chapter for three terms (and currently), and Mentorship Chair on the state and chapter levels for many years. For decades she has been Chair of the

Newsletter Committee, responsible for our publication, *The Clinician*. She is also Co-chair of the Committee on Aging, and past president of ICAPP, the International Conference for Advanced Practice of Clinical Social Work. She is a Distinguished Practitioner of Social Work Academy of the National Academies of Practice.

Helen has been part of the glue that holds the Society together. She lives, breathes, and thinks constantly about the Society—how we can add new members, new programs, advance our profession and thrive. All this, while maintaining a full-time private practice in Manhattan, and caring for her beloved husband Al, disabled for many years.

It is with deep gratitude that we honor Helen and her many contributions to our Society.

[Presented by Henni Fisher, LCSW-R, BCD]



Sandra Plummer-Cambridge (file photo)

Sandra Plummer-Cambridge is Chair of the Met Chapter's BIPOC Committee, a vital support group for members who identify as Black, Latinx, Asian, and Indigenous people of color. It's one of our chapter's most exciting new activities.

Sandra expressed it this way: "Many BIPOC clinicians have experienced overt and structural racism in both their personal and professional lives. The purpose of the BIPOC support group is to provide a safe, nonjudgmental environment where clinicians can discuss their experiences and be supported as they navigate the minefields of structural, overt, and interpersonal racism. The focus is on providing coping tools for the workplace during moments of distress and breakdowns in communication."

Sandra has over 20 years of clinical experience, having worked in biopsychosocial, medical, and psychiatric settings. She received her MSW from Wurzweiler Yeshiva University and pursued post graduate studies at the Institute for Contemporary Psychotherapies. She also trained as a Drama Therapist at the Institute for the Arts in Psychotherapy and is a member of the National Association for Drama Therapy.

[Presented by Helen Hinckley Krackow, LCSW-R]

Mid-Hudson Honorees

Linda Hill, LCSW-R and Louise Marcigliano, LCSW-R



Linda Hill (File photo by Hafina Allen)

Linda Hill has been on the Mid-Hudson Chapter Board since 2003 and has helped to advance our work in countless ways throughout her tenure. In 2008, she was Vice President under President Rosemary Cohen, LCSW-R. For the past three years, Linda has been President; her term ended June 30, 2022.

Linda's competent, responsive, and responsible leadership has been an invaluable resource to us. She helped the chapter navigate through all the Covid challenges and limitations. We actually thrived during this period, picking up additional members and continuing our events and activities via Zoom.

Linda has been unfailingly supportive of the various committees, assisting with tech issues, and overseeing every aspect of our activities, especially workshops. With the help of Education Chair Cynthia Muenz, Linda made sure the presentations were top-notch and went smoothly. She has handled workshop registration for almost 20 years and has managed the mailing lists, among many other duties.

In 2004, Linda co-founded the Peer Consultation Group with Jeanne Asma, LCSW-R, and we are very lucky that Linda has agreed to continue running this popular and valuable resource for our members, now in its 18th year. The group meets the second Tuesday of each month from 9:30–11:30 am. Linda has also been generous in taking on a new role as consultant to the current Chapter leaders, providing invaluable support and expertise. We thank her for many years of steady leadership, her good-natured sense of humor, her upbeat personality, and her professionalism.



Louise Marcigliano, Susan Dean Miller, and Karen Kaufman.

Louise Marcigliano is a long-term Board member who stepped up to the Secretary's role about seven years ago. Since then, Louise has put together agendas and taken meticulous and accurate notes of all our Board meetings. She has prepared our contact lists and kept them up to date. When Chapter workshops took place in person, Louise generously offered to arrange catering for each event. In addition to other tasks, she helped find and book appropriate venues for various events. Louise herself was sometimes found at the registration table for workshops, and helped keep track of attendance, fees, and other important details. Louise was also a member of the Geriatric Committee for two years, and she wrote a workshop review published in *The Clinician*, Winter 2021.

Louise's contributions have been varied and invaluable. Her reliability, her intelligence, her kindness, and her supportive nature made her a person with whom we all wanted to collaborate. She will be stepping down from the Board at the end of the year and will be sorely missed, but her many past contributions will endure. *[Presented by Susan Deane-Miller, LCSW-R]*

Mid-Hudson Chapter

Barbara Solomon, LCSW-R, Acting President

As the new Interim/Acting President of the Mid-Hudson Chapter, I am enthused and excited by the beginning of a new chapter of our Chapter, so to speak. The theme of our last Board Meeting was “Moving On” as we had our first meeting without our very competent and affable former President, Linda Hill. She was missed, but thankfully Linda is still going to share her expertise with us on an ongoing basis.

We also have some other very devoted and hard-working Board members who are planning to move on from their positions: Our very able Secretary, Louise Marcigliano, ACSW, LCSW-R, will leave at the end of the year, and our excellent Chair of the Education Committee, Cynthia Muenz, LCSW-R will remain on the committee but step down as Chair as of 3/31/23. In fact, Linda and Louise were honored at the Annual Membership Meeting. [see page 10].

We are sad to have to say goodbye to Linda and Louise, and to Cynthia as well, who is stepping down as Education Chair. However, these changes create opportunities for others to take on interesting and rewarding leadership roles in our very worthwhile organization. I strongly encourage members to become more involved and consider joining the Board in the coming months. As I have met more members, I have been so impressed with their knowledge and varied experiences. If some of you can share just a bit of your valuable time and energy with us, I know that will only help to make our Chapter grow and be ever more helpful to the rest of the NYSSCSW members. Please consider attending our next Board meeting so you can meet us and see how we function. We need a variety of voices in order to thrive. One of our board members said it so eloquently: “In joining this organization and the Mid-Hudson Board, I have found my professional home!”

In December, our Zoom webinar, *The Use of Literature and Guided Writing to Address Symptoms of Anxiety with Your Clients*, was presented by Nancy S. Scherlong, LCSW, PTR, CJT, CM. Our Chapter is also planning another movie night, in which we all watch the same film and have a discussion afterwards via Zoom. Please feel free to offer suggestions and ideas for our winter movie event. I would love to hear from more Mid-Hudson members about how this chapter can better serve your needs. Getting more involved is one way to share your voice, but please feel free to contact me if you have any questions

Nassau Chapter

Ellie Perlman, LCSW & Patricia Traynor, LCSW, Co-Presidents

On behalf of the Nassau Chapter Board, it is our pleasure to provide you with this update. First and foremost, we want to thank our Board members for their hard work, dedication, and commitment.

We continue to be impacted by the pandemic, as people continue to rely on Zoom and other telehealth platforms for patient sessions, meetings, and workshops. We have discussed the hybrid presentation model for future presentations with the new director of the ACE Foundation, Desiree Santos, LCSW-R, and plan to offer workshops using that model at least until Covid becomes less of a challenge.

Over the past couple of months, the Board has continued putting together events and looking for opportunities to increase our exposure.

Our Diversity Committee, chaired by Jannette Urciuoli, Ph.D., LCSW and Judith Pullman, LCSW has not met since late spring, due to lack of new members. Jannette has expressed interest in restarting meetings, as a few people have indicated they may be interested in attending. We are actively exploring options for this committee.

Jannette Urciuoli continues to head our Website Committee and has been spending hours improving our website and making sure events and pictures are posted. She has been coordinating with Kristin Kuenzel at the Society Headquarters, as well as reaching out to committee chairs to make sure the information is up to date.

Our Public Relations Committee Nassau liaison and Chair, Evelyn Kuntz, LCSW, is working in conjunction with the State Chair and Nassau member, Barbara Murphy, LCSW-R. The Chapter Public Relations and Website committees are looking forward to working with the State committee and public relations firm to increase exposure of clinical social workers and benefits of being a member of the organization.

The Programming Committee, chaired by Ellie Perlman, sponsored two wonderful presentations, *Gestalt Therapy*, presented by Adam Weitz, LCSW in May, and, in October, *Psychodrama*, presented by Letitia Coburn, LCSW. The Committee is actively planning for our spring workshop.

The Mentorship Committee, previously chaired by Jennifer Shapiro-Lee, LCSW-R was holding monthly meetings with three to four regular attendees. Patricia Traynor will be taking over as Chair in January 2023. An overview of the group and contact information can be found on our website.

CONTINUED ON PAGE 12

The Membership Committee, headed by Patricia Traynor, and Linda Feyder, LCSW-R (also our dedicated Secretary), continues to collaborate with the Board's other committees to develop partnerships, expand our outreach, and sponsor conferences to increase awareness of the benefits of membership in the Society. We have 150 members, with nine new members.

The Committee on Aging Issues, headed by Sheila Rindler, LCSW, continues to meet bi-monthly, on Zoom. That committee has eight regular members who read and discuss books and articles, most recently, *This Chair Rocks*, a book by Ashton Applewhite.

The Scholarship and Education Committee is led by Catherine Faith Kappenberg, Ph.D., LCSW, who is also our University Liaison. We awarded a scholarship to an outstanding Adelphi student, Rebecca Schoenfeld, as well as an award to an accomplished BSW student from LIU-Post, Valerie St. Bernard.

Our Book Club, led by Susan Kahn, LCSW, BCD, plans to meet again in November. They will be discussing *The Last Thing He Told Me*, by Laura Dave.

Please note a correction to the segment about News Notes in our last letter: Susan Kahn was the editor since 2016, and Carline Napolitano, LCSW served as clinical editor during the last year and a half of publication.

The Nassau Board members meet monthly by Zoom; the date and the time are posted on the Listserv. We encourage all members to attend and share their talents. We are continuing to look for members to participate in our Public Relations, Programming, and Membership Committees.

The Board voted to give a donation to the Margaret S. Mahler Child Development Foundation to honor Patsy Turrini, who was an active member of our chapter, particularly in her work with the Committee on Aging Issues [See *In Memoriam* on page 17].

On October 29, at the State Society's Annual Membership Meeting, we were delighted to present awards to Shannon Boyle, LCSW-R and Susan Kahn, LCSW, BCD for their commitment and dedication to our chapter and to the Society. We sincerely thank them for their contribution of valuable time and effort.

NOTE: This will be the last President's Letter from Ellie and Patricia, as we will be stepping down as Co-Presidents in January 2023. We are honored to have had the opportunity to serve you, and we are looking forward to working with the new President to meet the needs of the Nassau Chapter.

Nassau Honorees

Shannon Boyle, LCSW-R and Susan Kahn, LCSW, BCD



Shannon Boyle and Susan H. Kahn

Shannon Boyle, who served as the Society's President from 2016 to 2021, has been a member of the Nassau Chapter since 2003. She held numerous leadership positions at the Chapter level, and then moved into leadership positions at the State level, including serving as Vice President in 2005, Treasurer, and Chair of various committees, before being elected to

serve as State President. Currently, she works with the State committees for Public Relations, the Website and Communications.

Shannon is Executive Director of New Ground, a non-profit organization helping homeless veterans and their families. She has been with that organization since 2002.

Susan Kahn became active in the Nassau Chapter in 2000, when she chaired the Advocacy Task Force Committee. She was the Nassau representative to the Vendorship and Managed Care Committee and co-chaired the Child Therapy Committee.

