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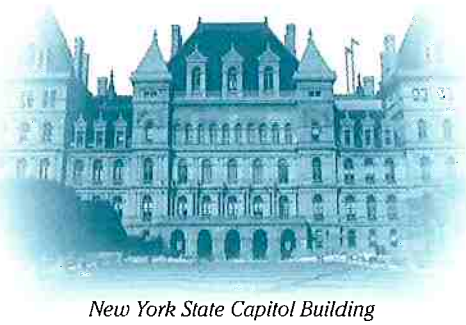
THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

Policy Problems Found in State Licensing of Psychotherapists:

Questions about Authorized Settings, Experience Requirements, Expiration of Exemptions

by Marsha Wineburgh, DSW, Legislative Committee Chair

New York State Education Department's Office of the Professions (OP) has identified a major public health policy problem subsequent to the enactment of laws that established the licensing of all mental health professionals in 2002. The State licenses qualified individuals providing psychotherapy services but there are also implications for the settings where psychotherapy is provided by the licensed professional. The licensed practitioner must comply with Education Law as well as other New York laws such as labor and corporate practice laws. In other words, **any person** providing psychotherapy services must be licensed or specifically exempted by the statute and **any setting** where the services occur must also be legally permitted to do so.



New York State Capitol Building

Unforeseen consequences are frequently encountered in implementing new statutes and in this case many problems have emerged as the mental health community attempts to comply with new and pre-existing laws. This article is intended to provide an understanding of some of the basic issues which the OP is trying to resolve with the help of the stakeholders: the professions involved, legislators and their staff, and the Governor's office. Three key problem areas have been identified: issues around authorized settings for professional practice, procedures for meeting experience requirements for individual licensure and addressing problems arising from the January 1, 2010 expiration of licensure exemptions for individuals in certain programs.

The Society Board with the help of our lobbying firm is actively involved in this process. We are monitoring the situation closely and most recently, the Board has adopted two resolutions:

- advocating that LMSWs who graduated after 2004 and worked in unauthorized settings, should be permitted to use that experience to fulfill their supervised clinical experience;
- supporting the expansion of authorized settings for psychotherapy services while maintaining meaningful professional standards for mental health practitioners for consumer protection.

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IN THIS ISSUE:

President's Letter

The new leadership has worked hard to continue all Society functions and has begun a process of planning for our future. It has been a productive nine months. As I am writing this on Erev Rosh Hashana 5769, I offer my wishes for a happy, healthy and successful new year — a year of joy in all your endeavors. May we accomplish great things together.

Leadership Retreat

The Strategic Planning Committee (SPC), chaired by Judith Crosley, planned and carried out a remarkably effective leadership retreat in late March. Broad participation was key and members of the Executive Committee, Chapter Presidents, Committee Chairs, Members at Large and representatives from all chapters were invited. The retreat was facilitated by Marian Sroge, who had previously worked with us on membership development and who again did a wonderful job, including follow-up summaries and reports. Recent accomplishments were acknowledged, as was a prevailing sense of optimism and the dedication of members who were responsible for the accomplishments, such as the development of a new membership brochure, a new website, and visits by state board members to all the chapters to solicit feedback about Society functioning. Areas of particular interest were:

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President's Letter

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Jonathan Morgenstern, MSW, LCSW, Society President

- communications, including ongoing development of the website, the reorganization of a downloadable membership directory, and the development of listservs for every chapter that desires one
- membership, including effective public relations and marketing and offering more diverse services that reflect current needs
- lobbying, including addressing the standards of social work education, fee parity with other mental health professionals, issues of confidentiality and continuing education requirements, and
- managed care, including its impact on member practices and related professional identity issues.

The retreat concluded with realistic development plans in all these areas, and they are being carried out through the work of our committees with progress being reported at state board meetings. (See Retreat Summary P. 6)

Manuals

Another major undertaking by the SPC was to propose the hiring of a consultant to write policy and procedure manuals for all Society operations; this would strengthen Society leadership, management and continuity. Again we turned to Marion Sroge, who has already submitted initial drafts for committee review.

Website Committee

The Website Committee, formerly chaired by Maureen Buckley-Fox and now chaired by Robert Berger, is assessing the foundation work laid by Hillel Bodek so that the committee may continue the work of website development in terms of attractiveness, effectiveness and usability. (See P. 5)

Vendorship and Managed Care

Chaired by Helen Hoffman, this committee has been monitoring and reporting on trends and developments in practice reimbursement, including Timothy's Law, and has provided guidance during a confusing period of transition. A meeting was also held with Anthem BCBS and a report had been sent out to the membership — ongoing collaboration was pledged. Helen has been sending out periodic reports on reimbursement issues that get disseminated to the membership through the chapter presidents.

Education

Chaired by Susan Klett, this committee planned and carried out a wonderfully successful conference on identity (see articles in this issue). There was widespread consensus that the main speakers, as well as workshop leaders, provided helpful perspectives and tools for self and practice development.

Please consider volunteering your services. Your help is needed.

Arts and Creativity in Clinical Practice

Chaired by Sandra Indig, this committee has been growing and has developed a calendar of meetings that include presentations on related topics.

Newsletter

This newsletter is evidence of the ongoing good work of the Newsletter Committee, chaired by Helen Hinckley Krackow with editing provided by Ivy Miller.

Other Committees

We are experiencing changes in and the revival of several committees. The Membership Committee is now chaired by Gloria Robbins and Claudette Duff and there is a new spirit growth evident. A retreat to explore membership development issues is planned for October. The Independent Practice Committee is now chaired by Sandra-Jo Lane and Sheila Peck, and the Disaster Preparedness Committee, previously chaired by Maureen Buckley-Fox, is now chaired by Fred Mazor. Committee members are needed, so if you have interest in any these areas please contact the relevant chairs. Contact information is available through Mitzi Mirkin, Executive Secretary.

Legislation

The Legislative Committee has taken up the very disturbing issue of the current understanding of the regulations and

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NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK, INC.

The Clinician

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NEWSLETTER COMMITTEE CHAIR: Helen Hinckley-Krackow

DEADLINES: January 10 and September 10

SPECIAL REPORT: *What Does An Executive Secretary Do, Anyway?*

by Mitzi Mirkin, Executive Secretary of the Society

When the Society's President, Jonathan Morgenstern, asked me to write a job-related article for *The Clinician*, it occurred to me that some members who joined in recent years may not even know that the Society has an Executive Secretary. But it does, and I have the distinct honor of being the only Executive Secretary the Society ever had. I've been here for 31 years now and counting!

When I was first hired, they thought they would need someone for about 15 hours a week (try 50). A filing cabinet full of applications and several oversized file boxes arrived. Voila...we were in business! At least we would be after I figured out just what to do with all the piles of correspondence, applications and assorted paper-work.

Back in those days (the late 1970's), Nancy Palazzolo, Diplomate of the Society and still a member of Suffolk Chapter, was the outgoing State Society President, Abbie Blair of Westchester (now deceased) was incoming President, and Gemma Colangelo, a Diplomate from Queens, was the hard-working Membership Chair who shared many a late-night phone call with me.

Signs of progress followed, and so did several other Presidents. Soon after my office moved from our dining room table to fully take over the fondly-remembered family room, we enjoyed the results of a remarkably successful membership drive, begun just before I arrived. Our office equipment badly needed to keep pace. During Marsha Wineburgh's Presidency, an electric typewriter replaced my old manual Hermes, a relic from college days.

Somewhere around 1985, I believe, the Society actually made the big move and became computerized. First, all the components arrived. Then Hillel Bodek arrived, with what looked like a bale of wire in tow and he set everything up. Soon, the computer was chugging away and so was I. The late-night phone call routine resumed, but with Hillel at the other end this time. To his credit and, I guess, to mine, I more-or-less conquered the computer, at least to the extent that we could keep excellent records and maintain extensive correspondence.

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Vendorship and Managed Care Committee

by Helen T. Hoffman LCSW, Chair

The Vendorship and Managed Care Committee, which communicates largely by teleconference and e-mail, has been exploring some of the following issues: Intrusive calls from MultiPlan; Medicare billing problems; difficulties contacting Empire BCBS; the implementation of Timothy's Law; and anticipation of the Oxford/UBH changeover. Information on each of these topics has been shared with the membership via online updates and reports made available to listservs and e-mail groups within the Society.

In addition, the Committee is currently developing material for a 1½ to 2 hour program suitable for a chapter meeting. For example, on February 8, 2009 the Queens Chapter will host members of the Committee in a program titled "Understanding Timothy's Law and other Trends in Managed Care." Possible future topics might be "Moving to Electronic Billing," "Comparison of Managed Care Companies," or "To Enroll or Not to Enroll." Please contact Helen Hoffman for information.

