

# The CLINICIAN

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

## PRESIDENT'S MESSAGE

### Survey Reveals Preferred Member Benefits

#### *Listserv, Advocacy, Education and Networking Top the List*

*By Marsha Wineburgh, DSW, LCSW-R, State President*

Four months ago, we sent out an Internet survey to 1,400 of our members for feedback about how they use their NYSSCSW membership benefits. The response rate was a surprising 15.6% and the content was thought provoking.

The number one membership benefit was the Listserv—winning a rocking 51.6% of the vote. This was followed by Advocacy (14.2%), Educational Programs (12.3%), and Networking (7.3%). *The Clinician*, Chapter Meetings and *Friday E-news* all hovered around 5%. Although 74% of the respondents use NYSSCSW for information about insurance and managed care, their source seems to be the Listserv.

It is interesting to note that the Listserv features many opinions, unlike *The Clinician* or the *Friday E-news*, which offer fact-checked reporting on changes in Medicare, CPTS codes, relevant New York State legislation, and other clinical practice changes.

What makes the Listserv uniquely popular is that it is a social medium. It links clinicians in a community conversation, a free exchange of information and opinion. It is not a one-way, “top-down” form of communication. Food for thought.

What was most surprising in the survey was the attendance rate for educational programs, which we endeavor to make clinically informative. Only 13% of our members attend the statewide Annual Educational Conference in the spring, and just 10% attend the Annual General Membership Meeting in the fall. The last membership meeting featured an important update on privacy and confidentiality issues impacting clinical practice. So what does this imply for our plans to become your preferred provider for continuing education, in line with the newly passed continuing education law?

CONTINUED ON NEXT PAGE

## IN THIS ISSUE

- 3 Continuing Ed Taskforce
- 6 Understanding PQRS
- 7 CSWs as Diagnosticians
- 9 EFT for Couples

## Legislative Committee

### *Health Exchanges Bring Old Challenges to Insurance Reimbursement*

*By Marsha Wineburgh, DSW, State President, Legislative Chair*

New York State purchasers of new policies on the health insurance exchange have been outraged by unexpected out-of-network charges for medical services from hospitals and specialists. A lack of transparency, and little to no out-of-network benefits, characterizes the plans offered by the insurance industry here. Neither the purchasers of the policies nor the providers of health care have been offered essential policy coverage information.

Many of these issues are reminiscent of the difficulties created by insurers two decades ago, when managed care was finally reined in by the State Legislature. How these policies will impact out-of-network psychotherapy services is yet to be seen.

The Medical Society for the State of New York (MSSNY) has initiated legislation promoting consumer protection and more flexible insurance plans for many years. Most recently, in 2012, Senator Kemp

CONTINUED ON PAGE 8

### **What are you doing Saturday, May 10?**

Come to NYSSCSW's 45th Annual Education Conference

### **Facing Impasses: Identification and Working Through**

*Information and Registration, P. 4-5*

CONTINUED FROM PAGE 1

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As you will remember, Chapter 443 of the Laws of 2013 requires all LMSWs and LCSWs to complete 36 hours of mandatory continuing education when registering to practice, effective January 1, 2015. (There is a phase-in period that requires renewing licensees to provide proof of one credit hour per month in the registration period after January 1, 2015.) Draft regulations have been circulated for comment that establishes requirements and standards for the State Department of Education's approval of continuing education providers. Continuing Education regulations, once approved by the Education Department, will be available on our website.

Here are the basics:

- CE must contribute to the professional practice of social work.
- CE must be offered by an approved provider (organization) based on an application and fee.
- Acceptable courses include university and college credit and non-credit courses; or
- Preparing and teaching a course offered by a sponsor of CE, or taught at a psychotherapy institute, college or university that relates to the practice of social work;
- Making a technical presentation at a professional conference sponsored by an organization that is a provider of CE;
- Completing a self-study program offered by a provider approved of by the Department;
- Authoring a first time article published in a peer-reviewed journal or a chapter in a published book;
- Authoring a first time book in the practice of social work.

New Office-based CE Program

The Clinical Society has offered continuing education credits for conferences and workshops for many years to comply with the requirements of neighboring states and other professional associations. We are well prepared to embrace this new law, which will require collecting, organizing and maintaining CE attendance records for a minimum of six years.

Most exciting for NYSSCSW is the development of a new office-based short-term continuing education program, which will utilize the knowledge and practice skills of our members who wish to prepare and offer a course in their private practice office. This program was conceived by the Continuing Education Task Force (the members are Helen Goldberg, Richard Joelson and myself). The structure and fee schedule are being developed. We hope the trial period will begin in late June or early September.

*Tell me and I'll forget. Show me, and I may remember. Involve me and I'll understand.*

—Native American Proverb

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Ad Deadlines: February 15 and October 1

AD SIZE	MEASUREMENTS	1 TIME	2 TIMES
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# Continuing Education Taskforce Formed


The NYSSCSW is committed to providing clinically relevant educational opportunities to its members. Traditionally, these opportunities consist of large statewide and chapter-based conferences and workshops offered continuously throughout the year on topics of general interest. Often, but not always, continuing education credits or units (CEUs) are offered for these educational events.

As of January 1, 2015, CEUs will be required for re-registration to practice in New York State. According to Chapter 443 of the Laws of 2013, each licensed master social worker (LMSW) and licensed clinical social worker (LCSW) will need to complete 36 hours of acceptable continuing education credits prior to their next triennial registration. If one's registration is due before January 1, 2018, one is required to have one CE credit per month. For example, if the registration were due in September 2015, one would have to demonstrate nine acceptable CEUs for the nine month January-September 2015 period.

The newly formed NYSSCSW Continuing Education Taskforce (CETF) is developing a series of short courses on various topics as

an educational service to the general membership. These one-to-three session courses will be offered in the offices of Society member-instructors whose submitted course proposals are accepted by the CETF. Courses offered in members' offices can provide an opportunity to explore issues in small group format, allowing for the study of subjects either more in depth or not offered at more formal conferences.