In 2004, Susan began a Book Author Brunch, which has become an annual or bi-annual event, continuing on Zoom in recent years. In 2016, she became Editor of *Nassau NewsNotes*, which later became the *Nassau-Suffolk NewsNotes*. Although we ceased publication of the newsletter in the fall of 2022, Susan has graciously offered her editorial expertise to all Nassau members who want to write for *The Clinician*. Susan worked at the Angelo Milillo Mental Health Center in Glen Cove for 12 years, and currently has a private practice in Great Neck specializing in children and adolescents.

[Presented by Ellie Perlman, LCSW-R, and Patricia Traynor, LCSW-R]

Queens Honoree

Lynne O'Donnell, LCSW-R, ASCW



Lynne O'Donnell (File photo)

Lynne O'Donnell is a dedicated and creative leader who was President of the Queens Chapter from 2014 to 2022. She has been a clinical social worker for over 40 years, working primarily with families and children through individual, family, and group modalities. She has provided many parenting workshops, marriage preparation courses, and teaches a course on Death and Dying and Generalist

Practice at Fordham University GSSW. Since 1989, she has maintained a private practice in Belle Harbor, adding EMDR to her toolbox after Superstorm Sandy. She also provides training and supervision to MSWs.

"When I joined the Society in 2007, I was in full time private practice and raising three teenagers," she recalled in an article written on the occasion of the Society's 50th Anniversary. "My friend had completed her tenure as Queens Chapter President, and enthusiastically encouraged me to join; she said I would especially enjoy the connection with other professionals.

"I began to attend monthly chapter meetings. Initially, I was reticent to share in the lively exchanges about

treatment and theory. But when I finally did, my confidence as a practitioner began to grow in new ways... Over time, I found myself assuming more responsibility, first as chapter Secretary, then as Co-Chair of Education, and finally, in 2014, as President."

Lynne's colleagues, Lisa Laudante, Ph.D., LCSW-R and Carol D'Andrea, LCSW, worked closely with her over the years. "Lynne has an infectious energy that always motivated us," Lisa said. "She was always so positive, so prepared, and ran meaningful monthly meetings with the Board and committee members. Lynne's heart and altruism were some of the drivers that helped the chapter remain vibrant. Despite her very busy and successful agency work and private practice, and commitments to her large family, she nevertheless made the mission of the Society a priority."

Carol said, "Lynne is truly an inspirational leader. Lynne helped board members define their roles and offered constant feedback and encouragement to keep us motivated and on task. Lynn's positive energy and spirit came through as she worked with all of our different personalities, and she was able to draw out the skills and strengths of all of the members. Lynne was also insistent on celebrating our successes with our end-of-year gatherings, and throughout the years helped the group bond and develop professional and personal relationships. *[Presented by Karen Kaufman, Ph.D., LCSW-R, Society President]*



The many attendees at the Annual Meeting were seated on two levels: those in the loft (left) had a bird's eye view of the proceedings on the main floor below (right).

Rockland Honoree

Orsolya Clifford, LCSW-R



Orsolya Clifford (Center) with Karen Kaufman and Dore Sheppard.

If there is one person who deserves to be honored for her invaluable service and contributions to the Society, that person would be our current Rockland Chapter President Orsolya Clifford. Orsolya has been president since 2014. She graduated the NYU School of Social Work, Rockland Division in 2004, and was the recipient of the Chapters' Student of the Year Award. She joined the Society upon graduation, worked at the Summit School in Nyack and, for 17 years, at the Rockland Children's Psychiatric Center's intensive day program. She has been a highly regarded adjunct professor at the NYU School of Social Work, Rockland Division since 2011 and has a private practice in Nyack.

As a result of Orsolya's capable and thoughtful leadership, our Chapters' membership has grown exponentially. She inspires our Board members and contributes to developing so many fun and meaningful activities, including stimulating presentations, case discussions, and mentorship groups for students. This was all before the pandemic struck and, to her credit, in October 2022 we were the first chapter to resume in-person presentations.

I'll end by giving you all a sense of the person that Orsolya is and what she has personally meant to our chapter with three excerpts from Rockland Board members.

Lyn Leeds, who is an invaluable Board member and Treasurer, as well as Orsolya's former student, said, "Orsolya ran her NYU Social Work class as she does our chapter, with great intellect, respect, curiosity, and warmth, and in a manner that fosters collaboration. She very much helps each member of our chapter feel acknowledged and valued."

Kevin Mellendy, our really great Educational Chair, stated, "Orsolya has been a dedicated and invaluable member of the Rockland Chapter and the NYSSCSW at large. She is always helpful, supportive, and generous with her time and knowledge. Her counsel and advice are highly valued, and her communications are unparalleled."

Lastly, Shirley Ross, a Rockland Chapter Past President and member of the Society for over 45 years, captured Orsolya succinctly and well. "In all the years I have been a member of the Rockland Chapter and the Society, Orsolya has to be one of the best presidents I have come across."

[Presented by Dore Sheppard, Ph.D., LCSW-R]

Rockland Chapter

Orsolya Clifford, LCSW-R, President

The Rockland Chapter is excited to be hosting in-person events again this Fall. All our events will be held at St. Thomas Aquinas College in Sparkill. Our first in-person CEU event was offered on Sept 25 on, "Depressed, Borderline or Bipolar." We also congratulated and welcome our 2022 NYU graduate and Student of the Year winner Bridget O'Donnell to our membership.

Staten Island Honorees

Joyce A. Daly, LCSW-R and Janice Gross, LCSW, ACSW



Karen Kaufman, Janice Gross, Joyce Daly, and Dennis Guttsman.

Joyce Daly is a powerhouse. If anything needs doing—she’s there. Joyce joined NYSSCSW in 1985 and one year later was elected Treasurer of the Staten Island Chapter. “In those days, the chapters had their own checkbooks. Imagine!,” she recalled. During the 1990s, Joyce was a member of the Chapter’s Membership Committee and generously hosted many new member brunches in her home.

Joyce was Treasurer for 12 years, and then was elected President. She led the Chapter with distinction for another decade. In 2013, she was elected Treasurer yet again, and continues in this position to this day with extraordinary skill and dedication. She is also a member of the Chapter’s Education Program Committee.

On the State level, Joyce was appointed Member-at-Large for one year, and then was elected for two terms, serving from January 2018 through December 2021.

Janice Gross, another amazing leader, joined the Society in 1990, and among many positions, has been Treasurer, delegate to the State Board, and Chapter President. A Society Diplomate, she has presented courses on emotionally focused couples therapy through the ACE Foundation. She currently serves as our Membership Chair.

In full-time private practice, Janice specializes in couples, families, adolescents, eating disorders, and a mindfulness approach to anxiety and depressive disorders. She trained in marriage and family therapy through the Ackerman Institute for the Family and the International Center for Excellence in Emotionally Focused Therapy. She has advanced training in EMDR and is also Adjunct Faculty for CUNY-College of Staten Island for their MSW program.

[Presented by Dennis Guttsman, LCSW-R]

Suffolk Honoree

Sandra Jo Lane, MSSW, LCSW-R



Sandra Jo Lane and Karen Kaufman.

Sandra Jo Lane has served as President of the Suffolk Chapter for so many years that she lost track! She guessed it was in 2010 that she stepped up to the position after learning that “the chapter would come to an end if no one volunteered.” With some naivete, and a lot of optimism, she took on the “Sisyphian task” while raising her quadruplets! She began by contacting every member to determine what their needs were and how the Chapter could meet them. As a result, over the years, many educational presentations and other meetings were offered, and they were consistently well-attended and enjoyed.

For some 25 years, members eagerly volunteered their time and energies to serve the chapter. However, recently the pandemic and health concerns of our aging members have made it harder for them to remain active. Sandra expressed her gratitude to a long list of colleagues, “incredible people who worked with us. We have been lucky as a chapter to have them.”

[Presented by Karen Kaufman, Ph.D., LCSW, Society President]

Westchester Honorees

Roberta Omin, LCSW and Ruthie Kalai, LCSW



Karen Kaufman, Ruthie Kalai, Roberta Omin, and Susan Jocelyn.

Roberta Omin is the former President of our Westchester Chapter. Roberta began her career as a social worker in the early 1970s and received her Master's Degree from Hunter College School of Social Work. Over the next decade she worked for several non-profit community organizations as social worker and psychotherapist, eventually becoming the Director of Social Services at one of these agencies that served children with special needs.

Roberta began her private practice in Westchester in 1985, providing therapy to adults, couples, and families with specialty areas in trauma, grief, generational issues, and life-challenging terminal illness.

Roberta has contributed to the strength of the Westchester chapter of NYSSCSW in numerous positions over many years: 1997-2000, Education Committee member; 2000-2004, Chapter President; 2004-2007, Chair, Chapter Annual Conference; 2011-2017, Co-President of the chapter. In the latter years of that position, she successfully encouraged newer members to assume leadership roles.

Subsequently, Roberta served as a chapter Board member for five additional years and continued to mentor the chapter officers.

In addition, Roberta has contributed numerous presentations to our and to other chapters of NYSSCSW, as well as to other organizations. Whether as a presenter, or with her questions and comments as an attendee, Roberta consistently contributes her experience and expertise to the benefit of all of her colleagues. Roberta has also

published numerous articles in a variety of clinical publications. Currently, she is writing a book focused on issues of practice when the therapist has a serious illness.

We are so very thankful to Roberta for her many years of service to our Westchester chapter, to NYSSCSW, and to our field. We are proud to honor her today.

Ruthie Kalai, the Chair of our Westchester Chapter's Education Committee, has been a Licensed Clinical Social Worker with over 20 years of experience working with children, adolescents, and adults. She received her Bachelor's Degree from Florida International University and also holds two Master's Degrees: one in Social Work from New York University, and one in Educational Leadership from Lehman College. She has been a member of the Westchester Chapter since 2020.

Ruthie started her "virtual" private practice in 2017, when she needed to travel to Florida for weeks at a time to care for family members. She became an independent contractor for one of the bigger tele-mental health companies and was able to use their technology to offer video/phone sessions. Later, when working independently, she always used Zoom to hold her sessions. Her comfort and confidence in applying this modality in her work was very reassuring as we chapter members adjusted to providing Zoom-based service to our clients in this Covid environment.

Ruthie quickly stepped up to become Chair of our Education Committee when that position became available. Education Committee meets monthly and is our chapter's most active and enriching group of volunteers. Before Covid, we sponsored nine in-person CEU presentations per year, more than any other chapter. Currently, we sponsor four CEU presentations per year through NYSSCSW's Saturday Zoom events. In her position, Ruthie is liaison to ACE staff to assure that the complex requirements for such presentations are satisfied.

Ruthie additionally is our chapter's Zoom host for monthly Board meetings and for other chapter events. And she does all this with grace and good humor! We thank you Ruthie for your years of service to our chapter and to NYSSCSW, and we are proud to honor you today.

[Presented by Susan Jocelyn, Ph.D.]

IN MEMORIAM: Patsy Turrini, LCSW, MSW



The Committee on Aging Issues of the Nassau Chapter was very saddened to hear of the death of Patsy Turrini on August 8, just short of her 89th birthday. The committee was fortunate to have had her as a member for the past few years. She generously offered us her cozy home office in Merrick for meetings prior to the Covid pandemic.

Patsy was always so positive and enthusiastic about discussions and reading selections, and she often inspired others to write and publish. “The 10 Most Challenging Issues for Seniors,” was a piece she developed based on such discussions.