Members of the Vendorship and Managed Care Committee are available to answer insurance questions and provide support:

Chapter	Name	E-mail
METROPOLITAN	Helen Hoffman	helenhoffman@verizon.net
	Ruth Washton	rwashton@verizon.net
	Michael Koetting	mkoetting@aol.com
QUEENS	Shirley Sillekens	ssillekens@aol.om
STATEN ISLAND	Colleen Downs	eve114@aol.com
NASSAU	Susan Kahn	shkahn@verizon.net
SUFFOLK	Ellie Perlman	EllieP5@aol.com
NORTHEAST	Doris Tomer	tomerd@juno.com
WESTCHESTER	Linda Plastrik	lptunedin@aol.com

Please note that representatives for Brooklyn, Mid-Hudson and Rockland are still needed.

Chapter Reports

Nassau County

by Sheila Peck, LCSW, President

Our board meets every month (except July and August), usually at Molloy College in Rockville Centre. Many of these meetings are succeeded by an educational program and then a meeting of our "Transitioning to Private Practice" mentorship group. All of these are open to members without charge.

We also offer an annual education conference each December and a spring book brunch. In the latter, an author of a book relevant to clinical social work practice is invited to talk about her work and discuss it with the group.

The chapter holds an annual new member brunch in October at which we honor our new members and offer an educational workshop. Check our calendar for information about these meetings, educational events and other activities. We also offer a mentorship group for recent graduates. CEU credits are available for most of our programs.

In May, we have our end-of-year brunch at the home of one of our members for those who have been active in or contributed to the work of the chapter. And the food is great. See below for the full calendar for 2008–09.

Some of our committees are operational in concept: Book/Author Brunch, Membership, Mentorship [for recent graduates], Newsletter, Program, Ad Hoc and Web site Committees, or connect with statewide society groups such as Legislation or Vendorship. In addition, we think you'll find our practice committees, Disaster Preparedness and Child & Adolescent Therapy, of special interest.

If you have any questions about a committee or would like to join, please contact the chairperson listed below. And do check the calendar for information about meetings and programs.

Should you have an idea for a practice committee or educational program, please tell us. The Nassau Chapter offers excellent opportunities for networking and education here on Long Island and we invite you to take advantage of these as you get to know your colleagues. And we invite members from other chapters to join us. For further information please contact me at Sheila2688@aol.com.

NASSAU CHAPTER PROGRAMS 2008-2009

Oct. 19, 2008	**New Member Brunch**
10:30 AM	Honoring new members, acknowledging longer term members. The presentation will be: "The Healing Power of Humor," *Melissa Atkinson, LCSW*
Nov. 16, 2008	**Family Context in Healing from**
10:30 AM	**Childhood Sexual Abuse** *Roberta Shafter, LCSW, PhD*
Dec. 6, 2008	**Annual Clinical Conference**
9:00 AM – Noon	Infidelity and Intimacy: Strange Bedfellows: Working with Extramarital Affairs *Carl Bagnini, LCSW*
Jan. 25, 2009	**Working with Addictions**
10:30 AM	*Eileen Wolf*
Feb. 22, 2009	**Life Beyond Survival:** Suicide on Campus
10:30 AM	*Alison K. Malmon, Active Minds, Inc.*
Mar. 15, 2009	**HOW to WORK with an EAP**
10:30 AM	*Beverly Liff, EAP NYS President*
Apr. 19, 2009	**To Be Announced**

Queens County

by Fred Sacklow, LCSW, President

The Queens Chapter has, as usual, been very busy this past program year. We have monthly Board meetings on Sundays from September through June at Holliswood Hospital, which are followed by an educational presentation. We have a full roster planned this year of educational presentations for our monthly meetings.

The Board and the Queens chapter membership have been active working with State committees on the many issues that affect clinical social workers and their clients. We hosted the State Board meeting on September 20th at Holliswood Hospital.

Some of our members have been speaking at conferences, publishing articles and winning awards. The Queens members are an experienced and professional group of clinical social workers who have been able to network, share, grow and learn through their involvement in Society.

Rockland County

by Dore Sheppard, Ph.D., President

The Rockland County Chapter's activities for the year will include:

- Various interesting monthly educational conferences held on Sundays on such topics as adoption, the treatment of depression in children and adolescents using CBT (Oct. 26), EMDR (Nov. 16), understanding transgender (Jan. 25), the art of sand play therapy (Mar. 14), mood disorders in motherhood (April 19), and building a private practice (May 17).
- A holiday party in December for members at an Italian restaurant in Piermont.
- Film night in January featuring Hitchcock's "Spellbound," with a discussion led by our Vice President Beverly Goff.
- Our annual half-day conference on February 22. The topic is: Alcoholic Patients and Their Loved Ones."

The Rockland chapter has had two successful years of mentorship groups for the students at NYU and will start its third year in March. We also provide open clinical case discussion groups from 11:00 to 12:00 pm, right before our educational presentations.

Westchester County

by Martin J. Lowery, LCSW, President

The Westchester Chapter is an active chapter that meets on the first Saturday of each month from September to June. The monthly General Membership Meetings consists of a business meeting followed by an invited speaker who addresses topics of interest to members. Prior to the meeting the following interest groups gather and share: Family Practice, Group Therapy Practice, Peer Consultation, Spirituality and Therapy, Child and Adolescent Consultation. In addition, the following Committees serve the needs of the Chapter: Annual Conference, Education, Legislation, Membership, Mentorship, Student Affairs, and Website. The major activity of the year is an annual conference held in the spring, a conference that draws many non-members and professionals from other disciplines. We keep connected by a well-edited newsletter and a privately organized list serve that includes other mental health professionals as well. ■

Website Committee

OUR SOCIETY'S GROWING INTERNET PRESENCE

by Robert S. Berger, Ph.D., Chair

We are in the midst of an exciting time in the life of our Society. Having dealt successfully over a period of years with the essential issues of the recognition of clinical social work and the establishment of social work licensure (see ***1*** and ***2***), we are now in a position to venture further into another frontier: the Internet. Building on the work of numerous members, it is now a goal of our Society to increase the breadth and depth of our Internet presence. This article will describe the work that has been going on behind the scenes to create a cyberhome for the Society, link our members to one another, and present the public with information about who we are, what we stand for, and what we have to offer.

Though we live in a world of constant and increasingly rapid change, one idea has been and will always remain true: the presentation and dissemination of information has the potential to empower and engage. Information really is power! The Internet is a tool that facilitates the dissemination of information in a direct, timely and immediate manner. And it does it with such ease — bringing people into direct contact with one another with a click of the send icon.

To keep our Society current, viable and informed, we have articulated a strong commitment to maintaining a Web site which in time will become a useful resource to our membership and to the public — a must-go-to destination.

Listservs

Several years ago, I responded to a Met Chapter request for chapter members with an interest in developing a chapter e-mail service to volunteer their time. Lisa Miller (the Met Chapter member who had developed and managed an informational e-mail list for the chapter), Judy Price (the chapter's then-Membership Chair), and I began to work together to create a chapter announcements listserv and an interactive listserv. A listerv, by the way, is an e-mail list of e-mail addresses of those with a common interest. Listservs enable people to send messages to an entire group without typing a series of addresses; instead, typing the listserv e-mail address once is sufficient to distribute a message to all listserv subscribers.

Enchanted with the idea of a listserv, we conceptualized, created and have since managed two listservs: MetChapterAnnouncements (known as MCA): ***3*** and Interactive-Met-Chapter (known as Interactive): ***4***

MCA distributes e-mails regarding chapter and Society events, as well as important information from committee chairs, to the entire Met Chapter membership and, on occasion, we it has shared vendorship and legislative posts with the presidents of other chapters.

1. http://www.clinicalsw.org/history.shtml
2. http://www.clinicalsw.org/ny_scope.shtml
3. http://health.groups.yahoo.com/group/MetChapterAnnouncements/
4. http://groups.google.com/group/Interactive-Met-Chapter?pli=1
5. http://clinicalsw.org
6. http://clinicalsw.org/chapter_list.asp
7. http://www.clinicalsw.org/csw_standards.shtml

Interactive, an opt-in listserv that currently goes out to 70% of Met Chapter members, is set up to allow them to e-mail one another, both on-list and off-list (on-list distributes to all members of the listserv and off-list is a back-channel directly to only one member, not the entire list). The listserv postings cover a wide range of topics including: case referrals, office space rentals, social work job openings, individual and group consultation, psychiatrists and other professional and community services, timely professional news and events, discussions of topics of concern to clinical social workers (such as vendorship and managed care), and upcoming conferences, clinical presentations and institute meetings. In other words, we have created an online chapter community. For all members, but especially those of us in solo private practice, it is very important that fellow social workers are now within easy e-mail reach.

What Met Chapter has discovered since starting our two listservs is that the service has quickly become very popular and has networked members to a degree never before possible. This, in turn, seems to have helped to stem the tide of lapsing memberships. Based on our growing expertise, Met Chapter has become a resource to all Society chapters, offering advice and assistance to other chapters in starting their own listservs.

Developing clinicalsw.org

Listservs are only one part of our Society's commitment to a greater Internet presence. When the chapters develop their listservs (which we hope will occur within a year's time), they can be linked to our Society's main website (please visit ***5*** or your chapter's home page at ***6***).

I recommend that you explore the site and see the wealth of information that is already available, including, for example, very useful information on HIPAA and ethical and professional standards in clinical social work (see ***7***).