Guidelines for submission of course proposals will be available in the next few months. In addition, a CE course fee structure will be developed and announced. Preparing and delivering an approved CE course instruction qualifies as a Continuing Education activity and, once approved, is granted CE credit.

It is our hope that these courses will enable our members to have greater, more convenient and affordable access to quality educational opportunities within our organization. We are working diligently to make it less necessary for members to seek outside sources of new knowledge and skill building, preferring to have their educational needs met "in-house." 

## PLEASE WELCOME THE NEW MEMBERS OF THE NYSSCSW\*

NAME	CHAPTER	NAME	CHAPTER	NAME	CHAPTER
Alves, Ann M., LMSW	ROC	Gonzalez, Sylvia	MET	Miller, Candice S., LCSW	WES
Aronowitz, Judith	MET	Griffiths, Amber	MET	Mustelier, Sandra Ibelka	QUE
Bacino, Linda, LCSW-R	MID	Gringorten, Judith	MET	Oddone, Angela	MID
Bailey, Shoshanna B.	QUE	Grinman, Victoria	MET	Patsiner, Jenifer, MSW, LCSW	NAS
Barber, Ethel, LCSW	MET	Harris, Ella L., LCSW-R	MET	Perkins, David W., LCSW	MET
Barreiro, Norma	MET	Hartman, Eric D., MSW, LCSW	MET	Rios-Malave, Melissa	MET
Brodsky, Shauna, LCSW	MET	Heller, Rebecca H.	MET	Rothausser, Caryn	MET
Burleson, Jennifer	MET	Hoffman, Karen M., LCSW	MET	Ryan, Bonnie	MET
Cargulia, Laurie	ROC	Ingram, Susan	MET	Sank, Ariel	MET
Carrieri, Patrice	ROC	Jones, Melissa	MET	Schaffner, Michelle, LCSW-R	MET
Carroll-Clarke, Elizabeth, LCSW	MID	Kunkin, Tracey F., LCSW	SI	Schorr, Karyn F.	WES
Cote, Caitlin, LMSW	MET	Kuppersmith, Debra, LCSW	MET	Shah, Lauren	MET
Creagan, Rachel	MET	Kurzyna, Marilyn	MET	Snyder, Barbara, LMSW	MET
Datri, Susan, LCSW-R	WES	Lehman, Ellen J.	MET	Solomita, Teresa, MSW, LCSW-R	MET
Davidson, Cara, LCSW	WES	Lehmann, Elizabeth E.	MID	Stursberg, Courtney R.	MET
Defilippi, Amy	MET	Lifshitz, Iris, LCSW	MET	Thorp, Pamela, LCSW	MET
Deluise, Linnea	MET	Linder, Vivian	WES	Velez-torres, Mary L.	ROC
Drayer, Felisa G., LCSW	SI	Lobel, Tamie	WES	Weissman, Susan	MET
Eisenberg, Deborah W., LCSW-R	MID	Malave, Carlos	MET	Williams, Lorena, LMSW	ROC
Elissa, West K., LCSW	MET	Meyer, Shari B., LCSW	ROC	Yates, Penelope	MET
Elson, Meredith, LCSW	MET	Miller, Martha E.	MET	Zampella, Michael, LCSW	SI
Fryman, Rachel, LMSW	MET				

**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 Nov. 1, 2013 and Feb. 28, 2014.

# The 45th Annual Conference of the New York State Society for Clinical Social Work Facing Impasses: Identification and Working Through

Saturday, May 10, 2014 | 8:00 am – 4:00 pm

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

## SCHEDULE

<b>8:00 AM</b>	REGISTRATION AND REFRESHMENTS
<b>8:45 AM</b>	WELCOME, OPENING REMARKS AND INTRODUCTIONS Marsha Wineburgh, DSW, <i>President</i> , NYSSCSW Meryl G. Alster, LCSW, <i>Chair</i> , Annual Education Conference Committee, NYSSCSW
<b>9:15 AM TO 12:00 PM</b>	KEYNOTE PRESENTATIONS
<b>12:00 PM TO 1:15 PM</b>	LUNCH
<b>1:15 PM TO 2:30 PM</b>	AFTERNOON WORKSHOPS/Group 1
<b>2:35 PM TO 3:50 PM</b>	AFTERNOON WORKSHOPS/Group 2

We work with our patients to help them overcome difficulties that are impeding their ability to reach a fuller life. However, sometimes the treatment reaches an impasse. Join us on Saturday, May 10 to explore this important issue. It will be a day of thought provoking presentations and workshops—a day to help you deepen your practice and connect with colleagues. Register today by mail or online at [www.nysscsw.org](http://www.nysscsw.org).



## REGISTRATION FORM: NYSSCSW 45th Annual Education Conference, May 10, 2014, 8:00 AM – 4:00 PM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ADVANCE REGISTRATION AND WORKSHOP PREFERENCES DUE BY MAY 2, 2014

Five CEU credits are available. CEU credits will only be granted for the workshops for which participants have registered. Please add \$10 for CEU credits.

CONFERENCE FEES	IN ADVANCE	AT THE DOOR
MEMBER	\$125	\$135
NON-MEMBER	\$140	\$150
MSW STUDENT*	\$50	\$60

### PREFERENCES:

#### Workshops Group 1

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Workshops Group 2

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

For membership information go to [www.clinicalsw.org](http://www.clinicalsw.org)

\*Include a photocopy of student I.D.