Many Society members attended Patsy’s memorial luncheon in Merrick. An informal gathering of family, friends, and colleagues, it reflected her friendly warmth and generosity. There were tables of photo albums, her books, and “take home” glass collectibles for keepsakes. Many people shared memories, and a short slide show of her life depicted Patsy’s love of family, travel, writing, teaching, psychoanalysis, and her humor.

Patsy wrote and edited numerous articles and books, including *The Inner World of the Mother*, with Dale Mendell, also a group member, and *Separation / Individuation: Theory and Application*, with Nathene Ruskin and Joyce Edward, a good friend and colleague who was at the memorial. She was on the faculty of the Derner School of Psychology at Adelphi University, the Smith College School of Social Work, and the New York School for Psychoanalytic Psychotherapy and Psychoanalysis (NYSPP). She maintained a private practice in Merrick.

In the 1970s, Patsy founded the National Association of Mothers’ Centers on Long Island, a wonderful support organization for new mothers that gained international recognition.

Patsy will be sorely missed by virtually everyone who knew her—family, friends, clients, and colleagues. True to her dedicated professional lifestyle, she worked until two days before her death.

The Nassau Chapter is contributing to the Margaret S. Mahler Child Development Foundation in her honor.
—*Barbara Murphy, LCSW, BCD and Sheila Rindler, LCSW*

I met the brilliant Patsy Turrini at NYSPP’s Child and Adolescent program during my second round of institute training. She was the most formative teacher, mentor, clinical supervisor, and friend. During the seven or eight years we met weekly for supervision, Patsy never failed to inspire and motivate me to continue to study the classic and contemporary texts from all four psychologies. She was highly influential in my development as a clinical social worker. Every week we met for supervision, Patsy invariably came up with brilliant ideas for a new paper she urged me to write and publish. She had one of the most extraordinary minds I have ever met! I always marveled at her deep knowledge and memory—she would remember the page number where a favorite passage could be found in an article or a book she had read the past week or five years before.

Patsy’s office was always packed with articles, books, and journals, and she never failed to share her latest great find with me. She would always give me a copy of an article to read before our next meeting. Her passion for neuropsychanalysis was inspiring and contagious.

I will always cherish my memories of carpooling with her and one or two colleagues every first Saturday of the month to attend a lecture by Mark Solms. After the morning lectures, we would spend the afternoon engaged in deep clinical explorations of how that knowledge could improve our ability to help our clients.

Patsy will live forever in my heart and mind with much gratitude, and I will always share her memory, wisdom, and kindness with my students and colleagues throughout my life.
—*Alaisa Grudzinski, Ed.D., LCSW-R*

We were profoundly devastated to hear of the passing of NYSSCSW’s life-long member Patsy Turrini. Patsy contributed to the mental health of the nation through her writing and clinical work, from the early days, when she established one of the first parenting centers on Long Island, to her last days, with her contributions to the Aging Issues Group of the Society. She was also a valued member of The International Conference of Psychoanalytic Clinical Social Workers, in addition to her contributions to AAPCSW. I can say that she was truly a social workers’ social worker. With great sadness.

—*Helen Hinckley Krackow, LCSW, BCD* 



WATCH A POWERFUL VIDEO:

Patsy Turrini, AAPCSW Inspiration Series

<https://youtu.be/mCViJuXQ8bg>

A Tale of Two Therapies

by Roger Keizerstein, LCSW

Back in the 1980s and early 1990s, when children had rich and fantasy-filled interior lives, a child therapist could employ a non-directive type of play therapy to bring to the surface a child's conflicts, which would help the child give a shape and order to those conflicts, and hopefully resolve them.

But by the 2000s, due to the rise of the digital entertainment industry, children began to replace fantasy and unstructured play with time on various pleasurable devices such as Game Boy, Nintendo, and X-Box, and/or hours glued to their computer screens watching YouTube videos or their favorite movies over and over again. Subsequently, the interior life of the average child in the new millennia tends to be much shallower and far less imaginative than 30 years ago, requiring different treatment approaches to children's psychological and emotional disturbances.

Saul

In 1985, I was referred a seven-year-old boy, Saul, who was a second grader. His teacher reported that Saul, usually a comically engaging youngster, had become increasingly anxious and inattentive. Worse yet, Saul could be seen weeping during lunch time for no apparent reason. The school's social worker met with Saul a few times, but her interviews and attempts at play therapy neither resulted in a better understanding of the problem nor served to relieve the underlying distress presumably causing it.

My initial consultation with Saul's mother revealed an unremarkable developmental and medical history. Saul reached all developmental milestones early or on time and had a healthy robust constitution. Saul did have a precocious artistic ability: he could draw pictures and sculpt clay with great dexterity and ingenuity, making him an excellent candidate for non-directive play.

But what stood out during the interview with Saul's mother was that he was having "nightmares" several nights a week. The "nightmares," terrifying and paranoid in content, were usually about someone coming after him, and he was not able to be awakened and subsequently consoled. This was terribly distressing for a mother who desperately wanted to help and comfort her son.

But what Saul was actually experiencing was night terrors, as opposed to nightmares. Children almost always awaken from nightmares and remember the content. In

some cases, nightmares can be cathartic.

But night terror does not provide the dreamer emotional and neurological resolution. The dreamer is stuck. Hence, I proceeded with the working hypothesis that Saul's night terrors were an expression of some form of pent-up energy that he was unable to discharge through the natural avenues

“Saul was actually experiencing night terrors [which], as opposed to nightmares, do not provide the dreamer with emotional and neurological resolution.”

by which children express everyday fears, anxieties, and conflicts: fantasy play with peers or siblings, or by themselves.

The first time I met Saul, I could see why everyone was so surprised by his sudden change in mood. He was an engaging, solidly built child with an uninhibited, full-faced smile. Although he was seven, he had the face of a much younger child—the kind of face that could tempt adults to cover their eyes and say to him “peek-a-boo.” I didn't.

With his mother initially in the room, I explained the play therapy process to Saul. “You'll be coming to see me every week. You can select any of the toys or arts and crafts in the closets (I showed him what I had) and play with them—with me or by yourself. It's entirely up to you. If you need help, just ask.”

“Really?” Saul responded.

“Really.” I replied.

“Good. I thought this was going to be like school.”

Saul's mother and I had a hearty laugh.

By the fourth or fifth session, due to Saul's extraordinary artistic ability, he began to sculpt from hard clay recognizable representations of breasts and penises. During my next consult with Saul's mom, I asked if there were any pictures of nude women or men that he might have gotten a hold of. She said that she didn't think so but informed me that Saul's father sometimes watched the

CONTINUED ON PAGE 19

Playboy channel late at night in the family den and on occasion fell asleep with the channel still on. Sometimes, Saul woke up in the middle of the night, drifted into the den, and could be found there in the morning. His father would have gone off to work before Saul was awakened for school. No one could have known if Saul was consuming, even in a drowsy, half-conscious state, explicit sexual images.

“I believe that there’s a relationship between his night terror, his decline in mood and his possibly watching the Playboy channel. Please let your husband know.”

Saul’s mother was mortified and angry. “I’ll put an end to this immediately.”

Within a few weeks, Saul’s play therapy sessions no longer produced sexual imagery of any kind. His night terrors ceased. His mood returned to normal. His therapy sessions were reduced to every other week and concluded at the end of the school year. With young children, I prefer successful therapies to end coinciding with the close of the school year because it provides for them a more natural separation.

Rebecca

In 2018, I was referred Rebecca, a nine-year-old girl. Her presenting problem was anxiety and panic, particularly when having to separate from her parents.

My initial interview with Rebecca’s parents revealed an unremarkable developmental, medical, and social history. Other than her life-long separation difficulties, Rebecca met all developmental milestones on time. She had not experienced any traumas or sudden losses or family disruptions or geographical dislocations, the type of adverse experiences that can result in attachment issues. Rebecca had lived in the same home all her life. Her parents were successful professionals.

I also determined that Rebecca’s parents and grandparents had no prior history of anxiety or depression or any other form of mental illnesses, likely ruling out a hereditary basis for her life-long struggle with anxiety.

“What do you like to do?” I asked her during our first session.

“I like building Legos and TikTok.”

“What do you do on TikTok?”

“Me and my friends do silly dances and post them.”

“Wow!” I smiled. Rebecca’s father was sitting beside her on the office couch.

“Well, I have lots of Lego sets here waiting to be built.” Rebecca beamed a smile. “Let me show you.” I opened a cabinet. “Pick any one you want.”

During the first two or three sessions, Rebecca and I built Lego sets, while her father sat by quietly (we did not discuss her presenting problems). I wanted Rebecca to feel comfortable and safe before I attempted any interventions. Given Rebecca’s anxiety and fear of separation, I also accepted that it was likely that the therapy would have to be conducted with either one of her parents present.

Thirty years ago, I would have attempted to gradually move the parent further and further from my interactions with Rebecca—first by having the parent sit in a chair a short distance from us, then to a setting in the rear of the office, until the parent was eased into the waiting room. This would have served two goals: it would have provided Rebecca with separation from her parents, albeit on a small scale, and allowed me to initiate a non-directive, analytically oriented play therapy modality in an attempt to resolve the underlying separation anxiety issue. But since Rebecca appeared to be like too many children of her generation, who had not been involved in much fantasy, creative, unstructured, or spontaneous play, the therapy proceeded in a cognitive behavioral manner.

The incident that precipitated Rebecca’s parents contacting me had to do with a play date she had with her best friend Sandy and Sandy’s younger brother, four-year-old Tommy. While Rebecca and Sandy were busy creating TikTok videos, Tommy was playing rambunctiously with Rebecca’s collection of stuffed animals and her Lego models. During the visit, Tommy threw the stuffed animals off Rebecca’s bed, ran around the house with them and

knocked over a few of her Lego models. According to Rebecca, Tommy was “out of control.” Rebecca refused to have Sandy over her house again and hadn’t seen her in a month.

“Rather than seeing Rebecca as a manipulative or controlling child, I realized that she seemed to be experiencing various degrees of sensory overload.”

Rebecca was able to discuss the event in detail. In the process, I discovered that she was a rigidly organized child, her stuffed animals carefully arranged on the top and bottom of her bunk bed. Her Lego models received the same treatment on shelves and on the dresser in her room.

“No one can touch them without permission,” Rebecca’s father said.

“Is this true?” I asked Rebecca.

Rebecca nodded.

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“What happens when someone touches them without permission?”

“I get very nervous.”

“How come?”

“Because I think that something bad will happen to them.”

I smiled. “Now I know why you get anxious.” I replied.

I began to suspect that Rebecca’s seeming inability to be separated from her parents was likely a symptom of a different underlying issue. Rather than seeing her as a manipulative or a controlling child, I realized that she seemed to be experiencing various degrees of sensory overload. She was likely hypersensitive.

“When you get really, really anxious and you get very upset, who comforts you?” I asked.

“Daddy or mommy.”

“Is that why you’re afraid to be away from them?”

“What do you mean?”

“Well, when you’re away from home, are you afraid that if you get anxious and upset, there’ll be no one there to comfort you, to make it all better?”

Rebecca nodded.

“Ok,” I replied. “Would you like me to help you learn how to comfort yourself, make yourself feel better?”

