

New York State Society for Clinical Social Work, Inc. Spring-Summer 2021 *Nassau-Suffolk* NEWSNOTES

Letters from the Presidents

CO-PRESIDENTS MESSAGE NASSAU CHAPTER

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 to the NYSSCSW Nassau Chapter.

We continue to be hugely impacted by the pandemic, as people continue to rely on zoom and other telehealth platforms for patient sessions, meetings and workshops. As more people are getting vaccinated, a few of us are venturing out to see patients in person while others are home and considering giving up offices, or have given them up. Chapter members are continuing to share the latest information regarding telehealth, consent forms, billing, CDC regulations for reopening our offices, and have provided support to colleagues struggling to navigate their way through the stress and emotional trauma of the pandemic.

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

We are excited to announce that we have formed a new committee, Diversity in Clinical Practice, co-chaired by Judy Pullman and Jannette Urcioli. (also our State level Member-at-Large). The committee will explore ways we are all impacted by our biases in subtle and not so subtle ways. This is a timely moment in our lives as we reflect upon how we live in the world and can be agents of change and growing awareness.

We had an excellent presentation on Borderline Personality Disorder, sponsored by Emotions Matter, with speakers Diane Sweet, LCSW, and Maria Solomon, LCSW-R. The Programming Committee, chaired by Ellie Perlman has finalized a date for fall, October 24th, 2021, Nicholas Lessa, LCSW, will be presenting on alcohol and substance abuse, and motivations for treatment. The Committee is working on a presentation for the spring of 2022 on Gestalt Therapy, led by Adam Weitz, LCSW.

The Mentorship Committee, led by Jennifer Shapiro-Lee, has duly and energetically held monthly meetings. There are now a total of four regular attendees.

The Membership Committee, headed by Patricia Traynor, and Linda Feyder, (also our dedicated Secretary), continues to collaborate with the Board's other committees to develop partnerships, expand our outreach, and sponsor conferences in an effort to increase awareness of the benefits of membership in the Society. We offered a lottery that allowed people who renewed their memberships early to get a chance to win a prize. We also offered rewards to members who brought in new members.

The Committee for the Aging, headed by Sheila Rindler, now meets bi-monthly. Prior to the pandemic they met in person. They now meet by zoom. That committee has grown to eight Regular Members.

The Website Committee, chaired by Jannette Urcioli, has been actively working with Kristin (TMS) to update the Nassau Chapter Web page. Our Chapter member and Chapter Member at Large, Barbara Taylor, was chosen to be the Public Relations Chairperson at the State level, and will be reporting back to us on decisions made regarding marketing tools and outreach, to promote the benefits of membership in our Society. Both of these committees are engaged in improving our website's social work directory, in an effort to increase referrals to our members. In conjunction with our Public Relations Committee, we are reaching out to organizations, agencies, and social platforms to build awareness of the work and benefits of being a member of the NYSSCSW. Members are being asked to contact Barbara Murphy at askier@verizon.net with any suggestions.

The Scholarship and Education Committee, led by Catherine Faith Kappenberg, also our University Liaison, has now formed a strong partnership with Adelphi University for an MSW student scholarship. We awarded a scholarship to Wayne Bokar at our meeting on December 6th, 2020, and will be recruiting MSW students who can serve as liaisons between the school and the Society. We will be giving an award to our Molloy scholarship winner, Amanda Sanchez, at our meeting on May 16th, 2021.

Our NewsNotes, edited by Susan Kahn, with Carline Napolitano, Clinical Editor, is due to be sent to members and put on the website in May.

Susan Kahn is again leading our Book Club. The Club will be meeting for the second time this year, on May 16th, following our Board meeting. It has been met with an enthusiastic response.

As a thank you to our Committee Chairs, and all of our active participating members, the Nassau Chapter will celebrate with a party. Sheila Rindler, who has graciously offered her home, will host the party at the end of June. It will be sponsored by our Chapter.

Presently, 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 volunteer their talents. If interested, contact Patricia Traynor at ptraynor@optonline.net and she will send you the zoom invite. We are looking for members to participate in our Public Relations, Programming, and Membership Committees.

Ellie Perlman, Co-President

Patricia Traynor, Co-President

PRESIDENT'S MESSAGE SUFFOLK CHAPTER

New York State Society of Clinical Social Work's Suffolk County Chapter members continue to soldier on through this wild and crazy, once in a life-time, challenging pandemic. Many of us report being busier than ever and are working harder than would have previously been imagined. Appreciative of the increased awareness of the incredibly important work we've been performing for decades, we've begun to recognize that it's about time!

Fears around the possible consequences of in person gathering persist, despite the increase in numbers of those completely vaccinated. We remain patient and cautious. There is anticipation that sometime soon, some of the Zoom connections will give way to the "irl" (in real life) togetherness we crave. I, personally, remain an optimist — and set aside fears, and anxiety, most of the time; still staying double-masked, as suggested.

The cover of one of our important national newsmagazines, Time, featured a young woman by the name of Twyla Joseph, who responded to a nascent awareness of how critical the work done by Social Workers is, by changing the focus of her education. She, about to venture forth from the Central Islip School District (in the heart of New York's Suffolk County) to the universe of higher education, has indicated a determination to pursue a career in Social Work! We have begun to figure out how we can provide encouragement to her, as she has become a representative of what has the potential to be the very best of the up and coming generation of leadership. She's not yet completed her commitment to an institution of higher learning, but in working with her guidance counselor we will be providing some real life support and encouragement (from both the Society and our local Suffolk Chapter)!

More in depth notes will be forthcoming, hopefully, with features on some of our long-term members, in subsequent newsletters. Hoping all stay safe, remain well, and wherever appropriate, enthusiastically encouraging of necessary vaccines!

Wishing, as always, for a greater show of the desire to participate more actively in our Chapter's activities - and again, inviting participation on any level, from each and all! Call me on my cell, colleagues, and let's see whether we can't make more — better!

