

The CLINICIAN

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THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK

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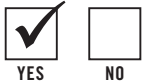
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LEGISLATIVE NEWS

End the Licensing Exemption

By Marsha Wineburgh, DSW, LCSW-R, Chair, Legislative Committee

We are currently in the midst of an intense campaign to end the exemption of licensure for those providing mental health services in state agencies. The current exemption, scheduled to sunset on June 30, 2016, has been extended two years in the Governor's budget, until June 30, 2018. The NYSSCSW, both the City and State Chapters of NASW, and the New York Association of Deans of Social Work have joined in these critical negotiations to end any further extensions.

It is a travesty that in 2016, poor and underserved New Yorkers in need of mental health services provided by programs operated by eight state agencies have no assurance that they will receive services from a qualified licensed provider. Agencies initially given a temporary exemption in 2004 in order to have time to meet compliance requirements include:

- Office of Mental Health (OMH)
- Office for People with Developmental Disabilities (OPWDD)
- Office of Alcoholism and Substance Abuse Services (OASAS)
- Office of Children and Family Services (OCFS)
- Office of the Aging
- Department of Corrections and Community Service

Every person in need of mental health services must be diagnosed by a provider licensed to diagnose—not just those with insurance coverage or wealth. On March 21, the Society launched a e-blast to all our members asking that they contact their State and Assembly legislators advocating for elimination of the exemption [for letter writing information, go to www.nysscsw.org]. The Governor's budget was passed with a two-year exemption on March 31, 2016. There was a verbal agreement made to resolve this issue by the end of session in June.

“Every person in need of services must be diagnosed by a licensed provider, not just those with insurance or wealth.”

Worker's Compensation Coverage for LCSWs

Despite the fact that our bill was passed by the Legislature last year,

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STATE
SOCIETY
FOR**



**CLINICAL
SOCIAL
WORK,
INC.**

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By Karen Kaufman, Ph.D., LCSW,
ACE Foundation President

The ACE Foundation continues to achieve great success in approving educational programs for all interests and levels of practice to fulfill our requirements for contact hours needed for license renewal.

These include a wide array of subjects in the areas of theory, technique, research and ethical issues, presented at annual conferences, presentations and in-office courses hosted by Society members.

With the work and dedication of the ACE Board and our Director of Professional Development, Susan Klett, LCSW-R, BCD, we have had more than 40 programs approved to date.

All of the chapters have hosted programs providing contact hours to members and non-members. Since approval is valid for three years, these can be repeated and hosted by any chapter. Please contact the leadership of the ACE Foundation with questions or to explore proposals for new programs. ☐

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1/3 Page (1 Col.)	2 ^{3/8} " w x 10" h	\$175	\$160
1/3 Page (Square)	4 ^{15/16} " w x 4 7/8" h	\$175	\$160
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President's Message

As the new President of the New York State Society for Clinical Social Work, it is my pleasure to wish you all a very happy spring. The months since I took office on January 1 have been a whirlwind of meetings, conference calls, and a lot of learning on my part to ensure that our Society continues on the right path to benefit clinical social work in New York State.

I am sure I speak on behalf of all members when I extend a heartfelt THANK YOU to our Past President Marsha Wineburgh. You will read more in this issue about Marsha's years of service to the Society. Her generosity and dedication, along with that of many other volunteer members, has advanced clinical social work for almost half a century.

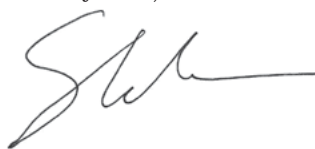
■ *Did You Know* that our Society contracts the services of a lobbyist to represent the best interests of clinical social workers in Albany? What better way to protect and enhance our profession? A portion of your dues goes toward this important work. Please read more about it here in *The Clinician* and in the Legislative News on our website.

■ *Did You Know* that in 2014 the NYSSCSW created the Advanced Clinical Education (ACE) Foundation to offer our members quality continuing education programs to meet the new state requirements for all licensed social workers? Open to all professionals, our members receive access to these programs at a significant discount. We now have ample programs to meet all members' continuing education needs for licensure renewal. For more information, please see the ACE Foundation website, www.ace-foundation.net.

■ *Did You Know* that the Society's accomplishments are primarily due to the hard work of volunteer members? Our State Board is comprised of clinical social workers from across New York State, with chapters serving the Metropolitan area, Long Island, Westchester and upstate.

In order for this work to continue, we need more volunteers. Please consider joining us to make a difference in the profession of social work as well as in the lives of those we serve. Please email me directly at shannonboyle@hotmail.com for information. I look forward to hearing from you.

All my best,



Shannon Boyle, LCSW



Shannon Boyle, LCSW

Honoring Marsha Wineburgh

Trailblazer for Clinical Social Work for Four Decades

Old public policies don't just fade away. Ineffective as they may be, they may still have supporters who will fight to maintain the status quo, blocking progress at every turn.

It takes a rare individual, someone with vision, courage, skill and resilience, to challenge the old order and its defenders. It takes someone like Marsha Wineburgh, DSW, LCSW-R, who, for 40 years has been leading successful campaigns to change public policy on behalf of clinical social work and the advancement of mental health services in New York State.

When Marsha began her career in the 1960s, clinical social work was not a recognized, independent profession. Those who had earned an MSW could take an exam to become a Certified Social Worker, with a limited scope of practice that allowed them to provide psychotherapy.

As Marsha tells it, her decision to become a social worker was a matter of "accident and luck." After graduating from Cornell University, she took the advice of her roommate's mother, a "gutsy school social worker," and applied to New York University, where she went on to earn her MSW.

Her first professional job was as a caseworker for the Special Family Counseling Unit of New York City's Department of Social Welfare. She soon became "painfully aware" of her "youthful inexperience" in the face of the complex problems of the clients. When she sought advice, she found a lack of clinical knowledge. What's more, tight constraints were placed on her decision-making authority.