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The State of the State Society: *Leadership Retreat Jump-starts Change*

by Judith Crosley, LCSW, Strategic Planning Committee Chair

On March 29th and 30th this year, 31 members met to discuss the state of the Society and to develop an overall plan and direction for it over the next three to five years and a specific strategic plan for 2008–2009. The participants included state board members, state committee chairs, chapter leaders and chapter members, all of whom were interested in the future of the Society and believed that it has an important role to play for its members in determining the future of clinical social work. The retreat offered participants the opportunity to develop a better understanding of what the Society does and how the state board and chapters can work together in common cause.

The primary objectives identified were communication, membership, legislative/lobbying, and managed care. Interwoven in these objectives were identity, education and mentorship.

Communication

It was determined that we needed to improve communication and understanding within the leadership, between the state board and the chapters, and among chapters as well as individual members. In addition we needed to improve our ability to respond to and interact with the larger community. It was clear that we needed to approach this in a multifaceted way.

To this end, several initiatives have been launched. We have hired Marian Sroge, the consultant who led the retreat, to work with us to develop operational and procedural manuals so that there is a clear understanding of the relationship between chapters and the state and that efficient, informative, and knowledgeable transitions can be made as leadership changes. This project is nearly complete. The manuals clearly define the relationships between the state organization and the chapters and what our responsibilities are to each other. They also ensure that we are in compliance with all state and federal laws that relate to the Society.

An effort is underway to develop interactive and informational listservs in each chapter. This challenge is under the auspices of the Website Committee with the help of the Met chapter, which has already developed listservs. In addition, online capabilities are being developed and enhanced so that all chapter and state events can be highlighted on the Website. We hope to soon to have a directory of Society members that can be accessed by all members, among other uses.

We are aware of the need to be able to keep our members informed of issues that impact the practice of clinical social work. We also want them to know that the Society is not only actively working on them, but influencing the outcomes. An example of this is the current crisis for LMSW's applying for LCSW status. The Society has been actively engaged in discussing this issue in Albany from the beginning, yet many of our members were unaware of these efforts. It is hoped that thru e-mail, the Website, listservs, regular bulletins sent in "snail" mail, and articles in *The Clinician*, we can keep members aware of issues and the work the Society is doing with regard to them.

Membership

All membership organizations today struggle with the recruitment and retention of members for a number of reasons, not the least of which is financial. The Society has been through some tumultuous times; our membership numbers are down and more importantly, the commitment to the Society has decreased. One of the solutions to this is to improve communication with members as outlined above.

Beyond that, the Society is committed to reengaging former members, recruiting new and diverse ones from all clinical social work settings, encouraging participation, and increasing the commitment and satisfaction of all members.

The Membership Committee has been revitalized under the leadership of two members-at-large, Gloria Robbins and Claudette Duff. They have identified membership chairs in each chapter and together, through teleconferences and a retreat on October 18th, are looking at the needs and expectations of members and developing a membership plan using as a base the Membership Marketing Plan developed in conjunction with Marian Sroge, our consultant.

We are aware of the need for a multidimensional approach to membership that embraces educational needs, addresses managed care issues and the financial downturn, and provides practical help in managing practices, understanding ethical issues, record keeping, HIPPA, and other key issues while providing information on emerging fields in mental health, such as geriatric care and palliative care.

Overarching this is the need for reciprocal communication between the organization and its members. The Society is involved in a number of ongoing issues and initiatives, yet the members are often unaware of the efforts being made on their behalf.

Legislative

The legislative work of the Society has been one of its most important functions. We worked for many years to achieve licensing and hence a scope of practice for clinical social workers. That in turn has permanently established clinical social workers in NYS as recognized professionals who diagnose and treat mental illness — as full members of the mental health community who can work independently with and for those in emotional crisis. However, our job is not done. We are actively working with the State Education Department and the Office of Professions with the help of our lobbyist in Albany to work out the unintended and unrecognized consequences of licensing of the mental health professions and the difficulty LMSW's are having in achieving LCSW status.

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Call for Proposals

For Workshops and Panels for the 40th Annual Conference of the New York State Society for Clinical Social Work

OUT OF SORTS:
Meeting the Challenges of Working with Anxiety and Mood Disorders

Our unstable economy, politics, war and the threat of global warming leave underlying traces of sadness and anxiety upon the psyche and body of both therapist and patient, a feeling of "out of sorts" unconscious, difficult to articulate. Suicides/homicides occur too often when depressive symptoms and hidden rage remain the unspoken known in families, in schools, among friends and within couples. This conference will address the profound importance of connecting and listening to both the clinician's own as well as the patient's split off states of awareness. We are looking for proposals for workshops and panels from all **theoretical orientations** as well as **all modalities** that reflect this theme.

Suggested Topics:

- Engaging the depressed patient
- The complexities of identifying and treating bipolar disorders in children and adolescents
- Helping patients overcome the negative impact of classism, sexism, racism, ageism and homophobia on their self esteem, moods and quality of life/relationships
- Recognizing and distinguishing dementia vs. depression in the elderly
- Working with depression, anxiety and co-dependency issues in couple therapy
- Exploring the assets and liability of working with victims of natural disaster, war veterans, terrorists attacks survivors, as well as victims of domestic violence and physical and emotional abuse
- The overlap between a chemical imbalance and/or situational factors contributing to severe anxiety, depression and fluctuating moods; when to or not to medicate?
- Identifying and healing the intergenerational passage of anxiety, panic attacks, depression, phobias and obsessive compulsive disorders
- Working with people with chronic or life-threatening illnesses and complicated grieving
- Addictions: alcohol, drugs, food, gambling, workaholics, compulsive exercise, eating disorders and self mutilation as affective regulators
- Understanding and treating postpartum depression
- Compassion fatigue/burn out/vicarious trauma
- Understanding and determining the effective use of specialized case management for patients suffering from mood disorders whom struggle with issues of compliance
- Transference and countertranferential issues when working with patients suffering from severe mood disorders

Proposals should be from three to five typewritten pages, double spaced, and should include the following:

1. Description: purpose, function, and teaching objectives. Include **clinical illustrations.**
2. A workshop or panel outline describing concepts to be developed.
3. A bibliography.
4. **Nine copies** of the proposal, one copy of your C. V. (and all other identifying information) on a separate page. Underline one affiliation that you would like listed in the brochure. Private practice is not considered an affiliation.
5. **On a separate page:** A brief paragraph of @ five lines stating purpose of workshop and listing 5 to 6 aims and objectives.

Deadline for Submission of Proposals: December 3, 2008
Date of Conference: May 2, 2009

Mail to: **Susan Klett, 157 East 57th Street, Apt. 6D, New York, NY 10022**

IDENTITY:

The 39th Annual Conference, held on Saturday, May 10 at the Nightingale-Bamford School in Manhattan was a huge success. The keynote presentations, reviewed here, were theoretically sophisticated and generated lively discussions. A broad range of stimulating workshops met the educational needs of social workers from diverse backgrounds and settings, and demonstrated an appreciation of the social, cultural, and political diversity of our clients.

I would like to thank the multitalented members of the Educational Committee who gave generously of their time. We are a strong, dedicated, cohesive team now focused on the 40th Annual Conference, to be held on May 2, 2009. We have invited two renowned keynotes speakers to provide fresh insight into working with anxiety and mood disorders. Our call for proposals (see Page 7) will also be mailed to members soon. I welcome your feedback and encourage you to submit topics for next year's workshops. I also invite you to send in a workshop proposal, to share in our community, and to promote your professional growth. You may contact me, Suzanne A. Klett, LCSW-R, Education Committee Chair, by e-mail at **suzanneklett@aol.com** or by mail at 157 East 57th Street, #6D, New York, NY 10022.

The Fate of Vulnerability in the Self During Midlife

Presentation by Eda G. Goldstein, DSW / Review by Meryl G. Alster, LCSW

Eda G. Goldstein, DSW

With her insight and gentle humor, Dr. Eda Goldstein gave one of the keynote presentations at the New York State Society for Clinical Social Work 39th Conference. She guided the audience through those identity issues and questions that we, and those we work with, begin to negotiate during what will probably be the middle years of our lives. She noted that it is often during this phase of life when narcissistic vulnerabilities (or vulnerabilities the self) can no longer remain hidden. She presented two case examples to illustrate her points.

Dr. Goldstein's numerous publications include her books *When the Bubble Bursts: Clinical Perspectives on Midlife Issues* (2005); *Lesbian Identity and Contemporary Psychotherapy: A Framework for Practice* (with L.C. Horowitz, 2003); *Self-psychology and Object Relations Theory in Social Work Practice* (2001); *Short-Term Treatment in Social Work: An Integrative Perspective* (with M. Noonan, 1999); *Ego Psychology and Social Work Practice* (1995). Her contributions to books, articles (16 since 1994) and presentations (20 since 1998) are too numerous to list here.

