



Fall Meeting Of National Federation: Bills in Both Houses Need Support

National Academy Established for Clinical Social Work

Report by Margaret M. Isbell, CSW, President, NYS Society

Washington, DC—

The fall meeting of the National Federation was held the first weekend in October. The weather was brisk and, it may be added, so was the pace, content and intent of those long sessions from dawn until dark each day of the conference.

Marsha Wineburgh, New York's past president, presided as the Federation's new president as State representatives offered comments, opinions and resolutions on the wide variety of issues addressed nationally.



Pending Legislation in Congress

Ken Adams, Counsel and lobbyist for the Federation, detailed the legislation still pending in Congress. He discussed Representative Richard L. Ottinger's bill (HR-5995) and emphasized the urgency of seeking additional co-sponsors and backers to steer this important bill successfully through the House. He also discussed the Stafford-Weicker bill (S-2816), introduced into the Senate by Vermont's Senator Robert T. Stafford and senator Lowell R. Weicker of Connecticut.

"These bills are similar in almost every respect," explained Adams, except that the Senate bill provides for the establishment of a 'peer review system' should costs for catastrophic mental health disorders exceed a certain amount. He urged that all New York members launch an immediate major effort to encourage both Senators D'Amato and Moynihan to lend their legislative clout.

"The good news," he added, "is that, due to the lobbying efforts of the Federation's delegates last spring, the co-sponsors for the Fithian bill (HR-6092) increased in the House from 8 to 22." (This is a companion bill to S-123, the amendment to the Social Security Act, to include CSWs as qualified providers for Medicare.) So that the Senate bill secures the same favorable backing, Adams stressed the need for qualified witnesses to testify at the Congressional Committee

Hearings pertaining to this legislation. Qualified persons would include "highly regarded psychiatrists who are committed to the cause of a multi-disciplinary delivery system for those in need of mental health services."

Licensure/Vendorship

Gary Unruh of Colorado, chair of the Licensure/Vendorship committee, reported that a survey had been initiated to determine the performance of clinical social workers on the staffs of several major corporations. Preliminary findings revealed that the corporations questioned were "satisfied" with this provider group and that "no increased costs" were in evidence.

Membership

Membership chair Helen Herring of Kentucky will continue to represent the Federation on the Board of the American Association of State Social Work Boards. "As for Federation membership status," she reported, "we are moving!" A new group is forming in Missouri, in the St. Louis area. Herring also remains in contact with key persons in states where societies have not yet been formed or where they have not joined the Federation. She reported that "31 states and Washington, DC" are now a part of the Federation.

Education

Education committee chair Ann Evans of Massachusetts outlined the Federation's plan regarding CEUs for clinical social workers. She spoke further of establishing an "American Fellows for Clinical Social Work Education," with an accompanying certificate for those who complete a designated number of credits annually. She reminded members that Massachusetts will host the annual spring "Ortho" Conference at which the Federation will have a booth. State societies are encouraged to send their materials to her for display.

Past president Pat Wellons of Kentucky outlined the need for additional funding so that all states may participate equally in the wide range of Federation activities; she also detailed means of fund raising in which all

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State Regulation of Mental Health Field?

Regulatory Issues a Major Topic in 1983 Albany Legislative Session

Barry K. Mallin, Esq., Legislative Advocate

Mark Alan Siegel, assemblyman from Manhattan and chairman of the Higher Education Committee, has been active in a serious effort to define the issues necessary to draft new legislation to regulate the mental health professions.

A hearing was held in New York in October which Mr. Siegel billed as a "Collegium on the Regulation of Mental Health Practitioners." The hearing brought together the many diverse groups practicing in the mental health field, all seeking to insure that any proposed legislation includes their particular area of expertise. It's an old story but one that requires constant vigilance.

The Assembly committee has its sights focused on several key issues; it is recommended that the Society address these issues in position papers prepared for submission to the Assembly. Input from practicing clinical social workers is needed if the Society is to respond effectively.

The major issues and questions to be addressed by any proposed legislation can be summarized:

1. General Regulatory Principles. The Assembly committee is seeking ways in which to achieve the delicate balance between assuring the public of the availability of services without compromising quality. Which groups of professionals will have the right to practice—and how is it determined that they are qualified?