Best, San (631) 335-6931
Sandra Jo Lane, LCSW-R, BCD, CGP 631 586 7429

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THERAPY IN THE TIME OF A PANDEMIC

Susan H. Kahn, LCSW, BCD

Editor

It's hard to believe a year has gone by and I have yet to return to my office. I believe many of you are sharing the same experience. However, barring any resurgence in this scourge, it appears we are slowly returning back to some degree of normalcy, whatever that may be. Masks will hopefully soon be put away for good and we will be able to return to working with our clients face-to-face without fear of contracting a deadly and disabling disease.

The last issue of Nassau-Suffolk NewsNotes was devoted to articles about the pandemic and its effect upon our lives and practices. As we emerge from the pandemic, this issue will incorporate a few articles written by our colleagues on how they navigated through this period of time. In addition to two excellent clinical articles, there are excerpts of two award winning articles written by students from the Adelphi School of Social Work and from Molloy College. Wayne Bokar is the Adelphi University recipient of the Society's Nassau Chapter 2020 MSW Writing Scholarship. And Amanda Sanchez is the Molloy College 2021 recipient of the Nassau Chapter's Sheila Peck, MSW Memorial Writing Scholarship.

I must admit I've gotten used to virtual psychotherapy. I do not miss late nights at the office being alone in the building, wondering if someone is lurking in the garage. I feel a lot safer working from home. Most of my patients do not seem to mind it either. After a long day at work, they can come home and leisurely relax while we meet over the internet. They are comfortable and so am I.

The problem arises when there is a lot of activity around the patient's house and it is hard for them to get a little privacy. Especially with the children needing attention from their parents. But somehow, we have managed. When things get too hectic around the house, I have had patients opt to sit in their car while we talk. Not the most ideal setting, but it works.

Working with children, however, has been a bit of a challenge. After all, with virtual classrooms, some have been sitting in front of their computers for many hours during the day and they are not much in the mood for another 45 minutes of screen time. We have figured out a number of games we can play while talking, even if they cheat a little. Then again, after a day at school and then the after-school activities, it is easier and more relaxing for the children not to have to leave the house to meet with their therapist. The biggest drawback for some of the children has been the feeling that they lose some of the confidentiality of a face-to-face encounter because the parents can be lurking in the background. There are things they would rather not talk about in front of their parents. But that too can be resolved by means of texting. I miss the real-time face-to-face encounters with the children and the families, the hugs, celebrating their birthdays and handing out candies on the holidays. You can't really do that over a computer monitor.

So, all in all, it really has not been too bad. We have learned to adjust to a new normal and it seems to be working. The question remains how long the insurance carriers will allow this to continue. It would be ideal if, long after this pandemic has disappeared, we will continue to have the option of seeing our patients remotely. It works for me.

A Sex Therapist's Clinical Experiences during a Pandemic

By Rosara Torrisi, Ph.D., LCSWR, MEd, CST

It is easy to say this has been a hard time. We, along with our clients, have been dealing with cascading challenges. Our clients are coping with isolation, energy exhaustion, and trauma. In the middle of a crisis, it is often difficult to ask for help. It's common to think, "later, when this is over, I know I'll need help later." Later is now. The focus of this article is twofold, to highlight the cascading challenges and how we can support our clients as they endeavor to restore or enhance their relationships with themselves and their partners.

Solitary

Some clients have spent months in solitary isolation. For people who are widowed, single, apart from their loved ones and daily connections, the internal torment is just about unbearable. During this time, the clinical focus has been to encourage clients to connect with at least one other person, albeit a friend, a relative, or a new relationship that blossomed online. New pets have also brought people some much-needed joy.

No New Energy

For those of us who have stayed isolated with family, this pandemic brought unique challenges. Spending undivided time with family can be pleasant for a week of vacation, but for months, with nowhere to go and little to do, with little input of outside energy to the family system, the spark can get snuffed out. The emerging relational and personal hurts need mending. These relational ruptures are especially traumatic for many trans and queer teens and young adults. I've heard this a lot this year, "my parents are refusing to use my pronouns! They're not even trying! How many times do I need to tell them how important this is to me? I don't want to live like this a moment longer".

In April of 2020, I co-hosted a virtual workshop with Trish Travaglione, LCSWR, guiding young adults stuck at home with non-supportive parents. Utilizing DBT methods such as radical acceptance for the given situation and then skills such as ACCEPTS (Activities, Contributing, Comparisons, Emotions, Pushing away, Thoughts, and Sensations) can be particularly helpful.

You Know Who You Are

Front-line workers have been dealing with the brunt of this pandemic. My spouse is an FDNY Special Ops Paramedic. To me, the "Special Ops" means rushing to the more dangerous calls for help. I'm in a front-row seat to the intensity of what others might never or entirely understand.

These folks are dealing with mental health issues that an entire system is utterly unprepared to address. A phrase I've heard more than a few times is, "the beatings will continue until morale improves." As employees attempt to be present at work, managers look at human beings as resources instead of assets. "No one cared if I lived or died when I went to work in April; now I know what's really important to them — and it's not me. They just fed us to the wolves like it was nothing. And now they want to cut my pay for taking a day off to be with my kids? They can go f*** themselves."

There are a few trauma-focused books that I have re-read and suggest that you do as well. *The Body Keeps the Score* by Bessel van Der Kolk, *My Grandmother's Hands* by Resmaa Menakem, *The Complex PTSD Workbook* by Janina Fisher, and *The Mindfulness Self-Compassion Workbook* by Christopher Germer and Kristin Neff are some of my top recommendations.