Her next job was at the Health Insurance Program of Greater New York (HIP), where she worked for seven years. She was still limited in her authority, but now understood it as a problem faced by other social workers as well. In fact, it was the policy that only expert psychiatric consultants were allowed to review cases, and make diagnoses and treatment plans for clients – not social workers.

Marsha made two key decisions at this point. To better help her clients, she would need much more training, and that meant going back to school to study psychotherapy. Beyond that, she needed to understand how the policies and practices that delimited social work came to be, and if they could be changed for the better.

She enrolled at the Post Graduate Center for Mental Health, and went on to earn a four-year Certificate in

Psychotherapy and Psychoanalysis. Her administrative talents and leadership potential became obvious to her teachers, and she was hired as Director of the Community Services Division at the Center. For ten years in this part-time position, Marsha oversaw nine service programs, while also maintaining a private practice. In her "spare time," she earned her DSW at the Wurzweiler School of Social Work at Yeshiva University.

It was a time of upheaval in the mental health field because of the introduction of managed care. Marsha chose to research the issue for her dissertation, *Managed Care's Impact on Outpatient Psychotherapy*. Developing a nuanced understanding of insurance would prove to be very helpful to her future as an advocate for change.

A 35-Year-Long Campaign

Marsha joined the NYSSCSW in its formative years in the mid-60s. In 1978, she became the youngest person ever elected President.

She also began her long tenure as Chair of the Legislative Committee, and they celebrated a victory that year with the passage of the "P" legislation, allowing for insurance reimbursement for mental health services provided by Certified Social Workers. Marsha and her colleagues, notably Hillel Bodek, had written, introduced and lobbied for the law. The same team was responsible for the success of the bill for the advanced "R" credential, enacted in 1985.

Clinical social workers were making strides at the federal level as well. From 1980 to 1981, Marsha served as President of the National Federation of Societies of Clinical Social Work, where she mastered the finer points of strategic campaigning. The group targeted Medicare, Champus and FEHBA for the inclusion of clinical social work therapy on its roster of mental health services eligible for reimbursement, on a par with psychology, psychiatry, and psychiatric nursing. Recognition was won in ten years.

New York was a different story. Although clinical social workers were now the primary providers of psychotherapy services in the state, and had been legally recognized for insurance reimbursement, they still were not accorded the same rights as psychiatry and clinical psychology to diagnose, develop and implement treatment plans.

The Legislative Committee wrote and introduced a bill to license clinical social workers, defining the

CONTINUED ON PAGE 13

A Brief History of Legislative Milestones

From the Front-Page Headlines of NYSSCSW Newsletters

Articles by Marsha Wineburgh, Legislative Committee Chair Since 1978

July 1982	Parity Successful: Society's Bill Passes Both Houses ('R' Law)
May 1983	500,000 NYS Employees Covered by CSW Mental Health Services
Winter 1983	Parity Bill Revised in Senate: 6-Year Supervision Required
Spring 1985	Five Year Struggle Ends in Victory as Parity Bill Becomes Law ("R")
Summer 1985	Parity: Implementation Moving Ahead, Confidentiality Extended to CSWs
Winter 1985	Additional Regulation of Professions Planned: All Psychotherapists to be Included
Fall 1987	Medicaid Reimbursement: Continuing Pursuit of Professional Parity
Fall 1989	New Licensing Legislation for Clinical Social Work
Fall 1990	Social Conscience and CSW: Expanding Access to Mental Health Services
Fall 1991	A Fifth Mental Health Profession? The Dilemma of Licensing in New York
Fall 1992	NYS Society Leads Licensing Effort: Landmark Legislation Introduced
Spring 1992	Is New York's CSW Threatened? Florida Loses Title Certification
Fall 1993	Multi-level Licensing: Most Social Workers Agree
Spring 1995	Professional Social Work Associations Agree on Licensing Bill
Winter 1997	Will 1997 be the Year for NYS Licensing?
Winter 1998	Licensing in 1998?
Summer 1999	It Ain't Over Yet!
Fall 2002	Landmark Psychotherapy Legislation Begins with Clinical Social Work
Spring 2002	Licensing, YES. Mandated Physician Referral, NO!
Fall 2004	Clinical Social Work Is Now Licensed!
Spring 2005	Regulations to Implement Social Work Licensing in Final Form
Spring 2010	Protecting the Public's Mental Health Services: Who's Minding the Store?
Fall 2010	State Finalizes Social Work Licensing Regulations
Fall 2012	Still Fighting for Compliance After All These Years
Spring 2013	Agency Exemption on the Way to Defeat
Spring 2016	End the Licensing Exemption!

Survey of Managed Care Practices Affecting Clinical Social Workers

From December 2015 to January 2016, we surveyed all members of NYSSCSW online about their experiences with commercial mental health insurers. Of the 1,625 Society members, 227 responded to the survey.

Comprising 25 questions, the survey asked for descriptions and comments to explain the answers. A majority of respondents were dissatisfied, some intensely, others by degrees. Here is a review of the varied answers to the first survey question.

Question: Insurers require you to show medical necessity to justify further treatment. Have you experienced a misuse of this requirement?

Response: 52% answered Yes; 48% answered No. These are typical comments:

- This system is not good for patients with a long history of mental illness.
- Serious diagnoses are not treated as needing appropriate care (a frequent comment). Reviewers don't like long term psychotherapy, even when it is helping the patient.
- Twice-a-week treatment is not authorized except for extreme situations. Twice-a-week visits are targeted for review.
- The concept of medical necessity is also not appropriate for patients with mild diagnoses. The clinician needs to use biological diagnoses, such as MDD, GAD, or PTSD, to be sure of authorization.
- Authorization for continued treatment was tied to patient accepting medication. There was no concept of self-determination if patient did not want medication.
- Insurer disregarded patient's request for appeal.
- Insurer discontinued care when patient was suicidal and denied it was their responsibility.
- Reviewers are unfairly probing or challenging, asking intrusive questions, such as questions about domestic violence.
- Reviewer gave specific recommendations on how to provide treatment or required a modality with which the clinician did not agree.
- Reviewer could not state clearly the criteria for medical necessity.
- Decisions were based on little information.
- Reviewer was a clerk, not a trained professional.
- There were inconsistent responses from the same reviewer (for example, patients were deemed either too sick or too healthy for once-a-week therapy).
- Sessions were authorized and later denied by a supervisor.
- Failure to gain authorization caused a delay in treatment.
- Reviews are used to curtail treatment based on number of sessions (a frequent comment). This occurs despite advertisements stating that the patient will receive "unlimited sessions."
- Reviewers have admitted they are guided by numbers. It feels like the review is based on a pre-arranged number of sessions, for example, 20. The reviewer seems to have an outcome in mind before the call. It feels like game-playing.
- Time spent gaining authorization is an abuse in itself, i.e., wasteful.