**CANCELLATION POLICY:** Refunds will be granted on or before May 2, 2014

**PLEASE MAKE CHECK PAYABLE TO:** NYS Society for Clinical Social Work

**RETURN TO:** Total Management Solutions, 55 Harristown Road, Suite 202, Glen Rock, NJ 07452



## KEYNOTE PRESENTATIONS, 9:15 AM – 12:00 PM

### WORKING THROUGH SEXUAL DISGUST IN COUPLES THERAPY

**Lawrence Josephs, Ph.D.** is a professor at the Derner Institute of Advanced Psychological Studies of Adelphi University. He has served on the North American Editorial Board of the *International Journal of Psychoanalysis* and has been a Fellow of the College of the International Journal of Psychoanalysis. In addition, he has served as a reviewer for *Psychoanalytic Psychology*. In recent years, Dr. Josephs has published articles in the *International Journal of Psychoanalysis*, *Psychoanalytic Psychology*, and *Dynamic Psychiatry*, building bridges between psychoanalysis and evolutionary psychology in the area of adult romantic relationships. Dr. Josephs is in the private practice of individual and couples therapy in New York City.

### BACK TO THE FUTURE

#### First Sessions with Klein, Winnicott and A. Freud: How Their Approach to Treatment Speaks to Us Today

**Louise DeCosta, Ph.D., LCSW** is a faculty member, supervisor and training analyst currently affiliated with the Postgraduate Psychoanalytic Institute, and a member of the C.G. Jung Foundation for Analytical Psychology. In private practice for more than 30 years, her training includes work and study in the USA, Mumbai, India, and London at The Tavistock Clinic. She is the Creative Director for dramatic readings of *The Freud/Jung Letters* (premiered New York City, 2011), and *The Freud/Ferenczi Letters*, (premiered in Prague, 2013).

### AFTERNOON WORKSHOPS, GROUP 1

1:15 – 2:30 PM

#### A. HYPNOTIC TOOLS FOR WORKING WITH IMPASSES

**Susan Dowell, LCSW, BCD**, (ASCH approved consultant)  
Co-Director, Center for the Advancement of Training in  
Clinical Hypnosis (CATCH)

**Judith Kurzer, LCSW**, (ASCH approved consultant) Co-Director,  
Center for the Advancement of Training in Clinical Hypnosis (CATCH)

#### B. IMPASSES AND NEUROPSYCHOEDUCATION: THE FRINGE BENEFITS FOR CLINICAL PRACTICE

**Victoria Grinman, LCSW**, Adelphi University

**Sandra Indig, LCSW, LP, ATCB**, Washington Square Institute  
for Psychotherapy and Mental Health

**Inna Rozentsvit, MD, Ph.D., MSciEd, MBA**, Object Relations  
Institute for Psychotherapy and Psychoanalysis

#### C. EXPLORING FAT PHOBIA, SHAME AND COMPULSIVE OVER- EATING: UNDERSTANDING OBESITY

**Heather Ferguson, LCSW**, Institute for the Psychoanalytic Study  
of Subjectivity (IPSS)

**Susan Klebanoff, Ph.D.**, Supervisor, Ferkauf Graduate School  
of Psychology, Yeshiva University

**Caryn Sherman-Meyer, LCSW**, Vice President, Board of Directors,  
Co-Director, License Qualifying Program in Psychoanalysis,  
Faculty, Supervisor, Training Analyst, National Institute for the  
Psychotherapies (NIP)

#### D. UNCONSCIOUS BLIND SPOTS AND ENACTMENTS: SOCIAL CLASS AND STATUS, AN UNDERAPPRECIATED ASPECT OF THE THERAPEUTIC ACTION

**Cathy Siebold, DSW**, Faculty, Supervisor, Psychoanalytic  
Psychotherapy Study Center (PPSC)

#### E. USING OUR SUBJECTIVITY TO NEGOTIATE CLINICAL IMPASSES AND DISRUPTIONS: A RELATIONAL FRAMEWORK

**Susan Gill, Ph.D., LCSW**, Postgrad Psychoanalytic Society &  
Institute

#### F. SEX THERAPY WITH A PARTNERED MAN WHOSE MATE DECLINES AN INVITATION TO COME IN FOR COLLATERAL TREATMENT

**Sari Eckler Cooper, LCSW**, Certified Sex Therapist, The American  
Association of Sexuality Educators, Counselors and Therapists  
(AASECT)

### AFTERNOON WORKSHOPS, GROUP 2

2:35 – 3:50 PM

#### G. UTILIZING EGO STATE MODELS TO FACILITATE THE WORKING THROUGH OF IMPASSES IN TREATMENT

**Susan Pinco, Ph.D., LCSW, BCD, CCR**, Certified EMDR Consultant

#### H. THERAPEUTIC IMPASSE: WHEN MOTHER & FATHER TRANSFERENCE MEET WITH THE COUNTERTRANSFERENCE COLLUSION

**Susan Kavalier-Adler, Ph.D., ABPP, DLitt, NCPsyA**, Founder &  
Executive Director, Object Relations Institute for Psychotherapy  
and Psychoanalysis

#### I. THE SEVEN DANGERS OF BLURRED BOUNDARIES IN GROUP PSYCHOTHERAPY: SOME CLINICAL AND ETHICAL IMPLICATIONS

**Robert S. Pepper, Ph.D., LCSW**, Director of Training, Long Island  
Institute for Mental Health (LIIMH)

#### J. WHAT'S LOVE GOT TO DO WITH IT? THE USES AND MISUSES OF THERAPIST'S LOVE IN THE TREATMENT DYAD

**Teresa Solomita, LCSW, NCPsyA**, Center for Modern  
Psychoanalytic Studies

#### K. DO WE TALK OR NOT TALK ABOUT POLITICS WITH THE PATIENT?

**Ruth Lijtmaer, Ph.D.**, Senior Supervisor, Training Analyst and Faculty,  
Center for Psychotherapy and Psychoanalysis of New Jersey

#### L. FACING TREATMENT IMPASSES IN THE TREATMENT OF SUBSTANCE ABUSERS

**Betsy Robin Spiegel, LCSW**, Supervisor, Senior Psychotherapist,  
Blanton Peale Counseling Center

### THE ANNUAL EDUCATION CONFERENCE COMMITTEE

Meryl G. Alster, LCSW (Chair)

Daphne Leahy Matteo, LCSW

Marie McHugh, LCSW

Dale B. Schneitzer, LCSW

# Vendorship and Managed Care Committee

By Helen T. Hoffman, LCSW, Chair

## Understanding PQRS

**T**he Physicians Quality Reporting System, a Medicare initiative to improve quality of care, has confounded many members as they try to absorb the complicated requirements that are being enforced with penalties by CMS. In 2016, providers who have not complied this year will see a 2% “payment adjustment.”


What is behind this initiative and what will be the impact on psychotherapy? The intention seems to be to address situations such as smoking, substance abuse, undiagnosed depression, or carelessly prescribed medication, which will ultimately lead to poor health outcomes. The focus is on Wellness. Medicare’s stated goal is to make early identification of potentially harmful conditions and get the cost down.

Medicare providers need to educate themselves about these requirements and can find this information on the NYSSCSW website at [www.nysscsw.org/vendorship-a-managed-care](http://www.nysscsw.org/vendorship-a-managed-care). Another important resource is Medicare’s QualityNet Help Desk at 866-288-8912.

Here is the bottom line: providers need to report the use of three screening measures on 50% of their Medicare patients using new codes called QDCs (Quality Data Codes) on claims filed for 2014, or else they will receive a penalty. One screening could be as simple as asking the patient, “Do you smoke?” Another measure could be creating a “Record of Medications” in the chart.

Medicare wants providers to submit a code for every condition that applies to a patient. While using nine different measures is their goal, this is unrealistic in a private practice. (It might be possible if the work were in an institutional setting.) It appears that reporting on three measures per year is sufficient to avoid the “payment adjustment.”

What will become of all this data and how will it affect patients? One patient asked, “Will Medicare be calling me to follow up?” It seems unlikely, but this is a good question. Providers need to treat this like any other disclosure of patient information and explain the new requirements. If the patient does not wish to comply, there are codes for not doing a screening.

As with any new program, there may be unforeseen consequences. Laura Groshong, LICSW, the Director of Government Relations for the Clinical Social Work Association ([www.cswa.org](http://www.cswa.org)), has written in depth about PQRS, and continues to explore some of the privacy issues, inconsistencies, and unknowns in the program. She will be providing a webinar on the topic for NYSSCSW this spring. 

For News, Articles and Chapter Contacts, please visit [www.nysscsw.org/vendorship-a-managed-care](http://www.nysscsw.org/vendorship-a-managed-care)

## The Friday E-News

The *Friday E-News* is a group email that provides news of general interest to all Society members. Edited by Helen T. Hoffman, LCSW, since its inception in 2012, *Friday E-News* has become an important resource for 1,500 readers statewide.

News items include announcements about annual meetings or events presented by the chapters as well as bulletins of interest about practical issues such as insurance requirements or changes. It is a place to report a late-breaking development, for example the SAFE Act or the new CEU requirement.

The *Friday E-News* holds up a mirror to the incredible array of clinical interests among our members. In recent

months presentations were offered on Treatment Failure, Equine Therapy, EMDR, The Effect of Trauma on Children, Compulsive Gambling, Death Anxiety, Best Practices with LGBTQI Populations, Post-Affair Obsessive Questioning, Sexuality and Aging, the DSM 5, the Biology of the Beholder’s Response to Art, Self Care for Social Workers, and Speed Networking. There have been field trips to the Museum of Modern Art and film discussions of *The Sessions*, *Smashed* and *Don Juan De Marco*.

The *Friday E News* is a work-in-progress as we become oriented to all the new means of communication in our profession. Submit new items for the E-News by Thursday noon to [info.nysscsw@gmail.com](mailto:info.nysscsw@gmail.com).

# Clinical Social Workers as Diagnosticians: Legal and Ethical Issues

## PART 1: The Development of the Current DSM

By David G. Phillips, DSW, LCSW, Co-Chair of the Committee on Ethics & Professional Standards

*The following material is summarized from an article published in Volume 41, No. 2 of the Clinical Social Work Journal, June 2013, a special issue on the Implications for Social Work Practice of the DSM-5.*

### Introduction

Beginning in 1980, several far-reaching and inter-related trends have had a profound effect on the practice of clinical social workers. These trends include the increasing “medicalization” of diagnosis, starting with the publication of the third edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM-III). This trend, toward use of the medical model of diagnosis, has been accelerated by the increasing involvement of insurance systems, operating under the principles of managed care, in the provision of benefits for the treatment of psychological difficulties. These insurance systems require that treatment be justified by the demonstration of “medical necessity,” a requirement that has come to mean, at a minimum, the provision of a DSM diagnosis.

At the same time, there has been an increase in the number of states that have enacted laws licensing the practice of clinical social workers and including “diagnosis” in the scope of practice of that license. (New York is one of those states, and “diagnosis” is in the scope of practice section of the law that licenses LCSWs.) A curious and ironic outgrowth of these developments is that more clinical social workers than ever have the legal authority to diagnose individuals suffering from emotional disorders and, at the same time, they are required to diagnose using a system that many feel is incompatible with the principles and values of the social work profession.

### CSWS as Diagnosticians

In an article aptly titled “DSM-III and the Transformation of American Psychiatry,” Mitchell Wilson (1993) states that from the end of World War II until the mid-1970s the organizing model for American psychiatry was a “broadly conceived psychosocial model, informed by psychoanalytic and sociological thinking” (p. 400). The essence of treatment within this model was to “understand the meaning of the symptom and undo its psychogenic cause, rather than to manipulate the symptom directly.” This psychosocial model had a major influence on DSM-I, published in 1951. It did not take long, however, for problems to develop around the use of DSM-I, and then with DSM-II, which was similar in its reliance on a psychosocial and psychoanalytic orientation.