“Yes,” Rebecca replied affirmatively.

After further discussion, Rebecca and her parents agreed to a treatment approach that aimed initially to restore her functioning to where it was before the incident with her friend Sandy and her brother.

I proceeded to demonstrate three relaxation techniques that a nine-year-old could employ to reduce or even eliminate anxiety; The Limp Noodle (a breathing exercise, sometimes called the Spaghetti Body); sucking on a Peppermint Altoid (peppermint has menthol, a natural muscle relaxant); and, Cold to the Forehead (cold sensations to the scalp, forehead, eyelids, etc. lower the heart rate). All three exercises activate the parasympathetic nervous system, promoting calm. I also recommended that she and her parents visit Annaka Harris’s website (annakaharris.com/mindfulness-for-children/) to find *Guided Meditation for Children*. Rebecca began to meditate every day with her mother. These were tools for a self-care kit between sessions.

During the following few sessions, I employed a form of exposure therapy, small steps to designed to challenge Rebecca, but not to overwhelm her. First, Rebecca and her father had a play date with Sandy and her father at a nearby ice cream parlor in an effort to resume Rebecca’s relationship with her best friend, away from her home.

Second, Rebecca had Sandy over her house for a swimming play date with the girls having lunch on the pool deck, and without Sandy entering the house, other than to use the bathroom. Third, Rebecca invited Sandy to play board games in the family den and have a pizza lunch—without Sandy’s brother present. During the preceding sessions, I discussed all three experiences in detail with Rebecca, while building Lego sets with her.

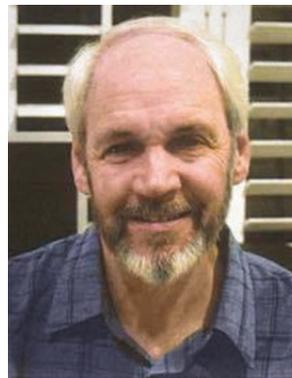
Within two months, Rebecca was able to have Sandy to her home again, and then two friends, who came for a sleepover to celebrate her 10th birthday.

“When school resumed in the fall, Rebecca was able to employ the few relaxation techniques that she mastered over the summer...”

During the summer months, I worked with Rebecca and her parents to set appropriate boundaries with less and less difficulty. Rebecca was able to tolerate it when, for the first time, her parents went out for the evening without her. She

was allowed three phone calls to her parents that night while staying with her grandparents. Eventually, Rebecca was able to sleep over her grandparents’ house with her cousins while her parents were away for the weekend.

When school resumed in the fall, Rebecca was able to employ the few relaxation techniques that she mastered over the summer to emotionally regulate and tolerate the daily separation from her parents. Overall, she was a much less anxious child. During the Covid-19 pandemic, she had a brief relapse. After five sessions or so, she once again regained her emotional footing as a twelve-year-old middle-schooler. ☑



Roger Keizerstein, LCSW is a Pediatric Clinical Social Worker, Certified Trauma Professional, Writer and Public Speaker. He has been in private practice in East Setauket, Long Island for over 39 years.

Met Chapter Committee on Racial Equality

Excerpts from the Committee's Newsletter

By Liz Ojakian, LCSW and Jane Gold, LCSW

Why Has Pauli Murray Been Forgotten?

“Americans are finally waking up to realize just how visionary Pauli Murray really is.

Song in a Weary Throat bears witness to her crowning achievements.” —HENRY LOUIS GATES, JR.

Pauli Murray (1910-1985) was an African-American, non-binary, lawyer, activist, author, and priest. She was often at the vanguard of civil rights and gender rights.

- “Jane Crow” was coined by Pauli Murray in 1947 as a system of gender oppression akin to Jim Crow. Murray later (1966) cofounded the National Organization of Women with Betty Friedan.
- Thurgood Marshall was influenced by Murray’s essay arguing against “separate but equal” in his case to integrate schools, overturning *Plessy vs. Ferguson*, 1896, resulting in *Brown v. Board of Education*, 1954.
- Ruth Bader Ginsberg credited Murray’s papers in Ginsberg’s suit applying the 14th Amendment Equal Protection Clause to gender, citing “any person” refers to gender as well as race. *Reed v. Reed*, 1971.
- Murray won the ACLU suit for the inclusion of women on juries, arguing the exclusion was a violation of the Sixth Amendment “right to an impartial jury.” *Taylor v. Louisiana*, 1975.
- Murray was close friends with Eleanor Roosevelt and worked with Bayard Rustin and Martin Luther King, while opposing their gender bias.

“It has taken me almost a lifetime to discover that true emancipation lies in the acceptance of the whole past, in deriving strength from all my roots, in facing up to the degradation as well as the dignity of my ancestors,” Pauli Murray, *Proud Shoes*.

[NOTE: We are using the pronouns of the day, as did Pauli Murray. Interesting note, Murray preferred the term Negro to Black.]



“Surrender to None the Fire in your soul.” [Pauli Murray, *Dark Testament*.] Pauli Murray’s purposeful and courageous nature along with her non-binary identity, was accepted and consistently nurtured by her family, primarily Aunt Pauline, who raised Pauli. Murray stated, “I appear to be a woman, but am a man.” She consulted several doctors, questioning if she could be male. During an exploratory surgery she asked

the doctor to see if she had testicles inside and was subsequently turned down for her request to take testosterone.

Murray struggled with depression, requiring hospitalizations, as the duality of her sense of self - her identity as a male in conflict with her female physicality - was a profound psychic wound. The love of Pauli’s life, Renee Barlow, was her closest companion until Barlow’s death in 1973. This loss spiraled Murray into a severe depression. However, Murray was determined to carry on her life’s work and in her last years served others as the first Black female Episcopal priest. 🌈

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Eveline Crone:

A Pioneer Researcher Examines the Adolescent Brain

by Kathryn Sedgwick, LCSW

The myth of the stereotypical impulsive, hedonistic, self-centered young person is based on outdated assumptions about adolescent brain development.

Remember adolescence? Neither do I. But a new study by Eveline Crone, a developmental neuroscientist based at Erasmus University, Rotterdam, who has worked with the adolescent population for more than twenty years, offers some fascinating insights not only into adolescent brain development (NB: she defines adolescents as people between the ages of 10-24) but also into adolescent social and moral behavior as well.

In a 2020 article in the *Annual Review of Psychology*, Crone states:

“It is often assumed that ... thinking about self and thinking about others are pitted against each other when adolescents engage in social decision-making such as giving or sharing. Recent evidence from social neuroscience, however, does not support this notion of conflicting motives, suggesting instead that thinking about self and others relies on a common network of social-affective brain regions, with the medial prefrontal cortex playing a central role in the integration of perspectives related to self and others. [W]e argue that self- and other-oriented thinking are intertwined processes that rely on an overlapping neural network. Adolescents’ motivation to contribute to society can be fostered most when self- and other-oriented motives align.”

Initially interested in the development of the adolescent brain, Crone’s studies, in their early stages, relied heavily on functional magnetic resonance imaging (fMRI), concentrating on her subjects’ brain behavior while they were engaged in various tasks, such as playing video games on a computer. Gradually, however, she broadened her focus to include her young subjects’ own personal observations,

exploring how adolescents feel and think about themselves and others; she now routinely incorporates their input into her studies’ design.

Crone’s findings about certain key parts of the adolescent brain, as recently outlined in *The Washington Post* and *Knowable Magazine*, include the following:

- The **Medial prefrontal cortex** (*involves thinking about your own thoughts and actions and those of others*) is actually more active in adolescents than it is in adults, contrary to popular belief; some studies even show a peak in activity at this time, says Crone.
- The **Ventral striatum** (*evaluates risk and rewards*) “becomes more active for all adolescents when a risky choice results in rewards for themselves, or when risky choices are made in the presence of friends.” Think, for example, of the cliff-top car race in *Rebel Without a Cause* (1955).
- With regard to the **Temporal parietal junction** (*involves thinking about others, switching perspective between yourself and others*), Crone’s study shows, in an intriguing twist, that while adolescents with a history of delinquency are less able to switch back and forth from their own perspective to that of others, in other, non-delinquent adolescents *this capacity was highly evolved* [my emphasis].

As the foregoing attests, the myth of the stereotypical impulsive, hedonistic, self-centered young person is based on outdated assumptions about adolescent brain development. As Crone says, “We have demonstrated such a strong feeling of purpose and meaning in adolescents. They feel a fundamental need to contribute in a positive way.” She continues, “My research has made me rethink the assumption of adolescents being troublemakers because it just didn’t fit the data.”

This should be unsurprising, really, in the era of Greta Thunberg and the young people of #FridaysForFuture. They are light years away from the Marlon Brando of *The Wild One* (1953),—who, when asked what he was rebelling

against, replied “Whaddya you got?”—but as we know, old cultural stereotypes die hard: ask any Mexican rapist or drug dealer.

George Orwell said, “Each generation imagines itself to be more intelligent than the one that went before it, and wiser than the one that comes after it,” which seems indisputably true to me. Crone, though, takes a gentler, more nuanced view. Her research has led her to conclude that,

“...the key feature of psychological development during adolescence is the development of a set of social cognitive skills that serve as building blocks to the integration of self with others, and that taken together predict how young people will contribute to society. ... [F]undamentally new insights ... will help [us] to understand how youth make the integration between self- and other-oriented perspectives and balance between these perspectives when contributing to society. Neuroscience research in the domain of self-development has consistently demonstrated that self-development includes elements of others, through social comparison, social influence, or cultural social identity (Pfeifer & Peake 2012).”

That sounds good to me.



I came on board in 2015 as a therapist at the Ali Forney Center, on 125th Street in Harlem. Through the accident of birth, my AFC clients have won the trifecta of oppression: they are queer homeless youth of color. Ali Forney’s program, the largest of its kind in the country, offers resources to clients not just from the New York

metro area but from around the country and the world. Whatever my white, middle-class preconceptions of such an environment had been (an LGBTQ+ *West Side Story*?), they’d been quickly overturned during my internship the previous year. One of my first clients, for example, a nineteen-year-old unhoused woman, passed her days reading Greek philosophy and John Stuart Mill. Another, a young man with a model’s good looks, arrived for his first session with a copy of *Das Kapital* under his arm. Admittedly, they were exceptions—many more, of course, were into

anime and superheroes, like Beyoncé—but the depth and variety of their experience proved endlessly surprising.

Like adolescents everywhere, they are crying out for two things: positive direction and kindness. They have been systematically confused by a world that rarely sees or hears them, hurt by a society that scorns them, and scarred, in many cases, by unimaginably bad parenting. Considering what they’ve been through, many of these young people are paragons of mental health; others, as you would expect, are so damaged by their experience they can barely be treated at all.

