

# The CLINICIAN

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

## Still Fighting for Compliance After All These Years

By Marsha Wineburgh, DSW, President/Legislative Chair

Ten years later, after passing legislation to license psychotherapists (2002-04), including LCSWs, we are still struggling with compliance issues.

**Corporate Practice Statute:** Last year, it was the voluntary agencies who objected to hiring licensed professionals, including those who provided psychotherapy services. As you may remember from past articles, when New York State licensed individuals to provide mental health services, corporate laws required the settings to also be licensed. Since there had been no such requirement in the past, and licensing in New York is quite stringent, most settings had legally not bothered to obtain one. Requiring a license for the setting is one of the unintended consequences triggered by the corporate practice statute.

The result: pandemonium, with a call for voluntary agencies to be exempted from the requirement of hiring licensed staff. Meetings with the stakeholders (including NYSSCSW) and with the help of the Legislature resulted in the establishment of a “waiver” process, under the aegis of the State Education Department (SED), which allows not-for-profit organizations to employ LMSWs and LCSWs along with other licensed mental health professionals. More than 1,400 agencies have applied for a waiver to date. Pressure to discard the waiver applications in favor of exemption continues but has been successfully defeated.

Currently, it is the state agencies, Offices of Mental Health (OMH), Alcohol and Substance Abuse Services (OASAS), Children and Family Services (OCFS), etc., that are continuing to pressure for permanent exemption from our licensing laws. As you

CONTINUED ON PAGE 9

### IN THIS ISSUE

- 6 Chapter/Member News
- 8 Welcome New Members
- 13 Call for Proposals
- 14 Education Conference Chair  
Susan A. Klett

### PRESIDENT'S MESSAGE

#### How Are We Doing?

#### The State of the Society 2012

By Marsha Wineburgh, DSW, LCSW-R

By the time this issue is delivered to you, hopefully life has mostly normalized after the disastrous Hurricane Sandy and we have elected a president who understands the place of national emergency interventions.

In this issue of *The Clinician*, I would like to report on the Clinical Society's Annual General Membership Meeting, which was held on October 13th at the New York Blood Center in Manhattan. If you weren't there, we missed you. We meet as required by New York State Corporate Laws, the very same laws which have created ten years of mayhem with our licensing legislation. Because our organization is incorporated in New York, the elected officers are required to report to the membership once a year on the activities and the fiscal health of the Clinical Society.

To make this program extra enticing, we provided a continental breakfast and an educational goody: a mini-update on aspects of the soon-to-be released *DSM-5*. Our educational program was competently planned by the gentle diplomat **Dore Sheppard**, State Society Second Vice President, who

CONTINUED ON NEXT PAGE



The May 2012 Annual Education Conference was a resounding success, with keynote presentations, afternoon workshops, and an art exhibit all focused on the theme of obsession, addiction and compulsive behaviors. See pages 10–13 for reviews.

Keynote Speakers (L to R) Dr. Stephen L. Dewey and Carl Bagnini, LCSW, BCD

## 2012 BOARD OF DIRECTORS

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## PRESIDENT'S MESSAGE

CONTINUED FROM PAGE 1

is leaving office as of January 1, 2013. He and his committee were responsible for selecting our speakers, Barbara Probst, Ph.D., LCSW and Jerome Wakefield, Ph.D., LCSW. Dore was assisted by the tireless, omnipresent **Beth Pagano**, who has served in many Board positions, including as President of the Rockland Chapter and, for at least 25 years, as the Legislative Chair from Rockland. Currently she is State Leadership Chair, Bylaws Chair, and will soon be elected Member-at-Large for the State Board.

The Annual General Membership Meeting is important because it offers an opportunity to introduce the state officers and state committee chairpersons, as well as the chapter presidents, who collectively have donated hundreds of hours of critical thinking and planning for our organization this year. I am citing some of their many accomplishments here, as they well deserve our recognition.

**State of the State:** First, how is the State Society doing? From my perspective as President, I am pleased to report that the health of our association is very, very good. With two months to go this year, we are under budget thanks to our attentive, competent Treasurer, **Shannon Boyle**. We currently have more than 1,600 members in eight active chapters across the state. We continue to be committed to our primary mission—to protect the professional identity of clinical social work through education programs, legislative and regulatory advocacy—as well as to promote member networking and professional development. (And, may I remind you, that we are the only statewide organization solely advocating for clinical social workers providing mental health services.)

**Communications:** This year we have worked steadily to strengthen our communication with and between our members. We distributed a printed membership directory for the first time in 10 years and included membership cards. We have arranged to offer another clinical journal at discount, *Psychoanalytic Social Work* (available as of January 2013) in addition to the *Clinical Social Work Journal*. We presented an all-day State Education Conference, chaired by the competent and gracious **Susan Klett**, who, unfortunately for us, has stepped down from the Board to oversee Washington Square Institute. Our substantial loss is their gain.

We have a new Social Media Committee. In the last ten months, this group has successfully expanded our listserv network to 98% of our members, reorganized our website to make it more user- and information-friendly, set up a Clinical Society Facebook page, so the world can more easily find us on the web, and we now have a weekly e-newsletter for current updates and chapter events.

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## The CLINICIAN

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**Ad Deadlines:** February 15 and October 1

AD SIZE	MEASUREMENTS	1 TIME	2 TIMES
2/3 Page	4 <sup>15</sup> / <sub>16</sub> " w x 10" h	\$325	\$295
1/2 Page Vertical	3 <sup>5</sup> / <sub>8</sub> " w x 10" h	\$250	\$225
1/2 Page Horizontal	7 <sup>1</sup> / <sub>2</sub> " w x 4 <sup>7</sup> / <sub>8</sub> " h	\$250	\$225
1/3 Page (1 Col.)	2 <sup>3</sup> / <sub>8</sub> " w x 10" h	\$175	\$160
1/3 Page (Square)	4 <sup>15</sup> / <sub>16</sub> " w x 4 <sup>7</sup> / <sub>8</sub> " h	\$175	\$160
1/4 Page	3 <sup>5</sup> / <sub>8</sub> " w x 4 <sup>7</sup> / <sub>8</sub> " h	\$140	\$125
1/6 Page (1/2 Col.)	2 <sup>3</sup> / <sub>8</sub> " w x 4 <sup>7</sup> / <sub>8</sub> " h	\$95	\$85

Display ads must be camera ready. Classified ads: \$1 /word; min. \$30 prepaid.

Who are the tech savvy clinicians responsible for these changes? In addition to myself, there are three other members of the Social Media Committee. First is our creative and resourceful Chair, **Richard Joelson**, psychotherapist, poet and children's book writer, who serves on the Metropolitan Chapter Board as Event Planner/Membership Chair, and soon will be State Recording Secretary. Among many other things, he is responsible for our new multicolored book mark which lists our organization's web addresses and phone number.

A second committee member, the indefatigable **Robert Berger**, First Vice President of the State Society, is our right hand man who has developed and managed the state listserv service, created our Facebook page from scratch, and contributes endless hours to improving our techie infrastructure. Thanks to his perseverance, we have a searchable referral list for LCSWs, members can find each other more easily on our website, credentials for clinical practice are rationally organized, and we have a more coherent program supporting our website.

The third critical member of the social media team is the charming and diligent **Helen Hoffman**, who also serves as our tireless State Vendorship and Managed Care Committee Chair, and who developed and produces our new Friday e-newsletter. In email form, this weekly periodical covers current chapter events and pertinent practice news items.

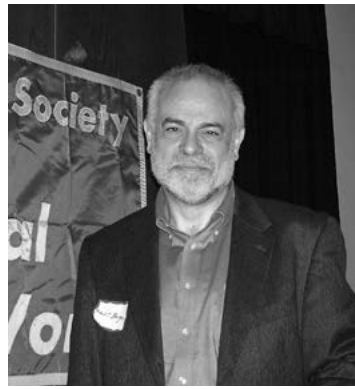
We have continued to improve communication with our members through our printed newsletter, *The Clinician*, overseen by our eminent, hardworking colleague **Helen Krackow**. Among many leadership roles, Helen has served as State Society President, and is the current Mentorship Chair for both the State and the Metropolitan Chapter. Helen is a candidate for State Second Vice-President in this current election.

She is running against another well-known, dedicated member of the Clinical Society, **Martin Lowery**, who has been active in the Westchester Chapter, where he has served as President for several years. He is currently Member-at-Large on the State Board, where he coordinates the Ethics and Professional Standards Committee. David Phillips and Hillel Bodek serve on this committee.

**Chris Farhood**, currently a State Member-at-Large, is running for a second term. She is an energetic contributor to both the State and Metropolitan Chapter membership committees, and she co-managed with Helen Krackow the very successful Job Fair for MSW students at New York University earlier this year.

A new activity has been introduced by the most imaginative **Sandra Indig**, Chair of the Creativity and Transformation Committee. In addition to planning several education programs, Sandra has planned and produced exhibitions of our members' creative arts at our last two state meetings.

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Honoree *Robert S. Berger*



Honoree *Helen T. Hoffman*

**The Annual General Membership Meeting** in October 2012 drew 85 attendees. President Marcia L. Wineburgh, DSW, BCD gave a comprehensive "State of the Society" address (see page 1). Two outstanding leaders were honored: Helen T. Hoffman, MSW, LCSW, Chair of the Vendorship & Managed Care Committee, and Robert S. Berger, Ph.D., MSW, LCSW, First Vice President, who was made a Diplomate. Dr. Barbara Probst, Ph.D., LCSW and Jerome Wakefield, Ph.D., LCSW each made a presentation on the forthcoming *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Credit for a smooth-running event goes to Beth Pagano, MSW, LCSW, Dore Sheppard, MSW, Ph.D., LCSW, Lorraine Fitzgerald, MSW, LCSW-R, Marsha Wineburgh, Robert S. Berger, Sheila Guston, Administrator, and her staff. ☑



Committee Leaders *Dore Sheppard and Beth Pagano*



Speaker *Barbara Probst*



Speaker *Jerome Wakefield*



## PRESIDENT'S MESSAGE

CONTINUED FROM PREVIOUS PAGE

**Membership:** We have been very fortunate to have secured a new Chair of the State Membership Committee, **Walter Alvarez**. A persuasive and independent thinker, Walter, with the assistance of his most able committee, has taken on the challenge of developing strategies for the recruitment of MSW students, LMSWs and new LCSWs, and for the retention of all members. The committee is also identifying common ground between agency clinicians, institute candidates and private practitioners around economic, cultural, and racial diversity issues. Thankfully, the committee is also undertaking the revision of the Society's brochure and exploring ways to improve the Society's visibility in the public eye.

“This year we have found that collaboration with other mental health groups has enabled us to have a stronger, more effective impact on the larger political and social policy scene.”

**Elections:** The slate and ballot counting is being supervised by **Andy Daly**, Chair of Nominations and Elections Committees. Andy has served as the dedicated Legislative Chair for the Staten Island Chapter for the 30 years it took us to extract insurance reimbursement and clinical licensing. He is currently serving as a Member-at-Large on the State Board.

**Mental Health Community Activities:** Most of this report has addressed activities going on within our organization. Our mission also requires the Society's leadership to provide an advocacy function addressing broad clinical social work issues. This year we have found that collaboration with other mental health groups has enabled us to have a stronger, more effective impact on the larger political and social policy scene.

On the national level, we work with the Center for Clinical Social Work, aka the American Board of Examiners in Clinical Social Work (ABE), which grants the BCD. They have spun off a new organization, the American Clinical Social Work Association, a national individual membership group. Clinical social work needs a national advocacy program desperately; we have not had an effective one since

the National Federation of Societies of Clinical Social Work. Perhaps this new organization will fill the bill. It is still too early to know.

We also work closely with another national group, the American Association for Psychoanalysis in Clinical Social Work (AAPCSW, formerly the NMCOP). This group, whose membership is interested in psychodynamic psychotherapy, presents wonderful educational programs on clinical issues state-by-state, and sponsors a national conference every other year that is well worth attending.

On the state level, we are working with the State Board for Social Work, the informal institute lobby group, the Marriage and Family Therapists, and Mental Health Counselors; we have our own PAC and collaborate whenever possible on education, legislative and vendorship issues with the NASW, particularly the state chapter.

Let me conclude with a brief nod to legislative issues, which are outlined in an accompanying article. We continue to work, behind the scenes and on a regular basis, with our lobbyist. Ten years after passing the LMSW and LCSW licensing bills, we are still struggling with agency compliance. Last year it was the voluntary agencies that objected to hiring licensed professionals to deliver psychotherapy services; this was solved with the so-called “waiver” policy. Pressure to end the waivers has been unsuccessful. Now it is the state agencies that are objecting seeking permanent exemption. We will continue to fight for a single level of mental health care for our patients delivered by licensed professionals. 🗳️

### THE MISSION OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK

- To establish and maintain high standards of professional education and practice.
- To promote post-graduate and/or advanced training in clinical social work practice, teaching, administration, and research.
- To protect the rights of clinical social workers to practice that for which they are trained.
- To inform the general public of the specialized skills of clinical social workers.

# Vendorship and Managed Care Committee

By Helen T. Hoffman, LCSW, Chair

One of the most troubling insurance issues for NYSSCSW members is the question of how to respond to requests for patient information. Once the patient has given permission, there is no legal restriction on what can be shared, and the insurance company is within its legal rights to ask providers to justify “medical necessity.” (The company is ultimately paying for the treatment.) However, providers are required to provide only “the minimum amount of information necessary to establish medical necessity.” It is worth quoting the HIPAA standard cited in a legal brief from NASW: “The entity that is releasing the information shall determine whether it is the minimum amount necessary.” Providers need to address these situations carefully on a case-by-case basis since the regulations leave so much ambiguity.

You may contact members of the Vendorship & Managed Care Committee about this and any other insurance questions you have. See the list of members below. You are also invited to visit the Vendorship and Managed Care Web Page for bulletins and short articles about insurance at <http://www.clinicalsw.org/vendorship-a-managed-care>.

## Purpose of the Committee

The purpose of the Vendorship & Managed Care Committee is to gather and disseminate information on insurance issues, support individual members in their practices, and consider in what way the Society might influence external forces affecting the profession. The committee consists of 12 representatives from the different NYSSCSW Chapters. It meets six to eight times a year by teleconference and communicates regularly by email and shares information on the NYSSCSW listservs and Web site. 🗨️

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# Headquarters Update

Since the last issue of *The Clinician*, the headquarters staff, working with Society leadership, has continued to develop the on-line weekly newsletter. This newsletter is sent out each Friday to all members for whom we have e-mail addresses. The newsletter contains information about upcoming chapter events, state events and any legislative or other information that is timely. If you are not receiving this e-newsletter, and you have an e-mail address, please let us know.

Chapter listservs continue to be a valuable benefit of membership and there are members who join just for the ability to share with their colleagues. Please, if you change your e-mail address, let us know so that it can be changed on the listserv and on your profile.

I would like to remind each member that there is a Career Center on the Society’s website. If you are employed by an institution/organization that may be looking for clinical social workers, please encourage them to advertise on the Society’s website. If you are looking for a position, and are a paid member, you can post your resume at no cost.

Our best wishes to each of you for a good fall/winter. I am sure we will speak with many of you as the year progresses.

Cordially,

*Sheila*

Sheila Guston, CAE, Administrator

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# Chapter Reports

## Staten Island Chapter

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2012 welcomed some new and returning chapter officers: Janice Gross, LCSW moved up to President and Carol Pavin, LCSW became Treasurer. Catherine Putkowski O'Brien, LCSW continues as our hard working Education Chair.

The chapter enjoyed a variety of stimulating programs, including *The Treatment of PTSD in Returning Veterans*. The presenter from the VA drew parallels to our current understanding of PTSD, as well as identifying the particular needs of vets and their families.

Chapter Vice President Dennis Guttsman, LCSW presented *Divorce Mediation*, eliciting many questions from our group. Marcin Kowalski, MD, an electro-cardiologist at SIUH, talked about *The Effects of Cardiac Episodes on PTSD and Depression*. He highlighted the importance of physicians and clinical social workers working together to treat the "whole" person.

Terry Nathanson, LCSW presented *Mindfulness and Creativity in Psychotherapy* to chapter members and community mental health professionals in March over an enjoyable brunch.

We are reaching out to new members with programs that include dinner and a presentation. Last May, a dinner at Nino's Restaurant featured the dynamic Phil Garippa, LCSW speaking on *Infidelity and Sexual Obsessions*. Our last meeting in the spring was another delicious brunch hosted in the garden of a chapter member, complete with a live demonstration on *Gestalt Therapy* by Nancy Bristol, LCSW.

Upcoming events will be listed on the website; highlights include: February, 24 2013: Michael DeSimone, Ph.D., LCSW, speaking on the impact of a father's absence on young adult women's issues in intimate relationships. Please join us.

## Rockland Chapter

Orsoyla Clifford, LCSW, President  
ovadasz@optonline.net

Our chapter begins this fall with a collaborative leadership model with Orsoyla Clifford, Mary Lynne Schiller and Sharon Forman at the helm. Past President Beverley Goff continues to facilitate Clinical Case Discussions and develop our lecture programs. We are grateful for all her hard work as president and her continuing contributions to our chapter. Upcoming educational presentations will include a wide range of topics such as couples counseling, attachment, dream work, parenting and integrating D.B.T. into psychotherapeutic work. We look forward to an exciting and dynamic year.

## Queens Chapter

Fred Sacklow, MSW, LCSW, President  
Fred99@aol.com

The Queens Chapter has put together an ambitious schedule of monthly educational presentations, listed below. This is the result of the hard work of our Education Committee chairs, Jeanne Friedman and Lynne O'Donnell, as well as other chapter board members. We have also been making strides by increasing our membership and having representatives on most state committees.

Before each educational presentation, the chapter holds a board meeting followed by an opportunity for networking. We meet at Holliswood Hospital, which is centrally located and has plenty of free parking. Light refreshments and certificates of attendance are provided.

In March 2013, the Queens Chapter, joined by the Nassau and Suffolk chapters, will celebrate Social Work Month with a fun and informative speed-networking event. It will include lunch and activities to help us get to know one other and

learn more about our respective chapters and the work of the Society. All Society members are welcomed and encouraged to attend these events. