

The CLINICIAN

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THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

PRESIDENT'S MESSAGE

Don't Weaken the MSW and LMSW

A Noble Heart and Good Intentions Are Not Enough To Provide Competent Human Services

By Marsha Wineburgh, DSW, LCSW-R, President

In the September 2012 issue of NASW News, the President of national NASW, Jeane Anatas, Ph.D., LMSW wrote an editorial addressing her concerns about MSW educational standards. Referencing the 2011 book by Richard Arum and Joipa Roska, *Academically Adrift: Limited Learning on College Campuses* she noted the poor showing of social workers: "students majoring in social work (along with business and education) scored the lowest among undergraduates on academic achievement."

As noted by Dr. Anatas, social work is a profession that welcomes students across a diverse socio-economic spectrum. It takes a dedicated person with a strong sense of advocacy and service to others to choose social work as a career. However, a noble heart and good intentions are not enough to provide competent

human services. A rigorous curriculum that includes critical thinking, reading comprehension, and strong writing skills is essential to dealing with the complexities of practice in any setting, be it agency, hospital, mental health clinic or private practice. Dr. Anatas concludes with a plea to social work educators for better training for nonprofit leadership, medical social work, aging services and psychotherapy.

I believe that we as clinical social workers can emphatically agree with her position. Woefully, the field seems to be moving in the opposite direction. Consider the following:

1. BSW graduates can qualify for advanced placement in MSW programs. They may be able to receive credit for the first year and obtain a master's degree after

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Legislative Committee

Agency Exemption on The Way to Defeat

By Marsha Wineburgh, DSW, President & Legislative Chair

At this writing, both houses of the New York State legislature and the entities that contract with them (not-for-profits) have agreed to kill permanent exemption from the 2002 social work licensing statute for state agencies. This exemption appeared suddenly in Governor Cuomo's 2013 budget legislation. The removal of this provision will require state agencies to hire licensed mental health professionals to deliver mental health services. Although bombshells can always occur, it is fairly certain that the final budget will not contain this exemption. Its removal will require the state agencies to continue to plan hiring only licensed mental health personnel to provide mental health services. Compliance has been delayed until 2016.

A huge thank you to all Society members who called their representatives on the Mental Health and Higher Education Committees to protest permanent exemption. Constituents' voices are essential to creating social policy that makes sense!

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44th Annual Conference | May 4, 2013

Enhancing
The Treatment Experience

A Day of Networking & Learning

You're invited. See Page 3.

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only one additional year of graduate education and field placement.

2. Online learning is becoming increasingly popular in the curriculum of social work schools. This is a mixed blessing for a “values-based profession” that emphasizes the importance of building working relationships with those we seek to assist. Can “virtual” teaching take the place of the classroom experience, where in-person interaction is an essential teaching tool for conveying the nuances of human behavior? What might be an appropriate social work course for online education? Statistics? Social Policy?
3. In the past few years, it has become apparent that a large number of MSW graduates are unable to pass the basic competency exam, the LMSW exam (formerly the Certified Social Work exam). In some New York MSW graduate programs, 50 percent of exam-takers have failed. In addition, in many schools the actual time spent in class has been shortened so much that it threatens to violate federal guidelines for class credit.
4. The State of New York, in order to address the alleged social work workforce problem, is considering a new grandparenting period for those MSWs who have worked in supervised settings for five years. This provision would mean that MSWs will be able to obtain a license based on supervised experience only, exempting them from having to pass the LMSW exam. Note that for most social workers, the LMSW exam is the only national measure of competence required of them since they sat for the SATs before college.

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Ad Deadlines: February 15 and October 1

AD SIZE	MEASUREMENTS	1 TIME	2 TIMES
2/3 Page	4 ¹⁵ / ₁₆ " w x 10" h	\$325	\$295
1/2 Page Vertical	3 ⁵ / ₈ " w x 10" h	\$250	\$225
1/2 Page Horizontal	7 ¹ / ₂ " w x 4 ⁷ / ₈ " h	\$250	\$225
1/3 Page (1 Col.)	2 ³ / ₈ " w x 10" h	\$175	\$160
1/3 Page (Square)	4 ¹⁵ / ₁₆ " w x 4 ⁷ / ₈ " h	\$175	\$160
1/4 Page	3 ⁵ / ₈ " w x 4 ⁷ / ₈ " h	\$140	\$125
1/6 Page (1/2 Col.)	2 ³ / ₈ " w x 4 ⁷ / ₈ " h	\$95	\$85

Display ads must be camera ready. Classified ads: \$1 /word; min. \$30 prepaid.

Providing competent psychotherapy requires advanced training beyond the MSW. Additional education is essential for even a beginning mastery of the complexities of the human mind and the person-in-situation.

In my view, the dumbing-down of social work education puts more pressure on the clinical social worker to seek additional education across many related fields and in the skills specific to assessment, diagnosis and treatment of mental illness.

It is tragic, and even self-destructive, for some in the field of social work to link advanced education with elitism. To quote Felix E. Schelling in the *Chicago Tribune*, “true education makes for inequality; the inequality of individuality; the inequality of success; the glorious inequality of talent, of genius; for inequality, not mediocrity, individual superiority, not standardization, is the measure of the progress of the world.”

44th Annual Conference | Saturday, May 4, 2013

Enhancing The Treatment Experience

A Day of Networking & Learning

The Nightingale-Bamford School
20 East 92nd Street, New York, NY

We are proud to present the 44th NYSSCSW Annual Education Conference on a range of leading-edge clinical issues. Our speakers are among the most experienced and thoughtful in our field. Participants will also enjoy many opportunities for networking during the day.

WORKSHOPS

Using Cognitive Therapy to Eliminate Doubt & Build Self-Confidence

Noah Clyman, LCSW, ACT
Director, NYC Cognitive Therapy, PC,
Private practice, New York, NY

“How Do I Keep Going?” Serious Illness in the Therapist’s Family

Ellen S. Daniels, LCSW-R
Private practice, New York, NY

The Role of Forgiveness in Healing from Traumatic Bonds

Gwenn A. Nusbaum, LCSW, BCD, CGP
Private practice, New York, NY

Avoiding Diagnostic Deficit Disorder: The Accurate Assessment & Treatment of Sub-Syndromal Mood Disorder

Steven A. Weisblatt, MD
Private practice,
New Rochelle, NY

FOR MORE CONFERENCE
INFORMATION CONTACT:

Marie McHugh, LCSW-R,
917-674-4510

SCHEDULE

8:00 – 9:00 AM
Registration, Refreshments
& Networking

9:00 – 9:15 AM
Opening Remarks: **Marsha Wineburgh, DSW, LCSW-R,**
President, NYSSCSW

9:15 – 10:00 AM
Keynote Address:
Susan Klett, LCSW-R, BCD

*Shattering Trauma:
Recovering and Repairing
the Self Through the
Therapeutic Process*

For the Workshops, we
will divide into four groups.
All four workshops will be
presented to each group.

10:15 – 11:15 AM
Workshop

11:30 AM – 12:30 PM
Workshop

12:30 – 2:00 PM
Lunch

2:15 – 3:15 PM
Workshop

3:30 – 4:30 PM
Workshop

REGISTRATION

Register online at WWW.NYSSCSW.ORG or complete this form and mail it with your check to the address below. NOTE: Attendees will participate in all workshops this year. CEU credits available, please add \$10.

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

CONFERENCE FEES	IN ADVANCE	AT THE DOOR
MEMBER	\$115	\$125
NON-MEMBER	\$130	\$140
MSW STUDENT*	\$50	\$60

ADVANCE REGISTRATION DUE BY APRIL 26, 2013

Join the NYSSCSW by April 30, 2013 for a \$10 rebate.

*Please include a copy of valid student ID.

Make check payable to:

NYS SOCIETY FOR CLINICAL SOCIAL WORK

MAIL WITH REGISTRATION FORM TO:

Total Management Solutions
55 Harristown Road, Suite 202
Glen Rock, NJ 07452

CANCELLATION POLICY:

Refunds will be granted on or before April 26, 2013.

Social Media Committee

By Richard Joelson, DSW, LCSW, Chair

WWW.NYSSCSW.ORG: The Social Media Committee has been responsible for continuously updating and improving the Society's website and its many useful features for both member and non-member visitors.

E-News: Under the able oversight of Helen Hoffman, the weekly broadcast of E-News continues to be an important provision to our members and is continuously being refined and improved.

Facebook: Robert Berger is responsible for the development of our excellent

Facebook page, www.facebook.com/NYSSCSW/Info. Robert and Helen have also been working on the "Find-An-LCSW" search function on the site so that it is a valuable tool for the person searching for a therapist and obviously better benefits our members who are interested in developing or expanding their practices.

Bookmark: The committee has produced an attractive bookmark that was designed as a promotional piece for recruitment purposes. A new, comprehensive list of membership benefits is on one side of the

bookmark, and has also been posted on our website. The flip side lists key contact information for joining the Society or renewing membership. The bookmarks have been distributed to all chapters for their public relations use. 

The members of the Social Media Committee are Marsha Wineburgh, MSW, DSW, LCSW, BCD; Helen T. Hoffman, MSW, LCSW; Robert S. Berger, Ph.D., MSW, LCSW; and Richard B. Joelson, DSW, LCSW, the Committee Chair.

Vendorship and Managed Care Committee

By Helen T. Hoffman, LCSW, Chair

This winter, the Vendorship and Managed Care Committee has been concerned with the following issues:

CPT Codes: New CPT code changes were required January 1, 2013, by Medicare and commercial insurers. For the most part, clinicians made the necessary changes in billing and have been getting paid. However, many questions remain, including under what circumstances they can charge for a 60-minute session. Use of the 60-minute code 90837 will probably require advance authorization, but there is anecdotal evidence that with a show of medical necessity some plans and Medicare will pay for this code.

The "Interactive Complexity" add-on, a code which allows a slight increase for reimbursement when there are special circumstances, has not been widely used so far and remains to be tested. The Medicare reimbursement rates connected to each code are still interim ones, pending a final decision by CMS regarding "relative values," which may not be made until 2014. The Committee continues to track these developments.

Medicare Seminar and Teleconference, planned for Monday, April 15: National Government Services will host a seminar for the New York Society for Clinical Social Work at NGS offices in Lower Manhattan. James Bavoso and Kathy Dunphy of NGS will

speak about changes in CPT codes, fee schedules and copayments, as well as the new PQRS measures. They will offer suggestions for documentation and electronic claims submission and will answer questions. Members may attend in person or participate by teleconference. A PowerPoint presentation posted on the NYSSCSW website can be followed while listening to the speakers on the phone.

Billing Essentials: The Committee has compiled a compendium of resources, *Billing Essentials*, for submitting claims, both paper and electronic. It includes information for finding CMS-1500 forms, practice management software, billing services, clearinghouses for electronic billing, and a HIPAA manual, along with contact information for Medicare, the NYS Attorney General and the NYS Financial Services Department (formerly NYS Department of Insurance). *Billing Essentials* can be found on the home page of the Society's website. 

The Vendorship and Managed Care Committee consists of 12 members from the various Chapters. It meets six to eight times a year, primarily by teleconference, and communicates regularly by email. The purpose of the Committee is to gather and disseminate information about insurance matters, offer support to individual members, and explore what may be done to influence external forces affecting the profession of clinical social work. For contact information and bulletins about insurance issues, visit the Vendorship and Managed Care section of the Society's website.

Brief Background: After 15 years of collaboration, the profession of social work passed legislation in 2002 creating two scopes of practice: one for the Licensed Master Social Worker (LMSW) and, the second, for Licensed Clinical Social Worker (LCSW). In the statute, as enacted by Chapter 420 of the Laws of 2002, and in the subsequent amendments, an exemption was allowed for individuals to practice in programs regulated, operated or funded by the Office of Mental Health, the Office for People with Developmental Disabilities, Office of Alcoholism and Substance Abuse Services, Office of Children and Family Services and local mental hygiene or social service districts until January 1, 2010. As the date for compliance grew closer, exempt agencies reported they were not ready and requested an extension. Two more extensions were granted by the Legislature along with requirements for comprehensive workforce analyses due in June of 2012. Each of the agencies subsequently completed and submitted this data, which many of you reviewed over the summer of 2012. At that time, an overwhelming majority of respondents strongly disagreed with the exempt agencies' recommendation that they should be permanently excused from complying with the mental health licensing laws.

An alliance of social work organizations began working to counter permanent exemption, supporting a single standard of mental health care across all socio-economic groups

“A huge thank you to all Society members who called their representatives.”

in the state. The Clinical Society, both chapters of NASW, and the Association of Deans of Schools of Social Work vigorously opposed the permanent exemption and offered a compromise position intended to alleviate the claimed

workforce disruptions and fiscal impact. Credit for our success to date certainly goes to our Albany lobbyist, Mary Ann McLean, and Karin Moran, NASW's Director of Policy, who worked tirelessly and resolutely to oppose this permanent exemption.

Among the initiatives suggested by the Alliance which may be adopted is a new grandfathering provision for MSWs who have two years of supervised post-MSW experience. No written examination will be required. A second possibility is mandatory continuing education requirements—possibly 30 hours tri-annually. The effective date may be 2017. The final budget legislation will clarify these possible provisions. Check our website and e-news for updates.

SAFE Act Psychotherapists will be required to report imminent danger situations as of March 16, 2013. [See link http://www.omh.ny.gov/omhweb/safe_act/index.html for more information.] To date, there are no regulations to guide LCSWs in private practice on reporting procedures. Many agencies are in turmoil, including state and local police, over reporting guidelines, collecting gun information from patients, etc. Stay tuned for developments.

A.5299 (Pretlow)/S.2360 (Klein) Legislation to include LCSWs as providers of mental health services for Workers' Compensation patients has been introduced. We are working closely with the State Chapter of NASW on this bill.

A. 3910 Legislation to amend the corporate practice laws to allow LMSWs, LCSWs and the other Mental Health Practitioners to form a single corporate structure. Currently, one can only form a corporation with one's own professional group. This amendment would promote better interprofessional health care and transprofessional collaborative practice. Psychology and other disciplines are also considering similar positions on this issue. 

Headquarters Update

As I write this, the winter is still upon us and frankly, I am tired of cold and snow. However, when you will be reading this, I hope that spring is in full bloom!