For one thing, the psychosocial model did not clearly distinguish between the well and the sick, so psychiatric diagnosis seemed arbitrary because of the fluid boundary between normal and abnormal. By the mid-1970s, in addition, resource dollars from governmental sources were becoming constricted. The psychiatric profession was being challenged to become more accountable for its practices, and the issue of diagnosis was central to the issue of accountability in assessment and treatment (p. 402-03). Diagnosis within the psychosocial model of the first two DSMs had little of what researchers call “reliability,” and there was only a random chance that two psychiatrists would agree on the diagnosis of a given patient (p. 403). Many psychiatric authors claimed that psychodynamic psychotherapy had oversold itself and argued for a return to “tough mindedness in psychiatric thinking” (p. 402). Another important development was the increasing use of psychotropic medication in the treatment of the mentally ill and “Medications helped to create a need for a more experimentally and empirically based psychiatry; explicit diagnostic inclusion and exclusion were essential elements in this endeavor (p. 404).

The revolution that had been brewing for years announced itself in 1980 with the publication of DSM-III. It was at this point that the diagnostic model moved from the psychosocial assessment of the earlier years to the medical model, which characterizes current diagnosis. This “descriptive” or medical model is based on an objective view of the patient’s

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symptoms and, as Wilson (p. 405) describes, in the process the DSM-III Task Force “decided that DSM-III would be a descriptive manual which would emphasize the assessment of easily observable symptoms. Clinical interference would be kept to a minimum. Because the manual would be based on the best available evidence, classification would not be based on etiology unless this etiology had been proven.” With the publication of DSM-III, “the essential focus of psychiatry shifted from the clinically based biopsychosocial model to a research medical model” (p. 400). DSM-III rapidly achieved an importance and dominance unknown to its two predecessors. Clinical social workers, like other mental health professionals, had to learn to use it, but concerns about this development are still being expressed.

Barsky, for example, (2010, p. 320-321) points out that interpersonal problems, and priorities such as cultural diversity, social justice, and spiritual issues, may be overlooked or discounted and that “One of the strongest social work indictments of the DSM is that diagnoses focus on illnesses or pathologies. Whereas the strengths perspective of social work encourages workers to identify and build on the positive attributes and resources of patients.”

Almost 30 years ago Kutchins and Kirk (1987) argued that the hierarchical model of the DSM required that organic conditions be ruled out before a diagnosis could be made, and that social workers who made diagnostic conclusions without medical consultation were committing “malpractice.” Even the most active critics of the medical model of the DSM are aware, however, that its use by social workers is inevitable and unavoidable. As Dolgoff et al. conclude (2012, p. 138-39),

social workers must use the DSM because both governmental and private insurance systems will only reimburse for services based on an appropriate DSM diagnosis.

Clinical social workers in New York and other states have made tremendous progress in being accepted as independent providers of mental health services. In many states, their licenses specifically authorize them to diagnose patients. However, whether they use the DSM or the ICD, diagnosing means using the descriptive, medical model based on symptoms and syndromes and required by insurance systems. The legal authority to diagnose patients also carries with it a number of legal and ethical obligations and potential pitfalls. These legal and ethical concerns were the main subject of my original article published in the *Clinical Social Work Journal*, and will be summarized in the next two articles in this series. ■

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## Legislative Report

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Hannon (R-Nassau, Chair of the Senate Health Committee) introduced S.2551, a bill to address some of these issues. For more specifics, go to [www.mssny.org](http://www.mssny.org) and search for Out of Network Reform Advocacy Materials.

In the meantime, Assemblyman Richard Gottfried (D-Manhattan, Chair of the Assembly Health Committee) has introduced his own bill addressing these issues, A.5216. More attention has been paid by Governor Cuomo, who has included repairs to the exchanges in his current budget proposal. Issues addressed include out-of-network benefits, usual and customary rates, network adequacy and excessive charges.

At this time, there is no clear focus for action by Clinical Society members, except to encourage patients to send complaints to their legislators directly. Psychotherapy services,

particularly downstate, will be affected, but exactly how is not yet clear. We are in the process of collecting complaints that you can send to Helen Hoffman, State Vendorship Chair, or your chapter vendorship representative.

### Worker's Compensation S.2360/A.5299

We continue to pursue worker's compensation reimbursement for clinical social work mental health services with the support of the State Chapter of NASW. Our sponsor in the Senate is Senator Jeff Klein (D-Bronx), who holds the position of Senate co-majority leader; in the State Assembly, our sponsor is Gary Pretlow (D-Yonkers/Westchester), who has been historically supportive of clinical social work legislation. ■



# Emotionally Focused Therapy for Couples (EFT)

By Janice Gross, LCSW

I was working with couples after completing my training at the Ackerman Institute when I was introduced by a colleague to Emotionally Focused Therapy for Couples (EFT) and the work of Dr. Sue Johnson, Ed.D., C. Psych., its primary developer.

EFT, with its focus on the drive of couples to connect and be close, spoke to my right brain and found a natural fit. EFT is integrative: this model of therapy looks “within” (intrapsychic), at how partners construct their emotional experience of relatedness, and it also looks “between” (interpersonal), at how partners engage with each other as a system. The goal of EFT is to expand and reorganize key emotional responses, thus creating a shift in the interactional patterns and new interactions, as well as fostering the creation of a more secure bond.

At the foundation of this model is attachment theory, which helps define the features of the complex, multidimensional drama that plays out in distressed intimate relationships. John Bowlby, the British psychiatrist and the father of attachment theory, articulated that the drive to attach to a significant other is fundamental to all humans and hardwired in us from cradle to grave. When the early primary attachment is safe and secure, people tend to approach relationships with more trust and adapt to stresses and events. When the early attachment relationship is insecure, the subsequent attachment relationships seem to be organized along two dimensions: anxiety or avoidance.