For those who have the benefits of paid leave, I have encouraged folks to use that time. It is essential that caring for mental health be taken as seriously as caring for our physical health — they are one and the same! Many families with children have already maxed out their paid leave time to care for children or long-haul COVID-19 syndromes. The situation warrants that we private practice social workers may need to dust off those benefits' management skills. Supporting our clients as they navigate FMLA, PFL, short or long-term disability is becoming commonplace. Continuing to encourage New York State and Federal advocacy efforts around these policies can also be helpful.

Something I have witnessed in just about everyone I come across is what I'm calling "soul tired." Clients are tired to their cores. Their very essence of being has been thoroughly exhausted. Someone recently said to me, "no matter what I do, I just don't feel any oomph. I just can't shake feeling empty all the time." But how do we repair from our souls being exhausted? Many clients have reached different answers to this question, but I hear some common themes.

Joyful movement, often in nature, is a popular answer among my clients. Walking in the woods or strolling on a boardwalk is enriching. A client reported after visiting their favorite park, "walking in the woods just lets me be me. Nature doesn't ask much of me. It doesn't take anything. I just have to be there, and it's there, giving to me."

Reconnecting in person with either one other or a small group of beloved friends or family is another answer I've heard. Many are longing for and needing breaks away from caring for others and daily routines. When I asked a tired mom what she needed most right now, she stated, "I just want to turn it all off. No news. No people. No laundry. I want to go somewhere quiet and all by myself."

Shopping at the outlets has helped some find normalcy. "Just browsing aisles for underwear was riveting! How silly is that? I was giddy to bring it up to the front, take out an actual charge card, and pay for it-- in person!"

Satisfying skin hunger for those who have been without even a hug in over a year is equally important. A massage might be the greatest gift. After the first massage in a year, a client reported, "I had to apologize to my massage therapist. About halfway through, I started crying. This knot in my chest just disappeared".

For others, having deeper conversations about the meaning of life, their values, and how to live into them with a greater appreciation for the brevity of life has been significant, "I am finding that the more I talk about sex, the more I seem to be talking about death."

The State of The Bedroom

We have witnessed a few trends around sexuality, whether solo or in relationships. As we grapple with heavy loss, reconnecting with Eros will also be instrumental in healing our aching hearts when this veil lifts. Relationships with others as well as with one's self, look like a landscape decimated by storms. Those that needed skills development are wearing thin. Stronger relationships often need a tune-up by now. To support our clients as they reconnect with their physical pleasures, we can decrease pleasure gaps, reduce pain, and enhance turn-ons.

Pleasure Gaps

Folks in relationships of all kinds are having more sex. In queer relationships, this has been balanced out with greater conversations about boundaries and the use of solo downtime for individual replenishment. In hetero relationships, this has looked like more pleasure for males, and a female focus on supporting the relationship and alleviating boredom. Wives and mothers have taken on an even greater share of household responsibilities. Where is the time for pleasure in all of this? Having honest conversations about each other's likes and dislikes is an excellent start to promoting more equitable connections. The Gottman approach offers guiding questions

for deepening exchanges, especially about sexuality. I often encourage every client to reconnect with their senses as a starting point for embodying their erotic energy. Here's a quick guide: Find an oasis space for yourself. Consider the lighting (bright, dim, dark), the sounds (music, birds, cars), the smells (candles, freshly cleaned), the sensation of clothing on your body (sweatpants, silk shirt, air on nude skin), and tastes (chocolate, minty clean teeth) that you would like to be experiencing. Create that environment for yourself and spend at least ten minutes there. Be sure your phone is not beckoning you.

Pelvic Pain

More people are dealing with pelvic pain with increased stress and trauma and changes in daily movement patterns. Two familiar places for holding tension in our bodies are the shoulders and the pelvis. We are spending more time sitting than ever before, which weakens the pelvic floor muscles. Increased workout time, especially on a bike (I see you Peloton groupies), can wreak havoc on a pelvis. I highly recommend connecting with a pelvic pain specialist if you notice discomfort sitting, standing, toileting, or having penetrative sex. Penetrative sex is not supposed to hurt. We have a few great providers on Long Island, including the teams and networks connected to Dr. Tay Ahmed, Dr. Robert Moldwin at Northwell, and Dr. Sonia Bahlani.

Be. Love. Play.

Folks are incorporating sex toys into their solo and partnered play at record numbers. Sex toys are an excellent advancement in bridging pleasure gaps. Finding new and exciting ways to bring pleasure to our bodies, minds, and spirits has been a perfect way to survive this era. A delighted client recently said to me, "I feel so alive when we have sex like that!" Around late 2020, there was even a global silicone shortage as suppliers attempted to keep up with demand! The top toys people have been enjoying include toys that can be used with remote controls, whether from a distance of five feet or across the globe. Another fun avenue for exploration has been anal play. We all have butts, so it is an equal opportunity erogenous zone! Is a client in a long-term relationship and wondering what else they can explore to make sex feel exciting again? Safely and consensually exploring some kinkier sex might be just what they are seeking. "We're in our 40s, we've been together since college, things get boring," someone recently said. If a client is interested in exploring more sexual play but doesn't know where to start, a certified sex therapist might be helpful for those discussions.

Considerations

Certified sex therapists work with couples, families, and relationships of all types to address sexuality-related concerns specifically. Concerns addressed are: desire discrepancies, issues recognizing one's sexual arousal, dealing with painful sex, difficulties with erection and orgasm control, problematic sexual behaviors, sexual trauma recovery, and orientation and identity development. I can no longer count the number of clients who have said something like, "I wish I found you 30 years ago. I am so sad and angry that I went so long without getting real help for this." If this sounds like a client you're working with, it might be a great time to collaborate with a sex therapist!

Bio:

Dr. Rosara Torrisi, Ph.D., LCSWR, MEd, CST, is the founding director of The Long Island Institute of Sex Therapy in Syosset and owner of That Drawer, an erotic boutique, and gender expression gear shop. She is an Our Whole Lives comprehensive sexuality educator for youth, young adults, adults and older adults.