[Insurers mentioned: UBH, Value Options, Cigna, Multiplan, Emblem/GHI, Aetna and Magellan. Note that not all responses were negative. Some respondents had had no contact with insurers for many years, or they were not on panels, or they found a reviewer "respectful and collegial."]

By Helen T. Hoffman, LCSW, Chair of the Vendorship and Managed Care Committee

Survey of Managed Care Practices Affecting Clinical Social Workers

January 2016 Online Survey of the NYSSCSW Membership: 227 Members Responded

Question Number	TOPIC	% YES	% NO	Number of Responses
Q 2	Misuse of medical necessity	52%	48%	221
Q 4	Denial of treatment or caps on visits	53%	47%	226
Q 6	High deductible prevented continuity of treatment	62%	38%	135
Q 8	Telephone reviews in past 5 years	72%	28%	224
	Number of reviews:	1–6	46%	
		Over 6	26%	
Q 11	Difficulty getting on panels	38%	62%	212
Q 15	Difficulty leaving panels	21%	79%	170
Q 17	Removed from panels	3%	97%	207
Q 19	Treatment affected by reduction in out-of-network benefits	56%	44%	212
Q 21	Income reduced by out-of-network benefits	64%	36%	213
Q 23	Difficulty finding in-network psychiatrist	85%	15%	213
Q 24	Difficulty finding in-network psychotherapist	62%	38%	212
Q 25	LCSWs excluded from insurance	None reported except Ford		

Prepared by Marsha Wineburgh, DSW, LCSW-R

Vendorship and Managed Care Committee

www.nysscsw.org/vendorship-and-managed-care-committee

By Helen T. Hoffman, MSW, LCSW, Chair

The purpose of the Vendorship and Managed Care Committee is to gather and disseminate information on insurance issues, to provide support to individual members, and to consider how the Society might act to influence external forces affecting the financial health of clinical social workers. Here's what we've been talking about this year:

Documentation: After an excellent presentation by Bruce Hillowe, J.D., Esq., at the Annual Meeting on October 17, 2015, many members remained anxious and unsure of their documentation practices. Some put new practices in place, such as a Notice of Privacy Practices or the use of a template for progress notes. Many want to know more specifically what to write in a note. A follow-up Documentation Workshop is planned for the Fall.

PQRS: The Physician Quality Reporting System continues to intimidate and frustrate Medicare providers. In 2016, those who did not comply in 2014 are receiving a 2% penalty, and by 2018 the penalty may be higher. No numbers are available, but it appears many members prefer to ignore PQRS and just "take the hit," feeling "life is too short" to try and satisfy the requirements. We remain happy to help those who still want to figure out what they need to do to comply.


Opting In and Opting Out of Medicare: Confusion about this question was clarified by Medicare. You do not have to opt in to Medicare before opting out if you have never been a Medicare provider. However, if you are on record as "de-activated" you will need to advise National Government Services that you are opting out. Read about this on the Vendorship and Managed Care webpage.

Health Republic: This health insurance coop, created under the Affordable Care Act, was suddenly liquidated on November 30, 2015, causing interruption of treatment and lack of payment. A bailout plan intended to prevent this outcome was not activated by Congress. Information about possible reimbursement can be found on the New York State Department of Finance website.

ICD-10: The transition from ICD-9 to ICD-10 passed relatively smoothly on October 1, 2015. Providers need to remember to put a check in Box 21 on the CMS 1500 form, using "0" to indicate use of ICD-10.

CPT Code 90837: Can the provider bill 90837 for a 53-60-minute session and collect from an insurer?

The answer seems variable depending on the plan. The insurer may simply ignore the code and pay for 45 minutes. Or 90837 can become a red flag. Recently EquiClaim began to challenge this code but did not immediately deny payment, requiring more documentation. It behooves the therapist to document fully the reasons for the extra 15 minutes.

Ranking: Insurance companies conferring "preferred provider" status on some providers are being followed by our Committee. Optum providers who submit the Wellness Assessment document may be considered "preferred providers" and accorded a 3% bonus. In some states, but not New York, the preferred status is reflected in their Provider Directory. Will other plans follow this trend? 

Ethics & Professional Standards

On January 30, The Ethics and Professional Standards Committee met with the Executive Committee to discuss some long and short term goals, including:

- Review the NYSSCSW Code of Ethics for revision and renewal (long term).
- Develop workshop(s) on ethics and professionalism in cooperation with the ACE Foundation for presentation as CE courses (medium term).
- Review the NYSSCSW website for necessary or potential changes (ongoing).

We would like to thank the Executive Committee for their input and assistance and look forward to working with them and the membership to achieve these goals and identify new areas in which we may be of service.

We continue to answer questions about ethics and professional behavior submitted to us by members and, as always, urge members to consult an attorney or a CPA of their choosing for more complete and legal advice.

— Martin Lowery, MSW, LCSW-R, Chair 

Making Friends with the Z Codes

By Judith Siegel, Ph.D., LCSW

It has been three years since the DSM-5 was published, and almost six months since clinical social workers were mandated to list an ICD 10 diagnosis. In the flurry of activity to get onboard with new diagnostic categories and revised criteria, there seems to be one area of diagnosis that has been sadly overlooked. I am, of course, referring to the V Codes – Other Conditions That May Be the Focus Of Clinical Attention, or the Z Codes per the ICD 10.


