

NEWSLETTER

NEW YORK STATE SOCIETY OF CLINICAL SOCIAL WORK PSYCHOTHERAPISTS, INC.

SPRING 1985 • VOL. XVI, NO. 1

Five Year Struggle Ends In Victory As Parity Bill Becomes Law

Governor Cuomo Signs Bill, "Increases Access To Mental Health Care"

By Marsha Wineburgh, CSW

The Society's 5-year campaign ended successfully on Tuesday, December 18, 1984, at 5 PM when Governor Mario Cuomo signed into law Bill S6222-A/A7620-B. In his memorandum filed in support of this action, the Governor noted that this bill "recognizes the important role played by certified social workers in providing mental health care and eliminates unfair and unwarranted discrimination against these qualified professionals." The bill maximizes "client choice in the purchase of mental health services and increases access to mental health care." The Governor faced strong opposition from insurance, business and medical interests.

This legislation amends the insurance law to require group health insurance policies that already provide psychotherapy to extend such coverage to qualified social workers. The bill became effective January 1, 1985, but it is expected to take several months to

develop regulations for the application procedure. The Society has been invited to comment as these regulations evolve.

Assemblywoman May W. Newburger (Nassau) and Senator John E. Flynn (Yonkers), the primary sponsors of this legislation, have been consistently active on our behalf. Senator Manfred Ohrenstein (Manhattan) has been a tireless advocate

throughout this process. To convey the Society's deep appreciation of their unwavering efforts, a reception took place on Sunday afternoon, March 10th, at Tavern on the Green in New York City.

Appreciation also goes to the many Society members whose efforts contributed to the massive campaign for passage of this

Continued on page 2

Conference Honors Blancks

Society Presents First Clinical Achievement Award

Edited by Barbara Pichler, CSW
and A.J. Collier

On Saturday, November 17th, close to 200 attended the NYS Society's Conference and Award Presentation. The day-long event, which took place at Fordham University's Pope Auditorium, culminated in the presentation of the Society's first Award for

Outstanding Contributions to the Field of Clinical Social Work to Gertrude Blanck, Ph.D., and Rubin Blanck, MSW.

The morning program consisted of a moderator and six panelists who presented, within actual patient histories, the application of an aspect of the Blancks' theories and techniques involving ego development. The high quality of the presentations provided a stimulating base for discussion.

After a buffet lunch in the university's dining room, the afternoon program featured remarks by the Blancks and the presentation of the award plaque by Society president, Dr. Jacinta Lu (Cindy) Costello.

A special guest in the audience was Dr. Margaret S. Mahler, who noted particularly that the Blancks had done more to disseminate her theories than any other professionals—that their work had done much "to make me famous."

Micki McCabe, Society education chair, introduced the day's program, after which moderator Patsy Turrini presented an overview of the Blancks' work, focusing on their unique contributions to theory and practice, highlighting these as reflections of the tenets of the social work code of ethics. She noted that Freud had remarked the importance of ethics and values to the health of a society:

Continued on page 6



Senator
Manfred Ohrenstein



Assemblywoman
May W. Newburger



Senator
John E. Flynn

legislation. Those who were especially active as chapter parity chairs include: Diana Calhoun, Jacinta Lu (Cindy) Costello, Ph.D., Andrew Daly, Edward L. Feldman, Susan N. Finkelstein, Victor J. Goldman, Roslyn Goldner, Phyllis Gordon, Adele T. Halpern, Bill Hartman, Kenneth J. Herrmann, Jr., Evelyn M. (Lyn) Hill, Eileen W. Hunter, Helen H. Krackow, Phyllis L. LaBella, Roslyn Lader, Maralyn Lowenheim, Rosemary Lukton, Gregory Mavrides, James D. Monaco, Joy Perlow, Martin E. Pollens, Stephen Richter, Shirley Ross, Ed Siegel, Andrew M. Stromberg, Joseph A. Ventimiglia, Joseph M. Walsh and Barry Mallin, Esq., the Society's attorney, who drafted the initial legislation in 1980.

Acknowledgment and thanks extend to the following New York State agencies: Office of Mental Retardation and Developmental Disabilities; Office for the Aging; Department of Health; Office of Employee Relations; Conference of Mental Hygiene Directors; Court Officers Association. Other organizations offering their endorsement include the Jewish Board of Family and Children's Services; District Council 37; Federation of Jewish Philanthropies; Nassau County Democratic Committee; Catholic Charities of Brooklyn; 92nd Street "Y"; Deans of Schools of Social Work; Planned Parenthood, AFL-CIO; the Catholic Family Center of the Diocese of Rochester.

Those groups opposing passage included the NYS Office of Mental Health, Health Planning Commission and a variety of groups of physicians, psychiatrists, insurance associations and business organizations. □



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EXECUTIVE REPORT

Parity Now, What Next!