Since the last issue of *The Clinician* the dues cycle of renewal has come and gone. A record number of members have renewed their dues and we also have had exceptional growth in new members. This helps in all of the Society's endeavors, particularly in maintaining the Society's voice in Albany. The greater number of members, the stronger the Society's opinion is with the State government.

The 44th Annual Educational Conference will take place on Saturday, May 4th. The format for the conference will be new and different. You are urged to register early for the conference since we will only be able to accommodate a limited number of people.

The NYSSCSW website is constantly being updated. I hope you each take some time to check out the website, note your chapter's page and see what is happening within the Society as a whole. Also, please be sure to check out the Job Center, to post a job that your agency may have available or, if you are seeking employment, to post your resume.

With best wishes for a wonderful spring and summer,

Sheila

Sheila Guston, CAE, Administrator

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Chapter Reports

Westchester Chapter

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Our New Makeover!

It is the first Saturday morning of the month and the air is buzzing with electricity and smiles at the Westchester Chapters' general meeting. Our facilitator, Mike Altshuler, LCSW, CGP, a highly skilled group leader, can't get the group to quiet down as they network, reconnect with friends and share thoughts with colleagues.

When we finally get settled, Sue Erikson Bloland, LCSW, daughter of Erik Erikson, presents "Clinical Social Work in a Culture of Celebrity." It proves to be a superb presentation. A great take-away is the idea that the cultivation of talent needs to be separated from blind ambition to achieve fame, which tends to be motivated by deep inner insecurity.

As a chapter, we have undergone a wonderful makeover resulting from a new structure. Our once tired, overworked and top-down driven Presidency/Chapter Board has been transformed into an energized Leadership Council, created out of our common interest in and love for our chapter.

In decentralizing and shifting to a collective form of governance, we have become revitalized. Council members enthusiastically concur that leadership by two co-chairs is working exceptionally well. Our collective structure generates energy that allows us to meet monthly, viewing governance not as a chore, but as a heartfelt endeavor. We share ideas, craft solutions, make future plans, and productively delegate tasks.

Our task orientation functions at an entirely new level of commitment. Especially exciting is the active participation of a younger generation of members; we have new folks at the table! Julie Willstatter, LCSW, is heading up our Education Committee, as Mike Altshuler, after an absolutely dynamite 12-year commitment of his time, energy and love, passes the

baton into Julie's capable hands. Winsome Phillips, LCSW, a newer member of our chapter, has been injecting youthful enthusiasm and innovative ideas about encouraging involvement and expanding membership. Karen Proctor, LMSW, has taken the reins as treasurer and has already added new functions to that role.

The Westchester Chapter is enjoying a renaissance in which newcomers and longtime members are experiencing a new level of community within our professional community.

"We are outing the 'inner circle' of leadership," said Roberta Omin, LCSW, one of our two co-chairs. "We've expanded it so we are one circle." This is a lighthearted reference to the proactive efforts of the co-chairs, who invited the 50 or so attendees at our meetings to mix and mingle with the seeming "inner circle" and to become part of us. We have designed a new questionnaire that seeks feedback about members' needs to guide our efforts to better integrate new members.

FACEBOOK
For State & Chapter News
[facebook.com/nysscsw](https://www.facebook.com/nysscsw)

Our chapter's energy is captured by a dynamic new brochure that we are eager to use to expand membership to agency-based social workers. We are offering them an incentive: two people can join for the price of one during the month of March.

Terry Nathanson, LCSW-R, LMT, continues to lead the newest addition to the five general practice groups that convene before each general meeting. Terry's group, Applied Neuroscience, Mindfulness, and Emotional Regulation, is currently studying overeating from a neurobiological and self-regulatory perspective.

Another dynamic offering that is winning raves is a mentorship group, led by Nan Miller, Ph.D., LCSW. Additional groups include Group Practice, Individual Practice, and Child, Adolescent and Family Practice.

In January, Jodi Ames Frankel, Ph.D., gave a sensational presentation titled, "Emotionally Focused Couple Therapy: An Overview." Her enthusiastic audience was our largest to date.

Events

On April 6, Portia Franklin, LCSW, will provide a live demonstration of the Pessio-Boyden approach to psychotherapy. Please note that our **May meeting will be held on Saturday, May 11**, instead the first Saturday of the month.

Staten Island

Janice Gross, LCSW, President

jgross1013@aol.com

The Staten Island Chapter is reporting excitement in its programs and growth in its membership!

The south shore of our island was badly affected by Sandy. After the storm, chapter members gave hands-on assistance at volunteer sites, and participated in discussions of treatment needs of the community.

We are reaching out to expanding social work programs and departments at CUNY-College of Staten Island. Dr. Lacey Sloan spoke at our January meeting on "Sex and Social Work."

For February, our own Dr. Michael DeSimone, LCSW, Ph.D., presented on "Father's Absence and Its Effect on Daughter's Intimate Relationships." His deep understanding of emotions in these cases, and the compassion in his work, allowed us all to engage in a lively discussion of countertransference and treatment perspectives.

Events

Our chapter will continue its programming with a conference on "Out of Control Sexual Behavior in Men" by Michael Crocker. In May, there will be a dinner and program on "Ethnicity in Social Work."

Please feel free as a member to attend our programs, or inquire about membership.

Janice Gross, LCSW, President,
jgross1013@aol.com, 718-420-9432.

Rockland Chapter

LEADERSHIP COMMITTEE:

Orsolya D. Clifford, LCSW-R, State Liaison

ovadasz@optonline.net

Sharon Forman, LCSW-R

MaryLynne Schiller, LCSW-R

Our Collaborative Leadership Model is working effectively as we focus on the continued growth of our chapter. We recently developed a colorful postcard to use for outreach to social work students and clinicians. In March, a mentorship group for students will be offered under the capable direction of Sharon Forman, LCSW and Kevin Melendy, LMSW.

Our educational presentations continue to be thought-provoking and informative. We are grateful to Beverly Goff, LCSW, for securing such high-quality speakers. The topics have included the diagnosis of subclinical mood disorders, couples work, helping parents help their children, being a psychotherapist parent of a difficult child, and dream work. Future presentations will focus on a relational psychodynamic approach to couples work, and integrating DBT into psychodynamic work.

We also viewed the emotionally-riveting film *Skin*, and held a clinical discussion on racism. We continue to hold case discussions before each presentation. Next year, we will introduce a networking and refueling meeting to focus on the important topic of self care. We are proud of everyone's hard work to make this chapter such a vital force in our professional lives.

Queens Chapter

Fred Sacklow, MSW, LCSW, President

Freds99@aol.com

On March 3, the Queens Chapter held a Speed Networking event attended by more than 20 people, most of them from the Queens and Nassau chapters. We spent more than an hour in a round robin Meet and Greet session. Each participant moved every four minutes to the next table to engage a new person. Everyone enjoyed the experience, and many commented on how energized it made them feel. Having worked up an appetite, we then had lunch.

Events

Sunday Presentations, 11:00 am – 1:00 pm

April 7: Bryan Hazelton, LCSW: "Empathic Excursions Through Experience"

May 19: Ann Goelitz, Ph.D., LCSW: "From Trauma to Healing: Practical Tips for Working with Survivors"

June 9: Meri McVey-Noble, Ph.D., LCSW: "Treating Trauma and Self Injury"

Sunday Mentorship Group Meetings, 1:15 pm-2:30 pm

April 7, May 19, & June 9:

The Mentorship Group will meet with experienced social work clinicians to discuss questions about work issues, cases, ethics and professional practice, beginning a private practice, licensing, and much more.