I have also learned that adolescents, in particular, need to be reached “where they are.” For

example, my attempt to develop a new modality incorporating elements of Cognitive

Behavioral Therapy and punk-rock music (CBGBT) fell on deaf ears; despite the recent bio-series (on Disney+, no less), the Sex Pistols and Johnny Rotten are about as relevant to my crew as a fine parsing of the 1928 presidential election—wherein Herbert Hoover, to the Democrats’ chagrin, resoundingly trounced the hapless Al Smith. That said, I have little doubt that the one client who adores the Buzzcocks and Slits and also knows everything about Herbert H. (totally *loves* his dam!) is already making their way to Harlem, ready to change the world through music and politics. 🇺🇸

Kathryn Sedgwick, LCSW is a psychotherapist in private practice in Riverdale, the Bronx. Since 2015, she has worked as a therapist at the Ali Forney Center in Harlem, a multi-service agency for homeless LGBTQ+ youth ages 16-24. Kathryn is a former editor at Moseley Road Books and served as executive vice president at Vantage Press in Manhattan from 1989 to 2011. She is a 2015 graduate of NYU’s Silver School of Social Work as well as Fordham University, where she earned her BA in Communications in 1976. After many years of struggle, Kathryn finally completed her gender transition in 2020. She has four adult children, of whom she is immensely proud.

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Play Review: *Gidion's Knot* By Helen H. Krackow, LCSW-R

In June 2022, Deborah Singer, LCSW, CEAP, of the Nassau Chapter, invited the membership to a play, *Gidion's Knot*, at the Studio Theatre on 42nd Street. The play presents a meeting between the mother and teacher of a teenager who has suicided. As they struggle to come to grips with the “knot” that brought him to this tragedy, many possibilities emerge, with both women wondering what they didn't understand regarding the adolescent's depression.

The play lays out how complex the issue of suicide is. As a result of the pandemic, the problem has been exacerbated. Many of us have faced it as therapists, parents, or teachers. The folks attending the play were from all three groups. We participated in a deeply moving discussion afterwards led by Ms. Singer, a family therapist who specializes anxiety issues and substance abuse, among many other issues. She practices in Great Neck. The play can be useful to many audiences, and it was helpful to process it with her afterwards. 🗨️

Scholarships Awarded to Nine MSW Students in 2022

By Hafina Allen, LCSW-R

Each year, NYSSCSW presents a \$500 scholarship and a Society membership to MSW students who demonstrate excellence in academics, field placement, research, writing and/or volunteerism. In 2022, nine students, listed below, were the award winners. A video celebrating their achievements will be available online this spring.

Rebecca Schoenfeld (Nassau Chapter), Adelphi University School of Social Work, Garden City

Bridget O'Donnell (Rockland Chapter), New York University Silver School of Social Work, Rockland

Ohshue Gatanaga (Met Chapter), Columbia University School of Social Work

Kimberly Servas (Met Chapter), Fordham University Graduate School of Social Service

Rae Jones (Met Chapter), Hunter College Silberman School of Social Work

Bianca Prasad (Met Chapter), Lehman College School of Social Work

Natalie Green (Met Chapter), New York University Silver School of Social Work

Kelly McKay (Met Chapter), Touro College Graduate School of Social Work

Matthew Van Vorst (Met Chapter), Wurzweiler School of Social Work at Yeshiva University. 🗨️

HEADQUARTERS UPDATE

All of us at TMS hope you enjoyed the holiday season and are looking forward to a productive and fulfilling year ahead.

It was wonderful to finally be able to meet in person in 2022. First, the NYSSCSW Board met for their June meeting at the Hudson West Kitchen and Craft Bar in New York City. Then, the Annual Membership Meeting was held on a beautiful fall day in October at the Red Hat on the River restaurant in Irvington. It was so nice to see so many members in attendance. Hopefully, there are many more events like this to come.

Membership renewals were sent out on November 1 through email and paper copies were mailed in December. Be sure to check out the ACE Foundation website, ace-foundation.net for the 2023 education programs being offered. We continue to work with the PR firm to update the website and marketing materials for the Society.

We wish you all a healthy and happy 2023.

Kristin

Kristin Kuenzel, Administrator
Jennifer Wilkes, CMP
Debbie Lebnikoff, Administrative Assistant

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Q&A: Interstate Practice and LMSW/LCSW Scope of Practice

Since there are still questions being asked about what the rules around interstate practice are and also about what LMSWs and LCSWs can do, I thought that the *excellent articles by Hafina Allen, LCSW-R* that follow might help give some clarity. They are also available on the NYSSCSW website. Please note that neither I nor Hafina are attorneys and this article in no way constitutes legal advice and is only our understanding of the regulations from readings, workshops, presentations, and consultation. Please consult with an attorney whose practice is defending mental health practitioners for full advice and the law.

Also, I'm taking this opportunity to remind our members that if you are going to use telehealth then you should be trained in it. For one thing, just like any other modality of treatment, it has nuances and requirements that can't be picked up through common sense or during practice. For another, we are required by law to be able to demonstrate competence in any mode of practice we employ and being trained and certified (having passed an exam and having a certificate) is perhaps the simplest way to do that. Also, it's just part of best practices to be fully trained in whatever we do professionally.

Working with a client who is out of state (including those in neighboring states)

In March 2020, many states allowed therapists to work with their residents under a variety of emergency regulations. The original emergency measures were designed to allow medical professionals to travel to areas hard hit by the pandemic to help with critical needs. What followed was a realization that many individuals who used to cross state lines for work and treatment were no longer able to do so. These emergency measures also allowed for continuation of care for individuals no longer able to travel for work and/or treatment.

Now, in 2022, most states have let their emergency measures expire. Most states are no longer issuing new temporary licenses/registrations. In other cases, temporary licenses have expired and are no longer being renewed.

While many of us have grown accustomed to working with clients who were out of state early in the pandemic, continuing to do so may mean you are practicing without a license. As professionals, it is our responsibility to be fully licensed in each state that we practice, including where our clients are at the time of service.

ASWB has a dashboard the links to all states to help us find the local licensing regulations: <https://www.aswb.org/licenses/about-licensing-and-regulation/social-work-regulation>.

When you look at the state's requirements, look for any details for clinicians licensed in another jurisdiction. In most cases, you will need to reverify your clinical experience. You will need to **transfer your ASWB Clinical exam scores via:** <https://www.aswb.org/licenses/how-to-get-a-license/getting-licensed-in-another-state-or-province/sending-your-exam-results-to-another-state-or-province> The fee is \$40.

If you were "legacied" in New York and did not take the ASWB clinical exam, you need to contact the licensing board for advice. Should you be required to sit the exam, the cost is \$260 to register for the exam.

Once licensed, it is your responsibility to track the renewal time frames and continuing education requirements in each state you are licensed in.

TeleMental Health

For those who have not returned to their office full-time and continue to provide TeleMental Health services, I would strongly suggest trainings in providing remote therapy. Being a competent remote provider is about a lot more than knowing how to use Zoom. There are privacy, technology, HIPAA compliance, legal, and safety issues that are often complicated by remote sessions. 

Information about becoming a Board Certified-TeleMental Health Provider and how to get appropriate training can be found here: <https://www.cce-global.org/credentialing/bctmh>

LMSW's Scope of Practice, Dos & Don'ts: See Page 26–27

LMSW Scope of Practice: *DOs & DON'Ts*

By Hafina Allen, LCSW-R

With a recent class of MSWs graduating and looking for work, it raises the question of what practice settings LMSWs can work in. For LMSWs who want to work towards their LCSW, this further raises the issue of accruing clinical experience or “hours” towards the Clinical License. As many new graduates are asking about working in private practice settings, we have put together the following list of frequently asked questions for both LMSWs and LCSWs considering incorporating LMSWs into their practice.

FAQs for Both LMSWs and LCSWs

I've graduated with my MSW and have a job offer. How soon can I start working?

That depends on the scope of the work you will be doing. Many agencies or private practices will hire new MSWs and have them complete the hiring process and agency trainings while they work towards licensing. Some agencies will assign case manager tasks until you get your LMSW. Once you have your LMSW or limited permit, you can do any work within the scope of your license. However, as an LMSW you can only provide “clinical social work” services, which includes diagnosis, psychotherapy, and assessment-based treatment planning under supervision of a New York State licensed LCSW, psychologist or psychiatrist.

OK, I got my LMSW, and I want to start my own practice.

As an LMSW, you can open any business that is within your scope of practice. “Clinical social work” services (diagnosis, psychotherapy, and assessment-based treatment planning) are NOT within the LMSW scope of practice and providing these services is not allowed unless you are under supervision. New York law does not allow an LMSW to establish a private practice or professional entity (e.g., professional corporation or professional limited liability partnership) for the purpose of providing “clinical social work services” since that is outside the LMSW scope of practice/authorization.

If you open a business that is providing non-clinical services, you should be careful about any mention of your degree or license. We recommend that you consult a lawyer to provide advice on this to avoid any confusion

on the part of your clients/customers who may think they are receiving clinical service from you. Please know that practicing outside of your scope of practice may result in the loss of your current license.

Can I hire my own supervisor?

In short, you cannot count paid supervision as hours towards your clinical license. LMSWs and LCSWs can engage supervisors for professional growth but this DOES NOT cover clinical experience for the purposes of licensing or providing services. “Arrangements where an individual hires or contracts with a licensee to provide supervision are problematic and, as a general rule, unacceptable. Supervision of your practice requires the supervisor to independently direct your practice; this is not possible when the supervisor is employed by you or acts as a paid contractor to supervise the person who can only practice under supervision. Additionally, you should not accept employment in any setting where you are not supervised by a qualified supervisor. The agency or employer is responsible for the services provided to each client, and clinical social work services may only be provided by an individual licensed and authorized to practice clinical social work. If the agency does not have a qualified supervisor on staff, it is their responsibility to hire a qualified supervisor who is responsible for the clinical practice of an LMSW or other person who is only authorized to practice under supervision. In such cases, we would suggest that there be a three-way agreement between you, the proposed supervisor, and your employer.” [<http://www.op.nysed.gov/prof/sw/swpracfaqs.htm>]

Can I work in a private practice as a fee for service therapist?

It depends... If you are hired as a W2 classified employee and you will receive clinical supervision from an LCSW, licensed psychologist or licensed psychiatrist, then YES you can work in a private practice. In this case, you should clarify that your employer will be covering you with all of the appropriate insurances (including but not limited to Workers' Compensation, unemployment, etc.) and paying FICA. If your employer is asking you to cover any of those costs then you are not truly an employee (you would be re-classified as an independent contractor).

If you are being offered fee for service work as an independent contractor (1099), you CANNOT provide

clinical services. According to the U.S. Department of Labor, independent contractors are not covered by anyone else's licenses. As an LMSW, clinical services are not within your scope of practice. If someone offers to pay you as a W2 employee but asks that you obtain your own workers' compensation or unemployment insurance, the Department of Labor or the IRS may re-classify you as an independent contractor. Providing clinical services as an LMSW independent contractor (1099) is practicing outside of your scope of practice and can lead to suspension or revocation of your license.

But the LCSW who is hiring me as an independent contractor will provide supervision. Doesn't that mean I can provide clinical services?

NO! According to the Department of Labor, anyone who is an independent contractor is working solely under their own licenses; it does not matter if you receive additional supervision.

I have completed all of my clinical hours towards the LCSW. Can I open a private practice?

Congratulations on completing your clinical experience!!! The next step is to apply for the LCSW and then sit for and pass the ASWB Clinical exam. Once you have been issued an LCSW license number by New York State, you are eligible to provide clinical services independently. Until you are issued an LCSW license number, you are not yet an LCSW and you continue to require clinical supervision.

I am an LCSW in private practice and I would like to know how I can incorporate an LMSW into my practice.

You can employ an LMSW if they will be a W2 employee and you are providing all necessary insurances including but not limited to Workers' Compensation and unemployment, and you will be paying their FICA. You must provide appropriate supervision to the LMSW.

[<http://www.op.nysed.gov/prof/sw/swsupervision.htm>] If you plan to bill insurance for services provided by an LMSW, you should check each insurance contract to see if this is allowed. You need to understand that clients are being seen under your LCSW license and you are responsible for the care they receive. You should consult with a lawyer well-versed in representing mental health clinicians and in helping clinicians set up practices to ensure that you are meeting all regulations, licensing requirements and labor laws.

I am an LCSW who has been approached to provide supervision to an LMSW. Can I do this?

When you provide supervision to an LMSW, you are "legally and professionally responsible for the diagnosis and treatment of each client and must have access to all relevant information."

Some agencies contract LCSWs to provide supervision to their LMSW employees under a third-party agreement. "Any arrangements for third-party supervision must include a written agreement between the employer, third-party supervisor and the LMSW to specify the supervisor's access to clients and client records to ensure appropriate supervision of the LMSW. The client must be informed of how confidential information is handled in the case of third-party supervision and how to raise questions with the employer and/or third-party supervisor."

[<http://www.op.nysed.gov/prof/sw/swpracfaqs.htm>] In these cases, the LCSW is paid directly by the employer.

In short, the supervisor must be employed by the employer, not the LMSW. For the purposes of practicing and licensing, an LMSW cannot employ or contract a supervisor. Should you choose to become a third-party supervisor, you should consult with your insurance to see if this affects your policy.

I am an LCSW, and I want to get my "R" Psychotherapy Privilege. Can I pay for supervision towards this?

NO. Just as with the LCSW, you cannot pay for supervision towards the "R."

"Arrangements where an individual hires or contracts with a licensee to provide supervision are problematic and, as a general rule, unacceptable. Supervision of your practice requires the supervisor to independently direct your practice; this is not possible when the supervisor is employed by you or acts as a paid contractor to supervise the person who can only practice under supervision." ❏

FOR MORE INFORMATION:

<http://www.op.nysed.gov/prof/sw/swpracfaqs.htm>

Note from Hafina Allen: Please note that I am not a lawyer and I recommend that any more detailed questions you have be directed to your mal-practice insurance's risk management unit and/or that you consult a lawyer well-versed in representing mental health clinicians.

Dealing with Psychosomatic Conditions in Mental Health Practice and in Everyday Life— Is There Any Help from Neuroscience?

By Inna Rozentsvit, M.D., Ph.D., MBA, MSciEd i

Psychosomatics is the most fascinating area of transdisciplinary clinical science and research that deserves more than the label—“It’s all in your head”—because it starts in your “head” (aka mind), but it affects your whole being, physically, emotionally, mentally, and relationally.

Sigmund Freud could be called the *father of psychosomatics*, as he brought to light the origins of psychosomatic phenomena in neuroses, war trauma, and hysteria (a modern conversion disorder). He also was the first one to talk about the connection of organic symptoms to mental mechanisms of their origins. And, he spoke about utilizing psychoanalytic treatment for psychosomatic conditions, saying: “the psychoanalytic treatment of obvious organic disturbances is not without a future, since it is not unusual for a psychic factor to play a role in the genesis and persistence of these affections” (Freud, 1923). In his dialogues with Ferenczi, Freud admitted the connection between the depressive phenomena and (his) somatic illness, while he did not deal with treating these and avoided talking about himself in those terms (Haynal, 2008).

Overall, the 20th century can be called a century of psychosomatics. In 1948, *Studies in Psychosomatic Medicine*, Alexander et al. detailed particular unconscious conflicts associated with individual disorders. For example, Alexander et al. (1948) saw peptic ulcers as a representation of the faulty coping mechanisms of one’s infantile oral dependency, which—when stress is fairly consistent—can lead to the development of the actual ulcers in the stomach. Other psychosomatic localizations were seen as various other conflicts: hypertension was linked to repressed hostility, and bronchial asthma—with fear of separation, and so forth.

Later in the 20th century, the Object Relations psychoanalyst Joyce McDougall talked about “theaters” of the mind and of the body, borrowing the metaphor of a theater from Anna O, who mentioned that the free associations during her therapy (with Breuer and Freud) were her “private theater.” Joyce McDougall called the body theater “the psychosoma on the psychoanalytic stage.” So, her 1989 book, *Theaters of the Body: A Psychoanalytic Approach to Psychosomatic Illness*, became a revelation

to psychoanalysts of various schools of thought, and it offered the opportunity for them to appreciate the connection between the body/soma and the mind. McDougall wrote that the “severe split between psyche and soma ... was due to our patients’ unawareness of their emotional states in threatening situations. The curtains on the mind’s stage were tightly drawn, so to speak; no sound reached the outside ears, and yet a drama was being played out in this secret theater that threatened the very life of the theater owner himself.” McDougall also spoke about “psychosomatic potentiality” that is related to the pronouncement of the psychic stress related dramas in so-called “locus minoris” (a weak spot/organ/system of our body). This weak spot could be any organ or system of the body—cardiac (Ballone, 2015; Capitão, 2015; Tamagnini, 2014), pulmonary (Sikter et al., 2017), gastro-intestinal (Enck et al., 2016), skeleto-muscular (Sarno, 2018), and so forth.

Joyce McDougall (1989) also spoke in this book about alexithymia (i.e., apparent lack of affect), explaining that patients with this condition seem to be “speaking through their bodies” rather than processing their conflicts through the mind. That is why these individuals present a challenge to the traditional psychoanalytic (“talking cure”) approach.

Related to the above are the observations of researchers who connect early (preverbal) traumatic life events to development of psychosomatic conditions (Karunanayake et al., 2022). It is interesting that “traumatic” events do not have to be overtly traumatic, but could include prenatal maternal complications, interventional deliveries, or stopping breastfeeding early. Another researcher showed that these changes are related to psycho-neuro-endocrine and immune disbalance (Bitzer-Quintero et al., 2022).

What about neuroscience? Could it help us to feel a perceived gap and/or a feeling of disconnect when we try to treat patients “comprehensively,” “holistically,” with a patient-centric approach?

Yes, there is light at the end of the tunnel! In the last two to three decades, neurobiological research started to reveal important neurological mechanisms of the mind/brain dyad and body (soma) interactions, which is at the

CONTINUED ON PAGE 29

core of the modern field of psychosomatics. Still, most medical schools do not teach future physicians the basics of psychology or psychoanalysis. Even one's mind and his/her brain are not seen (or taught) as a dyad at play, even in neurology training. The same goes for training in the mental health field—"somatic" questions (aka those that pertain to one's physical/ medical state) are contemplated very little or not at all.

This does not stop transdisciplinary from continuing to connect the dots and trying various theories to



Dr. Inna Rozentsvit

explain psychosomatic conditions. For example, recently, neurobiological researchers utilized trans-neuronal transport of a (rabies) virus to identify regions of the cerebral cortex that have multi-synaptic connections with a major sympathetic organ, the adrenal medulla (which produces adrenaline, which we need to produce fight-and-flight reactions). They found that there are three distinct

“Functional Neuro-Psycho-Biology represents a truly ‘wholistic’ approach to understanding health and disease, physical, mental or psychosomatic. It also provides a platform for creative (and sometimes simple) healing solutions.”

networks that are involved in movement, cognition, and affect, which are linked to the function of internal organs (Dum, Levinthal, & Strick, 2019).

Other examples involve taking a placebo and getting positive, healing, results (Grainger, 2022). And some other examples include clinical observations by physicians-in-training about three specific emotions—guilt, envy, and feeling resentment/upset—correlating with the majority of gastrointestinal, cardiovascular, cancerous, and other medical conditions (if these emotions are chronic and unprocessed) (Evdokimenko, 2020).

What is the contribution of Functional Neuro-Psycho-Biology to the field of psychosomatics? It is about truly connecting the psyche/mind and the body/soma—through the “brain” (“neuro”) part. The “neuro” part is represented by the central nervous system (the brain and the spinal cord, with all connecting pathways), the peripheral neural

system (the nerves and plexuses serving the skeletomuscular system, skin, and others), and the autonomic nervous systems (sympathetic and parasympathetic).

Finally, in recent decades, the autonomic nervous system has been given the proper attention by therapists of various fields and even by mental health practitioners and theoreticians! But unfortunately, the two parts of the autonomic nervous system are presented as adversaries. They are not. The sympathetic and parasympathetic systems are partners: the first one helps us to deal with stress, the fight-and-flight state, and to be on alert; while the second one helps us to rest, digest, and eliminate. These two parts of the autonomic nervous system are also involved in hormonal production, so disbalance of the autonomic function leads to disbalance in the whole-body-machine.

Functional Neuro-Psycho-Biology is a method of looking at one's functioning through the lens of the brain/mind dyad, while integrating the Triune Brain theory (of Paul MacLean), Polyvagal theory (of Stephen Porges), and Attachment theory (of John Bowlby and Mary Ainsworth)—with an understanding of neuroanatomy, neurophysiology, and basic neuroscience. One cannot talk about any approach to treatment of brain-mind-body disorders if it is devoid of basic conceptualizations of

neurobiology: neuroplasticity, neuro-integration, brain laterality, synaptic pruning, neuro-networking and connectomes, electro-chemical conduction of impulses, as well as the neural phenomena of “what fires together—wires together,” “don't use it—lose it,” “connected together—grow together,” and others.

This way, Functional Neuro-Psycho-Biology represents a truly “wholistic” approach to understanding health and disease, physical, mental, or psychosomatic. It also provides a platform for creative (and sometimes simple) healing solutions. For example, multiple double-blinded and placebo-controlled studies that looked into practices

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Dr. Inna Rozentsvit is a neurologist, neurorehabilitation specialist, psychoanalyst and neuropsychoeeducator who is involved in transdisciplinary research in neuro-psycho-biological aspects of health and disease in neurological (Multiple Sclerosis, Traumatic Brain Injury, Stroke, Parkinson's disease), mental health (Personality Disorders, ADHD), and neurodevelopmental disorders (Autism and Learning Disabilities), among others. She is also a founder of Neurorecovery Solutions, Inc., which serves the neurodiverse community of patients and caregivers. Dr. Rozentsvit can be reached by email, inna.rozentsvit@gmail.com. For some short essays related to neuropsychobiological lenses on various things (aggression, thanks-giving, beholder share) visit www.innarozentsvit.com.

of visualizations and mental imagery, holistic breathing, meditative and mindfulness techniques, energy healing, hypnotherapy, and intentional use of positive emotions (training)—all point to bilateral connections between the psyche and the soma, such as bottom-up processing and top-down regulation (an important part of the Functional Neuro-Psycho-Biology system), which can make-or-break psychosomatic illness (Busch et al., 2012; Flammer & Alladin, 2007; Fredrickson et al., 2002; Grant, 2014; Hamrouni, 2015; Häuser et al., 2016; Jinich-Diamant, 2020; Karampas et al., 2016; Meredith & Eden, 2020; Tugade & Fredrickson, 2004; Wielgosz et al., 2022; Zeidan et al., 2010). 

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Multicultural Perspectives on Eating Disorders

By Mary Anne Cohen, LCSW



Mary Anne Cohen

“It happened again yesterday,” announces Nadia, a recovering compulsive overeater, as she walks into my office. Nadia is an adopted African American and Asian woman whose appearance could be called exotic.

“Oh, no,” I say. “Not again!” We both know what she means. Another person on

the street has said to Nadia, *Where are you from?* or *Where were you born?* or *What are you really?* or *You speak English really well.* Nadia was born in New York, but because she is mixed race and adopted, her concerns about the meaning of home and identity, about belonging and fitting, in are always close to the surface.

“But the funniest thing is I don’t feel so alone since I just read an article about the first deaf-Asian-Jewish-transgender male model!”

“Oh, my goodness,” I exclaim, “he has more hyphens in his identity than you do!”

Nadia laughs, and we settle into her session. Nadia’s trust in me as someone who is interested in learning what it means to be her unique self was very hard-won. She often felt that I could not appreciate how stressful it was to negotiate white society as a mixed-race person. Accusations followed about what she felt was my insensitivity. I welcomed these accusations as they gave us a chance to examine and repair her experiences of my failures in empathic attunement. And, as I eventually pointed out to Nadia, expressing herself directly to me is the very opposite of running to binge on food when she is unhappy, angry, or feeling misunderstood.

“Bravo for direct communication!” I encouraged her. Now she is using her mouth more for talking, complaining, and expressing herself rather than stuffing down her feelings with her food.

Bingeing, purging, starving, chronic dieting, and body image distress do not discriminate on the basis of race, gender, socioeconomic status, or sexual identity. Despite the stereotype of eating disorders mainly befalling skinny, white girls, increasing numbers of African Americans, Hispanics, Asians, Muslims, and LGBTQ people are presenting for eating disorder treatment.

Eating disorders are not color-blind, and we clinicians need to be aware of the unique and special issues relating to culture, socioeconomic status, immigration,

color, assimilation, and discrimination that affect each individual client. We also need to appreciate the sense of isolation and alienation that many blacks, Latinos, Asians, Muslims, and Native Americans feel from mainstream American culture.¹ Eating disorders can be a numbing “solution” to distract, detour, and dissociate from painful and angry feelings of not belonging and being discriminated against.

Risk Factors for Minority Groups

For an informed and supportive treatment, let’s consider the four risk factors that can provoke and trigger eating disorders among ethnic minorities.

Acculturation The more a person identifies with mainstream American culture with its relentless pursuit of thinness and the societal preference for Anglo physical characteristics, the higher the risk for body dissatisfaction. Hispanic and African American cultures have traditionally been more accepting and appreciative of a wide range of body sizes. But as a woman becomes more ambitious to succeed in white America, dieting and achieving thinness become equated with her aspirations for upward mobility. This can set the stage for the development of an eating disorder.

Assimilation Stress People often experience conflict when there is a discrepancy between the ideals and expectations of the two cultures in which they live. The traditional role of many Hispanic women, for example,

“People often experience conflict when there is a discrepancy between the ideals and expectations of the two cultures in which they live.”

was to be a homemaker raising many children. This contradicts the current American ideal for a woman to be more independent, work outside the home, and earn money. Straddling both worlds can cause anxiety, guilt, and stress especially for a

first-generation woman as issues of loyalty to the values of her family of origin may compete and clash with her hopes for enhanced self-determination.

Turning to food—the cheapest, most available, anti-anxiety drug on the market—becomes a soothing comfort for the binge eater. Purging becomes a relief from stress for the bulimic. Self-starvation becomes a way to exert control over a situation that does not feel safe for the anorexic.

Discrimination In spite of the gains made in recent decades, American society continues to discriminate

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against ethnic minorities. When a person internalizes the racist perspective that only white and thin bodies hold value, this negatively affects body esteem. Body shame can lead to the wish to “fix” one’s body. Fixing, altering, and manipulating body size and appearance through unhealthy behaviors, rigid attempts at weight loss, and plastic surgery can be the gateway to developing an eating disorder. In an effort to assimilate, many women believe, *If I can’t have lighter skin, then at least I can make myself thinner*. For many, thinness equates with access to power and the ticket to upward socioeconomic status.

Microaggressions Microaggressions are verbal or behavioral slights that are brief, unexpected, and subtle acts of discrimination. People of color and different ethnic groups are continually exposed to microaggressions that indirectly communicate the message that the person is considered inferior. These effects are cumulative and take a psychological toll leading to the person’s self-doubt, confusion, hurt, and pent-up anger. Uncertainty about whether to react and respond to a perceived insult leaves the person confused and exhausted. Once again, food can become an anxiety-drug to deal with this stress. In my practice, the following examples illustrate microaggressions:

- Samuel, a professional African American patient, speaks of the numerous times he is looked at suspiciously in stores for no provocation beyond the color of his skin.
- Lourdes, a Mexican patient, tells me she had complained to her previous therapist about deep fatigue. The therapist responded, “Well, what you really need is a long ‘siesta.’” My patient did not know whether to be offended by the possible caricature that Mexicans are lazy or whether the therapist was trying to be empathic. She had a difficult time sorting this out because she had experienced previous racial slurs in her life that felt contemptuous. It left her feeling confused and on guard with the therapist.

To understand eating disorders in the Hispanic population, we need to appreciate that “one size does not fit all.” Latinos are not a homogenous group. The United States has a wide range of Latinos, from Mexican Chicanos in Los Angeles to first-generation Puerto Ricans in New York, to white, affluent Cubans in Miami.²

As a Spanish-speaking therapist, I am interested to hear what language a bilingual person decides to use to discuss their eating problems—English or their “mother tongue.” Carlos, a bulimic Puerto Rican man I worked with, spoke English to me, but would also curse colorfully in Spanish during his sessions. He puked out his angry feelings in his native language. I pointed out that bulimia is his third language! Every time he threw up, I asked him

to translate what his vomit wanted to say in words and in emotional feelings.

African Americans in the United States are not a homogenous group either. Some live in the rural south, some in big cities, and they may speak Spanish, French, Creole, or Portuguese. They vary in ethnic features. As with Latinos, generalizations cannot be made about African Americans.

In the book, *A Hunger So Wide and So Deep: A Multiracial View of Women’s Eating Problems*, author Becky Thompson explains that for marginalized people, eating disorders can begin as survival strategies and self-preservation in response to a myriad of injustices including racism, sexism, homophobia, classism, the stress of acculturation, and emotional, physical, and sexual abuse. “Discomfort with weight, bodies, and appetite are often the metaphors girls and women use to speak of atrocities.”^{3,4}

The important variable in understanding eating disorders among minority groups relates to the level of education and socio-economic class. People who are better off economically and more educated about mental health issues will often seek out therapy to directly address their eating disorder.

Of course, minority women and men are not the only ones exiled from their bodies. No matter your color or ethnic background, sexual, physical, and emotional abuse will cause dissociation and disruption with one’s body-self. For all people, trauma disrupts an intact sense of one’s body. However, the clinician needs to be especially mindful of the unique stressors of minority clients to develop an empathic and sensitive connection.

Identify Differences... and Similarities

Despite these differences, all of these clients share a similar common denominator—an attempt to detour, distract, and deflect their pain through emotional eating. The language of pain comes in many dialects, and our role as clinician is to reach the shared humanity of each unique client and to help them value and articulate their experiences.

Becoming Culturally Competent

The National Association of Social Workers Code of Ethics charges social workers with the ethical responsibility to be “culturally competent.” Cultural competence refers to the process by which clinicians respond respectfully to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.

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Examining Our Biases

In 2015, NASW published *Standards and Indicators for Cultural Competence in Social Work Practice*. One of the elements missing in this paper on cultural competency is the directive for clinicians to improve their sensitivity to patients of extreme sizes—both obese and emaciated anorexics. Clinicians—as do many members of society—often have unexamined biases toward fat people that provoke anger and revulsion. And anorexics provoke horror and maybe even envy in many people.⁵

Conclusion

A former binge eating patient of mine has beautifully used her therapy to embrace and integrate her many disparate, previously disavowed parts. Claiming her authentic self has helped end her need to turn to food for

emotional support. Janine is a gay actress with roots in the Middle East. She quips that she is a “Lebanese Lesbian Thespian.”⁶

Helping our clients embrace and appreciate the diverse heritages they embody enriches their inner sense of belonging—to one’s culture, to one’s body, to one’s self. We therapists can help them sink their teeth into life, not into their relationship with food! 🍷

Mary Anne Cohen is Director of The New York Center for Eating Disorders and author of three books on this subject. Her latest book is published by NASW Press, *Treating the Eating Disorder Self*. www.EmotionalEating.Org.

FOOTNOTES: SEE PAGE 38

COMMITTEE REPORT | CREATIVITY & NEURO-PSYCHO-EDUCATION

On August 14, 2022, we participated in organizing a virtual conference, hosted by Dr. Inna Rozentsvit, titled *Love: Transcultural Perspectives*. It was based on the *International Handbook of Love* publication by Springer. For more information go to: <https://events.orinyc.org/love-transcultural-perspectives-virtual-symposium-based-on-the-international-handbook-of-love-publication/>

Members and sister organizations were invited to an interactive tour on December 4 of the Alex Katz exhibit at the Guggenheim Museum. Two guest tickets were made available to the Whitney’s Edward Hopper exhibit. For information, please contact Sandra Indig at the email below with the subject line “Museum.”

New members

We are excited to report that Nancy Gershman, LMSW and Betty Eastlander, LMSW have joined our committee. These new members are enthusiastic and very motivated to plan and over-see interactive venues, including workshops. Nancy Gershman is an integrative psychotherapist, developer of Dream Scaping, and a published author. Prior to her work as a clinical social worker with the Bhava Therapy Group, she was featured for her work with end-of-life families at VNSNY/Haven Hospice. Betty Eastland is a licensed social worker and multidisciplinary artist. She was spokesperson, board member and teaching artist for Fountain House for people living with mental health diagnoses. She now works with the Administration of Children’s Services of New York City.

Discussion Groups Being Organized

On June 4, 2022, Dr. Inna Rozentsvit conducted a virtual workshop, *From Neurology to Psychoanalysis and Back to Neuroscience: Basics of Functional Psychoneurobiology for Mental Health Professionals*, at the Object Relations Institute for Psychotherapy and Psychoanalysis. Over 100 mental health professionals from eleven countries engaged in this conversation, and virtual discussion groups are being organized to explore the topic further. Psychoneurobiology integrates the mind and the brain into one coherent whole, while the term “functional” is used to determine the conceptualization of this integration based on connectivity and functionality of the brain/mind dyad rather than on mere anatomical localizations of various brain areas that (in the past) were assigned some distinct functions, and which were seen as of “higher” or “lower” orders by neuroanatomy. For more information, visit <https://events.orinyc.org/from-neurology-to-psychoanalysis-and-back-to-neuroscience-basics-of-functional-psychoneurobiology-for-mental-health-professionals>.

If you are interested in being a part of the discussion on application of functional psychoneurobiology in working with trauma, addictions, psychosomatic illness, neurodiverse populations of children and adults, as well as parents, write to Dr. Rozentsvit at the email below with the subject line “Functional Psychoneurobiology Group.”