The passage of the parity bill gives cause for celebration and an opportunity to congratulate and thank all those who have worked so hard to see it happen. At the same time, the bill's passage raises issues and concerns that clinical social workers must address.

A primary area of concern relates to the unrelenting opposition to parity from both the American Psychiatric Association and insurance companies. Clearly, both groups have their own interests at heart, doubtless fearing a potential loss of income. Presently both groups maintain strong lobbying ability, and there is nothing to stop either group from starting a campaign to either repeal the bill or initiate legislation which would severely alter the intent and/or gains made to date. It thus behooves us to continue in our efforts to promote and protect our

position legislatively. Therefore, while the Society will retain lobbyist Brian Meara and his firm, he cannot do it alone. Your support of the political action committee and continued involvement with the legislative committee are essential.

A second area of concern relates to the implementation of the bill. Although the Society and NASW have already submitted recommendations for regulations, the process for their approval is a lengthy one requiring close scrutiny and continued input from clinical social workers. Of specific concern were what constituted six years of postmasters' clinical experience; what type and how much supervision should be required; what if any measure of competence should be required at six years; and what should be the fate of the 3-year credentialing bill.

The Society's board intends to monitor and provide continued input to this process; we need greater involvement from all members to insure that we are heard. Members are encouraged to participate at both the chapter and state level to review the issues and provide the data and effort required for an effective campaign.

Jacinta L. Costello, Ph.D.
President

Mental Health For Flatbush, Too

A psychiatrist is a fully trained medical doctor who specializes in mental illness. In New York City a psychiatrist's service now costs \$80 an hour or more. Yet many mental health problems don't call for that level of care or expense. Those arising from marital troubles, a child's difficulty in school or a crisis at work may require no more than a few months of sessions with a psychiatric social worker, who charges less than half as much.

Despite the need, access to the more affordable therapy in New York has been limited because psychiatrists, insurers and business groups held up legislation to require medical insurance to cover social workers' fees. Governor Cuomo, however, has faced down the lobbyists and signed such a requirement into law. It's a small step that could ease the troubles of many.

Psychiatrists feared the competition, and

insurers and business groups were afraid that insurance coverage would cause a large, and ultimately costly, increase in the use of such therapy. They also disparaged the quality of social workers' treatment.

Those arguments were never persuasive. About half the mental health plans in the state already cover social-worker therapy. That large sample produced no dramatic increase in costs, nor has it produced complaints of malpractice.

The law will permit reimbursement only to social workers with at least six years of supervised experience. It might well encourage more people to seek help, but that need not mean a financial loss. Any additional costs to employers for mental health insurance might well be offset by savings from reduced psychosomatic illness and alcoholism.

Psychotherapy for common anxieties used to be a Park Avenue affectation. The new law will make it easier to find on Flatbush Avenue, where the need is at least as great.

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Discussions Begin For Parity Status Regulations

By Marsha Wineburgh, CSW

On January 25, 1985, the NYSSCSWP, along with other professional groups, was invited to hear the State Board for Social Work begin discussions of the regulations required to implement the parity bill, signed into law in December.

At this meeting chair Roland Ostrower clarified the State Board's role in protecting the public by maintaining the quality of professional functioning within the state. The Board is an advisory body to the NYS Department of Education and the Board of Regents, which is the policymaking authority for state licensing.

Recommendations from the State Board are reviewed by several groups within the education department, all of whom can and do recommend changes. Although the legislation became effective January 1st, it is likely that the requisite regulations will not be in place for some months. It is hoped that insurance reimbursement will be retroactive to January for those who qualify.

None of the original 5000 "P" applications remain on file. The education department maintains only a list of those who have been granted the "P" status and the date of

qualification. Therefore no record exists of which 3 years of supervision were used as qualifying experience. This means that every social worker will have to apply in order to qualify for the 6-year mandatory status.

Application material will be available after the regulations have been approved by the Board of Regents. The education department is expected to request feedback from professional organizations, including the Society, before regulations are finalized. □

Reserve The Date...

The Annual Meeting of the Society will take place on Saturday, May 18th, in Manhattan.

Details will be mailed to all Society members.

IN COMMITTEE

REFERRAL

The quarterly meetings are attended by representatives from virtually every chapter. Topics being discussed focus on ways to generate referrals.

Currently several chapters are interested in developing records of the type and number of referrals from various sources. These efforts will assist services to decide how to budget money and effort.

Eleanor Perlman

5-YEAR PLAN COMMITTEE

The committee, headed by Bobba Moody, was formed last year to explore those issues of concern to the Society as a growing professional organization. It was thought, according to a recent report, that "we need to change our organization structure...to best facilitate the ongoing functioning and development of the Society." Committee

mandate relates to long-range planning in terms of structure of the organization rather than to policy and goals.