All meetings will be held at Holliswood Hospital, 87-37 Palermo Street, Holliswood, Queens.

Certificates of attendance, refreshments, free parking.

Mid-Hudson Chapter

Rosemary Cohen, MSW, LCSW, President

rosemarycohen@gmail.com

Fall Conference: Mid Hudson Chapter is again collaborating with NASW-NYS Hudson Valley Division, the Adelphi University School of Social Work Hudson Valley, and the Marist College Social Work Program on a fall conference in Poughkeepsie to address LGBT clinical treatment issues. Previous conferences in 2010 and 2011 addressed the needs and treatment issues of veterans and their families.

Gloria Robbins, LCSW, Membership Chair and Past Board President, represents the Mid Hudson Chapter on the planning committee. Carolyn Bersak, DSW, Past Board President, is conferring with Adelphi's local executive director to plan a Chapter Mentoring Program for graduating students and new MSW graduates.

Annual Workshops: On March 3, Judith Elkin, LMSW presented her workshop on clinical treatment issues with grief and loss, with a particular emphasis on the countertransference of the clinician suffering a personal loss.

Events

April 13: Carolyn Sutton, Psy.D. will present on Working with Couples on the Brink [of Separation] at the Vassar Brothers Medical Center.

September 28: Marcia and Brian Gleason of the Exceptional Marriage Institute will present—as a couple—on couples treatment, at Benedictine Hospital, Kingston.

November 2: Psychiatrist Quazi S. Al-Tariq, MD will present his workshop on bi-polar disorder at VBMC.

CONTINUED ON NEXT PAGE

Mid-Hudson



Rosemary Cohen (c), President of the Mid-Hudson Chapter for six years, celebrated with Board members at the Ship Lantern Inn in March.

Metropolitan Chapter

Karen Kaufman, Ph. D., LCSW, President
Karenkaufman17@gmail.com

The Met Chapter continues to improve and enhance the professional practice of clinical social work through its sponsorship of clinical lecture and discussion opportunities, peer-supported private practice groups, speed networking events, listserv access, workshops, new member receptions and mentorship groups.

The annual First Year MSW Student Writing Scholarship program has been renamed the Diana List Cullen Memorial Scholarship Program. Food for Thought dinners and Education Committee Brunches, along with other committee offerings, continue to provide compelling lecture presentations from respected professionals, along with great food and discussions.

Many exciting and stimulating programs and events are planned for 2013-2014, and we are exploring new ideas to suit our members' varied clinical interests and educational needs. We encourage you to get involved, join a committee, explore board positions and share your strengths and talents with the Met Chapter.

Members are welcome to contact any board member or committee chair as listed in the Met Chapter section of the Society's website. To find out about upcoming events and meetings, please go to our Facebook page at www.facebook.com/NYSSCSW.

Events

April 19, New Member Reception:

We welcome new members and guests to attend the New Member reception on April 19. We look forward to your valued participation in helping us to expand and strengthen our Met Chapter community. The Membership Committee also sponsored its third annual Speed Networking event on March 15th attended by over 40 members.

Met Chapter Committee Updates

The Couple and Family Committee engaged two excellent speakers this past season: Dr. Adi Leidl, MD, the Medical Director at Ackerman Institute for the Family, who spoke on "The Intersection of Psychopharmacology with Systemic Thinking," and Gil Tunnell, Ph. D., who gave a very sensitive presentation on his use of the attachment theory in "The Treatment of Gay Couples." Both speakers were warm, informative, and excellent clinicians.

We are continuing our work with the Study Group on Sibling Relationships and will meet in April and May. The group will decide whether to continue into next year. Two books are being read, *Sibling Relationships*, and *Siblings: A Source of Conflict and Repair*. One has a systemic approach; the other is more analytic.

FACEBOOK
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In the planning stages is a joint meeting with the Committee on Aging. Helen Hinckley Krakow, LCSW, BCD and I have spoken with a potential speaker on "Sex and Aging." The committee has rewritten a guideline for taking a sexual history of the older couple or individual, which is based on the outline by Sue Iasenza, Ph.D. It may be presented at the meeting.

Another possible event in the coming year will be an intensive workshop on IVF and all of its ramifications. We have specialists in this area who have valuable experience and information that they are willing to share. If you have any suggestions or interest in being part of the planning committee as a family therapist, please contact me, Rita Gazarik, LCSW, Chair.

The Substance Abuse Committee of the Met Chapter is planning a monthly meeting/supervision group open to members of the Met Chapter focused on interventions with substance abusing patients. We are also considering showing the movie "Smashed," with a discussion on the experience of bottoming out on addictive substances. For the fall, we are planning a panel discussion focused on a variety of patients and how to ascertain if patients have a problem with addiction. –Betsy Robin Spiegel, LCSW, Chair

The Trauma Studies and Treatment Committee offers a Discussion Group that meets monthly on Friday evenings, 7:15 pm to 8:50 pm. The focus is on current topics and traumatic events, treatment approaches, and traumatized populations. In addition, there are case presentations and explorations among the group of other psychodynamic issues like transference, therapeutic impasses, and countertransference, as well as the ongoing concern of the therapist's own self care. Confidentiality and supportiveness are stressed in building the cohesiveness of this group.

A panel presentation is planned for the fall titled "Thirty Years Later: What We Have Learned from Long-Term Work with Incest Survivors." The panel will consist of Gwenn A. Nusbaum, LCSW, Madelyn Miller, LCSW, and Shelly Messing, LCSW, and will be moderated by Lauren Lesser, LCSW. –Gwenn Nusbaum, LCSW, Chair

The Education Committee has held two very successful brunches so far this season. We look forward to collecting new ideas and proposals for the coming season. Our third and final brunch will be held on April 7, with Heather Golden's presentation of the "BiPolar Pt." We are currently looking for new committee members to help us keep the pace and add some new energy. –Susan G. Appelman, LCSW, ACSW, CASAC, Chair 

The Mentorship Program is Booming

Expert Guidance for the Transition from Student to Grad to Clinician

By Ivy Miller, Editor, The Clinician

Antoinette Mims, LMSW, decided to join the Society when she attended a Met Chapter screening of *Groundhog Day* a few years ago. During the discussion that followed, she said, “People analyzed the movie through many different theoretical lenses. I was so impressed by their knowledge and confidence. I fell in love with the group. It was just what I had been looking for.”

A *cum laude* graduate of the Hunter College School of Social Work—Clinical Program, Antoinette works full-time at the Center for Family Life in Sunset Park, Brooklyn, an agency that provides clinical social work and case management services. She is a field instructor and educational coordinator, supervising graduate-level NYU interns.

She devotes as much time to the Society as her busy schedule allows. At an event one evening, she was approached by Helen Hinckley Krackow, LCSW, BCD, a board member and past president of the Society. Helen is currently Chair of the Barbara Bryan Mentorship Program. She asked Antoinette many penetrating questions about her professional background and goals.