Dr. Torrisi has considerable experience discussing diverse sexuality topics, including aging, pregnancy, sexual dysfunctions, cancer, compulsivity, and sexual minority relationships. Rosara works with individuals, couples, and families. Additionally, Dr. Torrisi is trained (Levels 1, 2) in Gottman Couples Therapy Method. She is an adjunct professor and frequent lecturer.

She may be reached at, (516) 690-6779 or Info@LISexTherapy.com.

How We Say it for Mastering Relationships

By Deborah L. Singer, LCSW, CASAC, CEAP, SAP

I like to see myself as a lab partner with my psychotherapy clients. Together we hypothesize, brainstorm for solutions, research and experiment as we reach a better life. I believe that underlying many of my clients' issues is difficulty negotiating relationships or the lack of meaningful relationships. No matter what their treatment needs are, clients need help improving relationships. My growth as a clinician, discovering The Gottman approach and its impact on my clinical interventions is the focus of this article.

Science has proven that human beings need to interact and feel connected with others. A significant influence on me is the book "A General Theory of Love" written by three psychiatrists from Berkeley (Lewis, Amini, Lannon, Random House 2007). They discuss the research on the importance of human connectedness. The lack of enough human relating is proven to affect neurological development in children, and it also affects health throughout the lifespan and even has been shown to impact longevity. Learning skills to improve interpersonal relationships is often essential for the struggles to fulfill the closeness we feel when we are in close and attached relationships.

The ability to relate well with others is the help needed to heal or improve mental wellbeing and functioning. The aching feeling of anxiety and depression is often associated with not knowing how to draw in the company and closeness of others. Keeping a balance of socially satisfying experiences fills our emotional tanks and gives life meaning. As social workers, we familiarize ourselves with multiple aspects of the human condition. No matter what issue or population we work with, skills for relating to others help empower and heal the people we serve.

Time and again, I have observed that depression, and other discomforts of mental illness decreases or go away when client's relationships are improved. I am influenced by my own experience many years ago (1982) when I was conducting participant observations for my anthropology class at UCLA. I studied Soviet Jews who had immigrated to Los Angeles. They observed a general loneliness in American culture, which was both surprising and sad to them. "Americans are so lonely," they told me. The Soviet Jews were happy to be in the U.S. because of the freedom of practicing religion and other benefits. Still, most of them agreed that the disconnectedness of community and families struck them compared to the overall community togetherness of their lives in Russia. Our cultural emphasis on independence and autonomy has crippled our ability to admit how badly we need each other. Just this week, a middle-aged client of mine, struggling with depression, living alone during this pandemic, presented brighter and more hopeful due to taking in a roommate. His depression suddenly seemed undetectable. I do not mean to say all cases of people suffering from various innate mental illnesses are solved by better or more relationships but figuring out how to manifest healthy companionships needs to be a part of the healing process. Simply when suggesting a resource like Meetup.com to clients, where people find others with common interests, I have seen clients manifest social networks that eased their loneliness or depression.

Troubled relationships, where there are patterns of poor communication, can cause people to retract from future connections. In graduate school, I interned for a community mediation and school peer mediation program. I learned many interpersonal relationship and conflict resolution communication skills. When people are heard, they are more open to working things out and agreeing on a solution. Skills for anger management were also a part of my mediation training. The core skill for conflict resolution and anger management is the "I statement formula;" I feel ____ because of ____, and next time I would like _____. For example, I feel angry when you are late; next time, please try to let me know you will be late. This simple little formula changed the way I viewed the power of communication forever. As someone who grew up with "you" statements, i.e., you are a jerk for being late, I was astonished at how much sense it made to express an emotion like anger, without contempt, without screaming, without blame. When I express anger as an emotional personal experience and also express what I would like or need due to my anger, I might feel understood and may even have my request honored.

The "I statement formula" is a way to avoid name-calling, attacking someone's character, and saying things that hurt forever. Simply stating an emotion about something and what I long for or need helps avoid blame and helps quell an emotionally escalated exchange. When you have a way to communicate emotion with others, the possibility for connection and closeness increases exponentially. One client of mine felt empowered when instead of getting caught up in a rageful argument with her mother, she was able to simply state, "I feel angry when you try to tell me what to do. I need you to understand that I am a grown woman now and want to make some decisions about my wedding on my own."

About fifteen years ago, I started studying the work of research psychologist Dr. John Gottman (www.Gottman.com), a big supporter of the "I statement formula". His research in observing thousands of couples in over four decades found that happy couples are more apt to use I statements. He calls the 'I statement' formula a way to start a complaint with a "softened startup." Unhappy couples often express negative emotions with what he calls the "Four Horsemen of The Apocalypse" criticism, defensiveness, contempt, and stonewalling. Often clients seeking help with relationships report that the Four Horsemen are problems in their communication after I share Gottman's research with them for the first time. Most couples tell me that they are guilty of all four horsemen.

Criticism is when you give a critique of another person's behavior or character: "You didn't do a good job folding the laundry." It is an observation with the expression of disapproval. One lovely couple that I have worked with recently often gave critiques of what the other does and why they probably do it. "He always puts things off and has trouble getting important things done around the house because he is probably depressed and has ADHD." How well do you think this person feels listening to such a critique? Do you think that it makes him want to change? The antidote, according to the Gottman Institute, is the softened startup. "I feel frustrated that I do more of the housework and wish he would pitch in a little more." Which phrase would make you want to consider changing and giving your partner what they want?

Defensiveness denies the concerns of the other person without listening and instead throws back the original issue. A typical clinical example is when a partner is left waiting without a call or text. A defensive response by the offender is often something like, "There was a ton of traffic, and I had to work later today. I just wanted to get home." The antidote to defensiveness is to take some responsibility. "I am late and sorry to keep you waiting." I have worked with couples who communicate in defensive-ese. One person states a complaint, and the other defends and counterattacks by defending and put-downs (contempt). When there are years of speaking in this way, it can be challenging to understand that things could be more peaceful.

Contempt is the best predictor of a relationship's demise, according to Gottman's research. It is the worst and most damaging of the four horsemen. I think it is synonymous with emotional abuse and discrimination. Contempt is when another person communicates with superiority over the other and speaks with disdain, scorn, judgment, and ill intent. It includes sarcasm, eye-rolling, shrugging of the shoulders, smirks with the face, words of defamation. Contempt is the main ingredient to social ills of emotional abuse, bias, and discrimination; even physical abuse and violence is contempt by definition.

American culture has a long history of contempt. It is no wonder why so many of us have experienced our fair share of it. When we are used to speaking the language of contempt, it can be a challenging habit to break. As rational and straightforward as it sounds, often people struggle to unlearn the focus on negative perspectives and adopt what Gottman calls a more positive "culture of appreciation." It takes practice if the Four Horsemen are clopping around in a relationship. I like to say that it is similar to learning a new language when people regularly use the language of the Four Horsemen to communicate.

What do we do about it? How can we stop the madness and make our world a kinder place and diminish contempt? I am convinced that the antidote of the "softened startup" and working on understanding and honoring different paradigms are essential keys to happier relationships and may even be a key to world peace.

Stonewalling is shutting down, checking out, and not responding at all. Often stonewalling is the result of feeling flooded or emotionally escalated. Instead of stonewalling, you can ask for a twenty-minute break to come back and address the conflict when you both can discuss things calmly. Couples who are high in conflict may shut down because they want to avoid communication as much as possible.

Gottman's research found that 69% of the conflict in any relationship is not solvable. He calls these problems perpetual, gridlock problems. You and I will not agree or not perceive things the same way more times than we agree. We all have our paradigms, belief systems, longings, and concerns. Even your most compatible acquaintance is going to disagree with you more often than agree. The way to make harmony out of this dilemma is first to listen, second understand, and then consider the possibility of some temporary compromise.

The other plan is to focus on the solvable problems and focus on the joy of what is right and good about the relationship. Couples get caught up in being upset when the other person does not want to agree with them about how important it is to get household chores like the laundry folded or how frequently they visit their in-laws or differing political views. They feel uncomfortable that their partner does not see things the way they do. When their partner disagrees, they start to focus on how painful and upsetting that is instead of listening and honoring the notion that the partner has their own set of beliefs and longings.

People who are what Dr. Gottman calls "Masters of Relationships" maintain a culture of appreciation. Couples honor their partner's dreams, desires, express interest as well as their own needs and longings. Witnessing relationships blossom into something better and more fulfilling as couples institute communication strategies is tremendously gratifying. I am working with two couples who felt that divorce was imminent. Meeting them and hearing their discomfort made me think, oh, yeah, divorce looks imminent. I get frustrated when I have to remind myself that I am not a magician. All I have are my years of clinical experience and the practical tools that I have been acquiring primarily from studying the Gottman Method. But, in a few sessions, they are reporting hope in knowing that things can get better with work and making personal changes! A client said this during a recent session; "I started to walk away from my husband and not finish the argument. I shut down and had no words. But I remembered what you said about stonewalling. I took some deep breaths, calmed myself down and stayed. I didn't have any words to add to the argument, but I did say, I'm staying right here; give me a few minutes to form my words. It was hard to do, but we ended up laughing together after we sorted out the argument."

This paper outlines the Gottman research and the pragmatic solutions illustrated by my work, which changes lives for people who embrace the tools. The result is a creation of attunement, connection, and joy in human relationships. I've shown how the Gottman tools can undo years of insecurity, social anxiety, and loneliness. These tools for happy, healthy communication give us a way to help our clients have rewarding relationships.

REQUEST FOR CLINICAL PAPERS

Our community is rich with talent. Writing a clinical article offers an avenue to share some of your clinical work, clinical orientation, and clinical experiences. While it might seem early to think about our next edition, it isn't too early to formulate ideas for an article.

Here are some tips:

- write what you know
- write what you are passionate about
- what makes this topic meaningful to you and your practice
- what do you want your audience to learn and keep in mind, show, don't tell.

Email me some of your ideas, and I'll be happy to assist you in any way.

Carline Napolitano, LCSW
Clinical Editor
cncsw90@msn.com

The Effects of Heterosexism of a Lesbian Couple

by

Wayne Bokar, Adelphi University MSW Student

These are excerpts from the Society's winning Adelphi University fall 2020 MSW Writing Scholarship paper. The entire paper with complete references will be published on the Society's website. All information was masked for confidentiality.

This is an exploration of the obstacles that two women have encountered individually and as a lesbian couple. The couple is Rachel, and her wife, Betty. They met when Rachel was 32, and it was at that time, she reports, that she first realized that she was a lesbian. Prior to that, Rachel dated men periodically, but she never felt completely comfortable, in a romantic sense. Yet, she was unable to identify exactly what this meant. When Rachel came out as an adult, she faced opprobrium from her family, from both of her parents and her siblings. Although they did not outright reject her, the family's Conservative Judaism was a cause for some of the difficulty, she told me. In their minds, their expectations and dreams for their daughter were ended. They believed she would never marry, have a family or children. They went through a grieving process, and Rachel said she always thought her lesbianism impeded the intimacy of their relationship. She also faced a lot of scrutiny and prejudice from within her profession, corporate accounting. She felt the need to conceal her sexual orientation from coworkers and bosses for fear of discrimination, even being fired.

Betty was brought up in a middle-class neighborhood and attended the same small, all-girls' Catholic school from first grade through high school. Her family was traditional in its religious observance of Catholicism. She identified as a lesbian from an early age but didn't reveal it to anyone during those years. This secret, withheld from friends and family, exacted an emotional toll. She suffered psychologically and had what she has told me was an eating disorder. Betty met resistance from her parents. Her father spent five years trying to convince her (and himself) that this "condition" need not be permanent (Hunter & Hickerson, 2003). Her mother was disappointed when Betty disclosed and had the same feelings of loss as Rachel's parents, but she never deluded herself into thinking that it was something temporary. It was in her professional life as a teacher that Betty experienced the most overt consequences and hurt, related to her lesbian identity. Despite having mixed feelings about her Catholic school days, she felt those years had provided a nurturing environment and decided to go into teaching. Having chosen to teach in a Catholic High School, which she loved, she was fired when her lesbianism was revealed publicly due to a social media snafu. Devastated, she reluctantly sought and found employment away from teaching. The blow she felt was intense.

The problem I am writing about is the stress that this couple, Rachel and Betty, has experienced due to heterosexism — both as individuals and as a couple — from family, culturally and societally. As a couple, much has changed in the 20-plus years since they began dating, such as the right to marry. However, one notable conflict that has persisted between the two, is the degree to which Betty has been an activist and advocate in the LGBT community. Rachel would like to live without what she considers a proverbial asterisk that adheres to their relationship, but prefers to keep a lower profile (Levy, 2013).

Though they have opted not to have children, Rachel is annoyed and indignant at the idea that she has to justify, affirm, or legitimize their union: that they are not routinely considered a conventional, standard, or "normal" couple. She was born as she is, and it is no one else's business. Rachel doesn't feel the need to fight for something she feels should already exist, while Betty more actively wants to continue to fight for LGBT rights, regardless of agreeing with the sentiment that "it's their problem if they have a problem with us." In this regard, Rachel's perspective is usually more of what I would call a micro-outlook, while Betty tends to be less insular and more interested in macro issues affecting LGBT people.

Among the practice theories and intervention strategies currently used to treat physical and psychological problems induced from heterosexism, are cognitive behavioral therapy (CBT), the developmental perspective, and the psychodynamic theories. All three modes of interventions necessitate LGBT-affirming practice in which a social worker, or other mental health professional, is aware that we live in a society that is more accommodating to heterosexuals. (McGeorge & Stone, 2013). CBT can be useful to restructure a client or couple's thinking that has been distorted by heterosexism, because possibly a client (couple) has developed what is called internalized homophobia, again, consciously or unconsciously. (Kaysen, Kulesza, Balsam, Rhew, Blayney, Lehavot & Hughes, 2014). Psychodynamic treatments can be utilized to help individuals such as Rachel and Betty. Each is intelligent and introspective and would benefit from the insight that might be provided by psychotherapy. Without hidden biases, a therapist can provide "talk therapy" to a gay or lesbian client or couple with supportive, insightful interchange, characterized by meaningful interpretations of transference and countertransference, (Bernstein, 2000). The possibility of developing more self-compassion increases the attractiveness of this approach (Cabaj, 2000). Moreover, because so much has changed pertaining to how our culture, society, and the legal system view homosexuality, the developmental perspective, that which takes the vantage point of examining the lifespan, can be illuminating for lesbians. Both the client and therapist may have very different feelings about many issues pertaining to the client's sexual orientation than they might have had, say, 20 years ago. Issues such as disclosure, shame, guilt and self-acceptance have transformed many gay's and lesbian's personal self-identity and sense of self. Looking back throughout the years of one's life, middle-aged women such as Rachel and Betty might see a changed landscape when recalling different stages of their lives.

The research evidence that CBT, the psychodynamic approach, and developmental theory can effectively treat the problem associated with heterosexism is illustrated by Kaysen, Kulesza, Balsam, Rhew, Blayney, Lehavot & Hughes, (2014), Sussal (1998), D'Augelli, (2012), and Cabaj, (2000), respectively.

Some school boards and communities are more accepting and progressive than others. Nevertheless, I would call for a comprehensive school curriculum throughout much of the country to teach about heterosexism, heteronormative ideation, homophobia, and internalized homophobia, and evaluate its long-term effectiveness. A coordinated effort could be made to incorporate various levels of education to students about different aspects of this topic. Teaching about the harmful effects of making minority students feel as "other," and worse, can be started at a very young age. Kindergarteners or first graders can be taught to appreciate differences in people in rudimentary ways. New teaching techniques would be introduced emphasizing the benefits of inclusion for students who may otherwise have developed an "other" identity due to the harmfulness of status quo school-induced prejudice, even that which is unintentional (Long, 1996). Families would be encouraged to participate in periodic meetings about the subject of LGBT students and the adversities they face. Likely, not all families would go along. Still, the aim would be a team approach with teachers, other educators, students, and hopefully families, working together to enhance the diversity of school curriculums.

In conclusion, I hope that this program would be taught in a compelling way, one that would help those struggling with their own identities and others who might have tended to dismiss those students as different. One basic question asked would be: "If you are straight, are you more likely to see a movie, go to lunch, or have a friendly conversation with someone you think is a member of the LGBT community?" Another: "If you are a member of the LGBT community, do you find that your straight classmates are more open to seeing you as a person who deserves dignity and respect, the same as anyone else?" At this juncture in our nation's history, we should reckon with mistakes made in the past in a meaningful way.

Structural Racism and Social Work

This is a condensed version of the award-winning paper by Amanda Sanchez, our recipient of Molloy College's 2020-2021 Shelia Peck Memorial BSW Writing Scholarship.

The New York State Social Work Education Association recently hosted an online Symposium that centered on discussing structural racism. The symposium convened social work students and members of social work faculty to speak, listen and gain insight on the issue of social justice within the profession. The overall message was to highlight where the social work profession and academia are lacking and the need for activism rather than simply advocacy. The discussion broadened my understanding of our duty to uphold social justice while also giving me insight to the challenges in doing so.

Prior to the symposium, I had a general understanding of structural racism and its impact on people of color. Through our education and experience, we bear witness to and in some cases experience racism within America. However, I had never considered a perspective other than my own and that of my clients. This symposium introduced me to the challenges that professors experience in teaching structural racism. Bryan Warde's disclosure of fear and discomfort in teaching the subject revealed an absence of safety that should be provided by administration. It also made me realize that professors are human, learning is a lifelong journey, and just like students, they experience challenges in their work that they must navigate and conquer as well.

From the discussion by panelists, it is evident that the profession of social work is not doing enough to provoke change and create a safe environment for clients, professors and students. Again, a main takeaway for me was the need for activism, not just advocacy. The communities of color within our nation are in dire need of protection and the social work profession has a commitment to making an effort towards accomplishing that. However, we must do it as a united front, it is not the job of just the workers of color, but also the "allies," who although they may not understand the experience personally, can educate themselves, validate the experiences of others and understand the need for change. This can be integrated into my future work by remaining aware of the disparities within our nation, continuing to research the subject to broaden my knowledge, bearing witness to and validating the experiences of clients and becoming involved in both advocacy and activism. In doing that, we can promote change through the use of our titles, voices and our right to vote.

Prior to my field placement, I worked in the Nassau County Department of Social Services. It was there that I became familiar with the blind removal process that originated within Nassau County child welfare. The disparities within the foster care system were evident. However, by removing demographic information, there was a significant decrease in families of color having their children removed. Through this, it is clear that structural racism greatly impacts children and families. With that being said, my continued learning has fueled a change in my own work with clients.

Previously, I would have let discomfort and uncertainty, prevent me from allowing conversations surrounding this social issue to take place. My own sense of privilege being a fair skinned Latina made me feel unfit to facilitate these discussions. However, that was counterproductive and instead minimized the experiences of clients. Now I feel it is necessary when my clients bring up topics of police brutality, stereotyping, hate crimes or the use of racial slurs because I realize that it is everyone's duty to speak up and work towards positive change. When challenged with racially motivated behaviors, I do not just correct my students and emphasize appropriateness. Instead, I provide a safe space to use the situation as both a teaching and learning moment. It is amazing to see children as young as eleven, identifying these issues and sharing the impact it has had on them.

Trauma informed practice establishes a lens that emphasizes safety, trust, support, and choice. Many of the clients that I work with have experienced trauma and structural racism in many of their experiences. The trauma informed approach has taught me to begin with building trust with the students as a first and ongoing step. In my clinical work with the students, a common issue within my field placement is students being called racial slurs and reacting with violence. Students that have been victims of these acts reveal feelings of anger, sadness, judgement, fear, and pain, just to name a few. Group discussions reveal the power that bearing witness to another's experiences can have on broadening understanding and leading to accountability.

To conclude, I turn to a poem by Martin Niemöller that was introduced to me through the symposium. It mentions different groups that have been persecuted and finished with "then they came for me—and there was no one left to speak for me." This powerful statement highlights the message that silence is complicity. In remaining silent, you are being complicit to the suffering of others. That is the greatest takeaway that I can use in my field placement, future career and personal life. By standing back, we are part of the problem. It is not enough to only bear witness to the experiences of our clients; we must hold their hands and face the challenges with them head on. Our voice can be powerful, we shouldn't let it go to waste, we should use it in a way that is meaningful.

Psychotherapy and the Pandemic
Laurie S. Rosen, LCSWS

Personally, I experienced many advantages for both therapist and patient when using teletherapy. I do not miss going to the concrete office and the vast majority of my patients do not either.

I do enjoy the freedom of unmasked sessions, freedom from the discomfort and irritation on my skin, freedom from covering my nose, freedom to see facial expressions and clearly hear the unmasked patient. Patients enjoy the same freedom to see my facial expression, hear my voice unfiltered through an artificial covering.

There is no time pressure or expense to disinfect the office every 45 minutes. Those who are concerned about contagion obviously feel safer using teletherapy or phone sessions.

They do not have to arrange childcare to come to the office. We both enjoy extra time because of freedom from commuting to and from the building. Patients no longer miss sessions due to bad weather. Those who have been ill, even due to Covid, were able to and chose to have their sessions.

I feel the benefits of teletherapy outweigh any disadvantages.

My thoughts on the pandemic
Joan E. Shapiro

It was March 19th of 2020 when I sat with my last in-person patient in my Huntington office. In our folie a deux of denial, we both squeezed out a few more days past the 15th when Governor Cuomo began to dictate the close down of public buildings and offices in the first waves of Covid-19 in NY State.

I remember calling this patient and all the others the next week to switch our plans, scurrying to set up a telemedicine platform. I remember my horror at seeing myself reflected in the thumbnail on the screen. When did I get that age spot? How long since I last had a haircut?

One year later, I look into my closet and see year old spring slacks, tags still on. I look down at my lap and see a overly familiar pair of sweat pants, covered with cat fur, or often, the actual cat. She is a social kitty, and has adored the lock-down, home with her peeps, she is in heaven. No vacation separations or being fed by a series of friends this year!

On the screen I see patients in bathrobes, patients in bathrooms, in laundry rooms, in closets, in SUVs. Sometimes in SUVs that are moving! "Oh. Don't worry, it's a Tesla" says the patient as she takes her hands off the wheel in illustration of auto-control. "I'll be home in a sec."

In addition to my patients, I see dogs sleeping, and bunnies hopping, and cat's tails rising into the screen. I see homes and yards, relatives that were only there in my mind's eye, in the flesh. Patients employed as nurses, in the past perpetually late, or breaking their appointments, appear on the screen on time. Patients who live out of state, no problem. Patients stuck in traffic? No more! What is happening to my ability to sustain the blank screen of neutrality? Where went my privacy?

These are the repercussions of the world pandemic of Covid-19. Twice weekly I go to my sunny office, masked, to water my thirsty plants, get my mail and pay the rent. I lock up, masked, and walk down the dark hallway.

DIALECTIC BEHAVIOR THERAPY

Barbara Murphy

As a clinician dedicated to the treatment of children, adolescents and young adults, I am grateful for the training I have received from the National Education Alliance for the Borderline Personality Disorder (NEABPD), including the recent webinar NYSSCSW Nassau Chapter sponsored on April 11, 2021 entitled "Taking the Bad Out of Borderline: Understanding Through Clinical Education, Treatment and Community. Research is underway and attesting to the effectiveness of using DBT treatment skills with various other populations besides those affected by Borderline Personality Disorder. This includes patients with post traumatic stress disorder, suicidality, drug addicted mothers of infants and young children, children with high emotional sensitivity and preadolescents in residential care with disruptive mood dysregulation disorder. Free training is provided to social workers to voluntarily lead 12-week education and support groups called "Family Connections" to help relatives of individuals with borderline personality disorder. For additional information and a list of resources, contact Barbara Murphy, LCSW, BCD. (askier@verizon.net)

NYSSCSW NASSAU CHAPTER BOOK CLUB

The Nassau Chapter of the NYSSCSW hosted its second Book Club meeting in a virtual format on Sunday, May 16, 2021, Utilizing the medium of Zoom, the members of the Club were privileged to hear Dr. Judith Rabinor discuss her recently published book, "The Girl in the Red Boots." Judith recalled the lasting impact of her tonsillectomy at the age of eight. Unaware that she was going to have surgery, her mother brought her to the hospital while Judith thought she was going to attend her cousin's birthday party. The resentment she harbored against her mother for leaving her at the hospital and not being there when she awoke from the anesthesia lasted many years into her adulthood. Her story revolves around her process of healing herself and reconciling with her mother in later years. Judith's talk was well received and provided insight into her therapeutic approach to handling mother/daughter relations.

The Book Club had its origins several years ago when the Nassau Chapter sponsored a series of Book-Author Brunches, where the group would meet in person with the author of a recently published book. The setting provided an intimate opportunity for colleagues to get together informally and to listen to the author discuss his/her work. Hopefully, as we emerge from this pandemic and once again are able to meet in person, we will be able to meet once again. In the meantime, the Book Club is open to all members of the Nassau and Suffolk Chapters of the NYSSCSW. Our next meeting will be posted on listserv.

Susan H. Kahn, LCSW, BCD

NYSSCSW Nassau Chapter: A Clinical Lens on Diversity, Equity and Inclusion

Recent events, such as the George Floyd murder, have challenged clinical social workers to think about how they can and do address racial inequities in their work.

Many of us are hesitant to enter into sometimes uncomfortable, but often necessary, conversation with our clients about racism, believing that we do not have the knowledge or experience to be effective clinicians — especially when the clinician is not of the same race as their client. Clinical social workers want and need to be aware of their own biases, often unconscious, before they can effectively engage with clients who are of a different race and/or culture from the clinician. The diversity committee has been formed to work towards addressing these issues.

We plan to learn the history and experience of diverse communities through different educational platforms and discussions. We will reflect on our clinical experiences and share efforts in addressing racial injustices in the therapeutic process. Beginning with ourselves, we want to identify the multiple perspectives and identities that shape our thinking in order to create a safe and conducive environment in the clinical setting.

We are in a time of crisis and crisis creates opportunity! We welcome all clinicians who want to join us during these historic times in order to examine and celebrate our differences in a safe and non-judgmental atmosphere. We plan to meet monthly on Thursdays from 5:30pm to 6:30pm. If interested, please contact Jannette Alejandra Urciuoli at JUrciuoli13@gmail.com or Judy Pullman at pullmanjudith@gmail.com.

MEMBERS' DOINGS

Catherine Faith Kappenberg, PhD., LCSW-R, BCD, ACSW, recently presented a webinar for professionals and educators, *Working with Parents Who Seem Unresponsive: The Nuts and Bolts of Parent Engagement*. In addition to psychotherapy with children, adults and families, Faith continues to provide special education consultation for early intervention, preschool and K-21, as well as college coaching for students in need of accommodations

Carl Bagnini, LCSW, BCD, made a presentation to the: National Psychological Association For Psychoanalysis May 2, 2021 — entitled "Teletherapy and Projective Process in Couples." On June 11 he will address the NY Training Institute for Mental Health on the topic "Teletherapy With Couples: Working with Unexpected Dynamics and the Inclusion of Pets" He has published "**Are Psychoanalytic Paradigms for Us or for Use?**" in the Psychology & Psychological Research International Journal. Carl has continued teaching and supervising at the Training Institute for Mental Health Couple Program, and at the Adelphi Derner Advanced Programs in Psychoanalysis, and The Couple Therapy Certificate Programs. Carl recently retired from The International Psychotherapy Institute, in Washington, DC, and Long Island, as a senior and founding faculty, after 28 years.

WELCOME NEW MEMBERS

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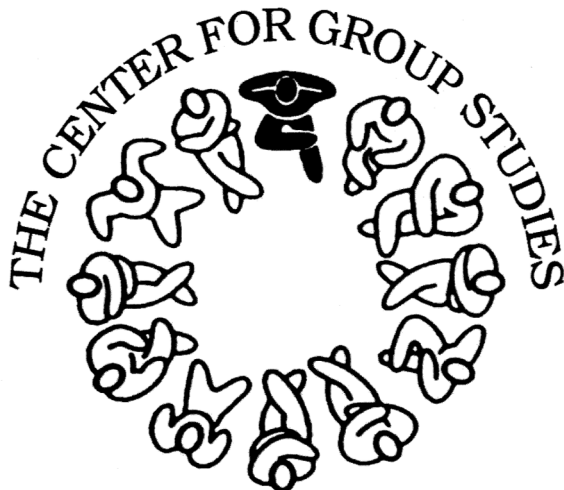
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