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The Place Where We Live: Being at Home Being Alone

Presented by Lesley Caldwell, Ph.D. | Reviewed by Susan Klett, Ph.D., Psy.D., LCSW-R

Lesley Caldwell, a world-renowned Winnicott scholar, joined us on April 9, 2022, from Rome, Italy via Zoom. She presented a rich, in-depth, and wide-ranging lecture on loneliness and solitude, not only through the lens of psychoanalytic theories and concepts, but from across interrelated disciplines including poetry, art, and literature. Additionally, she focused on the cultural, political, and social systems which influence our perspectives as she captured the human condition and precisely illustrated this subject matter.

Professor Caldwell is the former Director of the Squiggle Foundation (2000–2003) and Editor of its Winnicott Studies Monograph Series (Karnac and Squiggle Foundation, 2000–2008) through which she has published many books. She is also an honorary professor at the University College of



Lesley Caldwell

London (UCL) and a European member of the International Psychoanalytic Association, where she is the London representative for COWAP, a committee dedicated to women and psychoanalysis. Professor Caldwell is a supervising and training analyst and on faculty at various institutes. She is also an Honorary Senior Research Associate in the Italian department at UCL where she

co-organizes a lecture series and has made significant contributions to the New Library Collection Reading Italian Psychoanalysis (2017).

Throughout the pandemic, the world as we knew it changed. We have been in lockdown, during contagion severely deprived of human contact, at times left with the feeling of living in a virtual world, and only recently able to gradually resume participating in in-person activities. While this has taken a great emotional, psychological, and physical toll on many, others have thrived. This phenomenon has led to Professor Caldwell's research and this lecture.

"There are two types of people, those who can be alone with self and in the company of the other and those who cannot," she exclaims as she proceeds in tracing this capacity to early infancy and anchors her presentation in the theories and concepts of Donald Winnicott and Melanie Klein.

"Poetry connects us through centuries," Professor Caldwell reports as she reaches for lines in T. S. Eliot's (1940) poem "East Coker" from his *Four Quartets* to introduce us to Winnicott's work.

*Home is where one starts from. As we grow older
The world becomes stranger, the pattern more complicated
Of dead and living. Not the intense moment
Isolated, with no before and after,
But a lifetime burning in every moment*

—T. S. Eliot, 1940

Placing emphasis on "A lifetime burning in every moment," she connects this line to Winnicott's commitment to aliveness, claiming that this line captures and summarizes his goal for therapeutic treatment, that of uncovering a "true self," enabling one to live creatively as an active participant in life.

She eloquently draws us back to the beginning, "Home is where one starts from," stressing the significance of the secure, unintrusive holding environment from birth, emphasizing Winnicott's findings that our foundation is laid and built within the context of the earliest relationship within the mother/infant dyad and can be understood and revisited in the transference-countertransference within the therapist/patient dyad.

“Winnicott prioritizes the person in the environment, starting with the [mother/infant dyad]. We are invited to look at the paradox: ‘aleness can only take place over maximum conditions of dependence,’ when a secure attachment occurs.”

We learn that Winnicott prioritizes the person in the environment starting with the mother/caretaker, who is experienced by the infant as both the environment and an object. We are invited to look at the paradox: "aleness can only take place over maximum conditions of dependence," when a secure attachment occurs. This is due to the mother's attunement and active accommodation

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to the infant during the first months of psychic life so the infant may not even be aware that another is there because its' needs are met as they arise, leaving the infant to experience a sense of omnipotence. It is due to this experience that the infant and later the adult "can be at home in being alone."

When a parent is neglectful, narcissistic, or intrusive and mis-attuned, and looks to the infant to meet her needs, the continuity of being is disrupted and a "False Self" develops. There may be a core sense of emptiness, a deep sense of loneliness due to the lack of consistency in the environment which is clearly illustrated in Melanie Klein's understanding of this early infant experience.

Klein's self-experience and her work with patients sheds light on the early infant experiences of the adults that we often see in our practice, those who cannot tolerate being alone. Klein has worked with infants and adults whose early experience has been caught in the grip of conflict between love and hate. According to Klein, the infant strives to master and mitigate paranoid persecutory anxieties. Due to the mother's failure to provide ego support to the infant, the infant becomes overwhelmed by anxiety caused by its' own aggressive and destructive impulses. The infant instinctively splits off the unacceptable parts of the self and projects these parts into the other, where they are lost; Klein coined the term "projection identification" to explain this process.

For Klein, loneliness is unavoidable; the patient struggles to maintain attachments due to difficulties in trusting oneself and others and, at times, with containing and regulating affects. They suffer with an unsatisfied longing for understanding without words, a longing derived from depressive feelings of irretrievable loss (Klein, 1963). Klein perceived loneliness as a fact that stretches across the lifespan.

"How does this relate to treatment; how does the therapist/analyst use the understanding of those who cannot tolerate solitude, or aloneness?"(Caldwell, 2022)

The consulting room offers hope, a journey of self-discovery pregnant with new possibilities. Caldwell links, "Home is where we start from" to the office setting and the therapist's attitude of listening. The therapist creates a safe therapeutic "holding environment." He is both the unintrusive environment and the object and must allow the client to use him (object usage) as needed, lending his ego support. The therapist should be "at home being alone and being alone with the other," and comfortable with silences, for it is in the silences where one is found. According to both Winnicott and Klein, his position is to listen with even, hovering attention, carefully tracing early infantile development and must provide a new object experience, that of the "good enough mother/

therapist." The new experience must be consistent over time to reach the "true self." Within this facilitating environment, the patient can reclaim lost parts of the self and come "fully into being" and, with the internalization of the "good object," the patient achieves the "capacity to be alone" and alone in the company of the other.

A case example from Donald Winnicott is presented to emphasize the significance of staying with silences, not intruding upon the patient with a premature interpretation. Winnicott states, "With a silent man of twenty-five, once interpreting the movement of his fingers on his chest, the man said, 'if you interpret that kind of thing, I must transfer this activity to somewhere that it does not show.'" Through this example, Caldwell states: "Winnicott demonstrates that 'a communication' was made and registered, yet the time for its verbal acknowledgement by the other has not arrived." She continues, "A question the therapist may hold is: 'Is this patient, who is not communicating with the therapist, communicating with himself

“How does the therapist/analyst use the understanding of those who cannot tolerate solitude, or aloneness? ...Caldwell links 'Home is where we start from' to the office setting and the therapist's attitude of listening.”

and, therefore, being alone in the presence of the other, in the transference?" This example provides a lens into the non-intrusive facilitating environment that respects the choice of non-communicating. Winnicott (1965) teaches us that "significant relating and communicating is silent," for it is in the silent moments that one is found.

Professor Caldwell draws us into the work of Marion Milner and comments on her book, *On Not Being Able to Paint* (1950) whereby she reflects on her writing and her own analysis and the importance of understanding blankness—a lack of mindfulness—as a necessary state for creativity and transformation. It is emphasized that this transitional space is a prelude to a new integration, as the recognition of a depression can be. And, as a writer who conducts the activity of writing in solitude, the blank page is just the beginning.

Comfort with self and others, or discomfort, is further highlighted in a discussion of two art exhibitions Caldwell used to illustrate how we take in and relate to art as a living subject which reflects one's inner life.

The Void is a consistent characteristic of Anish Kapoor's artwork. One specific installation titled *Descent Into Limbo*

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in his exhibition entitled *Works, Thoughts, Experiments* displayed at the Serralves Museum in Porto, Portugal (2019) appeared to be a round black surface on an entirely white space. This was an illusion; it was an eight-foot-deep hole with the sides painted with Vantablack material. For some viewers, it stimulated feeling of danger, the fear of being

“Winnicott teaches us that ‘significant relating and communicating is silent,’ for it is in the silent moments that one is found.”

swallowed up, annihilation, falling into an abyss while for others it stimulated curiosity, as a potential play space to explore, a transitional space for discovery.

Breathing Light, one of the *Ganzfelds* series (2013) by James Turrell at the Los Angeles County Museum of Art was an immersive art experience. Lights were used to create depth and texture. This art project offered a sensing and viewing space for participants to enter. The experience was unique and contingent upon one’s perception of the physical and spiritual, a reflection on one’s interior life. For some, it evoked a rich sense of letting go, and trust in oneself and the environment upon entering and enjoying the experience; for others, it was a reflection of an impoverished interior, with intense feelings of unease, fear, distrust, and of displacement.

Professor Caldwell also stresses the influence of the broader social, political, and cultural context in which we live and its impact on our identity, as we are always appropriating and growing.

She beautifully weaves insights into how the social environment of the contemporary world impinges upon our solitude. With Facebook, Instagram, 24-hour breaking news, Zoom, and other media, she states, “Some people never make time for solitude.”

Caldwell makes an important observation claiming that, “We establish ourselves within our differences and likeness to others. Culture was important to Winnicott and its impact on our identity, a sense of belonging, and what a person is capable of taking in from the field as related to ones’ inner life.”

With passion and sadness, Caldwell draws us into the broader social, cultural, and political issues of the widespread human condition of homelessness. She reports, “Splits in unconscious life are being enacted daily, which is the consequence of our society living under the threat of siege from ‘the other’ taking our limited resources and therefore sentencing them to detention. Identifying the homeless with labels such as refugees, asylum seekers, illegal migrants, or rough sleepers, distances one from any guilt of violating their human rights.”

This engaging and thought-provoking presentation was a testament to Professor Caldwell’s rich creative inner life that is continuously taking in and giving back. As clinicians, we are reminded that the capacity to be alone and alone in the company of another is a developmental achievement that can take place in the context of a relationship between therapist and patient when we provide a holding environment and ourselves as good objects to facilitate the development of our patient’s unique individuality. 🌈

Reviewed by Susan Klett, Ph.D., Psy.D., LCSW-R, training and supervising analyst, ICPLA; training and supervising analyst and faculty, TIMH Adult Psychoanalytic Psychotherapy Program, supervisor in TIMH’s couples’ program and faculty, IPPS. Past president of Postgraduate Psychoanalytic Society (2009–2011). Dr. Klett maintains a private practice in Manhattan working with individuals, couples, groups and provides education consultations and supervision to clinicians.

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The CLINICIAN

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Multicultural Perspectives Continued from page 33

1. Bardone-Cone, A., Higgins Neyland, MK, & Lin, SL. (2017). "Eating Disorders in Racial/Ethnic Minorities." In J. Fries (Ed), *Eating Disorders in Special Populations*. Boca Raton FL., CRC Press. Pg. 279
2. I am fluent in Spanish and have had the pleasure of treating women and men in my practice from Argentina, Colombia, Cuba, Dominican Republic, Ecuador, Guatemala, Mexico, Puerto Rico, Spain, and Venezuela.
3. Thompson, B. (1994). *A Hunger So Wide and So Deep: A Multiracial View of Women's Eating Problems*. Minneapolis: University of Minnesota Press. PP. 2, 12, 16.
4. In 2019, a special edition was published of *Eating Disorders: The Journal of Treatment and Prevention* on the "State of the Art Research on Treatment and Prevention of Eating Disorders on Ethnic Minorities," which includes the articles "Cultural, Ethnic and Racially Diverse Differences in Disordered Eating Correlates," "Prevention Research with Ethnic and Racially Diverse Individuals," and "Treatment and Treatment Experiences with Ethnic and Racially Diverse Individuals."
5. In 2015, the NASW Committee on Racial and Ethnic Diversity published Standards and Indicators for Cultural Competence in Social Work Practice.
6. All names and identifying data have been changed for confidentiality. Janine has given permission to be included in this article.

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