Among issues under discussion are the increasing demands on officers; the channels of communication and lines of accountability; the structure of the organization itself as a viable entity in terms of its own goals and their implementation.

The committee will present periodic reports to the board as it meets on a regular basis to determine and plan for the Society's future.

Thomas W. Ruggiero

MEMBERSHIP

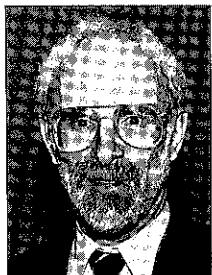
Response to the membership drive of September 1984 continues to come in at the rate of six to eight new members per week. The Society now has a total of 129 new members as a result of the drive.

Sandra Wickham

A QUESTION OF ETHICS

Conflict in Confidentiality

By David G. Phillips, DSW



Federal and state legislatures, insurance companies, and a public which is both increasingly informed of its rights and suspicious of all professionals—all are demanding that service professions take

seriously their responsibilities of accountability and self-regulation. Recognizing this process, the National Federation of Societies for Clinical Social Work is well along in the process of developing a national code of ethics. The national code, which was recently reviewed and approved by the State Board of the New York State Society, draws extensively from the code developed in New

York State in 1981. Two significant changes in the national code represent a response to professional issues that have been of growing concern since 1981.

Professionals know that the obligation to maintain confidentiality has become one of our most complex and problematic ethical responsibilities. In past professional codes, the precept regarding confidentiality was often rather simple and held that material received in confidence from a client was to be kept confidential unless the client authorized its release. We are now seeing that the obligation to maintain confidentiality may conflict with other responsibilities, and we may be in the position of having to divulge confidential information without either the client's permission or knowledge. In the well known Tarasoff case, it was held that the possible peril to endangered third parties might override the

professional's responsibility as to the confidentiality of communications from his or her client.

Laws in every state now require the reporting of child neglect or abuse, and professionals have been sued for malpractice and even gone to jail for failure to fulfill this responsibility. Insurance companies have the permission of policyholders for access to "medical information" necessary to settle a claim, but insurers often require material which is unexpectedly detailed and personal. The section on Confidentiality in the new national code takes into account these current realities of professional practice, but also provides the stipulation that special care be taken to guard confidentiality when the client is a vulnerable adult or a minor.

Another area of increasing concern is that

Continued on page 4

BOOKS

"Books," now a regular Newsletter feature, will be under the direction of Patricia Morgan Landy, CSW. Ms. Landy has been an active member of the Society since its inception in 1967. She received her

Certificate of Intensive Psychoanalytic Psychotherapy from Smith College of Social Work and has studied with Masterson and Arlow. Ms. Landy is in private practice in Manhattan and Queens.

Quick Response Therapy: A Time-Limited Treatment Approach By Judith Goldring, M.S.W. Human Sciences Press, NY, 1980; 131 pages

Reviewed by
Robert P. Galardi, MSW

In this the soon-to-be twenty-first century, two important factors are more and more influencing our lives: time and immediate response. Because of time demands we now expect quick, instant response, i.e., the computer.

This premise, combined with the social, political and economic developments of the past two and one half decades, have resulted in adaptations and readjustments in the practice and delivery of mental health services. Private practitioners, clinics and social agencies have all been forced to "change with the times" and examine current needs and the realities of those they treat. A professionally striking example of this response is described in Judith Goldring's book, *Quick Response Therapy: A Time-Limited Treatment Approach*.

While Ms. Goldring's professional experience in formulating Quick Response Therapy had its history in a community family service agency (Jewish Family Service of New York), the methods described in its application seem transferable to private practice as well as other clinical settings.

Following a brief description of certain traditional intake approaches, the principles of Quick Response Therapy are defined as follows: "Quick Response is a time limited treatment that utilizes principles of crisis intervention and systems theory and has a firm rooting in family therapy." Case examples illustrate the application of the methodology, which is conceptually divided into three phases: 1) beginning 2) middle and 3) termination. Essential to the beginning phase is the professional immediate response to the precipitating crisis, subsequently determining the treatment focus within a time limited framework. The time limit may vary but is described as six or less sessions. The chapter describing the "Middle Phase and Termination" highlights the

patient's resistance to change and the development of negative transference within the time limitation of this treatment.

The author contrasts the short-term manner of handling these phenomena with long-term psychotherapy: "Although in long-term psychotherapy a fuller development and analysis of the transference is often desirable, the time limitation of Quick Response Therapy makes this impossible and requires certain responses in order to limit, contain and use the transference reactions so that they enhance rather than impede the treatment progress." Preferably the patient is helped to analyze the negative transference reaction as it emerges between family members or between the patient and a person within the crisis situation rather than between the patient and therapist.

In both concept and practice, this attenuated form of therapy restores (rather than cures) the patient's functioning to his/her former level, prior to the onset of crisis. The patient's ego strengths are strongly supported in the here and now and accompanying pathology minimized. Cognition with feelings, not feelings alone, is stressed. Although family therapy is the treatment modality emphasized, Ms. Goldring's case examples also illustrate the use of Quick Response methods with individuals.

Ms. Goldring's book is most clearly and concisely written. Underlying Quick Response Therapy is a professional, uncovering, multi-faceted approach to problem solving. To summarize in the author's words: "Quick Response Therapy focuses on the crisis that has caused the current disequilibrium in the individual/family system and the emphasis of treatment is on the here and now in a specific time limited framework." □

Robert P. Galardi, CSW, is clinic administrator at the Queens Child Guidance Center and a supervisor at Washington Square Institute.

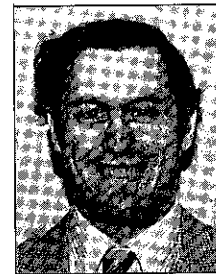
ETHICS Continued from page 3

of sexual exploitation of clients by professionals. The claim has sometimes been made (by the professional) that sexual relations are an aspect of treatment; ethical codes, however, do not distinguish between sexual contact that is exploitative and that which is "therapeutic." Ethical codes consider any sexual contact between a professional and a client to be a violation of trust. There is, in fact, a body of opinion which holds that any health services professional who has sexual relations with a client has taken advantage of a person who is inherently vulnerable, and should be charged with rape. The new national code recognizes the increasing concern about the behavior of professionals around this issue and addresses it in greater depth than does the New York State code. The Federation's rules forbid not just sexual contact with clients, but sexual exploitation or harassment of any kind directed against clients, colleagues, employees, students, or research participants. Sexual harassment is defined as "...deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwanted by the recipient."

IN BRIEF

Child Custody In Divorce— Part II

By Hillel Bodek, MSW



The last column outlined the historical development of the decisionmaking process in relation to child custody and discussed various scenarios under which mental health practitioners, especially social workers, become involved in the issue of child custody determination. This column will address issues relating to child custody evaluation and how mental health professionals can play a meaningful role in this process.

It is important to recognize that mental health professionals do not possess a crystal ball that enables them to determine which parent can best care for a child over a period of time—except in cases where it would be obvious to the court that one parent is unable

Conference to Feature Dr. Bruno Bettelheim

Is psychoanalysis relevant for clinical practitioners in American society? How do psychotherapists trained in psychoanalytic institutes use this training to work with special patients such as alcoholics? Does psychoanalysis as now practiced follow Freud's intention and spirit?

These are just a few of the questions to be addressed by Dr. Bruno Bettelheim, the featured speaker at Metropolitan chapter's annual conference on May 11th, titled "Where is Psychoanalysis Today: Implications for Clinical Practice."

Dr. Bettelheim's most recent book, *Freud and Man's Soul*, will form the basis of his address. Since he has been critical of psychoanalysis as currently practiced in the



Bruno Bettelheim, Ph.D.

United States, Dr. Bettelheim's remarks should stimulate a lively discussion to follow, among a panel of analysts from different psychoanalytic institutes.

The afternoon will feature a variety of workshops conducted by society members on the uses of psychoanalytic theory—from group and family treatment to psychoanalysis and the women's movement.

The cost for the day-long event is \$65 for Society members, \$75 for non-members, and \$50 for students. Registration at the door: add \$5. Checks are payable to NYS Society of CSWs; mail to Susan Rudnick, CSW, 25 East 10th Street, New York, NY 10003.

Susan Rudnick

to carry out the parental role adequately. We can be of assistance in assessing parent-child relationships and the psychosocial status of the parents and children.

It is probably wise not to accept the role of evaluator in a child custody case unless it is as the court's expert or as an expert chosen by both parties. In this way the practitioner can provide a nonpartisan, comprehensive assessment. Further (especially in cases where pre-adolescents are involved), it is essential that the clinician be skilled in working with children.

A child custody evaluation is time-consuming. Ideally, the professional should see each parent and child individually, then see the family as a unit, and finally interview the parents together. On occasion it may prove helpful to see the children as a group. If one or both parents are involved in significant new relationships, the clinician can also see the new couple (and, when indicated, second family).

In addition to direct examination of parents and children, the practitioner can talk to the children's teachers and obtain any other information that may shed light on the psychosocial functioning of the family and its members.

Data gathering and analysis fall into three general categories:

- 1) the psychosocial functioning of the family unit;
- 2) the parent-child relationships;
- 3) the individual psychosocial functioning of each family member.

With regard to the psychosocial functioning of the family unit, the development of the unit from courtship to the present should be reviewed. The manner in which family members relate should be explored as well as the transgenerational transmission of

family characteristics and response of family members to nodal stress points in family life.