“I told her that I have always been interested in clinical social work,” Antoinette said. “Actually, I won a scholarship with a paper I wrote about the subject. I wanted to advance my clinical skills, I told Helen, but I wasn’t sure how to go about it.”

The mentorship program is a good place to start, Helen told her, and invited her to attend the next meeting of the group she leads. “And this was what was so striking to me,” Antoinette said. “Helen called me the very next day to follow up. She remembered everything we had spoken about the night before. Then, a few days later, she called again. She asked me to bring five copies of my resume to the meeting so that all the mentees could refer to it as we discussed my career.”

That first meeting was a revelation. When the topic turned to post-graduate institutes, “It opened up a whole new world for me,” Antoinette said. “I didn’t know such opportunities existed.”

Jumping Hurdles

Many social work students and graduates, even those with master’s-level licenses (LMSWs), are unclear about the next steps to take to advance their careers. Those who hope to become psychotherapists are often surprised by the hurdles ahead.

New York State requires a second license, which involves more than just passing another exam. To become a licensed clinical social worker (LCSW), the candidate first has to complete three years (2,000 hours) of full-time supervised clinical work.

“If your goal is to practice clinical social work, you must know all that is required of you before starting your first day on the job,” Helen said. To fulfill the clinical work requirements for the license the work should be “in an agency or institute that is registered in the State Office of Mental Health, where supervision is offered for one hour a week by an LCSW, a Ph.D. qualified as a supervisor by the State Psychology Board, or a psychiatrist. And the supervision must be clinical—not administrative,” Helen explained.

The path to becoming an LCSW has many twists and turns. Even taking the first step—finding the right job—is tricky. Fortunately, the Mentorship Program can provide road maps. For example, the mentors can help job-seekers with lists of appropriate, state-registered and well-managed workplaces. In fact, they provide guidance for every facet of the transition from student to graduate to clinician.

The mentors are specially-trained senior clinical social workers with a wealth of knowledge, including practical tips on finding employment and educational opportunities, and preparing for licensing exams. They also illuminate complex clinical, legal, regulatory and ethical issues, and help those who want to explore all kinds of career options, including research and teaching.

CONTINUED ON NEXT PAGE



Helen Hinckley Krackow, LCSW, BCD is Chair of the Barbara Bryan Mentorship Program, named for the founder of the Society’s mentoring program. Helen has been leading mentoring groups since 1995 and trains senior clinical social workers to become mentors.

“Our program is booming,” Helen reported. “It is very popular with our large crop of new members.” To accommodate them all, the Met Chapter is

adding six new mentorship groups, bringing the total to 11, and the programs of the Westchester, Rockland, Mid-Hudson, Staten Island and Queens chapters are growing as well.

Mentorship group participation is free with membership in the Society. Contact Helen Hinckley Krackow at 212-683-1780 or hhkrackow@aol.com.

Photo: Bachrach

PLEASE WELCOME THE NEW MEMBERS OF THE NYSSCSW*

NAME	CHAPTER	NAME	CHAPTER	NAME	CHAPTER
Agostino, Kristine	NAS	Falkoff, Marissa	MET	Ornelas, Doreen	MET
Alterman, Lynne	MET	Filanowski, Anthony	MET	Rosen, Carole, LCSW	MET
Attanas, Anne	QUE	Freedgood, Barbara, LCSW	MET	Rothman, Hilary	MET
Batista, Raymond	MET	Freedman, Seena	MET	Sanjour, Roberta, LCSW-R	WES
Ben-yehuda, Raphael	MET	Gutsulyak, Iryna	MET	Schmidt, Christine, LCSW-R	MET
Benson, Christine, LMSW	MID	Hattab, Wardeh	MET	Schneider, Daniel	MET
Bernstein, Marjorie, LCSW	MET	Heyman, Sage	MET	Sevigny, Michele	MID
Bowden, Kate, LCSW	MET	Jacobs, Margaret	MET	Shapiro, Willa, MSW, LCSW-R	MET
Brouillette, Richard	MET	Johnstone, Robbi, LCSW, LMSW	MET	Shomron, Talya, LCSW	MET
Clay, Karen, LCSW	WES	Kasdin, Janis	NAS	Sicignano, Michelle	NAS
Cofield, Michele, LMSW	MET	Kramer, Jim, LMSW	WES	Sigel, Alice, LCSW-R	MET
Cole-boksne, Lisa	MET	Kurzyna, Marilyn, LCSW-R	MET	Sinclair, Gillian	ROC
Cramer, Terry, LCSW	MET	La, Jason	MET	Sivin, Phyllis, LCSW-R	MET
Curabba, Juliann, MSW, LCSW	WES	Lau, Cindy	QUE	Sklar, Jennifer	MET
Davison Sumner, Lora	MET	Lawson, Ann	MID	Stolbach, Jill, LCSW-R	MET
Degnan, Jillian	QUE	Mahler, Laura	MID	Valentin, Ana	WES
Dimele, Zoe, LCSW	SUF	Masten, James	MET	Vegunta, Sree, LCSW-R	ROC
Duhon, Mary, LCSW	MET	Mate, Phyllis, LMSW	MET	Voris Tatum, Meghan, LCSW	MET
Eastman Follis, Laura, LMSW	MID	Mcguire, Stephanie	MET	Waldes, Jocelyn	MET
Eggleston, Sarah	MET	McKenna, Elizabeth, LCSW-R	WES	Ward, Ann Marie, LCSW	SI
Ellis, Nancy	SI	Moskowitz, Jessica, MSW, LCSW	MET	Wolfe, Jennifer, MSW, LCSW	MET
Fagen, Drena	MID	Neufeld, Susan	MET	Zilberman, Margarita, LCSW	MET

*These new members joined between Nov. 1, 2012 and Feb. 28, 2013.

Mentorship CONTINUED FROM PAGE 9

New crops

Antoinette Mims has not missed a single meeting since joining the mentorship group. With Helen's guidance, she enrolled in the year-long New York University post-master's certificate program in advanced clinical practice. It has made her "more confident in applying theory to practice. My work with clients has become deeper and more meaningful," she said.

Her work with the Met Chapter is still going strong. She is a member of the Membership Committee, a co-chair of the Mentorship Committee, and was recently chosen as a Member-at-Large of the Board. It is gratifying "to help the Society increase its membership and advance its mission," she said. She will graduate at the end of the year, and take the LCSW exam in 2014. Her plan is to work with couples as well as adolescents. 

NEWS ABOUT OUR MEMBERS

Sharon K. Farber, Ph.D., has published her second book, *Hungry for Ecstasy: Trauma, the Brain, and The Influence of the Sixties*. She presented on ecstatic experience, the subject of the new book, at the Westchester Chapter in May 2012.

She previously presented on this topic at the International Society for the Study of Trauma and Dissociation Annual Conference in Montreal. She also presented "Cult-Induced Ecstasies and Psychoses" at the International Cultic Studies Association conference in 2012, also in Montreal.

In March 2012, she presented "Eating Disorders, Self-Mutilation, and Trauma" at Hadassah Hospital in Ein Kerem, Jerusalem, and finally met one of her co-authors on the 2007 paper, "Death and Annihilation Anxiety in Anorexia, Bulimia, and Self-mutilation."

A year and a half ago, she began a writing group for clinicians who want to write lively, engaging material about their work. It has gone very well and she has recently opened it as a teleseminar for those who cannot participate in person at her office in Hastings-on-Hudson. She can also be contacted for private consultation about writing at sharonkfarber@gmail.com.

NOTE: Please send recent news items about members to ivymiller@hotmail.com

Treatment Failure in Psychotherapy

By Karen Kaufman, Ph.D., LCSW

There is much to be learned when we are willing to examine clinical mistakes and failures with some objectivity. But treatment failure can be a difficult subject around which to engage therapists. It is more pleasurable to share what goes well with our peers, congratulating ourselves on a job well done, rather than risk the appearance of lacking clinical skills.

Many years into practice, I became curious about the many patients who came for consultations reporting prior unsuccessful experiences with therapy. The most common causes for failure that patients identified were lack of responsiveness from the therapist, a cold, aloof manner often interpreted as a lack of genuine interest. Their interpretations left patients feeling more confused, angry or misunderstood, the lack of rapport resulting in a lack of attachment to the therapist.

Some of the behaviors reported were blatantly inappropriate: therapists falling asleep, using a computer when the patient was quiet, eating meals during sessions, and even not appearing for appointments. While some examples were extreme, others may have been perceptions indicating tenuous connections to the therapists.

In many cases, the patients persisted with treatment in the hope of overcoming their discomfort or an acknowledged impasse. When the relationships were no longer tenable, many decided to seek help from other therapists, indicating their still-present hope of feeling better.

“There’s no success like failure and failure’s no success at all.”

Bob Dylan
Love Minus Zero / No Limit.
Columbia Records, 1978

I began to suspect that other, more subtle behaviors may have been at work, influenced by countertransference which, if unchecked, can alter the outcome of treatment. I became interested in the relationship between countertransference, empathic breakdowns and treatment failure. In the hope of identifying reasons for these failures, I designed a qualitative study to examine the experiences of analytically-trained clinicians, in practice from 10 to 30 years, with cases they considered to be failures.

In most of the cases a common theme emerged: there was a detectable shift in the therapist’s regard for the patient as the result of negative countertransference. All of the therapists began the treatment feeling optimistic and hopeful, but at some point in the work there was a shift in the therapist’s feelings that appeared to lead to an empathic breakdown, finally causing a break in treatment. The shift was detected by all of the therapists who openly discussed their work and intense reactions to patients they described as difficult to treat.

An extensive literature review from Freud through 2004 led to the finding of two distinct categories for treatment failure. The earlier writings presented a “blame the patient” view. In the 1960s, Greenson was among the first to examine the analyst’s errors and created a bridge to Kohut’s focus on empathic attunement and the relational theorists, who emphasize the co-created field of patient and therapist.

The shift in thinking to the two-person field highlights our responsibility as clinicians. The importance of our contribution to the successful outcome of our work cannot be overstated. It is through ongoing study, supervision and self-awareness, along with the ability to openly discuss our mistakes, that we may enjoy our greatest successes. 🗨️

Karen Kaufman Ph.D., LCSW is President of the Met Chapter. She presented her findings on treatment failure at the chapter’s February 10th Education Committee Brunch.

SAVE-THE-DATE: GENERAL MEMBERSHIP MEETING ... SATURDAY, OCTOBER 19, 2013

Leading a Bereavement Group for 9/11 Widows

The original plan was to end after 16 sessions.

But when the time came, the members wanted to keep the group going.

It lasted for a total of 41 months, until mid-2005.

By Richard Joelson, DSW, LCSW

Within days of the terrorist attacks at the World Trade Center, scores of mental health professionals volunteered or were called into service to help the distraught families of those who perished. Bereavement support groups were formed to provide mourners a safe environment in which to share their grief, manage their loss, and adjust to very new and different lives. Some groups were designed to meet the specific needs of partners (including spouses, pregnant women, and fiancés), or the parents, siblings, or children of victims.

Like many of my colleagues, I volunteered at the Red Cross, and my first assignment was to work with family members of the Cantor Fitzgerald employees who had died. This investment bank lost 658 staff members on September 11, 2001, more than any other employer. I became co-leader of a heterogeneous support group of nine people that lasted for eight sessions, and continued to meet without a leader for several more months.

One of the group's members, a woman who had lost her son-in-law on 9/11, asked me if I would be interested in leading another group. It was a support group for widows that her daughter was attending, and that was losing its female leader.

I met with the group, comprised of eight women in their thirties, in what turned out to be an unacknowledged "trial session" for us all. After discussing their previous group experiences, and the possible transition from a female to a male leader, the women came to a consensus. They "felt safe" in continuing their grief work with me.

The Leader's Role

One of the challenges of a bereavement support group is in determining the best role for the professional entrusted with its care. In this case, the unique and horrifying event that brought the women together, the mass murder of their husbands, was a factor to consider. In addition, the group had not been designed for psychotherapy, as each member was already in individual therapy with other clinicians.

The purpose the group was to facilitate the process of healing and growth. I chose to play a combined role as facilitator and guide, counselor and mental health resource, and I worked to create a safe, comfortable, and open environment. I encouraged the women to express themselves freely, with

the understanding that pain and anger were appropriate emotions. Grief is not an illness, but a natural response to loss. We established a few ground rules to ensure that each person would have enough time to share as much or little as she wished. She would never be told what to feel or not to feel, and never be given unwanted advice.

Over time, I developed the skill of knowing how and when to stay out of the way of an increasingly cohesive group. I was mindful of the possibility that some of the mourners might suffer from abnormal or pathological grief reactions, better thought of as "complicated grief reactions" or "complicated bereavement" (Worden, 1991). These include chronic, delayed, exaggerated, and masked grief reactions. The latter category is familiar to therapists with clients who present symptoms and behaviors that cause them distress and are not recognized as related to losses they have suffered.

Worden's Four Tasks

Bereavement groups have many goals and purposes that may evolve over time. The literature (Lehman, Ellard, and Wortman, 1985; Lieberman and Videka-Sherman, 1986; Schwartz-Borden, 1986; Thompson, 1996) suggests that the groups can provide a sense of belonging, fellowship and solidarity; lead to new problem-solving ideas and the discovery of resources in the community; improve skills related to social relationships; and help members gain new hope and become less lonely and isolated.

Worden (1991) describes mourning—the adaptation to loss—as involving four basic tasks:

1. to accept the reality of loss, which can be extremely difficult when it is sudden, unexpected, and tragic, like the 9/11 deaths
2. to work through the pain of grief, as opposed to denying the need to grieve
3. to adjust to an environment in which the deceased is missing
4. to emotionally relocate the deceased and move on with life.

Worden's four tasks suggest an action orientation that I found to be a useful framework for the group, as opposed to

the well known stage- or phase-schemas for bereavement. These include Elisabeth Kubler-Ross's (1969) stages of dying and Bowlby's (1980) phases. Both schemas seem to imply passivity and a lack of action as the mourner passes along a continuum. Worden's approach, which is more consonant with Freud's concept of grief work, encourages activity, implying that the process can be influenced by outside intervention, and an active role for the participating clinician.

Action can be a powerful antidote to the feelings of helplessness that most mourners experience (p.35), which can be very pronounced in cases of sudden or traumatic death. Barrett (1978) wrote about the necessity of enduring and working through grief as one way that widows are able to maintain and enhance their self-esteem. She cautioned against treatment modalities that focus primarily on the reduction of feelings of sorrow, anger, depression, guilt, and so on.

Bereavement support groups, like all intervention strategies, have the potential for both positive and negative consequences. Iatrogenic effects are of particular concern with individuals who have been traumatized by tragic loss and are therefore psychologically vulnerable. Hiltz (1975) reported a "backfire" phenomenon in her early work at the Widows

Consultation Center in New York, where many participants became more depressed and less able to cope as a result of their involvement in a bereavement group. The women tended to become overwhelmed by listening to the experiences and feelings of others. It is generally assumed that such individuals will terminate group participation on their own after recognizing the negative consequences of their experience.

How Did He Die?

Almost every widow in the group expressed a need to know exactly what happened to her husband. How did he die? How much had he suffered? These questions were essentially unanswerable.

Some of the women had spoken briefly with their husbands by phone right after the terrorist attacks. Others relied on hearsay to piece together the events in their minds. Many of the women formed suppositions, inferences and conjectures that led to both animated and painful moments in almost every session.

Initially, my interventions were designed to contain and protect, and minimize the risk of retraumatization. I recommended that each woman develop and emotionally lock-in a plausible scenario for her husband's death. Though helpful, this strategy was often undermined by the continuous flow of information from the Medical Examiner's Office. Each time body parts were identified and personal effects were returned, the women's disturbing thoughts resurfaced. In one case, a woman who believed her husband had died painlessly of smoke inhalation was dismayed to read in the ME's report that he was either incinerated or died in the collapse of the tower.

Interpersonal Stress

Another source of distress and interpersonal difficulty for the women was the thoughtlessness of well-meaning people. It was enraging to be wished "a quick recovery," or told that "it's time to get on with your life," or that "you still have a lot to live for," and "you must try to stop feeling this way."

Some resented having to reassure family and friends that they were okay when, in fact, they were not. They felt guilty if a depressed demeanor was perceived to be "clouding up the atmosphere" at family celebrations—events they attended with considerable difficulty or simply avoided.

At times, they felt that their bereavement was inappropriately ignored or trivialized. One woman said, "I was with a group of my married girlfriends, and all they did was complain about their lousy husbands while I'm sitting there, newly widowed, and no one seemed to know or care that I didn't have a husband to complain about—even if I wanted to!" Another woman was told by her close friend, "Boy, you're so lucky. I wish I was single like you!"

Another described an outing with old friends. "Not only was I feeling like the fifth wheel with these two couples, but I

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Richard B. Joelson, DSW, LCSW, is an active member of the Society, serving on both the state and chapter levels. On the state level, he is the Recording Secretary, Chair of the Social Media Committee, and a member of the Annual Education Conference Committee. At the Metropolitan Chapter, he is the Chair of the Membership Committee and Co-chair of the Nominating Committee.

In addition to his counseling and psychotherapy practice in Manhattan, Richard has developed a second career as a children's picture book author, with two published books and several more forthcoming. His author's website is www.rbjstorybooksforchildren.com.

Richard has also written over 70 articles for a newsletter he developed in conjunction with his professional website: www.richardbjoelsondsw.com. Many of these articles first appeared in a column he wrote earlier for the *New York Resident*. The articles may be published as a book.

Richard has also been a valuable resource for the Society's practitioners in private practice, conducting workshops and a seminar on private practice development. Recently, he wrote a column for *The Clinician*, titled "Private Practice Matters." Society members may contact him at RBJoelson@aol.com or 212-369-1239.

had to listen to them plan their summer vacation—without me and my dead husband—at a place the six of us used to go to together.”

We explored ways the women could broaden their coping repertoires. How could they express their feelings, advocate for themselves, and try to “enlighten” those who wanted to help them during this period—the most difficult in their lives.

However, it took a long time to develop understanding, acceptance, and forgiveness for the thoughtlessness of others.

Fits and Starts

A common assumption is that bereavement is a process that progresses in a sequential manner, marked by a gradual and identifiable reduction in grief and other indications of a return to normalcy. In many cases however, indicators of progress are not reassuringly evident. The mourner may appear to be getting worse as months go by, and this can cause needless worry by friends and family.

In fact, feeling “worse” is not necessarily a bad sign. It may be an indication that the painful work of grieving is proceeding as it unavoidably must, in fits and starts. As one member of the group put it, “I am far more upset now than I was in the beginning, because I am no longer in shock and have lost the emotional protection of my early numbness. But that’s okay.”

The bereavement process may take weeks, months, or years (Osterweis, Solomon, & Green, 1984). It is not a path to “recovery,” insofar as that means a return to pre-bereavement baselines. Instead, the process leads to the mourner’s increasing ability to change, adapt, and alter her self-image and role to fit a new status.

Role Transition

Implicitly and explicitly, the underlying theme of the group was the role transition from wife to widow (Silverman, 1972), or from wife to widow to woman, as elaborated by Golan (1975). Her descriptions of the experiences of war widows in Israel bears a striking resemblance to those of the widows of 9/11.

The transition and its milestones can take many forms, and cause many conflicts and dilemmas. For example, it was often harrowing for the widows to decide if they should dispose of their husbands’ clothing, or replace their voice messages on the phone, or refer to them in the past tense or the present tense.

One woman felt anxious about relocating to a new house. “I thought that maybe I had to move out in order to move on,” she said. On the other hand, she worried that the move might rob her and her children of the vestiges of her husband, and that his “presence” or “aura” would stay behind, in the home they had shared.

The widows were thrust into new roles as heads of their households, perhaps the only breadwinners. Yet the use of the first person singular was upsetting for many, who only gradually came to accept it as part of the “new normal.”

The transition from “we” to “I” (Yalom and Vinogradov, 1988) involved the contemplation of complex questions of growth, identity, and responsibility for the future—an emotional minefield. It forced repeated confrontations with the reality of their husbands’ permanent absence, and the fact that they were alone and needed to create a meaningful new social and emotional life.

The tension between the need and desire for change, and the women’s devotion to and love for their husbands, was palpable. Any change might represent a betrayal of the marital relationship. Any decision might become a sad reminder of the missing spouse.

Some women said they “had conversations” with their dead husbands. The group broke out in laughter at the description of such a conversation. “I was having trouble deciding whether to buy a new car and what kind to buy. So I asked my husband (in my head) what he thought I should do, and I didn’t like his answer. So I said to him, ‘Hey, you’re dead! You don’t have a say anymore. I’m gonna get the car I want!’”

New relationships with men came up for discussion when someone sensed the interest of a male friend or acquaintance. A man’s attentions caused some of the women to feel flattered and intrigued, while others felt offended or exploited. Some felt the need to reassert their intention to remain loyal to the deceased spouse and to deal stoically with celibacy.

I made careful forays into discussions of male companionship, and the possibility of future marriages and children. For some women, these were important and timely topics to address, while for others, they were premature.

One woman sent shock waves through the group with her story of a chance encounter on a ski vacation with a man. The sexual intimacy had been a good experience for her.

Some members of the group were impressed that she was able to enjoy herself, and that she felt entitled to experience pleasure without guilt. A few women said they felt hopeful that one day they too might be able to enjoy a relationship with a man again.

THE DARK SIDE OF CREATIVITY

Presentation by Susan Kavalier-Adler, Ph.D., ABPP, D.LITT., NCPsyA

Reviewed by Sandra Indig, LCSW-R, LP, ATCB, Committee Chair

Our May presentation began with Dr. Susan Kavalier-Adler's explosively dramatic reading of Sylvia Plath's famous "Daddy" poem. It poignantly and powerfully articulated the artist's longings for a primal pre-oedipal mother merged with the image of a lost and eroticized oedipal father, a "demon-lover."

Susan discussed her theories of the "demon-lover complex" (which can lead to physical or psychic death) and "developmental mourning" (which represents the critical psychic change process of self-integration achieved by working through losses in one's life). In her presentation, Susan integrated many aspects of British and American object relations theory. Examples of the lives and works of renowned women artists illustrated the ways that this critical psychic change process can be arrested and how the object relations psychotherapeutic process can become instrumental in healing and overcoming these arrests.

She posited that when children experience a disruption in the connection to the mother, either through emotional rejection, absence, and neglect or through actual traumatic loss, the necessary process of developmental mourning is arrested. The unresolved yearning for the symbiotic mother turns to rage and merges with the eroticized father, creating the "demon lover complex." The psychic structure that is laid down impacts the child's future relating and functioning. If, however, separation/individuation has been achieved before the loss, there is a whole self object. The child is then able to symbolize and can tolerate the necessary grieving process.

In the workshop, Susan used the lives and works of Sylvia Plath, Emily Dickinson, Emily Bronte, and Ann Sexton to illustrate how the disruption in developmental mourning they experienced resulted in a "compulsion to create." For example, the work of Emily Bronte, whose mother died when she was two, showed this developmental arrest. In *Wuthering Heights*, Heathcliff and Catherine are not whole objects but part objects who ultimately killed each other.

Emily Dickinson, whose mother was schizoid, was also preoedipally-arrested. Despite marriage proposals, she never left the womb/tomb of her parent's home and never broke her seclusion.

The presenter maintained that the creative process can be reparative and facilitate mourning in pre-oedipally arrested patients if guidance, support, and opportunity to undertake these tasks is present. She said that we as therapists need to offer a holding environment, as well as to contain the rage and not to retaliate. Susan briefly addressed the backlash by some artists and critics against psychotherapy and psychoanalysis because of the belief that it robs artists of their creativity. She distinguished between the preoedipally arrested "compulsion to create," the addiction to self as artist, and the reparative/creative process that allows the artist to move through the void, abandonment, and rage of developmentally arrested mourning.



Dr. Susan Kavalier-Adler

Questions and comments helped to explicate the concept of the "demon lover complex" and the defensive function it serves. Among them were questions about creative male characters, such as Edgar Allan Poe, Truman Capote, and Pablo Picasso. Discussion included the "positive" view of the female muse for creative male figures, as well as suggestions that themes of death and killing in Poe's works and portraying women as part objects in Picasso's paintings represented similar pre-oedipal arrest phenomena in males.

After a short break, Susan led the group in a powerful guided psychic visualization exercise. Participants were invited to enter their own internal worlds through a process of relaxation breathing and then guided imagery in which they were asked to have a conversation with imagined objects that

CONTINUED ON NEXT PAGE

have either supported or thwarted their creative processes. Quite a few participants shared experiences of connecting to memories and images of teachers, mentors, and parents. It appeared that in the form of transference projections, they gained an enhanced understanding of what was hindering their various creative endeavors. Both the visualization process and the processing of the dynamic group interactions appeared to help participants locate themselves in their own developmental mourning process. Gradually, participants could confront and begin to let go of old internal object constellations that inhibit or sabotage them. 🗨️

Thanks goes to Lisa Manger, LCSW for her contribution to this article and to Susan Schefflein for her former contribution to The Art and Spirit of Family Sculpture article.

Dr. Kavalier-Adler has been a clinical psychologist and psychoanalyst for over 35 years. She is the Founder and Executive Director of the Object Relations Institute for Psychotherapy and Psychoanalysis. For more information about her practice, groups, and books, visit www.KavalierAdler.com.

Creativity & Transformation Committee Report — State Board Meeting

By Sandra Indig, LCSW-R, LP, ATRCB, Chair

Committee meetings on January 24, February 19 and March 6 established the ground work for an April workshop. Out of several very qualified guest speakers, Margery Quackenbush, Ph.D., LP, Executive Director of NAAP, was chosen to start off our ongoing discussions on the topic of the unconscious in art, mind, and brain. We plan to use a text by Eric Kandel as our focus, *The Age of Insight: the Quest to Understand the Unconscious in Art, Mind, and Brain*. References to the first chapter will be made available to attendees.

One of our ongoing aims is to enlarge the group of regular attendees. We will continue to explore outreach efforts including field trips to relevant cultural events, such as the Marcel Proust and Surrealism exhibits at the Morgan Museum. We are also exploring the possibility of a weekend creativity and creative process retreat on Long Island. Please watch for our postings.

It was a moment like no other. As leader of the group, I felt grateful that a single story, shared so openly, had helped advance the grief work and dynamic role transitions.

When we started the group, we planned for only 16 sessions. As the last weekly session approached, the members decided to keep the group going longer. In fact, it last for 41 months, finally disbanding in 2005. As a mental health professional with more than three decades of experience, I found that working with the families of 9/11 victims was one of the most challenging and meaningful experiences of my career. 🗨️

References are available by request. Contact Richard B. Joelson, DSW, LCSW at RBJoelson@aol.com or 212-369-1239.

DIANA LIST CULLEN

Diana List Cullen, MSW, LCSW, a beloved leader of the NYSSCSW, passed away on January 17, 2013 after a long struggle with cancer. President of the Met Chapter from 1994 to 2000, she also served on the State Board during those six years. The Met Chapter has named its scholarship program for clinical social work students in her honor.

Diana was a student at the NYU School of Social Work when she first joined the Met Board. She emerged as an innovative leader who could recruit others, including many of the Society's current leaders. A creative therapist specializing in EMDR, she was one of first to use online psychotherapy. In 1995, she wrote an article about it for *The Clinician* titled "Psychotherapy in Cyberspace."

Diana was also a dancer, a potter, and a savvy business administrator. At a celebration of her life held on February 6, Richard Joelson recalled her outstanding work for the Society and their long friendship; Carol Cutler described her contributions to the pottery program at the 92nd Street Y; Phoebe Hoss spoke of their joint leadership of "The Circle of Elders," at the Unitarian Church; and Diana's children and grandchildren also memorialized her poignantly.

One story about Diana's generous nature concerned a young boy she tutored in Harlem. When he told her he wanted to be a weather man, she somehow found a way for him to have a personal tour of the NBC-TV studios with Al Roker, the weatherman.

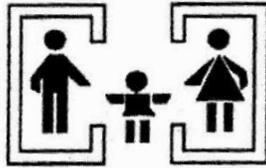
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I have had a lot of experience with different kinds of writing and with the publishing industry, having published two books, a number of journal articles, a blog, some newspaper and newsletter pieces. I can share with you what I spent years learning the hard way about the publishing industry. I am also available for private writing consultation.

See my website Drsharonfarber.com. Contact me at Sharonkfarber@gmail.com or 914-478-1924.



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