The committee will be exploring various types of regulatory models—licensure, title certification, registration and regulation by private professional organizations.

2. Need for Regulatory Reform. The committee must determine whether the present regulatory structure is the most appropriate means of meeting the public's need for qualified and accessible mental health services. What is the best approach to regulation? If State regulation is an effective means of serving and protecting the public, should additional groups be regulated—and if so, how?

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Issued three times during 1982
April, July, December

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National Federation

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state societies can participate. These will be reported in the Federation's Newsletter.

National Academy Established

It was with enthusiasm that those present learned from Florence Lieberman, DSW, that a National Academy of Practice in Clinical Social Work has been established. Among its founders are Florence Hollis, Helen Perlman, Maida Soloman, Shirley Cooper. Persons who have contributed to the profession over the years have already been nominated for charter membership as a means of recognition and appreciation for their efforts. State chapters are encouraged to submit names of their outstanding members deserving of national recognition.

Other subjects covered at the meeting included discussion of the *Clinical Social Work Journal*, the Second International Conference, held at Smith College during the summer, the need for support of the Federation's National Registry; and the report by Crayton E. Rowe, Jr., chair of the Committee on Psychoanalysis. The spring meeting is scheduled for May. □

State Regulation

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3. Definition of Mental Health Practice. The committee will seek to determine whether a definition can be developed that will reflect those aspects of practice common to the various mental health professions, in terms of either the activities engaged in or the goals of such activities.

4. Entry Requirements. The committee will be exploring the type and level of education and supervised experience necessary to provide some assurance of the ability to practice competently.

5. Titles. The basic issue will be whether a title or titles should be defined in law and, if so, what titles should be included. It is obvious that the Assembly committee is seeking a wide range of information and opinion. Any legislation ultimately proposed will have a broad impact on all the mental health professions. It is urged that members willing to take an active role in formulating the Society's position on these vital issues should contact Marsha Wineburgh, Legislative chair. □

A Question of Ethics

The adoption of the revised Code of Ethics by the State Society's Executive Board in June 1981 has provided a forum for discussion and clarification of questions of ethics in the practice of clinical social work psychotherapy. Questions and problems received by the Ethics committee will be addressed in each issue of the Newsletter. Issues for discussion are welcome and should be addressed directly to David G. Phillips, DSW, Postgraduate Center for Mental Health, 124 East 28th Street, NYC 10016.

A clinical social worker recently asked about the ethical responsibility in working with a suicidal client. Since this question is of potential interest to every social worker engaged in clinical practice, it warrants wider discussion.

Any clinical practitioner who feels special concern for a client who may be suicidal should take extra care and precaution. The *legal liability* of clinical practitioners in such cases is being redefined in ways that holds the practitioner increasingly responsible. In the Tarasoff case, for example, the therapist—a psychologist who was working in a university counseling center directed by a psychiatrist—was held legally liable for not having taken adequate precautions to protect an intended victim of violence.¹ This case involved a murder committed by a patient in therapy; the violent intent and the identity of the victim were known to the therapist. The logic of the court decision, in which the therapist was held to be legally liable for the action of this patient, can and probably will be applied to cases in which a suicide occurs.

Although clinical social workers do have a special concern in working with a suicidal client, and a more severe legal liability for such an action by a patient, do they also have a special *ethical* responsibility to such clients? From the point of view of the Code of Ethics of the New York State Society of Clinical Social Work Psychotherapists, the latter question would be answered in the negative. We have an ethical responsibility to *all* clients, and our ethical responsibility to a client who may be suicidal is no different from that for any other client. Although there is no special ethical responsibility to a suicidal client, there are certain provisions of the Code that may be particularly relevant in such cases.

Section III a. of the Code states that clinical social workers should inform clients not only of the extent and nature of services available to them, but also of the limits of these services. Carrying out this provision of the Code might mean, for example, that the clinical social worker has an ethical responsibility to inform a suicidal client of potential limitations on the confidentiality of the relationship should the situation become dangerous. The clinical social worker certainly has a responsibility to safeguard the client's right to privacy, but the responsibility for the client's welfare and safety is a more basic concern. This possible conflict of ethical precepts is addressed in the Code, which states that confidential information can be revealed when there is a "clear and imminent danger to an individual or to society." (Schroeder, *op. cit.* p. 197 also discusses this issue.)

Section III e. of the Code specifically directs the clinical social worker to take *reasonable* steps to prevent a client from

causing harm to self or others. The key ethical responsibility, therefore, is that of taking reasonable steps to protect the safety of the client. The clinical social worker is not ethically liable in the unfortunate event of the suicide of a client but is ethically responsible for his/her actions in attempting to protect the client's welfare and safety. David G. Phillips, CSW

¹Schroeder, Lella. "Legal Liability: A Professional Concern." *Clinical Social Work Journal*, Volume 7, Number 3, Fall 1979

IN COMMITTEE . . .

Membership

This committee has been meeting regularly with an emphasis on methods and techniques of attracting new members. We are especially interested in informing clinical social workers that they need not be in private practice to be admitted to the Society.

The committee has been soliciting new members by direct mail to all NYS certified social workers with the "P" status. New promotional material directed to students as well as the general social work population will be another effort under way soon.

The membership chair in each chapter has material; if any member knows someone eligible for Society membership, ask your chapter chair to forward information to the candidate.

Meanwhile, the coupon may also be filled in by members as well as those interested in membership.

Rita Benzer, CSW

Membership material available from:

Rita Benzer, Membership Chair
1010 King Street
Chappaqua, New York 10514

Yes, please send me a membership application and other information about the Society.

Name _____

Address _____

Telephone Number (____) _____

Psychoanalysis

I would like to thank the many Society members who expressed their interest and concern about my censure by the New York Freudian Society as a result of the December 1981 New York State Society Newsletter article, "Psychoanalytic Training—In Whose Hands?" and the *Report of An Evaluation of Advanced Training Institutes*, Number 2, 1980-81.

Operation of Training Institutes

This committee has learned that there are limited controls governing the operation of state chartered training institutes. For example, the State Education Department's Law Pamphlet 9 (1979) regarding incorporation of educational institutions, indicates that there is no requirement that these corporations submit their bylaws. The internal operation of the institutes is left solely to their discretion. Prejudicial policies or actions can thus go un-

ked. See report on meeting with Albany
ial, page 4.

The committee will present the New York
ate Society's position paper, *Psychoanalytic
Training for Clinical Social Workers*, to the
National Federation for its consideration as a
national position paper. Clinical social work-
ers must have a voice on a national level if they
are to contribute to setting institute training
standards throughout the country.

CSW's Seek Alternative Insurance Carrier

As noted in previous reports, this commit-
tee has for the past two years been investigat-
ing whether the malpractice policy underwrit-
ten by the American Professional Agency
adequately protects the clinical social worker
who practices psychoanalysis and/or
psychoanalytic psychotherapy. The NASW,
which controls the American Professional
Agency, has now ruled that any social worker
who practices other than that which is taught
in graduate schools of social work must sub-
mit his postgraduate training credentials for
evaluation and approval before obtaining
malpractice coverage. In effect the NASW is
acting as an accrediting body for all forms of
treatment modalities. As a result of this ruling,
the committee and the Society's board
thought it important to negotiate a malpractice
package with a separate carrier. Thanks to
Martin Poliens, the committee has negotiated
an insurance package with a major carrier.
The State Board of the Society has now
appointed a special committee on malprac-
tice to follow through on Marty's work.

Crayton E. Rowe, Jr., CSW

Political Action (PAC)

*Harriet Pappenheim (Met.) has recently
assumed leadership of the PAC; this is the first
report.*

Although the 1982 version of the Society's
Parity Bill was finally vetoed in the Governor's
office, this should not be viewed as a total
defeat. Despite the fact that medical, psychol-
ogy and insurance lobbies opposed the bill, it
had passed both legislative houses for the
first time.

Clinical social workers now have many
supporters in Albany; we are liked and re-
spected. We can now move ahead boldly to
reintroduce our bill (scheduled early in 1983)
and to convince our new Governor to follow
the leadership of the State legislature—to sign
this important bill into law.

In terms of 'active political action,' social
workers must become familiar with the func-
tion of political action committees in the
United States—and the Society's in particular.
Every large special interest group in the coun-
try has a PAC, which collects funds for cam-
paign contributions to those representatives
who support the groups' positions. That is a
political reality.

When the Society's bill is up for voting,
campaign chairs of political candidates must
be aware of the contributions of clinical social
workers as a professional group. Funds con-
tributed to date have been used effectively for
this purpose. As additional legislators are
asked to support the bill, the need for funds
increases. The Legislative committee has
asked the Society's PAC to raise \$20,000 by
March. All funds contributed by members are

earmarked to the parity effort.

Harriet Pappenheim, CSW

Referral Service

Representatives of the Referral Service
committees from the Metropolitan, Westches-
ter, Nassau, Queens, and Brooklyn chapters
met twice during the year to discuss efforts—
and results of those efforts—to increase refer-
rals to these chapters.

The Metropolitan chapter has used radio
spots and has received an increased number
of referrals. Much discussion has centered
around chapters' joining forces and sharing
publicity costs and results. This will depend
on chapter agreement, as well as approval by
the State board, the latter specifically in refer-
ence to the efficacy of using a common name
for all services; this is still in discussion.

We have extended invitations to the Mid-
Hudson, Rockland, Western and Suffolk
chapters to send representatives to meetings,
the next of which will be January 22, 1983.

Eleanor Perlman, CSW

Chapter Development

This committee has worked actively to use
the common professional interest generated
by the Parity Bill to form liaisons with social
workers in diverse settings: education, ad-
ministration, community service, medical
facilities. These friendships, in addition to
their supportive nature in parity efforts, also
serve to acquaint our professional col-
leagues with the efforts and philosophy of the
NYS Society.

The formation of new chapters throughout
the State continues to be vigorously sup-
ported. Of particular concern are those—
established and still in gestation—in Upstate
regions, where great distances often separate
clinicians from one another. Two major efforts
are taking place: James Monaco in Watertown
and Steven Richter in Binghamton are working
hard to start chapters in these areas. Meetings
in recent months have encouraged these
efforts, bringing together both Monaco and
Richter with Ken Herrmann, who led the way in
the formation of the Western New York chapter
and with Victor Goldman, whose efforts have
reactivated the Suffolk chapter, which he
serves as president.

Reminder: This committee will help defray
travel expenses of members who must travel
more than 50 miles to attend committee and/or
board meetings concerning new chapters.

A recent meeting in NYC focused on mutual
efforts of both the Chapter Development and
Membership committees; the work of each
enhances the efforts of the other, and plans for
the year ahead include increased coopera-
tion. To promote Society membership as well
as chapter formation, promotional materials
will be distributed to students at graduate
schools statewide as well as within social
service agencies.

Conference in March

As part of its program to encourage Up-
state participation, the Society will co-sponsor
a day-long program on Saturday, March 19,
with the St. Lawrence Psychiatric Center in
Ogdensburg. The topic: "Diagnosis and Treat-
ment of Borderline and Narcissistic Personal-
ity Disorders." Conference Coordinator is
James Monaco in Watertown, who has com-
plete information: 315-788-5454.

Bobba J. Moody, CSW

Parity Campaign Begins Again

On October 2 the State Board of the New
York State Society of Clinical Social Work
Psychotherapists voted unanimously to sup-
port a motion to renew the Society's commit-
ment to the Parity Bill in 1983.

The Bylaws of the Political Action commit-
tee, the fundraising arm of the Society, were
approved by the State Board on November
13. A Board of Directors was approved:

Harriet Pappenheim, Chair
Marsha Wineburgh, Treasurer
Patricia M. Lancy, Secretary
Miriam Pinzer, Member at Large

The Parity committee for the New York
Society has begun work on 1983 vendorship
legislation. As we begin to draft a new bill, we
are exploring all avenues by which to produce
the most effective bill best representing the
interests of clinical social workers. A newly
elected Governor and newly appointed direc-
tors of State agencies afford us another
opportunity to gain parity in vendorship in
New York State.

A brief overview of recent vendorship his-
tory: On July 3, 1982 our 1981-82 parity bill in
amended form passed both houses of the
State legislature. It was a long, hard fight with
strong opposition from the psychiatrists, the
Business Council and particularly Blue
Cross/Blue Shield. The amended version of
the bill had many problems; we had a choice
between no bill at all or this less than ideal
version:

*The bill requires a total of 6 years' post-
degree experience in psychotherapy
under supervision satisfactory to the
State Board of Social Work in a licensed
agency, or 6 years' experience in pri-
vate practice under supervision satis-
factory to the State Board of Social
Work. In addition, companies which
employ persons in more than one state
will not be required to abide by this
legislation, i.e., IBM, Xerox, etc.*

The leadership of the Society believed that
this bill, even in its amended form, was a step
forward in our professional interests and
asked for the membership's support. On July
27, 1982 Governor Carey vetoed the bill.

In his veto message Carey cited two basic
factors for his decision:

- 1) Increased costs to employers due to
"mandated" coverage by clinical social
workers; and
- 2) The trend toward self-insurance by em-
ployers in the face of new mandated
costs.

Neither of these factors can be considered
compelling reasons for disapproving the bill.
We have constantly stressed that this bill *does*
not mandate new coverage and that the bill's
costs benefits will work to the advantage of
employers in the long run.

The Society will introduce a new bill in
1983. Our cause has a significant number of
allies among key legislators and other social
work groups, which will greatly assist in new
legislative efforts. The Legislative committee
strongly believes we are fighting for the eco-
nomic survival of clinical social workers as a
profession—and that we are close to victory.

—Marsha Wineburgh, CSW

Executive report

Well, it was a long, hard summer with a double whammy at the end of it. Hugh Carey, go hide your red head! You succumbed to the most self-serving, big-buck pressures around. So what chance did a dedicated professional group like ours have with you anyway? At least, however, we can take pride in those many legislators who opened their minds and hearts to us as they passed the Parity Bill to your desk where, with one swish of your pen, you clobbered it.

BUT NOT US!

You may be the reason we're down, Hugh.
BUT WE'RE NOT OUT!

To the many government officials and friends whose awareness of our intervention with the growing numbers of depressed and troubled people in these hard times deserves at the least an even hand, our gratitude for their understanding and help. Despite our setback, we have been assured that our cause is neither lost nor forgotten in Albany. And to all those in our own organization who successful-

ly steered our bill through the intricacies of government channels with such unswerving devotion, our unabashed appreciation. How reassuring it is to know that already, armed with renewed strength, new strategies and new coalitions, our legislative movers and shakers have already reactivated their forces for that long hard pull ahead to victory!

We have not tossed in the towel, Hugh.

We rise to the challenge!

Hold your hats, Albany, we shall return!

... Additional Notes

A Different Kind of Parity

For obvious reasons the Society rarely endorses any specific cause or organization. The personnel needed to probe and investigate effectively the many groups seeking support renders our position for inquiry tenuous to say the least. However, there is one organization to which we wish the very best. This is the Association of Mental Health Practitioners With Disabilities, Inc. As they have been forced to acknowledge, "Not only do we advocate for our clients, but we are often placed in the unpleasant position of having to

advocate for ourselves." A further note: "Although about 18% of the population at large is disabled, the percentage of disabled enablers working with this group is dramatically less than that—less than 1% at best." We wish this organization success in its efforts to achieve full parity in the field of health care.

And To All a Happy New Year!

The November meeting of the State Board marked the first milestone of this administration's term. Generally speaking, the phrase beginning, "If only—" denotes 20/20 vision in hindsight. Not in my eyes, however. I see "If only—" as two words out of my own fantasies portraying every member of this growing Society as fully aware of the time, fortitude, effort and sometimes just plain guts which motivate the men and women who work so selflessly to achieve our goals. Discounting the disappointments and setbacks which beset us all, the accomplishments of the many volunteers who have served our Society over the years deserve the fullest measure of support and appreciation. All I can add are my thanks to so many who have done so much—and to all, the happiest holiday season ever!

—Margaret M. Isbell, CSW, President

Albany Official Discusses Institute Training with Society

Rita Madrazo-Peterson, Ph.D., Associate in Psychotherapy Education to the New York State Assistant Commissioner of Higher and Professional Education, met with NYS Society officers recently to discuss the regulation of training institutes. Society participants included President Margaret M. Isbell; Bobba J. Moody, vice president; Micki McCabe, education committee chair; Crayton E. Rowe, Jr., chair, committee on Psychoanalysis; and Barry K. Mallin, Esq., counselor to the Society.

Rowe opened the discussion by presenting the research completed by the committee on Psychoanalysis on the composition of faculty mental health professionals in training institutes ("Report of an Evaluation of Advanced Training Institutes" Number 2, 1980-1981), in the majority of the institutes surveyed, clinical social workers compose by far the greater percentage of student body but a relatively small percentage of instructors and supervisors. Also discussed was the wording of the charters in a number of institutes which work to the disadvantage of clinical social workers.

Dr. Madrazo-Peterson reported that, although currently there exist only limited controls for training institutes, efforts are under way to review existing regulations. Since the NYS Society and the National Federation are the only clinical social work organizations with committees on psychoanalysis and are most informed on these issues, it was requested that the Society be considered for membership on any advisory panel formed to review proposed changes. The Society's position paper, "Psychoanalytic Training for Clinical Social Workers," was offered as an additional reference source.

Additional discussion centered on the State's possible inclusion of on-site evaluations completed by qualified clinical social

work professionals. The possibility of alternate means of certification was addressed for those practitioners for whom attendance at accredited schools of social work or training institutes is precluded because of sparsely populated areas, employment and/or family obligations.

Dr. Madrazo-Peterson expressed her willingness to consider the Society's views and requests and offered to continue the dialog with the Society on the resolution of these issues. —By Crayton E. Rowe, Jr., CSW

FEHBP in Conflict: Mental Health Coverage in Debate

Due to the mishandling of the Federal Employees Health Benefits Program (FEHBP) (see April 1982 Newsletter), the Committee on Post Office and Civil Service of the House of Representatives retained William M. Mercer, Inc. to study FEHBP and to make recommendations for legislative action. In his assessment of the mental health question (4 pages in a 208-page document), Mr. Mercer failed to address in a positive fashion the issue of how adequate mental health benefits might be provided under FEHBP.

The FEHBP Mental Health Coalition, organized by the National Federation, has supported Representative Richard Ottinger's bill (HR-5995). Introduced last March, this bill would require parity in insurance coverage for the treatment of mental illness and physical illness under all FEHBP plans. It would also require coverage for the treatment of catastrophic mental illness just as the existing law provides for the treatment of physical illness. The coming weeks are crucial for the mental health community; this legislation is the cornerstone in determining mental illness coverage of the FEHBP program for the long term.

At the time Congress recessed for elections, the Coalition had obtained 90 co-sponsors—at least 100 were needed. The fol-

lowing NYS representatives are likely co-sponsors; members are urged to contact representatives by mail, mailgram or telephone to ask him/her to co-sponsor, support and/or vote for HR-5995. Explain your position as a constituent and ask for response to your request for co-sponsorship, support and/or vote for this legislation. The bill is of concern to non-federal workers as well since we, as taxpayers, all pay Government's share of its contribution (60%) to health insurance premiums for federal workers.

New York Representatives (Washington)
Mario Biaggi—Bronx, Westchester
Geraldine A. Ferraro—Queens
Benjamin A. Gilman—Orange, Rockland,
Westchester, Sullivan
William Green—Manhattan
Norman F. Lent—Nassau
Stanley N. Lundine—Allegheeny
Guy V. Molinari—Brooklyn, Staten Island
B.S. Rosenthal—Queens
Stephen J. Solarz—Brooklyn
Samuel S. Stratton—Albany, Schenectady,
Montgomery, Rensselaer

Of equal importance is bill S-2816, legislation introduced by Senator Robert T. Stafford of Vermont and Senator Lowell P. Weicker of Connecticut. This is the companion bill to HR-5995. Though not identical to the Ottinger bill, both contain language requiring all FEHBP plans to provide benefits for nervous and mental disorders; both prohibit discrimination in the provision of such benefits when compared to benefits for other (physical) conditions; and both mandate catastrophic insurance coverage for catastrophic mental disorders; the Stafford-Weicker bill would require establishment of a peer review system to determine the necessity of treatment.

New York Senators (Washington)
Alphons D'Amato
Daniel Patrick Moynihan

Urge each to co-sponsor, support and/or vote for this bill. Again, ask to be advised of his response to you as a constituent. Call or write immediately—the bill comes up soon. □