Concerning the parent-child relationship, one wishes to explore the meaning of the relationship to each person. What is the nature of the attachments between each parent and each child? What are each person's expectations in the relationship? How would each parent plan for the future of each child, and how does each child plan for his/her future with each parent? With pre-teen children, ascertaining which parent a child wants to live with is best determined indirectly rather than by direct question.

Assessing the psychosocial aspect of individually family members focuses on the development of parenting capacity and on the temperament and special needs of each child. The role of the divorce in each of their lives should be explored. Evaluation of the extent to which the parents can continue to relate together effectively for the benefit of the children and the extent to which the identity of each parent is dependent on gaining custody is crucial; further, manipulation of the parents by the children should be assessed carefully.

Although the evaluation process is to provide data for the court's consideration in determining child custody and visitation, the process itself may help all family members to deal more effectively with each other, to deal with their feelings regarding the divorce and to diminish the extent to which the anger and pain of the divorce interfere with their future functioning.

Ideally, the empathy and concern that the evaluator can communicate to all family members during the evaluation process will carry over into their future relationship with each other.

In this limited space one cannot treat this important topic in a comprehensive manner. There are, however, a number of excellent texts which address clinical issues relating to divorce and child custody. □

LETTERS

Dear Colleagues:

I am writing to share a recent experience which I believe is an excellent example of one of our organization's most important strengths.

Several months ago, I was faced with a legal dilemma as a result of one my clients' involvement in a court case . . . and had been served with . . . papers by the opposing party's lawyer and was about to produce my records as requested. Despite an accompanying release of information from my client, I felt some hesitation about complying.

Having listened to Hillel Bodek speak on various legal issues with respect to clinical social workers, I called . . . to ask his advice. [He] took time on the phone (though he did not know me personally) to listen to my problem, and advised me not to produce the records, as the papers with which I had been served were not a direct court order. He also took time to outline a plan for protecting my client's confidentiality and [for] obtaining appropriate fees should the court order me to appear with my records. [The advice was] extremely helpful, accurate and reassuring. . .

For me, this was our Society at its best—members helping one another both professionally and personally with concern, expertise and enthusiasm. . .

Victor J. Goldman, Suffolk Chapter

"Given our drive development and our environment, the love of fellow men must be considered . . . as indispensable for the survival of mankind as technology." Turrini observed that the works of Gertrude and Rubin Blanck as clinicians, theoreticians, authors and teachers reflect the highest level of values that can serve a society.

"Maintaining high standards of scholarship and objectivity, integrity. . . and continuous examination of knowledge. . .", as stated in the social work code, clearly exemplifies their work. The Blancks' research and presentation of the psychoanalytic literature were translated into unique theory and technique to extend psychotherapeutic work and "add to our understanding of common human needs." Drawing on separation-individuation theory, Gertrude Blanck notes, "Where object constancy is insufficient, the capacity for love is severely impaired."

The goal of maximum self-determination is another social work tenet. As they applied their knowledge on the organization and structure of the ego, the Blancks extended skills to the therapist for the development and maintenance of identity and boundary formation. Resistance can be approached as activity that is adaptive and serves autonomy. Technique becomes available for experiencing autonomy in the transference process.

"Social workers should act to expand choice and opportunity for all persons, with special regard for the disadvantaged," is another rule of social work's code. Those groups—referred to as the unmotivated, the hard to reach, the less than neurotic—are afforded new opportunities for development of health. Therapists learned to aid clients in developing ego functions and/or to lend an auxiliary ego until such time as the client built a personal one.

As teachers, Gertrude and Rubin Blanck were in the forefront in providing aspiring clinicians with outstanding educational opportunities. Social workers, formerly "disadvantaged" themselves, now had access to the body of knowledge of psychoanalysis, due in large part to the Blancks' efforts. Turrini concludes that their contributions have not yet been fully examined for potential utilization.

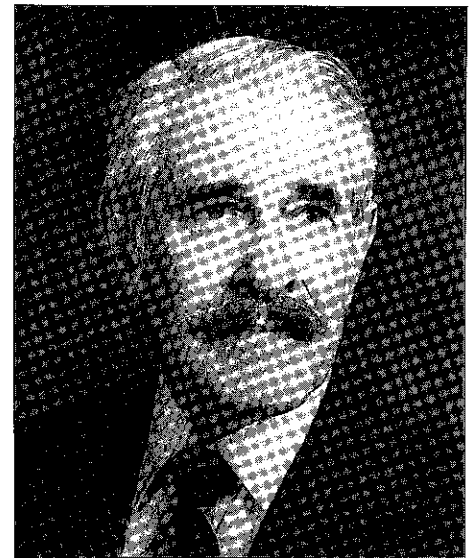
Six Papers Presented

The six panelists presented their papers, summarized below; expanded versions of the papers will be published in book form.

Anne Marie Dooley's presentation focused on the theory and technique of formulating a descriptive developmental diagnosis. As symptoms and behavioral manifestations alone provide insufficient



Gertrude Blanck, Ph.D.