In anxious attachment, the person is preoccupied with the loved one: clinging, pursuing, even in aggressive ways, by blaming, criticizing or making demands. On the other hand, avoidant or detached withdrawal is an attempt to regulate feelings and fears—fears of conflict, of being rejected by the loved one, or not being “good enough.” These two attachment strategies can create a vicious negative cycle in an adult intimate relationship. The more one partner pursues out of disconnect and anxiety, the more the other partner withdraws to protect himself or herself and the relationship. The more the withdrawal, the more the pursuit, and more reactive cycles develop to amplify distress.

The model of EFT developed by Dr. Sue Johnson provides a clear roadmap of stages and steps in achieving the goals. Stage One, De-escalation, focuses on assessment and understanding the negative cycle and reframing it from

the attachment perspective. As the couple de-escalates and reaches first order change, they are ready to move into Stage Two, Restructuring the Bond. In this stage, the couple is able to have two important change events: Withdrawer Re-engagement and Blamer Softening. Each partner is able to access and share attachment fears and needs from a vulnerable place, and receive a different, corrective response from the other partner.

EFT is highly experiential, focusing on the present moment in therapy. We may utilize somatic sensorium, a felt bodily experience, meaning and cognition, or an expressive reaction of the voice, breath or facial tone to heighten or validate the emotions present. An EFT therapist will typically start by validating secondary emotions of frustration, anger and anxiety, or behaviors or action tendencies. The intent is to work in the session to identify core primary emotions: anger, sadness, fear, joy, surprise/excitement, disgust/shame. In slowly identifying, validating and making clear how we react in powerful ways to create mutual distress, we create space for new emotional and interpersonal experience.

In EFT, the therapist is a process consultant, staying alert to titrate, reframe or slow the process down to create more safety or to fully understand how a defense “makes sense” in the dynamic of interactions. In this way, new cycles can emerge to address old problems or repair issues. Using this framework, couples are helped to feel closer and have compassion with each other.

## Mr. and Mrs. O

Mr. and Mrs. O were referred to me for couples therapy by a colleague. Married for 23 years, they had no significant relationship trauma, such as an affair. They had grown apart in raising their son and managing their careers. Mrs. O was more vocal about the lack of attention and closeness with her spouse.

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**Janice Gross, LCSW** has been a licensed clinical social worker in New York and New Jersey for 34 years and has 30 years of experience in private practice. She has training in marriage and family therapy through the Ackerman Institute for The Family and the International Center for Excellence in Emotionally Focused Therapy. She is the President of the Staten Island Chapter.

# Chapter Reports

## Metropolitan Chapter

*Karen Kaufman, Ph.D., LCSW, President*  
karenkaufman17@gmail.com

There is a lot of activity in the Met Chapter and a lot happening in our field. We have had some changes in the leadership, with Lois Akner, LCSW taking over as 1st VP and Amy Meyers, Ph.D., LCSW moving into the role of 2nd VP from Member-at-Large. We also welcomed two new Members-at-Large to the Board, Mary Duhon, LCSW and Shauna Brodsky, LCSW.

The Board continues to grow and expand its educational, social and networking programs and events for our members. Of particular note is the launching of the LGBTQ Committee with Judy Gringorten, LCSW as Chair. The Committee on Psychoanalysis is expanding its programming, along with our popular Education Brunches, Speed Networking and Member Receptions, Trauma Studies, Family Practice, Substance Abuse, The Aging Client and Clinician, and Mentorship groups for new and recent graduates. The Listserv Committee continues to fine-tune the listerv in order to ensure that all members are using the resource in the best way.

Board members and committee chairs are always happy to hear from our members about your interests and professional needs. We invite you to get involved in a stimulating community of clinicians. Find an area of professional practice that piques your interest and join a committee, attend a meeting and have a say in what takes place in the chapter and in the Society. All contact information is available in the Met Chapter section of the website.

## Mid-Hudson Chapter

*Rosemary Cohen, MSW, LCSW, President*  
rosemarycohen@gmail.com

On Saturday, April 26, Mid-Hudson Chapter and NASW Hudson Valley Division are co-sponsoring a program for clinical social workers on understanding the new requirements for documentation, billing and patient privacy. It will be held at Benedictine Hospital [Health Alliance] Conference Room, with no cost to members of the mental health community.

On Friday, May 2, Mid-Hudson Chapter will proudly co-sponsor the third conference on the clinical treatment of veterans and their families, "Healing the Military and Veteran Community through Advancing Traditional and Innovative Mental Health Treatment." It will be held at Marist College in Poughkeepsie. Co-sponsors include Adelphi University School of Social Work Hudson Valley Center, Hope for Warriors, Marist College School of Social Work and Department of Psychology, NASW NYS Hudson Valley Division, Saint Francis Hospital Military Wellness Program and the U.S. Department of Veterans Affairs.

Our monthly Peer Consultation Group, led by Linda Hill, LCSW, is held at St. John's Church, and the Mentorship Group, led by Carolyn Bersak, DSW and Crystal Marr, LCSW, is held at the Adelphi University School of Social Work Hudson Valley Center in Poughkeepsie.

In other news, Gloria Robbins, LCSW, Chapter Membership Chair and Past President, will serve as Chapter Treasurer following Christine Benson's exemplary service this past year as Treasurer for the Mid-Hudson Chapter.

## Nassau Chapter

*Joe Reiher, LCSW, BCD, Voting Rep.*  
mitygoodtherapy@gmail.com

The Nassau Chapter is continuing its breakfast and luncheon "meet and greets," and a dinner gathering is planned for March, with dates and places to be announced later. On February 23, Carl Bagnini, LCSW, BCD presented "The Evolution of a Psychoanalytic Couple Therapist and His Treatment Model." In May, Phoebe Kessler, LCSW will present "Everything you wanted to know about EMDR but were afraid to ask," with CEUs available.