Although Dr. Goldstein did not specify any underlying framework, her use of bio-psycho-social approach was evident. Dr. Goldstein began by defining midlife, noting how the definition changes as we get older. In fact, early midlife presents different issues than late midlife. The biological changes may result in changes in identity, if, for example, they threaten our sense of desirability or we are confronted with illness. It is a time in which our roles in relation to others can change (e.g., the child parenting the parent), our roles in relation to ourselves can change (e.g., accepting that it may be too late for certain dreams to be realized), or our roles in relation to our world view can change (e.g., confronting new values and expectations that we had never previously considered). Midlife is a time when life situations may be approached differently; a time for psychological growth as the phoenix midlife emerges from the ashes of youth.

Dr. Goldstein's case examples showed how events during midlife could open up psychological wounds that were created earlier in life but had never been adequately addressed. Prior to the midlife event, thick psychological walls were built to protect the self and to allow the self to pretend that the psychic foundation was strong. Thus, although recent events present objective challenges, challenges that most others could more easily face, these events were subjectively experienced as threats to self-esteem and identity. That is, they represented narcissistic

MERYL G. ALSTER, LCSW is is in private practice in Midtown Manhattan. She teaches at the Training Institute for Mental Health.

vulnerabilities. It is therefore these weaknesses in the sense of self that must be addressed.

In her first case example, Dr. Goldstein discussed a patient who maintained perfectionist standards and used take-charge behaviors as defenses. Earlier in life, these standards and behaviors provided a way for him to handle his anxieties of his self when he was prematurely required to assume responsibilities that were beyond his age capabilities and when he needed to hide his same-sex attractions. But an identity built on consistently unrealistic high standards and restricted emotional outlets came with a price. Hypervigilance became a way to prevent possible negative outcomes; strong emotional confrontations had to be avoided. When (in mid life) an objective event occurred that was outside his control, the result was that his carefully constructed sense of perfect order and sense of control was destroyed. The event itself was the catalyst that exposed how very fragile his self-esteem and his identity were. As Dr. Goldstein worked with the fragility, she was able to empathize with his strong reactions and understand his inability to "get over it." She showed how it was really his narcissistic vulnerability that was threatened when his perfectionist world order and sense of control was destroyed.

In her second case example, Dr. Goldstein presented another type of mid-life event that can cause someone to call into question his or her identity: the second chance. As with the previous case, an objective life challenge, that most people could accept, caused extreme emotional distress for the patient. When working with this patient, Dr. Goldstein told the woman that her strong emotions were not "crazy" and Dr. Goldstein agreed with the woman's statement that the emotions were overwhelming. It was their work to understand the extreme and debilitating intensity of the emotions. They discovered the patient's related past "failures."As with the patient in the first case, this patient also experienced expectations from others that limited the growth of her fuller, more independent and emotionally fulfilled self. She too had a "secret." As the woman realized that she was trying to "make up for my whole life," her emotional response became less debilitating intense. She began to look at the developmental task before her and questioned if she could master it in middle age. She also recognized her anger at herself for not having lived a fuller life. Her self was vulnerable; her identity had been challenged.

Dr. Goldstein summarized working with people in midlife as follows:

Workshop Leaders included (l. to r.) Roberta Ann Shechter, DSW; Terry Ann Klee, LMSW; Gail Grace, LCSW-R; Susan A. Klett, LCSW-R; Arlene D. Litwack, LCSW; and Gil Consolini, Ph.D., LCSW. Not pictured are Ivan G. Diller, LMSW; Richard Trachtmean, Ph.D., LCSW and Michael DeSimone, Ph.D.

- It is necessary to understand the impact of the mid-life events in terms of their subjective meanings. The clinician must be sensitive to the self-esteem and identity threats that can be evoked.
- Empathy, seeing the world through the patient's eyes, is crucial.
- Understand the patient's narrative in terms of his or her self concept, self-esteem regulation, and their maintenance.
- Understand the full depth of the patient's negative feelings and the subjective impact of the events. This understanding will help you avoid premature reassurances, pointing out the patient's unrealistic beliefs and expectations, and minimizing the patient's pain.

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WORKSHOPS IN BRIEF

Arlene D. Litwack, LCSW shed light on the profound impact of the death of a parent on the adult child's identity. **Roberta Ann Shechter, DSW** encouraged social workers to take pride in their professional selves and to contribute to the literature in her workshop, "The Clinical Writer: A Professional Identity in Progress." **Richard Trachtman, Ph.D., LCSW** provided extensive research on "Money and Identity." **Gildo Consolini, Ph.D., LCSW** and **Gail Grace, LCSW** spoke about "Self-Disclosure and Extra-therapeutic Contact," sharing their experiences and encouraging others to explore theirs. **Michael DeSimone, Ph.D.** offered a group therapy approach to negotiating the challenges and opportunities of mid-life. **Terry Ann Klee, LMSW** spoke of the obscured identities of childlessness, and **Ivan G. Diller, LMSW** offered cutting-edge information and clinical examples of working with lesbian, gay, bisexual, transgender and questioning adolescents.

IDENTITY:

Working with Identity Conflicts in Couples Treatment

Presentation by Paul Geltner, DSW / Review by Charlotte Elkin, LCSW

Paul Geltner, DSW

Upon clarifying that he is "not offering a key to the kingdom" for solving the vast complexities of couples issues, Dr. Paul Geltner embarked on an enlightening, thought-provoking presentation of identity conflict in couples. Recognizing the true "difficulty of loving another human being," he differentiated his definition of relationship success from those of other theories, emphasizing "the ability to be pragmatic," or "to take something you don't like and do it anyway" as the cornerstone to overcoming conflict. Conflict, he posited, arises as the result of two distinct, often overlapping, sets of needs that individuals bring to their relationship: those related to interpersonal behaviors/traits and those related to personal identity. Understanding that "the hardest thing about being in couples is getting used to the idea that you just don't like things about the other person," Geltner's approach focused on the particular challenges inherent in addressing identity conflicts in couples.

To begin, Dr. Geltner described interpersonal needs as those "you need more or less, from a more or less differentiated person." These include the behaviors you desire and the traits you find attractive in your partner and others. For example, their degree of affection, sense of humor, sexual practices, way of living, or a particular physical attribute. He noted that unlike one's identity needs, our interpersonal needs may change over time, and are not related to our more narcissistic needs, or those upon which, according to self-psychology, we rely for consolidation and stabilization of the self. Alternatively, this other set of needs includes the degree/type of empathy we experience in a partner, the degree/type of idealization of our partner and/or our self, and the degree/type of twinship required (how much we want our partner to be like, or unlike, us).

Dr. Geltner stressed that these more stabilizing needs "last forever," as "no one overcomes [normal] narcissism," or their particular need for others [in relation to their self]. More specifically, he defined identity as "those aspects of a sense of self that define it, locate it, and indeed, nest it in the larger world around us — within a micro-world of relationships and family, and a macro-world of larger culture." Unlike analytic theory, which views identity formation as largely located in early life, Geltner believes that we acquire new, often more tenacious aspects of identity throughout the lifecycle, influenced largely by social factors such as politics, religion, nationality, ethnicity, gender, sexual identity, class, etc. Thus, individual identity conflict can arise when one aspect of a person's identity is in transition and/or when two elements of one's identity are at odds.

In this sense, Dr. Geltner explained interpersonal identity conflict, or identity conflict in couples as that which "happens when aspects of a partner's identity/behavior clash with their own sense of identity significantly enough to cause distress either within the relationship, or to cause enough distress so that it challenges ones own sense of self." While behavior is significant, especially as a trigger, Geltner cited Kohut and Wolff when relating it is "less about what the other person does and more [about] who they are." Accordingly, the challenge in couples is in understanding, to the extent that one person is involved in the other's identity, to what degree "they fit in with [each other's] identity and to what extent do they clash?" In what way are they viewed as "an extension of the self, or as a complement to the self?" And, does this person "manage to complete the picture that you have of yourself in a desirable or an undesirable way?" The role of the therapist, herein, is to first differentiate between identity conflicts and those conflicts less central to issues of identity (as in the interpersonal behavior/traits), and next to bring to consciousness the aforementioned questions more closely tied to one's strength and experience of sense of self. Only then, Geltner believes, can answers be explored and conflicts moved towards some form of resolution.

Throughout his presentation, Dr. Geltner illustrated his theories with both hypothetical and actual couples cases from his practice. Among them was the example of a husband and wife and their differences regarding in-laws. The husband believed that one should always cooperate with in-laws, even if they were rude or abusive, while the wife felt that under no circumstances, in-laws or otherwise, should anyone be allowed to mistreat or abuse her. Upon first glance, Geltner observed, such an example could be seen as encompassing an interpersonal behavior conflict — allowing the in-laws to continue

CHARLOTTE ELKIN, LCSW, is the senior clinician at the Mount Sinai Employee Assistance Program. She is a clinical instructor at the Mount Sinai Medical School and is in private practice in Manhattan.

vs. limiting them. At its core, however, the issue proves to be more one of identity. For the husband, the question of "Do I want to be married to a woman who would treat her in-laws, or anyone, like that?" was tied directly to his "deep-seated sense of how to treat family." And for the wife, her belief that "nobody should be allowed to be rude or abusive to anyone; that family has nothing to do with it" spoke to her question of whether "I want to be with a man who a) wants me to submit like that, and b) submits himself." By addressing this identity conflict, Geltner was able to help the couple look at and eventually accept their differences.

More common than compromise, however, is the experience of loss. With identity conflict, Dr. Geltner explained, we are confronted with the question "Do I really want to give up a piece of myself?" Given that we are tied to our own identity, or that which is syntonic to who we are, our preference is for our partner to change instead. Without an immediate sense of emotional benefit, Geltner offered that many individuals are unable to surrender a part of their own identity for the sake of the relationship.

Having outlined components of identity conflict in couples, Dr. Geltner went on to point out what should not be mistakenly assessed as such. Issues related to deficits in one's sense of self, rather than one's struggle to fulfill a narcissistic need, would not, according to Geltner, constitute an identity conflict. One example put forth was the partner who, for any number of reasons — fear of merging, being abused, abandoned, etc. — is unable to become more intimate physically. To him, it does not matter what his partner is or is not — affectionate, interested or otherwise; his issue is a "greater resistance to intimacy," rooted in a weakened sense of self that exists regardless of conflicting or complementary identity issues in his relationship.

In cases like these, Dr. Geltner stressed the importance of the therapist's understanding of patients' sense of self. Within the couple, are you working with an unstable individual(s) who needs their partner not only to affirm their sense of self, but also to keep them from deteriorating — dissociating, depersonalizing, fragmenting, becoming depressed, etc? Or, are you working with individual whose stronger sense of self allows them to choose whether or not to be with their partner without risking personal deterioration? In the former scenario, it is helpful for the therapist to keep in mind that reactions of narcissistic rage, rigidity, decompensation, and so forth are a function of the individual's struggle to maintain a sense of cohesion, in light of a perceived/real loss of "anchoring" they received previously from their partner. In the second situation, while individuals have more capacity to understand and appreciate difference, the therapist must recognize that they also have greater freedom in deciding whether or not they want to put in the effort required to work things out.

All said, Dr. Geltner addressed an additional challenge in couples work: whereas in individual treatment we rely on patients' transference as a primary source of information about their functioning, in couples, their "primary emotional engagement is usually going to be with each other," not with the therapist. Further, the transference they do have may be different for each person, and when dealing with identity conflicts, the couple is even less focused on the therapist, and more consumed with their representations of one another. Overall Geltner observed, you are working with an "unstable system that is extremely easy to disrupt," you have "less freedom to make observations" because in the presence of two partners there is greater risk for humiliation, and without access to transference like that occurring with individuals, the therapist is "working with a [less influential] more restrictive palate."

Education Committee members (l. to r.) Tripp Evans, Ph.D., LCSW-R; Meryl G. Alster, LCSW; Susan A. Klett, LCSW-R; Charlotte Elkin, LCSW; Gail Grace, LCSW-R; and Gildo Consolini, Ph.D., LCSW

Determining the "type" of couple he is facing affects the approach, traditional or otherwise, that Dr. Geltner will take. During assessment, if he concludes that both individuals can "identify and express their needs in a way that is not overtly injurious to the other partner," possess a sense of self that is "strong enough to articulate what they need and hear what the other says without disintegrating" or, "are motivated to stay together or accept the consequences of not doing so" Geltner will work more traditionally. With both individuals together, he asks each "what is going on?" and helps them to

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Annual General Membership Meeting and Educational Program

JANUARY 2008 *Notes by Martin Lowery, LCSW*

INTRODUCTORY REMARKS *by Society President Jonathan Morgenstern, MSW, LCSW*

- 2008 marks the 40th anniversary of the Society, founded to support the needs of clinical social workers who were primarily in private practice, an area of social work not seen at the time within the generalist social work field as a priority. One example of our unity and strength of purpose was the concerted effort on the issue of licensing. After a long and complicated struggle, it resulted in passage of the 2004 licensing bill. In March, the Strategic Planning Committee will sponsor a retreat aimed at identifying a focus, a new unifying purpose, and setting a course for the Society's future.
- It takes courage to engage in "private practice" these days because it constitutes a small business, time spent not only in clinical sessions but in scheduling, billing, and dealing with managed care companies. The Vendorship Committee is a source of help.
- Communication is an area that needs attention, including continuing to build the Website, making sure *The Clinician* is published regularly, and establishing an e-mail tree.
- The new Board is committed to openness, greater participation by all in the Society, and efficiency.

EDUCATIONAL PROGRAM: Clinical Social Work in Healthcare

1. Introduction: *Hillel Bodek, MSW, LCSW, BCD.*

- Healthcare is facing a crisis nationally. Note the forthcoming election issues.
- People are living longer. More survive with chronic illnesses, both physical and mental, resulting in booming costs. Change at reducing cost is inevitable.
- Focus in the future will be on preventive care, evidence-based practice, and inter-disciplinary practice. Group and agency-based practice will likely increase and solo practice likely decrease.
- One direction for change to consider is the "Primary Care Model" in Western Europe.

2. Clinical Social Work with Older Adults: *Barbara Silverstone, MSW, DSW, LCSW.*

- Work with older adults is a growing field of practice.
- Among many issues, older adults face and seek mental health resources for marital, sexual, family, loneliness, depression, caregiver burdens, addictions, loss or peers, unresolved childhood issues, etc.
- Clinicians need to develop competency in dealing with the different aspects of later life, competency in age and life stage appropriate psycho-social assessment and treatment planning.
- Without compromising therapeutic goals, there is a need to take into consideration issues like communication problems due to hearing loss, general physical diminishment, the prospect of fewer years remaining, generational cohort differentials like differing values about sex, finances, and view of professionals.
- In dealing with older adults, there is need for tact and accommodation, focusing on their strengths in adapting rather than challenging. There is need to work cooperatively with other healthcare professionals. There is also a need to deal with one's counter-transferential issues.
- The Met Chapter is sponsoring a conference on The Paradoxes of Aging: Psychotherapy with Older Adults at Fordham University on April 12, 2008

3. Clinical Social Work with Chronically & Terminally Ill — Palliative Care: *Hillel Bodek, MSW, LCSW, BCD*

- "Palliative care" refers to the treatment of suffering in general, not just end-of-life care. It focuses on the whole patient including bio-psycho-social-spiritual components. It looks at the person, the family, and the support structure. It empowers people by helping them understand options. It is supportive, educational, interdisciplinary and cooperative, and includes advocacy.
- Chronic and terminal illness is a growing issue, calling for a new response. The challenge is to broaden the context and skills of practice and to become involved in the broad healthcare system.
- Hillel is offering a training program in Palliative Health Care to the various chapters. If you are interested, contact Martin J. Lowery, LCSW, Westchester Chapter President, at **mlowery@maryknoll.org** or 914-720-0262.

4. Clinical Social Work with Adults Suffering Grief, Loss & Bereavement: *Susan Gerbino, MSW, Ph.D., LCSW.*

- There are new paradigms guiding work with adults suffering grief, loss and bereavement. The new paradigms speak of "holding on/letting go," a continuum that allows for "loss-oriented activities" and "restoration-oriented

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Palliative Care

by Hillel Bodek, MSW, LCSW, BCD, Chair

The Society is once again offering a six-session comprehensive course in working with chronically and terminally ill patients and their families (palliative care) during the coming year. This is an enhanced version of the course I provided in 2002 and 2003 to 50 members of the Society. That course was well received and those who took it used what they learned in their practices and, in some instances, contacted me later on to tell me how helpful the material was to them personally when they had to address the chronic or terminal illness of family members.

The need to provide care for the psychosocial-spiritual needs of chronically and terminally ill patients and their families is a rapidly growing public health concern, as the number of people living with chronic illnesses, a number of them older adults, is increasing significantly. Studies have demonstrated that the provision of care to address the psychosocial spiritual needs of these patients and their families increases quality of life and frees up strained physician resources — a win-win situation for all involved. A recent report from the Institute of Medicine indicated that professional attention to the psychosocial issues of cancer patients and their families is an essential part of their overall care. Although this report only addressed cancer patients, it is equally pertinent to other persons who suffer from chronic, potentially debilitating illnesses. Clinical social workers, who historically use an holistic bio-psycho-social-spiritual model, are particularly well suited to provide these services in collaboration with physicians.

One of the best ways of building a referral base is to obtain referrals from individual physicians or from a group practice of physicians. Physicians are becoming more attuned to having to address the psychosocial issues of chronically and terminally ill patients and their families. Yet, they do not have the time and the training necessary to do so. This is where clinical social workers and other behavioral health care providers can make an important contributions to health care.

The course, which provides 38 hours of instruction (38 CEUs) over seven consecutive Saturdays or Sundays, including a break of one weekend during that seven week period, will be open to any LMSW or LCSW, with preference being given to Society members. The cost depends in large measure on the cost of space at which the training would be provided and would be discounted for Society members. The earliest the course could proceed in spring 2009. You can view the course outline on the Society website at: **www.clinicalsw.org/docs/PalCareOutline.pdf**. For more information contact Hillel Bodek at 718-596-7364 or at **PalliativeCare.Pain_ClinicalSW@Verizon.net.** ■

President's Letter

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requirements for LCSW licensure. Marsha Wineburgh, Committee Chair, has elaborated on the evolving understanding and plans for advocacy in a separate article in this newsletter.

We were the first to go up to Albany meet with members of the State Board of Social Work and the State Education Department to gain as clear and current an understanding of the situation as possible and a report was sent to the membership. At its recent meeting the Society Board resolved to support:

- "Grandparenting in" the supervised clinical experience of LMSW for three years since 2004 in settings previously accepted under the "P" statute but currently unauthorized and
- Expansion of authorized settings for the provision of mental health services in order to at least maintain the current level of access to psychotherapy by New York State consumers.
- Collaboration: In support of the general sentiment that there be more positive and effective interorganizational collaboration, a meeting was held with NASW/NYS and several joint initiatives are being considered through the work of our committees, including an educational conference, jointly addressing reimbursement issues as well as responding to the LCSW licensure issue.

I will appreciate your sharing with me your reactions and feedback. And please consider offering your services in some capacity. We need help in diverse areas and will work with you in terms of what you can offer (time and skills). This is our society and we manage it together. ■

Jonathan Morgenstern
E-mail: mjonathanm@aol.com

Continuing Professional Education Committee

by Hillel Bodek, MSW, LCSW, BCD, Chair

The Continuing Professional Committee is preparing to offer a 20-hour course on clinical supervision over three or four separate Saturdays or Sundays, or over two weekends, depending on participant preferences. The course would be limited to LCSWs, with preference given to Society members. The course would meet the requirements of the New Jersey social work board for clinical social work supervisors. The NYS Education Department is at the early stages of considering a requirement that LCSWs who will supervise LMSWs' clinical practice must have had training in supervision.

Before we proceed with this project, we need to know how many LCSW members, if any, are interested in taking such a course. The cost of the course, which will be given by a team of instructors, is largely dependent on the cost of renting space for it. If you are interested, please contact Hillel Bodek at 718-596-7364 or at **ClinicalSW_ContinuingEducation@verizon.net.** ■

Committee on Ethics and Professional Standards

by Hillel Bodek, MSW, LCSW, BCD, Chair

As I complete my 26th year as Chairperson of the Committee on Ethics and Professional Standards, I would like to note some of the accomplishments over the past year and plans for the coming year. I am planning to submit my editorial on social justice issues titled, "Advocacy for Social Justice or Hidden Institutional Racism/Discrimination?" for posting on the Society Website. Ethical issues relating to social justice are arising on an increasing basis in practice and organizational settings and can be expected to continue to increase given the budget cuts in our State.

In addition to responding to several hundreds of inquiries regarding ethical and professional practice issues from members of the Society, other social workers, health care providers from other disciplines, attorneys and agencies, I have continued to work on the issue of the schools of social work in the New York City Metropolitan Region which have failed to provide the required number of hours of instruction required by state regulation and which I believe have a student failure rate on the basic LMSW examination that is above the national average, an issue which I believe raised serious social justice concerns that I write about in my editorial. In this regard, at the Society's request, the Education Department has agreed to do an audit of each of the MSW programs in New York State.

This past year, my work in ethics and professional standards and, by virtue of that, the Society, were recognized by Joint Commission Resources (the publishing arm of the Joint Commission on Accreditation of Healthcare Organizations) with whom I consulted in its preparation of the third edition of their book, A Practical Guide to Documentation in Behavioral Health Care, in which portions of the Society's Standards for Clinical Documentation, which I wrote, were included and I was recognized for providing my expertise and resources.

During the coming year, in addition to providing consultation on ethics and professionals standards/practice issues and continuing to work on regulatory compliance issues relating to the schools of social work, we hope to work with the Bar Association to educate attorneys on the importance of specific informed consent for the disclosure of clinical records to attorneys and others for the purpose of litigation.

Many social workers who contact me ask why I do not provide training regarding ethics and practice standards. Also, members of the Society who are also licensed in New Jersey, which requires five hours of ethics training for each two year license registration period, have also asked for such training. Over the years I have provided workshops in various chapters at their request and, two years ago, at our annual membership meeting the educational program was devoted to ethical issues. Depending on expressed interest in such a program and the availability of affordable space, I hope to provide a five-hour ethics program this year. Such a program would be announced via the Society's Website.

Please be advised that the Committee on Ethics and Professional Standards e-mail address has changed to: **ClinicalSW_Ethics.Standards@verizon.net.** ■

Independent Practice Committee

by Sheila Peck, LCSW, Co-Chair

The Independent Practice Committee has returned. It was a productive group that was put on hold for a time due to lack of person-power. But now, thankfully, we are up and running again.

Our first project will be to develop a traveling program to take "on the road" to each chapter — and we need at least one member from each chapter to join us.

Especially in these economic times, developing the skills necessary for the business and marketing aspect of a private practice is important. We can help. We believe that the group will help serve as a membership benefit and plan to work closely with the Membership Committee to help this happen.

Below are just some of our goals. Remember, we can only achieve them if you become part of this important work. Please note that Iris Lipner, LCSW, past co-chair of the committee and its originator, was an important contributor to this write-up.

Purpose of Committee:

- To help members learn skills for earning sufficient income as private practitioners and encourage members to define themselves as proprietors of a business.
- To increase member effectiveness by providing assistance in skill and market niche development.
- To maintain a professional image and support the message that marketing is part of our profession.
- To build membership by attracting colleagues to Independent Practice Committee events and resources.

Plan for Implementation:

- Provide workshops, newsletters, conferences that focus on business aspects of independent practice and enhance clinical work.
- Utilize the Society's Web site as an additional resource for clinicians by posting relevant, downloadable materials.
- Develop a variety of new niche ideas for members to use for possible practice expansion
- Reach out to individual chapters to identify specific needs of their membership in enhancing their practices.
- Assist chapters in creating marketing peer groups.
- Attract new membership by offering the committee as a membership benefit.

Please contact Co-Chairs Sheila Peck, **Sheila2688@aol.com**, (516) 889-2688; and Sandra Jo Lane, **SJLSunshine@aol.com**, (631) 586-7429. ■

The Fate of Vulnerability in the Self During Midlife

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- Help the patient link the current events with his or her ongoing self concept and self needs. This link provides a framework that will help the patient to understand his or her negative emotional state.
- Appreciate the full range of the patient's feelings generated by the injury to the grandiose self so that they can be mitigated and the person's strengths can be appreciated as well as limitations accepted.
- Help the patient accept who he or she is at this time, including the inherent limitations of middle age. It may be necessary to help the patient face losses that he or she will never be able to recover or to face a more realistic future.
- Help the patient rid him- or herself of entrenched limiting beliefs and take positive steps in life.
- Provide the necessary encouragement or affirmations for the patient.
- Help the patient see his or her positive aspects and build on them so as to enrich his or her life and retain control of it. Past experiences may be revisited to help the patient see his or her strengths. ■

IN MEMORIAM

It is with sadness that we report the death of our colleague Camille T. Claymon, Ph.D. on August 31, 2008. She will be remembered for her devotion to our profession and its values, her keen and forceful intellect, her patience, caring and selflessness, and her strong productive leadership.

Camille was Executive Director of the New York State Chapter of the NASW from 1988 to 1996. Among her many accomplishments was the unification of the chapter and the efforts to attain multi-tier licensure. After retiring, Camille continued to serve our profession as a site surveyor for the Council on Social Work Education until 2001.

Earlier in her career, Camille was on the faculty of Rutgers University School of Social Work. She obtained a B.S. summa cum laude from the University of Texas at Austin, and a Ph.D. in social work from Washington University in St. Louis, Missouri.

Policy Problems Found in State Licensing of Psychotherapists

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What Has Changed?

In 2002, when we were finally successful in passing legislation to license social work in New York, the State also licensed the practice of psychology and four new groups of mental health practitioners: mental health counselors, marriage and family therapists, creative arts therapists and psychoanalysts. The goal of this legislation was to enhance public protection by limiting the provision of mental health services to those with demonstrated knowledge and skills that qualified them to do so. Mechanisms of accountability were established by licensing these individuals so that the practice of psychotherapy was restricted to those who the state recognized as qualified to deliver mental health services.

Statutory History for MSWs

Historically, social workers gained title protection for "Certified Social Workers" in 1965. Insurance reimbursement for CSW psychotherapy services was obtained in 1978 ("P") and in 1985 ("R"). In 2002, scope of practice and title protection for social work and clinical social work became law, effective 9/1/04 (scopes of practice for LMSW and LCSW follow). The "P" law was integrated into the LCSW and at the time we expected that the experience requirements for the "P" would transfer to the LCSW. For the "P", the three years of supervised clinical experience could be obtained either in an agency or in private practice and certified social workers could maintain a private psychotherapy practice. However, when clinical social work became licensed, some of these requirements changed. It was not until LMSWs, who completed three years of supervised experience after 2004 and who were still practicing as if the former "P" system rules were still in effect, applied for the LCSW, that the State Education Department and the field realized the extent to which there are questions as to what constitutes an authorized setting and acceptable experience.

Major Issues

Currently in New York, there are 48 licensed professions established under Title VIII of the Education Law. As in the past, when any profession is newly licensed, it must integrate the provisions of other laws. For LMSWs and other mental health practitioners seeking to be licensed as psychotherapists, three major issues have surfaced:

1. Authorized settings for the practice of psychotherapy: Before 2002, there was no regulation of psychotherapy in New York State. Anyone could claim to be a "psychotherapist" and many different kinds of entities could offer mental health services: licensed treatment clinics, unlicensed treatment centers, not-for-profit organizations, family agencies, schools, etc. After 2002, the pre-existing corporate practice laws became relevant for any person or any setting providing mental health services. These laws alter the circumstances that create an authorized setting. It can be a clinic licensed by a state agency, such as the Office of Mental Health (OMH), or another legal entity established in accordance with New York Business Corporation laws. It would not affect LCSWs in a solo private practice as they are already in compliance with these statutes.

Corporate practice is the term used to describe a situation in which a non-licensee or business entity attempt to employ or provide services restricted to licensed professionals. In general, the practice of a profession is restricted to persons who are licensed, although there are exemptions in law for certain entities such as hospitals or vision care centers. Although few considered corporate practice in the development and implementation of the social work laws, the restrictions on practice by non-licensees have created serious problems for many settings, i.e. advanced training institutes which require clinical experience as part of their curriculum. For years many institutes offered their candidates a clinical experience in treatment centers which attracted low-fee patients. After 2002, many of these centers did not qualify as authorized settings for providing mental health services despite their long histories of successfully doing so. The field has only recently become aware of this problem and the extent to which it affects the delivery of mental health and social work services.

The Education Law and Regents Rules prohibit licensed professions from engaging in fee-splitting or fee-sharing so that a non-licensee cannot receive fees from a licensed professional. The Business Corporation Laws that allow an LCSW to form a professional corporation restrict ownership of a professional corporation to members who are licensed as an LCSW. This means that an LCSW cannot form an entity

LICENSED MASTER SOCIAL WORK SCOPE OF PRACTICE **LMSW**

The statute, Education Law (7701) defines the scope of practice of LMSW as "1... (a)... the professional application of social work theory, principles, and the methods to prevent, assess. evaluate, formulate and implement a plan of action based on client needs and strengths, and intervene to address mental, social, emotional, behavioral, developmental, and addictive disorders, conditions and disabilities, and of the psychosocial aspects of illness and injury experienced by individuals, couples, families, groups, communities, organizations, and society. (b) LMSWs engage in the administration of tests and measures of psychosocial functioning, social work advocacy, case management, counseling, consultation, research, administration and management, and teaching. (c) LMSWs provided all forms of supervision other than supervision of the practice of LCSW... (d) LMSWs practice licensed clinical social work in facility settings under supervision or other supervised settings approved by the department under supervision in accordance with the commissioner's regulations."

with anyone licensed in another profession, including LMSW, marriage and family therapy, or psychology. Since this was allowed prior to licensure, the law provided an exemption for these entities to operate without change until July 1, 2009. After this date, the entity must only have LCSW members.

Issues related to the practice of a profession by a corporation are not unique to social work and mental health. The Education Department is addressing similar issues of corporate practice when prisons attempt to contract with business corporations, teachers and licensed professionals attempt to form schools for students with disabilities, retail establishments seek to provide health care services or community-based organizations provide services restricted to the LMSW or LCSW.. The latter is particularly problematic, as many not-for-profits have long histories of providing mental health services across New York State. The 2002 licensing laws have had a serious impact on these entities and may threaten access to their services by their client base including at-risk consumers.

2. Supervised Experience: *What kind of supervised experience qualifies for licensure?*

The law and regulations specify what services the LMSW and the LCSW can provide in their scopes of practice. The duration and frequency of supervision as well as the qualifications of the supervisor are also delineated. The supervisor is legally and professionally responsible for overseeing all mental health services provided by the LMSW which includes ensuring appropriate evaluation, diagnosis and treatment are being carried out.

Prior to licensure, a certified social worker could hire a supervisor to meet the supervision requirement for the "P." After the licensing statute was enacted, an LMSW cannot hire a supervisor to meet the supervision requirements for the LCSW. The LMSW must be an employee in a legally authorized setting in order to gain psychotherapy experience. If an individual LCSW in private practice wishes to employ and supervise an LMSW, the LCSW must hire the LMSW to see the LCSW's patients and provide supervision. Billing is done by the LCSW.

As noted above, the "P" statute previously allowed certified social workers to gain supervised clinical experience in their own private psychotherapy practice. This is no longer possible. Although LMSWs may have private practices, they can only provide those services described in their scope of practice — interventions, supportive counseling, etc. They cannot provide psychotherapy services — including diagnosis and treatment or represent themselves as psychotherapists. These are the issues that are being addressed by the Department and the stakeholders, including the executive and legislative branches.

3. Exemptions end on January 1, 2010: *What happens to the practice of the psychotherapy after January 1, 2010 when the exemptions to the licensing laws end for mental health professionals in programs regulated, funded operated or approved by OMH. OMRDD, OASAS, OCFS, local social service or mental hygiene districts?*

After that date, current law provides that the staff (individual practitioners) in these programs will need to meet licensure requirements. Agencies authorized to deliver mental health services will need to do so solely with licensed professionals. At this time, it appears that these agencies will be unable to meet this deadline and negotiations are underway for a limited extension of exemptions.

As you can see from this brief summary, the Office of the Professions is contending with a serious public health policy problem which impacts on all persons providing psychotherapy and their patients as well as the settings where these services are provided. The State Education Department is committed to working out a satisfactory resolution which protects access to mental health services and supports at least minimum competence for its licensees.

Much of the material in this article is provided by OP which is continuing to collect information from professional associations, provider groups and State agencies. Once the major problems have been identified, they will have to be prioritized for action. This will be a process which will take several months to resolve, first by regulation. Additional solutions will take longer to achieve and will require legislation. In the meantime, we will be asking you to write to your legislators to advocate for specific suggestions soon. Stay tuned.

For your information, here is the scope of practice for the LCSW. Note the LCSW's scope incorporates the LMSW. ■

LICENSED CLINICAL SOCIAL WORK SCOPE OF PRACTICE **LCSW**

The statute, Education Law (7701) defines the scope of practice of LCSW as "2...(a)... ...encompasses the scope of practice of LMSW and, in addition, includes the diagnostic assessment of mental, emotional, behavioral, addictive and developmental, disorders and disabilities, and of the psychosocial aspects of illness, injury, disability and impairment undertaken within a psychosocial framework; administration and interpretation of tests and measures of psychosocial functioning; development and implementation of appropriate assessment-based treatment plans; and the provision of crisis oriented psychotherapy and brief short-term and long-term psychotherapy and psychotherapeutic treatment to individuals, couples, families, groups, habilitation, psychoanalysis and behavior therapy; all undertaken for the purpose of preventing, assessing, treating, ameliorating, and resolving psychosocial dysfunction with the goal of maintaining and enhancing the psychological and social functioning and well being of individuals, couples, families, groups, communities, organizations, and society.

What Does An Executive Secretary Do, Anyway?

CONTINUED FROM PAGE 3

Up to this point — and for many years to come — I accepted, deposited and kept count of all the monies taken in. This included membership dues, both new money and renewals, newsletter advertising and membership list rentals. I accepted and acknowledged new members, involving much telephone follow-up in the process. I also answered the phones, provided information and made referrals when asked to do so. I became the contact person with the printer and with the mailing house. Years ago, we did a lot of printing, involving my supervision of our various projects, from choosing paper and type to the workmanship of the finished product.

So these are just a few things that this particular Executive Secretary did, many of which she still does.

Today, the accountant's office deposits the money, which is fast and efficient. I am still very much involved in the process, entering all the payments on the computer, collecting underpayments and seeing that overpayments (rare events) get refunded. We now have dependable software that allows us to accept certain credit cards, which is a real convenience to a lot of members.

We can't leave Memory Lane behind without recalling our handsome and helpful Membership Directories. Helen Krackow put us in touch with a creative computer programmer who not only put together our data base many years ago, but designed a computer program to accommodate our bi-yearly Membership Directory. This was a very involved process, which took me from May to the beginning of September to complete, including phoning over 100 members who didn't return their directory data slips. Yes, I really did attempt to get the missing data by a follow-up phone call and was almost always successful. After all, members did not want to be left out of the Directory, which included detailed practice information, even if the oversight was theirs to begin with. Unfortunately, the prices for printing and assembling the Directories are now prohibitive. I guess we will have to explore the possibilities of developing the website to that end.

So, here I am, the guardian of over three decades of Society memories. They include such diverse subjects as the various State Society presidents under whom I served (many!) and what I learned during each administration; the long-ago Nassau Chapter programs and parties and subsequent State Society conferences and important celebrations, so full of the shared camaraderie; and yes, the faces of dear friends among the Society membership, who are no longer with us. Executive Secretaries, you see, are above all very good at remembering details. ■

Working with Identity Conflicts in Couples Treatment

CONTINUED FROM PAGE 11

vocalize what "they see [as the] issue," define their identity, and address "how they see the other as fitting in." With individuals viewed as possessing a weaker sense of self, Geltner's approach involves seeing each partner separately, with the task of self-stabilization via use of the therapeutic dyad, before coming together to be productive as a couple.

"Do issues get resolved?" Dr. Geltner asked. The challenges lie in the fact that with identity conflict, couples are confronting needs that are deep-rooted and strong, that trigger a profound sense of loss, shift one's perception of their partner from valuable to invaluable, cause them to acknowledge that there are aspects of what they want that they cannot get from the other person, and force them to realize that only by sacrificing a part of one's own identity, their partner's sacrifice thereof, or by losing the relationship altogether, can one's personal narcissistic needs be met. At best, Geltner answers, the therapist "helps [couples] to forge a new identity as a couple, that includes what they both want."

Finally, with a brief nod to countertransference, Dr. Geltner shared how he finds it helpful to use his feelings in terms of "how they fit into the patient's life story" versus how they fit into "my life story." With couples, he acknowledges, the danger arises when we perceive one person's subjective experience of identity needs as more important than the other's, and in turn, communicate that only one partner should compromise. In addition, when we experience an intensely negative countertransference to someone's expression of their needs, it is important to consider their objective experience, perhaps of unempathetic parents — that what they are evoking is not [the therapist's] feeling but rather the parents' feeling and that the person is recreating this unmet need with the therapist and the partner alike.

With the same empathy and mindfulness that he clearly offers his patients, Dr. Geltner addressed the professional needs of his audience. Through normalization of, greater understanding for, and humility with the process, he encouraged practitioners to believe that the work is transformative more often than not, and that when it is not, the challenges are deep-rooted and complex. While Dr. Geltner may not have lent his audience "the key to the kingdom" per se, by offering a couples framework rooted in self-psychology and identity, he unmistakably succeeded in further opening the door. ■

Website Committee

CONTINUED FROM PAGE 5

Much of the credit for conceptualizing and developing the Web site goes to our Past President Hillel Bodek and the Web site Committee (created in 2006, the committee has a representative from each chapter; it was chaired until May 2008 by Maureen Buckley-Fox). In collaboration with the Web site design company, CitySoftInc (*1*), Hillel and the committee designed the present site. Having brought the project this far, Hillel began to transfer the responsibilities for the next phase of development to the Web site Committee, though he remains the Brooklyn Chapter representative to the committee. In June 2008, I was asked to become the new chair of the committee. Having spent several months finding my way into this project and consulting with Hillel, and comforted by the knowledge that CitySoftInc would continue to work closely with us to develop and grow the Web site, the committee and I have begun the work of the next phase.

Our Web site is very much in its infancy. The goals we have set for its development next year are ambitious. We intend to launch a fully searchable membership database that can be used to handle renewals, and that can become a referral resource for members and the public. It will also help the Society's leadership and committee chairs to communicate quickly and easily with members by e-mail. Just as Met Chapter's announcements listserv keeps chapter members abreast of meetings, news and events, so a Society-level will be a boon to communication. In addition, members will be able to log in to the membership database using a password in order to update and correct their contact information, decide which contact information to hide or show to the public and other members, and list their areas of clinical concentration. The Society and the Web site Committee will, of course, develop and offer members training and assistance in managing and inputting member contact information.

As the membership database directory and referral resource gets up and running, we will also work to increase the traffic to our site. (By the way, if you would like to view the temporary membership directory, please visit *2*. Note that this temporary directory does not resemble the membership database I have described above; it is an interim version only.)

In recent weeks, I have been working with committee members to clean up any incorrect or outdated information on our site's pages. While tedious, it is a necessary process to ensure that information on the site is "clean." Interestingly, just the other day a member pointed out to me that our home page heading read, "New York Society for Clinical Social Workers," It has since been corrected to read: New York State Society for Clinical Social Work. Once we are certain that the information on each page is correct, our attention will turn to the membership database, to the development of chapter announcement and/or interactive listservs, and to efforts to make whatever changes to the format and presentation of the Web site that will make the pages as user-friendly as possible.

1. http://www.citysoftinc.com
2. http://www.clinicalsw.org/Membership_Directory_080504.pdf
3. http://www.clinicalsw.org/news_list.asp
4. http://www.clinicalsw.org/events_all.asp
5. http://www.clinicalsw.org/doc_list.asp

As you explore the site, you will see that there is a section for classified advertisements. Once our other work is completed, we will develop protocols and an input template for placing ads. There are also sections for chapter news and events (see *3* and *4*) and chapter and society newsletters (see *5*) which Web site Committee members will be busy keeping current.

The development of our Society's Web site is a very important but labor-intensive effort. Its success depends completely upon the time and effort we as members put into it. In this vein, I would ask that interested members consider volunteering to join the Web site Committee. Interested members or those with questions about volunteering can e-mail me at **rsb111@columbia.edu**, or your chapter's Web site Committee member (listed below).

In closing, I hope that I have succeeded in giving you an informative overview of our efforts to build an Internet presence for our Society. Working together, we can accomplish a great deal.

Respectfully submitted,
Robert S. Berger, Ph.D.
rsb111@columbia.edu

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The State of the State Society

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Our objectives, as outlined in the leadership retreat, are to build strategic collaborations and alliances within the Society and the mental health community to increase the impact of our policy positions and views on federal, state, and private agencies, institutions, social work schools, insurance plans and community. We will mobilize members for legislative activity when necessary to positively impact issues relevant to the practice of clinical social work and to our patients.

Managed Care

Managed care has probably had more impact on the practice of clinical social work than any other issue in the last 20 years. The objective of the Society is to empower and strengthen the ability of clinical social workers to operate successfully in a managed care environment by gathering and disseminating information, supporting individual practitioners and influencing external forces, such as corporate and societal values, and government policy.

The Managed Care Committee, led by Helen Hoffmann, has been working to fulfill these goals. The committee has been developing a series of 1½ to two hour programs on various aspects of managed care to be presented to chapters at their request. It has been monitoring and exploring such issues as the implementation of Timothy's Law, the merger of Oxford and UBH, and Medicare billing problems. It meets regularly by teleconference and disseminates information via the Internet using the existing listservs of the Society. The committee is seeking to improve the dissemination of information as the ability to reach all members via the Internet improves.

Other Issues

Other issues raised at the retreat were questions about the use of alcohol at Society events, reimbursement of members for providing professional services to the Society and the need for a petty cash system. Since the retreat, progress has been made in all the areas with a revised liquor liability policy, a vote on the board to develop a petty cash system, and exploration into the issue of honoraria for members.

Those of us in attendance were stimulated by the retreat and left feeling energized, with a renewed commitment to the Society and its important work. It is our hope that we can inspire that excitement and commitment in every member of the Society. ■

Annual Meeting

CONTINUED FROM PAGE 12

activities." Rather than "pathological mourning," the term "complicated mourning" is used.

- There is a movement to add "complicated mourning" to the DSM. On the negative side, it is another example of the medicalization of human experience; on the positive, it helps facilitate insurance coverage.
- The recommendation for ordinary mourning is short-term, psycho-education, preferably in a group setting.
- The following books were recommended for those interested: Continuing Bonds: New Understanding of Grief by Dennis Klass; Meaning Reconstruction and the Experience of Loss by Robert Neimeyer; Handbook of Bereavement Research: Consequences, Coping, Care by Margaret Stroebe et al.; Living with Dying, by Joan Berzoff and Phyllis R. Silverman.

5. **The Importance of Clinical Social Work in the NYS Primary Care Initiatives:** *Frank Munoz, Esq., Associate Commissioner, NYSED Office of Professions.*

- The Office is responsible for licensing 47 different professions. There are 50,000 new issued each year. They reviewed and advised on 436 bills before the social work license bill. They are developing technology to facilitate licensing and renewal, and a Website to deal with practice questions among other things.
- The future of health care and the licensing will include issues like multi-state licensing (right now New York has one of the strongest for clinical social work), licensing that protects the scope of practice, tele-practice issues of diagnosis and treatment, the growing shortage of practice professionals. The greatest growth is among allied health professionals.
- Future discussion of change will focus on universal coverage with an emphasis on "primary care" to deal with the financial shortfall. The issue is to maintain quality and access. The definition of "primary" is key.
- The challenge for clinical social workers is to take responsibility for finding a level of relevance within the evolving practice environment. Defining responsibility will guide competency and the needs for continuing education. The challenge is to relate to the developing understanding of "primary care," which will be interdisciplinary, dealing with an evolving bio-psycho-social context in which aging and chronic illness will be significant.
- Clinical social workers are facing greater competition from allied health professionals that will necessitate a clearer statement of clinical social work relevancy, as it associates to a more collaborative model of practice, distinct from the traditional private practice model. ■

ANNOUNCEMENT

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