Rubin Blanck, MSW

diagnostic information, the works of the ego psychologists Hartman, Mahler and the Blancks are integrated to deepen the diagnostic task. This involves assessing the level of ego organization, determining whether the patient has a fully developed, neurotic structure or whether incomplete development has resulted in structural deficits.

To demonstrate the value of this more comprehensive diagnostic approach, a patient was discussed whose clinical picture was complex: it neither conformed to a classically neurotic arrangement nor to a characteristically borderline organization.

In keeping with Freud's discovery (1900) that a dream may lead to the recovery of forgotten impressions of the earliest years, Gertrude and Rubin Blanck have shown that certain dreams may provide access to the pattern of the early mother-child relationship and to those "outstanding events" that occur before the ego is capable of processing experience adequately. Drawing from their considerations, **Joyce Edward** illustrated the way in which a dream was used to pave the way for an understanding of early chronic stress trauma and its impact on the development of a severely depressed woman.

The difficulties in developing and maintaining the therapeutic alliance with a patient who is particularly vulnerable to narcissistic slights was discussed by **Miriam Pierce**. The grandiose narcissistic defensive arrangement of this patient induced countertransference that was used to understand her wish for and fear of re-engulfment with an omnipotent "other." Separation-individuation theory illuminated her approach—avoidance behavior as enacted inside and outside the treatment room. This behavior was reminiscent of the ambivalent toddler of the rapprochement subphase of develop-

ment. Issues of autonomy, therefore, needed to be understood and respected in order that this patient could develop her capacity to be alone with the therapist.

Diana Siskind discussed the contribution of ego psychology to classical analysis; our expanded understanding of early object relations and identity formation deepens the work of reconstruction and can uncover preverbal determinants. This point was illustrated by a psychoanalytic case that reached an impasse during the termination phase. That was not resolved until it was understood that the patient's behavior during the point of impasse was a replay in the transference of acute separation anxiety, dating to a preverbal period, revived by the anticipated termination.

Toni Thompson addressed the distinction between resistance indicating underlying well-working defensive processes in neurotic conflict, and resistance-like behavior denoting intrasystemic conflict and adaptive solutions in the understructured personality. A case was used to illustrate how pre-oedipal object relations can be embedded in resistant-like behavior, and how interpretation directed to the correct developmental arena, rather than uncovering the defense as in a neurotic conflict, can facilitate structuralization.

Dr. Beatrice Weinstein's paper explored the theoretical issues and application of the Blancks' concept of resistance-like behavior as an elaboration of the classical concept of resistance. Case material concerned a woman who began treatment with structuralization thwarted by severe deprivation at an early level of development. Her focus in treatment on "being a good mother" was not

Continued on page 8

CHAPTER NEWS/EVENTS CALENDAR

MID-HUDSON

The topic of "Post-Post-Traumatic Stress: A New Look at Veterans' Issues" was recently discussed by Neil Teicher, CSW.

Our chapter continues its plans for the annual spring professional symposium, co-sponsored with the Dutchess County Mental Health Department. This year's theme is "The State of the Family—1985."

Recent elections present the following as new officers: Joan Clar, vice president; Mary Ellen Broughton, corresponding secretary; and Margaret Nichols, member-at-large.

The chapter has developed liaison with the Hudson Valley division of NASW to work toward joint sponsorship of professional meetings around clinical issues.

Carolyn Rounds

BROOKLYN

The education committee has completely planned the 1984-5 program, which includes presentations by chapter members addressing such topics as "Dreams," "Supervision" and "Holocaust Survivors, 2nd Generation."

The membership committee is conducting a survey via questionnaire to determine why some members attend one or two meetings and then drop out. We hope the replies will shed some light on this subject so that we can plan meetings to maintain high interest and active participation.

Judy Rabinowitz, who so ably chaired the referral committee, has stepped down; this committee will be co-chaired by Susan Zuckerman and Beth Lawrence.

Adrienne Lampert

WESTCHESTER

The chapter's February program on "The Female Patient—The Female Therapist," was led by Audrey Erdman, Rascha Levinson and Isabel Rachlin.

The chapter's annual conference is scheduled for March 22nd in New Rochelle; the featured speaker is Peggy Papp, who will discuss Mental Health Treatment.

Audrey Erdman

STATEN ISLAND

This chapter reports a program given in the fall by Herbert Streaan, Ph.D., on "The Sexual Relationship Between Patient and Therapist." Plans are under way for a spring conference. And gradual but steady increase in membership continues.

Agnes Giantini

SUFFOLK

An education program on incest was presented recently, featuring a speaker from Victims Information Bureau. The chapter held a parity victory celebration in February, and a seminar in March on Gestalt techniques with couples; a New Members cocktail party is scheduled in April. Our chapter continues to grow and respond to the needs of the county; members are actively involved in community outreach and education.

Sandra Wickham

QUEENS

The chapter's monthly discussion meetings, open to all members, will include the following: March: "The Short-Term Therapist for Family Treatment," presented by Robert P. Galardi; April: "The Adult Female Patient," to be discussed by Haruko Brown; May: "Interpersonal vs. Classical Analysis," by Judith Bristol.

Connie Alsapiedi

NASSAU

Recent chapter meetings have featured presentations by members on topics including "Treatment of Borderline Personality," by Rosalie Korte, and Herbert Streaan's discussion of the Extra-Marital Affair.

The chapter will be a sponsor of the third annual Long Island Conference of Social Workers, scheduled for March 27th.

Marcia Zigelbaum

ROCKLAND

Chapter elections have given us the following slate of officers as of January 1985: Catherine LaChapelle, president; Adele T. Halpern, 2nd vice president; Judith Silver, corresponding secretary; Kayeton Kurowski, recording secretary; Estelle Symons, treasurer; members-at-large, Irving Karp and Steven R. Green. Shirley Ross, outgoing president, who has given so much to our organization, will continue her work with the chapter as member-at-large and will assist with the chapter newsletter and legislative issues.

Our chapter will be celebrating parity with a victory party in March that will be coordinated with our yearly membership drive. Continuing education efforts this spring will be reflected in a series of workshops on transference and counter-transference issues as related to nosology, technique and modality.

Catherine LaChapelle

METROPOLITAN

In addition to its annual conference in May featuring Dr. Bruno Bettelheim, the chapter plans an open house for social work students, scheduled for April.

The chapter recently presented its first Mary Gottesfeld Memorial Award for excellence in clinical writing by a social work student. The recipient was Michael J. Frost of Rutgers University; second prize went to Maureen Bish, Adelphi University. Special guests at the event were Harry Gottesfeld; Mary Gottesfeld's husband; Dr. Florence Lieberman of Hunter College, a close friend and colleague; and Dr. Catherine Papel, head of the practice sequence at Adelphi University.

Harriet Wald

New Officers Elected

Elections held in the fall to fill vacancies on the board have resulted in the following slate:

2nd VICE PRESIDENT

Maria P. Warrack, MSW, CSW *A Society Fellow since 1977, Warrack was a former president of Nassau chapter; she was member of the State board from 1981 to 1983 and currently serves on the Five-Year Planning Committee.*

RECORDING SECRETARY

Abbie Blair, MSW, CSW *Society Fellow and former president from 1978-1980, she was recording secretary from 1976-1978 and again in 1984. She is the Newsletter editor, National Federation, and chair of its public relations committee. She is member-at-large in the Westchester chapter.*

MEMBERS-AT-LARGE

Theda Salkind, CSW *was a founding member of the Staten Island chapter and has served as chapter treasurer; she has been a Society Fellow since 1977.*

Diplomate Marsha Wineburgh, CSW *was a founding member of the Metropolitan chapter. She headed the Peer Review Standards committee for the Society and served as president from 1980-1982; she currently heads the parity committee. Wineburgh was elected for two terms as president of National Federation, from 1982-1984. □*

BLANCKS *Continued from page 6*

seen as a resistance in the classical sense but was utilized to engage her in a fragile therapeutic alliance and to further her own separation-individuation. Her concerns and her actions, seemingly resistance, were the very means that highlighted the path to therapeutic gains.

Crayton E. Rowe, Jr., chair of the committee on psychoanalysis for both the NYS Society and the National Federation, introduced the Blancks. Founders and directors of the Institute for the Study of Psychotherapy, they have trained hundreds of clinical social workers, psychologists and physicians in ego psychology. Their contributions appear in major scientific journals including the *Clinical Social Work Journal*, the *International Journal of Psychoanalysis* and the *Journal of the American Psychoanalytic Association*.

Advertising Rates/Sizes

Size on Page	Measurements	Cost
½ page (hor.)	7¾" x 4⅞"	\$200
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All ads must be camera-ready.

Classified: \$1 per word, minimum \$25, prepaid.

Advertising for the June, September and December issues is due May 1, August 1 and November 1, respectively.

The New York School for Psychoanalytic Psychotherapy

in conjunction with its alumni association, The Society for the Advancement of Psychoanalytic Developmental Psychology

is presenting the first in a film series

"THE RAT MAN"

produced by BBC

Freud's famous case will be discussed by

HAROLD BLUM, M.D.

former Editor of the Journal of the American Psychoanalytic Association

Friday, April 19th 7:30 promptly
registration 7-7:30

Hunter College School of Social Work

Lecture Hall
129 East 79th St., New York City

suggested contribution \$6

They have co-authored three books together and are currently completing a fourth; their books are published in half a dozen countries worldwide. The Blancks have addressed clinical social work societies throughout the United States as well as numerous international audiences, including the Shanghai Psychiatric Hospital in China. Presently they are consultants at the psychiatric division of Beth Israel Medical Center and are engaged in private practice. Gertrude Blanck is a Distinguished Practitioner of Social Work [having been inducted into the National Academies of Practice the evening of November 17th].

Gertrude Blanck, Ph.D., discussed excerpts from their newest book, *Beyond Ego Psychology: Developmental Object Relations Theory*. She described the way structure builds from the first day of extrauterine

life, in the encounter between the neonate and the mothering person.

"The object relations theory that we derive from this is one of interaction between the two partners in the dyad, with the

Continued on page 10

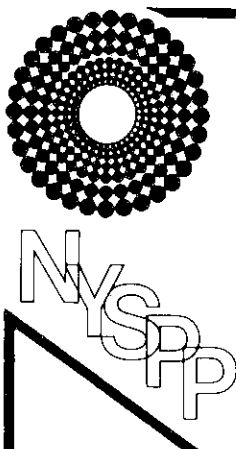
Member Hosts Radio Show

Sandra Wickham, president of Suffolk chapter, is currently the host of a radio talk show, "Changing Families." The show features a weekly guest and covers those areas of interest to today's family in society. If anyone wishes to appear as a guest please call Ms. Wickham at 516-261-3438. □

GESTALT THERAPY CENTER OF QUEENS (NY)

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Clinical experience begins with the first year. Weekly supervision. 3rd year specialization includes: child, family and group therapy opportunities. Classes are held each Wednesday, late afternoon and evening.

Requirements: New York State Certification in Psychiatry, Psychology, Social Work or Psychiatric Nursing.

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Henry M. Seiden, Ph.D., Director
Long Island Institute for Mental Health
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Rego Park, N.Y. 11374
(718) 896-3400

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*Training Program Established 1958
Long Island Consultation Center Founded 1953*

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This is an intensive program based on both traditional and modern psychoanalytic theory and technique and generally requires a minimum of 15 hours per week for Seminars, Group and Individual Supervision as well as treatment of patients at the Metropolitan Center for Mental Health. All student therapists are afforded three years of extensive experience in treatment with a varied patient population including severe character disorders and borderline states, beginning with the first semester of matriculation.

Applicants are accepted from the fields of Social Work, Psychology, Nursing and Psychiatry. Graduation entitles the student to a diploma authorized by the Board of Regents, New York State Department of Education.

In addition, adjunct training experience is available in Child, Adolescent and Group Therapy, as well as a supervised two-year psychological Internship Program.

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Ava L. Siegler, Ph.D., Director
Child, Adolescent & Family Program
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124 E. 28th St.
New York, NY 10016
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lion's share falling upon the neonate who, according to Mahler, is at the height of adaptation. The consequences of this interaction are that engrams of affective experience are established. With repetitive experience, self and object representations are formed. These become the template for later experience. In later life one searches for object experience that will fit into the established pattern. Reality is distorted to greater or lesser degrees in all persons in favor of maintaining object ties."

Rubin Blanck, MSW, presented a brief retrospective view of casework training and "its extraordinary compatibility with the basic tenets of ego psychology. In both there is a profound respect for the autonomy of the patient, . . . recognition of the necessity for working with resistances and defenses.

"For years, we would take our patients' cases to consultants, only to be advised to transfer the patient to a better qualified person. When we . . . sought 'better' qualifications ourselves, we were informed that the rules of the psychoanalytic establishment "prohibited our enrollment." And so "we had to train ourselves, frequently against the advice of the professional organization and most schools of social work."

Psychotherapy . . . based on understanding derived from psychoanalytic research, "is casework's forte and should be preserved as social work's unique contribution toward developing individual growth and maintaining good family relations." □



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Gestalt therapy of couples and families — Gestalt and systems theory will be presented for those professionals working with or interested in working with couples or families. Case supervision, supervised peer-group work with trainee-formed couples and families, videotape demonstrations and theoretical presentations will be part of the training structure. Groups will be limited to 10.

Ongoing individual and group supervision, agency consultation and workshops are also available through the center.

For further information contact Ira Kalina, Ph.D. or Richard Levy, CSW at (516) 757-5555.



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- Character Resistances
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- The Acting-Out Patient
- The More Difficult Patient
- The Narcissistic/Borderline Spouse
- Transference
- Countertransference
- Use of Parameters in Technique
- Facilitating Change
- Eating Disorders
- Addictive Disorders
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- Holocaust Survivors
- Shame, Guilt, and Gender
- The Pregnant Therapist
- Projective Figure Drawing
- Termination

For a brochure with complete information, contact:

Ms. Ruth Marcus
Administrative Secretary
111-50 75th Road
Forest Hills, N.Y. 11375
(718) 261-8864



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