In an exciting development, the chapter is releasing *Nassau Newsnotes* this month. It will contain three clinical articles, one by Heidi Barr, LCSW on the prevalence of anxiety symptoms in latency age children, another by Carol Landau, LCSW, "Thoughts of a Retiring Therapist," and the third,

by Patsy Turrini, LCSW, is a book review of "Fathermothergod: My Journey Out of Christian Science." The book deals with the experience of growing up in a family that considers conventional medicine unnecessary, even in cases of advanced cancer.

## Queens Chapter

*Fred Sacklow, LCSW-R, President*  
freds99@aol.com

The Queens Chapter continues to present a full roster of speakers whose presentations take place after our board meetings, held at the Free Synagogue of Flushing at 41-60 Kissena Blvd. Networking sessions last from 11:00 to 11:30 am, and the presentations run from 11:30 am to 1:00 pm.

**2013:** At events from September to December, we discussed "Corrective Emotional Experience," and "In Treatment." Lynne O'Donnell, LCSW, made a presentation on "Death Anxiety and Issues in Treatment," and Manoj Pardasani, Ph.D., LCSW presented on "New DSM-5-Changes and Additions."

**2014:** In February, Lorraine Fitzgerald, LCSW presented "Transforming the Grief Experience through Resonance Repatterning."

- On March 23, Prudence W. Fisher, Ph.D., will discuss "DSM-5."
- On April 27, Ron Cohen, MD will present "Bowen Family Systems Coaching for the Intergenerational Family." [Dr. Cohen was nominated by our board member Allen Du Mont, LCSW to the Academy of Medicine of the NAP, and will be inducted in April.]
- On May 18, Julie Dubovoy, LCSW-R, will speak about "EMDR."
- On June 22, Patti A. Gross, LCSW, will further the discussion on "DSM-5."

We also continue to provide mentoring and peer supervision groups.

## Rockland Chapter

LEADERSHIP COMMITTEE:  
**Orsolya Clifford, LCSW-R**  
 ovadasz@optonline.net  
**Sharon Forman, LCSW**

The Rockland Chapter continues to be a dynamic one. We are proud of the combined efforts of so many members that make our activities so exciting and enriching.

Our focus is on enlarging the membership, reaching out to students entering the field, and expanding our skills. An increasing number of attendees are coming to our thought-provoking educational presentations and lively clinical case discussions. Held in a supportive atmosphere, these provide a unique sharing experience for seasoned clinicians, less experienced colleagues and students alike.

Kevin Melendez, LMSW and Sharon Forman, LCSW have continued their Mentorship Program for second-year students. Lyn Leeds, LMSW and Donna Davidson, LMSW ran a successful group for new MSWs entering the field. Our Private Practice Group continues to provide information to those interested in this area. We also continue the tradition of screening a movie in December. Most recently, we viewed *The Skin I Live In*, a complex movie that yielded a discussion of its multi-layered meanings.

This year, we added two new events to our line-up: a networking event in the fall, and an event in honor of Social Work Month in March. This March 23, Robyn Ross, a renowned yoga instructor who has pioneered many wellness programs, will present a two-hour workshop on stress reduction techniques, tools and exercises that can be practiced by clinicians and clients.

## Staten Island Chapter

**Janice Gross, LCSW, President**  
 jgross1013@aol.com

The Staten Island Chapter initiated its educational program in October 2013 with a dinner and presentations. Patti Gross, LCSW, Fieldwork Coordinator at the College of Staten Island Social Work Program, presented “Understanding the New DSM,” and Sari Cooper, LCSW, a Met Chapter member and certified sex therapist, presented “How to Treat the Couple Dealing with Post Affair Questioning.”

In January, we held a program on “Treating Compulsive Gambling” by Stephen Block, President of the New York Council on Problem Gambling. In February, “Equine Therapy with PTSD, Bipolar and Youths At Risk,” presented by Christianna Capra, LCSW and Elaine Dill, Equine Trainer, offered many fresh perspectives.

On Saturday, March 22, our Annual Spring Conference will address “Effective Strategies for Working with the Difficult Client: Historical and Theoretical Perspectives.” The two speakers will be Dore Sheppard, Ph.D., LCSW, and Lynn Saltiel, (NJ) LCSW, EMDRIA. The conference will be held at Staaten Restaurant, 697 Forest Ave, Staten Island, from 9:00 am to 1:00 pm. 3.5 CEU’s will be offered.

Contact Dennis Guttsman at 718-442-2078 for further information.

On Friday, May 16, please join us for dinner and presentations on “Two Approaches to Couples Therapy.” Our speakers will be Janice Gross, LCSW on “Emotionally Focused Therapy (EFT)” and Andrew Daly, LCSW on “Bowen Theory.” Contact Janice Gross for more info at 718-420-9432.

## NEWS ABOUT OUR MEMBERS

**Marian B. Moldan, LCSW-R** has published a children’s book on selective mutism, *Charli’s Choices*, available from Archway Publishing. It is an interactive book that can be used as part of a comprehensive treatment program of this anxiety disorder.

Moldan, who overcame her own history of selective mutism, is the director and founder of Childhood Anxiety Solutions, and the author of “Selective Mutism and Self-Regulation” (*Clinical Social Work Journal*, 2005) and co-author of “After Newtown, Listening to Those Who Aren’t Speaking” with Kim O’Connell (*Psychology Today*, 2013).

**Robert Pepper, Ph.D., LCSW** is writing a book, *Emotional Incest in Group Psychotherapy—A Conspiracy of Silence*. He expects to complete it by the summer.