Most social workers have a mixed relationship with diagnosis; on one hand, resenting a medical model approach with its rigid and often arbitrary criteria, while at the same time appreciating the resources and enhanced understanding made possible once an accurate diagnosis is reached. Social workers are one of the few non-medical professionals sanctioned to make a mental health diagnosis, a privilege that is essential for billing services. However, all too often clinicians focus only on the diagnosis that will be reimbursed by insurance companies, and overlook the disorders that were formerly listed on Axis 4 of the DSM IV.

You might be surprised to discover that instead of 23 conditions listed in the DSM IV, there are over 130 Z Codes for clinicians to consider. Rather than listing them on a separate axis, clinicians are instructed to enter all disorders in the order of their relevance to the presenting problem. It seems that at the very moment psychiatrists, psychologists and other health providers have finally formally recognized the importance of contextual factors, social workers are abandoning the fight for a true person-in-environment perspective.

There are so many reasons to bother with the Z Codes. All professionals who have access to that diagnosis will immediately see the important relational, social and environmental situations that effect treatment. In an era of burgeoning trauma-related research, files may be used for retrospective research that will more accurately connect exposure to stressful events with long-term consequences to health and mental health. As stated by Jerry Wakefield, the medical field

is slowly shifting, so that diagnoses are now made on health events that do not accurately represent disorders. Perhaps the day is not that far off when life stressors and environmental circumstances will also be acknowledged as being sufficient to justify clinical intervention.

“All professionals who have access to that diagnosis will immediately see the important relational, social and environmental situations that effect treatment.”

The new Z Codes reflect years of thinking, research and clinical trials to ensure that they are reliable and useful. The Z Codes identify problems with life cycle adjustment, health, work, housing, access to health care, and problems with the law. There are extensive additions to the kinds of family problems social workers encounter, including parent-child relational problems, sibling relational problems, relationship distress and even high expressed emotion—a family environment that has been found to be detrimental to individuals with depression as well as schizophrenia. These relational and environmental stressors require our full attention, and help other providers understand the importance of the work we do. The next time you diagnose, think twice, and make friends with the Z Codes. 

Judith Siegel is an Associate Professor at the Silver School of Social Work at New York University, and Coordinator of the on-line Post Masters Certificate Program in Advanced Assessment and Diagnosis.

Membership Committee

By Richard B. Joelson, DSW, LCSW, Statewide and Met Chapter Membership Committee Chair

Our membership growth in all chapters continues to be vigorous, with many new clinical social workers from agencies, schools of social work and training institutes joining. The age and ethnic diversity of new and prospective members at our recruitment events seems much greater than at any time in recent memory.

As of March 2016, membership was nearing 1,500, with over 40 clinicians joining since the first of the year. Every year, we see a drop in membership during the renewal season as members retire or move away. This year, our vigorous efforts to retain members was quite successful, as were efforts to bring back lapsed members, resulting in 25 clinicians rejoining.

New opportunities to obtain CE credits through the ACE Foundation's programs, along with other valuable benefits like the listservs, have helped the Society attract new members and retain existing ones. The personal interest we show new members through various outreach efforts also goes a long way in helping them feel welcomed and valued, and makes it more likely they will renew after their first membership year.

Partnering with New Members

The Met Chapter's Society Partners program has shown good results, and it is an initiative that can be adopted easily by any chapter. New members are invited in my welcome letter to contact Mary Duhon, LCSW of the Met Membership Committee, if they would like to be put in touch with an experienced member who can answer any questions or concerns they may have, or simply familiarize them with chapter benefits. Mary, who has done an excellent job leading this initiative, assigns preselected volunteers to partner with the new members.

The feedback has been terrific, with about one-third of new members asking for a partner. One new member said, "I've belonged to organizations before, but NYSSCSW is the most active, certainly the most willing, to get involved with new members that I have ever come across." Another person remarked, "This is a great service. I really appreciate the attention to my needs."

Licensure Event Draws Hundreds

On February 20, the Met Chapter sponsored a program at Fordham University School of Social Service, *Learning About LMSW and LCSW Licensure: Understanding the Distinction and Eligibility Requirements*, presented by Marsha Wineburgh, DSW, LCSW-R, State Legislative Committee Chair and Immediate Past President of the Society. An enormously successful program, thanks to the masterful leadership of Hafina Allen, LMSW of the Met Membership Committee, its objectives were: 1) To provide a wealth of information to social work students to help them navigate the licensing labyrinth with greater knowledge, and therefore less fear and trepidation; and 2) To introduce the students to the Society and encourage them to join.

A total of 223 students RSVP'd for this event, more than we could accommodate, and 91 had to be placed on a waiting list. Thanks in part to a special incentive they were offered, ten students joined the Society that day, benefiting the Queens, Westchester and Met chapters.

I am also very pleased to report that we have added four Student Representatives to our Membership Committee. Their contributions to our recruitment and public relations efforts already have been noteworthy. They are Raji Edayathumangalam, Columbia University School of Social Work; Caroline Wasterlain, Silver School of Social Work at NYU; Jenifer Ortiz, Lehman College School of Social Work; and Wayne Backus, Silberman School of Social Work at Hunter College.

Other Initiatives

Our other initiatives include the New Professionals Task Force, headed by Lauren Shah, LCSW; the Member-Get-A-Member Campaign; the Two-For-One Agency/Institute/School of Social Work Membership Drive, held during March and April; the annual First Year Social Work Student Writing Contest, headed by Chris Farhood, LCSW; another Happy Hour, scheduled for April 1, to attract new members; and another Member Reception on June 3 at my home, to invite prospective members to join and new members to meet their Society colleagues and, hopefully, become more involved in the life and work of their new professional community. ●

NEW MEMBERS OF NYSSCSW*

NAME	CHAPTER	NAME	CHAPTER
Alderman, Lesley	MET	Merinhoff, Katherine	MET
Alvarez, Amy E.	MET	Murray-Cohen, Sharon, LMSW	MID
Bellucci, Victoria C.	MET	Mustillo, Lisa, LCSW	MET
Borland, James J., LCSW	SI	Nejad, Nicole	MET
Borrell, Claudia N.	NAS	Nelke Ma, Carl D., LCSW	MET
Brenner, Dayle, LCSW	MET	Nguyen, Michelle, LCSW	MET
Brickman, Hal	NAS	Ortiz, Jenifer	MET
Caputo, Susan	MET	Park, Henry	MET
Carter, Anne, LCSW	MID	Parker, Agatha	MET
Cato, Wayne R.	MET	Pellrine, Gina M.	ROC
Chepuru, Melissa S.	WES	Phillips, Denise	MET
Curtis, Linda	MID	Pine, Ruth, LCSW-R	MID
D'antonio, Kristina	MET	Rameau, Patricia	MET
Deleeuw, Grace	MET	Randolph, Rachel, LMSW	MET
Dobrich, Johanna, MA, LCSW	MET	Rettenberg, Anne, LCSW	MET
Edayathumangalam, Raji	MET	Rissman, Barbara, LCSW	MID
Feldmann, Barbara, MS, LCSW-R	MET	Rizzi, John, LCSW	MET
Fields, Denise	NAS	Rodriguez, Yessenia	QUE
Florence, Michelle	MET	Rosa, Kevin P.	MET
Gavin, Suzanne, LCSW-R	NAS	Rosen, Ilana, LCSW-R	ROC
Glickman, Stephanie	MID	Rudolph, Ali F.	MET
Gold, Jennifer P.	MET	Rutchik, Kaylee V.	MET
Gonzalez, Johndavid, LCSW	MID	Sabath, Lisa, LCSW-R	MET
Goodman, Susan E., MSW, LCSW	MET	Sanders, Gertrude L., LCSW	MET
Grocher, Kimberly L.B., LCSW	WES	Schwartz, Toby	MET
Hamby, Naomi S.	MET	Scotto, Janine T., LCSW	SI
Hurvitz-Prinz, Avigail, LMSW	MET	Siegal, Sandra, LCSW	MET
Kamander, Aviva, LCSW	WES	Sinclair, Gillian	ROC
Kennedy, Michelle, LCSW	MET	Spieldenner, Michael C.	MET
Kocsis, Alison	WES	Starger, Kenneth A., LCSW	MET
Kohn, Alicia	MET	Stieg, Johanna	MET
Kornfeld, Debbie	NAS	Thoresen, Kathleen C.	MET
Krantz, Veronica	MET	Toder, Nancy, LCSW	WES
Laplante, Hope, LCSW-R	MID	Velez, Alicia	MET
Lawrence, Yuka	MET	Wasterlain, Caroline	MET
Lesmana, Jessica Pamela	ROC	Winterkorn, Gretchen	MET
Lind, Anne	MET	Wohl, Agnes	NAS
Makishi, Sachie, LCSW	MET	Zinzi, Alyssa M.	MID
Menzies, Cathy	NAS		

CHAPTER KEY: MET—Metropolitan, MID—Mid-Hudson, NAS—Nassau County, QUE—Queens County, ROC—Rockland County, SI—Staten Island, WES—Westchester County.

*These new members joined between October 2, 2015 and March 1, 2016.

Headquarters Update

Spring is here and the Society's activities are in full bloom.

- Dues renewal went very well this year. We were especially pleased to welcome back several members who rejoined the Society after a brief lapse.
- The 47th Annual Education Conference on March 12 was a fascinating day of presentations and, as always, a great opportunity to reconnect with colleagues.
- The full roster of ACE Foundation programs is available at www.ace-foundation.net. It is updated as soon as new offerings are approved by New York State Department of Education.
- And be sure check your inbox for *Friday E-News* each week. Filled with timely information, this digital newsletter now includes photos of members and ACE Foundation listings.

From all of us Total Management Solutions – Happy Spring!

Kristin

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Met Members Surveyed on Most-Liked Events and Activities

By Richard B. Joelson, DSW, LCSW

We have always been concerned about the number of members who, for reasons we can only guess, do not renew their memberships. One special concern are those new members who stay for one year and then seem to drift away. In fact, many Society members routinely pay their dues, but do not take advantage of many Society or chapter activities or events. For them, there may be little incentive to renew at the end of each year.

To further our understanding of this problem, we developed a survey and sent it to all Met Chapter members in October 2015. Designed by the Met Chapter's Membership Committee, the survey gathered information about preferred member activities and benefits. The goal was to use the data to help us make the membership experience more rewarding. If it yielded good information for the Met Chapter, members in other chapters could be surveyed as well.

Survey Results

About 24% of Met Chapter members—200 clinicians—responded to the survey. This is a higher rate of response than an earlier membership survey, which only achieved a 15.6% response rate. Here are some of the key questions and responses:

Did you attend any Met Chapter/Society events in 2015?

46% Yes and 46% No.

What Met Chapter/Society events did you attend?

Annual Education Conference – 46%
Member Receptions – 38%
Education Brunches – 36%
Speed Networking – 11%
Annual Holiday Party – 38%
Met Committee Presentations – 37%
Working with a Committee – 32%

What other types of events should be offered? Among the 37 responses were these ideas:

Anything that offers continuing education credits.
Programs for young professionals.
Topics like Social media, ICD-10, and the Internet.
Mentoring groups.
Dinners with speakers.
“Nothing else – you're doing fine.”

Which Society membership benefits are most important to you?

Listserv – 90%
Educational Programs – 58%
Networking Opportunities – 31%

The Clinician – 27%
Chapter Meetings – 8%
Friday E-News – 38%
Information about Insurance and Malpractice issues – 54%
Legislative Updates – 52%
Information on Ethical Issues – 38%

Are you more likely to attend Society events that offer continuing education credits?

54% Yes and 46% No.

Would you be interested in attending a weekend retreat if you could get all of your required annual CEs at once?

54% Yes and 46% No.


Are you interested in committee participation?

74% No and 26% Yes. Of those that said yes (53), these are the committees they were most interested in: Trauma Studies & Treatment (36%), Mentorship/Peer Consultation (34%), and Psychoanalysis (32%).

Are you interested in a leadership position in the Society?

Only 16 people responded; 7 invited us to contact them to explore leadership opportunities.

How would you like to be more involved with the Society?

Most of the 45 respondents expressed regret that they were unable to be more involved for various reasons. 

Master Clinicians: Past in the Present

Over 150 clinicians attended the 47th Annual Education Conference, *Master Clinicians: Past in the Present*, in Manhattan on March 12.

The morning sessions, “Playfulness” and “Happiness,” were presented by Salman Akhtar, M.D., a Professor of Psychiatry at the Sidney Kimmel Medical College of the Thomas Jefferson University, and Training and Supervising Analyst at the Psychoanalytic Center of Philadelphia.

Dr. Akhtar outlined the features of playfulness and happiness and their relevance to psychotherapy. A review of his presentations will appear in the next issue.


Louise DeCosta, Ph.D., LCSW, created the dramatic afternoon presentation, “The Women: Our Psychoanalytic Mothers.” It was a portrayal by six prominent analysts of today of six leading analysts of the past: Helene Deutsch, Melanie Klein, Anna Freud, Karen Horney, Margaret Mahler, and Marie Louise vonFranz. Set in the years from 1882 to 1998, it depicted their lives, which spanned three continents, two centuries, and two world wars.



Salman Akhtar, M.D.



Louise DeCosta, Ph.D., LCSW

Dr. DeCosta is a faculty member, Supervisor, and Training Analyst with the Postgraduate Psychoanalytic Institute, and a member of the C.G. Jung Foundation for Analytical Psychology. 

Honoring Marsha Wineburgh

CONTINUED FROM PAGE 4

field as an autonomous mental health specialty. They campaigned vigorously, year after year—educating, persuading, building consensus with other organizations, and lobbying in Albany and at the local level.

Victory came at last in 2002, when the bill passed. A final version was signed into law in 2004, creating two new licenses, the LMSW and the LCSW. All told, it had taken 35 years of painstaking work to achieve.


“It was Hillel who wrote our scope of practice, one of the most comprehensive in the country,” Marsha said. “Thanks to him, and our chapter-based committee chairs who lobbied locally, and our three talented lobbyists, we were successful.”

“People take licensing for granted now,” Marsha added. “But achieving it took consistent, persistent effort in the ’80s and ’90s.” Today, 60,000 social workers are licensed in New York; 30,000 of them are LCSWs.

Remarkably, Marsha has continuously chaired the Legislative Committee since 1978. She has also been the Society’s Vice President, Treasurer, and a member of numerous committees. In addition, she served as President and Treasurer of the American Association for Psychoanalysis in Clinical Social Work.

In 2011, she was reelected as President of the Society, and was a founding member of the Advanced Clinical Education (ACE) Foundation of NYSSCSW. In 2015, ACE was approved by New York State to provide continuing education programs to meet the requirements for license renewal.

Currently, Marsha is focused on two new legislative projects: a bill to allow clinical social workers to form corporations with other autonomous professionals, such as psychiatrists, dentists, and veterinarians; and a bill to allow LCSWs to provide diagnosis and treatment under New York’s Worker’s Compensation Program.

If “accident and luck” led Marsha in her early career choices, she has been guided ever since by her strength of purpose and bold vision. For 40 years, she has championed the cause of clinical social work on behalf of its practitioners and the people it serves. She has blazed the trail for a vital, fully autonomous role for CSWs, and helped create the profession as we know it today. We are grateful for her enduring legacy of achievement. 

Chapter Reports

MET CHAPTER

Karen Kaufman, Ph.D., LCSW, President

In my third term as President of the Met Chapter, I continue to work closely with the Board in the development of stimulating educational programs, networking and social opportunities. We are always working to create new programs and events that reflect the needs of our community and profession.

The Chapter's committees include Education, Family Practice, Trauma Studies, Psychoanalysis, Membership, LGBTQ Task Force, Addictions, Older Client and Older Clinician, Leadership Development and Mentorship. These committees will continue to offer programs in the current year, many of which provide contact hours for our continuing education requirement.

This year, we welcomed Eve Blatt, LCSW and Harvey Weissman, PLLC, LCSW as the new Co-Chairs of the Addictions Committee; Betsy Spiegel, LCSW-R is staying on the Board as Member-at-Large.

December's popular annual holiday party was a big success, achieving record high attendance. In February, the Membership Committee hosted the first Happy Hour, also with great success.

There will be opportunities throughout the year to meet and network with colleagues. Watch for announcements of the next Member Reception in June, hosted by our Membership Committee. It is a great way to get to know the Board members and committee chairs, if you are a new or prospective member, or to say hello to old friends, if you are a veteran.

Leadership Development seeks to identify members who wish to become more involved and explore future leadership roles in the chapter; and Mentorship hosts many active groups for new professionals.

We invite your participation in the leadership of the chapter and welcome your inquiries and ideas for new committees and programs. Find an area of interest and get involved in a vibrant clinical community. Be sure to watch the Listserv for announcements of events.

MID-HUDSON CHAPTER

Rosemary Cohen, LCSW, President

The Mid-Hudson Chapter held its first election at the Board Meeting on March 12. The vote was unanimous to retain the current president for a one-year term of office. We welcome all mental health and health workers and students to our workshops. Each of the workshops is approved for three (3) CE contact hours:

■ Saturday, April 2, in Kingston: *Meeting the Complex Brain: The Task of Being a Change Agent in Psychotherapy Practice*, with Gary Siegel, LCSW.

Six Students Win Writing Awards

On November 4, 2015, the Met Chapter hosted an Awards Ceremony honoring the six recipients of the Fifth Annual Diana List Cullen First Year MSW Student Writing Scholarship.

They were Raji Edathumangalam from the Columbia University School of Social Work, Kathleen Keogh from the Graduate School of Social Work at Fordham University, Alicia Velez from the Silberman School of Social Work at Hunter College, Patricia Rameau from the Masters of Social Work Program at Lehman College, Kristina D'Antonio from the New York University Silver School of Social Work, and Michelle Florence from the Wurzweiler School of Social Work at Yeshiva University.

The event was attended by deans and faculty as well as agency personnel and friends and family of the scholars.



L-R: Patricia Rameau, Alicia Velez, Raji Edayathumangalam, Michelle Florence, and Kristina D'Antonio (not pictured Kathleen Keogh).

■ Saturday, November 5, in Kingston: *An Introduction to the Principles and Techniques of Albert Pesso [PBSP] and Their Usefulness for Relationship-Oriented Therapies*, presented by Matt Fried, Ph.D.

The event will be a didactic and experiential workshop presenting the differences and similarities between the PBSP approach (Pesso Boyden System Psychomotor) and more relationship-oriented models, such as AEDP (Accelerated Experiential Dynamic Psychotherapy). PBSP is an interactional, body-based group therapy approach that enables one to recreate past experiences in order to compensate for emotional deficits earlier in life. AEDP is a comprehensive, integrative theoretical and clinical model.

NASSAU CHAPTER

Joseph Reiher, MSW, LCSW, BCD, President

As I sit down to write this report, I find myself smiling because the chapter is doing so well. Our membership is growing, and more growth is anticipated. And we are working in cooperation with other chapters and other organizations in the community.

Although we lost her as a Chapter Board member, Shannon Boyle, LCSW has gone on to become the Society's President. We are proud of and happy for her, and have assured her of our continuing support. In fact, the Chapter is well represented on the State Board. I am a member of the ACE Foundation and Legislative Committees, Patricia Traynor, LCSW-R, who has done a yeoman's job this year, has stepped up to become a Member-at-Large. Lorraine Fitzgerald, LCSW-R, in addition to her Vice-Presidential duties, is now a member of the Listserv Moderating Committee.

An important part of the Chapter's activities is *Nassau NewsNotes*. Headed by Clinical Editor Prue Emery, LCSW, the newsletter has an additional new Editor, Susan Kahn, LCSW-R, BCD, who also serves on the Vendorship Committee.

The Board has been involved in planning several events, such as an entertaining presentation by Jackie Bluzer, a medical billing professional, on "wacky" ICD-10 codes. It was followed by a speed-networking session that was enjoyed by all. In April, Dr. Robert Pepper, CSW, Ph.D., CGP will present *Why Group Psychotherapy*, a program that offers four (4) contact hours. Preparation is under way for a six (6)-contact hour program by Dr. Brian Quinn, titled *Depressed, Borderline, or Bipolar*.

Please remember that Board Meetings are open to all members. This year, we are focusing on attracting more Board members and exploring more educational and recreational activities. We wish everyone a happy, healthy summer, and look forward to seeing you all again in the Fall.

QUEENS CHAPTER

Lynne O'Donnell, MSW, LCSW-R, President

We are excited to report that the Queens Chapter has encountered a great deal of good fortune. Our biggest news is that we have found a permanent meeting and seminar space at the Queens Hospital Center. It is a beautiful conference room with up-to-date audiovisual equipment.*

We received a warm reception from the social work department at QHC and from its Social Services Director, Gertie Stinney-Brown, LCSW. She and various department directors invited me to share with their entire social work department the many professional benefits our Society has

to offer. I went in prepared to share the proud history of advocacy and professional development NYSSCSW has provided for the profession and clinical practitioners in particular. Instead, I found myself sharing my personal journey with the Society and the gift it has been over the past 15 years.

I described the value I have found in our seminars, which enrich my clinical practice and my professional toolbox. I have rarely missed one. The smaller size of our chapter affords the opportunity to establish rich professional relationships in a profession that can be isolating and stressful. The wealth of information readily available to help us navigate insurance companies, managed care, changing diagnoses, and private practice requirements, such as note keeping, alone is invaluable. The unique issues of growing and maintaining a private practice are supported and enable us to practice with confidence and competence. I almost forgot to mention our listserv as a resource for receiving and sending referrals!

On Saturday at the Educational Conference, I had lunch with three chapter members I hadn't seen in a long time. Our joy in reuniting and sharing was clearly visible. So in short, after sharing about our Society with the people at Queens Hospital, I left there feeling full of gratitude and pride in a Society that truly advances the field of social work.

I should also mention that, on the recommendation of Sandra Indig, LCSW, Creativity Committee Chair of the Met Chapter, I went to an amazing Picasso sculpture exhibit at MOMA. She arranged tours for the Society.

Our seminars thus far this year were on *Spirituality in Clinical Practice*, presented by Maddy Cunningham, DSW, Curriculum Chair at Fordham University, and the *Use of CBT in the Treatment of Body Dysmorphic Disorder*, presented by Stephen Terracciano, Ph.D. ABPP. We are looking forward to Janice Gross, LCSW, President of the Staten Island Chapter, who is presenting on *Emotionally Focused Therapy for Couples* on April 24. We have a seminar on *Treatment of Performance Anxiety* by Judith Schweiger, Ph.D. on May 7. We plan to end the year with a Champagne Brunch at Al Du Mont's home. We hope you will join us in celebrating the close of a great year.

The Peer Supervision Group has been so successful that we are planning to begin an additional group. If you are interested, please contact Carol D'Andrea, LCSW, Vice President. If you have ideas for future seminars that might be of interest, please contact our Educational Chair, Lisa Laudante, Ph.D., LCSW-R.

*The Queens Hospital Center is located at 82-68 164th Street in Jamaica, minutes from the Grand Central Parkway. Public transportation: E, J, and F trains and Q-65, Q25-34 and Q-46. On the weekends, park on the street or in the parking lot for a minimal fee.

ROCKLAND CHAPTER**Orsolya D. Clifford, LCSW-R, President**

The Rockland Chapter is looking forward to an exciting 2016. We kicked off the year in February with *The Divorce Epidemic: Relationship REBOOT: Solution-Focused Therapy with Couples*, presented by Dr. Debra D. Castaldo, Ph.D.

In March and April, we are offering two dynamic 3-hour CEU programs: *Culturally Competent Practice with Orthodox Jewish Clients*, by Lili Grun, LCSW-R, and *Into the Mind of the Psychotherapist: The Impact of our Subjectivity on the Patient and Treatment* by Steven Kuchek, LCSW-R. The Board is already working on next year's line-up. We welcome new students and members to join us!

STATEN ISLAND CHAPTER**Janice Gross, LCSW, President**

The Staten Island Chapter is continuing to hold meetings and educational programs from September to early June, alternating a Sunday Brunch with a Friday evening event and light supper.

In November 2015, we were honored to present a program on *Suicide Stigma and How It Affects the Bereaved*, with Beverly Feigelman, LCSW and William Feigelman, Ph.D. Their thoughtful, insightful presentation engaged our group of 48 participants on a Friday evening.

For spring 2016, we are planning presentations on *Demystifying the Child Welfare System*. Jacqueline Lefkowitz, LCSW, Ph.D. will present clinical material on *The Impact of Chronic Illness on Children in a Family*. There will be two more opportunities to earn CEU credits this spring:

- Saturday, March 19, *Attachment Theory: History, Concepts and Clinical Applications*, presented by Jacinta Cindy Marschke, Ph.D., LCSW
- Friday, May 13, *Understanding and Engaging a Couple in Therapy*, presented by Janice Gross, LCSW. 🗓️

only to be vetoed by Governor Cuomo, we had hopes that it would reappear as part of his budget in 2016. It actually did, and then it vanished. The reorganization of the entire Workers' Compensation Law was deemed insufficient and so our inclusion as providers was put off until more work is done on the entire law. It looks like we will have to reintroduce our bill next year to keep the issue fresh.

State Collective Bargaining Legislation

Two bills (Harman: S.1457A/GottfriedA.336-A) have been introduced to amend the public health law in relation to requirements for collective negotiations by health care providers with certain health benefit plans. It does not affect federal ERISA plans. In New York State, more than 51% of insurance plans are self-funded (ERISA supervised) and therefore not subject to state regulation. This is a beginning effort to advance providers' ability to negotiate with insurance plans around issues (e.g., fees, oversight) that have been illegal to organize for up to now.

Out-of-Network Legislation

Unfortunately, all of these bills have fallen off the radar screen for now. The Legislature is focused totally on the governor's budget recommendations. April through June may bring more activity. Stay tuned. 🗓️

IN MEMORIAM**Dr. Ariane Sylva**

Surrounded by her loving family and friends, Dr. Ariane Sylva peacefully passed in late January. We will miss her verve, humor and wisdom. As the President of the Metropolitan Chapter, she rallied for innovative committee growth to effectively work through contemporary clinical concerns. Aware of the cultural, psychosocial and spiritual realities of healthy human development, Dr. Sylva gave further depth to her work through conversing in five languages. She used her interpersonal gifts to illuminate the values and needs resonating within the social work profession and acted to transform policy. Dr. Sylva's legacy endures through her generous fund for treatment for abused young girls. She truly cared about each person on their journey, supporting them to grow and to be.

Committee for Creativity and Neuro-Psycho-Education In Clinical Practice

It took only well over ten years to find the absolutely right fit in the person of George Hagman, LCSW to fill the exciting but demanding role of Arts and Creativity Workshop Leader. I am both very pleased and proud to share with you the good news that he has graciously agreed to fill this position. He is an international speaker and author of many books in the areas of art, science, and psychoanalysis.

George will spearhead our 2016 spring program with two museum visits. The goal is to provide participants with a vivid sense of the cultural significance of Expressionism and its relationship to psychoanalysis. These events will be posted: *Neue Galerie, Munch and Expressionism*, and Museum of Modern Art, *Jackson Pollock: A Collection Survey 1934-1954*.

On March 28, our three session course, *The Post-Traumatic Growth: Its Clinical and Neuro-Psycho-Educational Vicissitude*, offered for CE credit by ACE, came to its resounding completion. A full room of 17 participants (including workshop leaders) asked many in-depth questions and took an active role in group activities: group readings and group associations to visual material. Many requested future meetings so that our interactive dialogue concerning the three perspectives of PTG would continue and include reference to our past workshops based on the work of Nobel Laureate Eric Kandel. We are of the opinion that such workshops would allow us to continue to take a look at neuro-psychoeducation as an important tool to sustain and to promote phenomenon of post-traumatic growth (PTG), reap the benefit of

understanding of neurobiological mechanisms of trauma and of PTG, increase our understanding of non-verbal communication, and explore its benefit and relevance to clinical practice.

Committee Presentations:

- May 12-15, The International Federation of Psychoanalytic Societies XIX International Forum of Psychoanalysis, *Violence, Terror and Terrorism Today: Psychoanalytic Perspectives*, Roosevelt Hotel.
- June 1-3, The 39th Annual Conference of the International Psychohistorical Association, NYU Kimmel Center.

New Book:

- *New Models of Bereavement Theory and Treatment: New Mourning*, by

George Hagman, is due for publication by Routledge Press.

Met Chapter Presentations:

- April 3, *Love Before First Sight: Understanding of Parent-Child Bonds and Attachment Through the Lens of Neurobiology* (NYSSCSW/ACE, #142) by Inna Rozentsvit, M.D., Ph.D.

Field Trips: We are looking forward to guided field trips to local cultural institutions.

Sandra Indig, LCSW-R/LP, ATR-BC, State Chair, Creativity & Neuro-Psycho-Ed. Committee

Inna Rozentsvit, M.D., Ph.D., MBA, MSiEd, Neuropsychoeeducation Workshop Chair

George Hagman, LCSW, Arts & Creativity Workshop Leader

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1.5 SW CEU Credits are offered

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