### NOTE:

**Please send recent news items about members to [ivy.lee.miller@gmail.com](mailto:ivy.lee.miller@gmail.com)**

**Please check our website, [www.nysscsw.org](http://www.nysscsw.org), for up-to-date meeting and event info.**

# Committee for Creativity & Transformation in Clinical Practice

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

The fourth of the series of workshops based on the book by the renowned neuroscientist and Nobel laureate Eric Kandel, *The Age of Insight: the Quest to Understand the Unconscious in Art, Mind, and Brain*, was held on November 13. Sandra Indig presented the topics previously discussed in Chapters 8 through 13 of the text. She reviewed the mind-brain relationships, including the brain as a “creativity machine,” the “beholder’s share,” as well as representation of psyche, eroticism, aggression, anxiety, and women’s sexuality in art. The discussion expanded into the area of neurobiology, looking at our brain as a “creativity machine.”

Inna Rozentsvit, M.D., Ph.D., MBA, MSciEd, acted as moderator and presented on the neurobiology sections of the discussion at this meeting and again on January 19, our fifth workshop, held at the beautiful office of co-presenter Melanie McGrath Murphy, LCSW, LP. Chapters 14 through 16 further explored the topics of the brain being a “creativity machine” and the phenomenon of the “beholder’s share.” To the delight of all, Melanie gave us a detailed flow chart that succinctly illustrated the complex history of the cross-pollination of ideas and culture in pre-war Vienna, as well as “observation as invention” and the emergence of 20th century painting.

In addition to our regular meetings, committee members are welcome to attend our many free cultural events. For example, in January, Joy Sanjek, LCSW led a workshop for 15 attendees at the exhibit, *Magritte: The Mystery of the Ordinary* at the Museum of Modern Art. It served as an introduction to the subject of mind-brain, word, image and clinical practice.

## EVENTS

- Friday, March 7 at 10:30 am and Saturday, March 8 at 3:00 pm: Trips to MoMA to see Gauguin: *Metamorphoses*; Joy Sanjek will host the visits.
- Sunday, March 30, 12:00 to 2:30 pm – Next Workshop in the Series “Reading Eric Kandel’s *The Age of Insight*.” Topic: Neurobiology of Creativity and the Beholder’s Share. At the office of Melanie Murphy, 96th Street and Columbus Avenue. All who register will receive a PDF of the chapters to be discussed and explored.
- Saturday, May 10: *Pop-Up* Member Art Exhibit at the NYSSCSW Annual Education Conference.

Please send inquiries to Diana, intern: [interncct@gmail.com](mailto:interncct@gmail.com) 

## EFT CONTINUED FROM PAGE 9

However, she was unaware of the critical manner in which she approached her husband. She complained about his lack of exercise, his poor diet, and his beer drinking when he spent time with his brother. Her parents had divorced when she was a child, and she recalled missing her father, and being sad and worried when he was distant.

Mr. O was more “laid back” and tended to use his work or involvement with his train hobby to withdraw and decrease the tense feelings elicited by her demands and criticism. He would say he wanted to be close, but it was frustrating to try to create the connection, because he could never get it right.


Utilizing the steps in EFT we were able to identify how, in trying to meet her needs, Mrs. O’s critical, pursuing behavior contributed to a negative cycle. Her husband would react defensively, managing his own discomfort with the tension by distancing himself. Their mutual desire for closeness was being thwarted again and again.

As the problem was reframed, their positions and behavior were identified and they were able to move into more

open communication. Mrs. O talked about how she enjoyed taking walks with her husband. She wanted him to take care of his health so they would have more years to enjoy together.

Mr. O recognized her positive intent, as well as her need for closeness. He changed his diet, stopped drinking, and joined her for walks. She calmed down and expressed appreciation for his efforts. She responded further by adjusting her work schedule to spend Friday outings with him when he was off from work.

EFT has over 30 years of empirical research supporting its effectiveness and validity. Most recently, a study was published that used functional magnetic resonance imaging (fMRI) to show changes in the brain’s response to painful and fearful stimuli after EFT treatment. Currently, EFT is being used for couples, individuals, families, and in the treatment of trauma, depression, anxiety, and addictions.

To learn more, you may read books by Sue Johnson or explore these websites: [www.ICEEFT.org](http://www.ICEEFT.org) and [www.NYCEFT.org](http://www.NYCEFT.org) 





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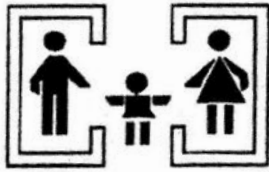
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I · N · S · T · I · T · U · T · E  
of Psychiatry, Psychoanalysis & Psychology

## The William Alanson White Institute

***Welcomes Applications from Social Workers (LMSW's and LCSW's)***

*for full training in our*

***Certificate Program in Psychoanalysis***

*and in our*

***Child and Adolescent Psychotherapy Training Program***

The **Certificate Program in Psychoanalysis** is a 4 to 6 year program providing coursework and seminars, clinical supervision and experience in our Clinical Services, and a personal analysis

The **Child and Adolescent Psychotherapy Training Program** is a 3 year program,  
including coursework and seminars, individual and group supervision,  
and clinical experience in our Child and Family Center

Details are available on our website: [www.wawhite.org](http://www.wawhite.org) or from David Appelbaum, Psy.D. (212) 875-1015

Training is available to New York State LMSW's and LCSW's  
whose licensed scope of practice includes psychotherapy and/or psychoanalysis.

New York Society for  
Clinical Social Work, Inc.  
243 Fifth Avenue, Suite 324  
New York, NY 10016



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## **CONNECT ► PARTICIPATE ► GROW**

### **Join the New York State Society for Clinical Social Work**

- Advance Your Professional Education ► *Conferences, Practice Development, Peer Consultation*
- Advocate for Clinical Social Work ► *Lobbying, Coalitions, Legislation, Vendorship, Managed Care*
  - Build Professional Networks ► *Mentoring, Teaching, Job Listings, Referral Opportunities*
- Collegiality & Connections ► *Social Events, Website, Facebook, E-News, Listservs, Newsletter*

**We Welcome:** MSW students and recent grads interested in clinical social work, as well as CSWs from all settings.

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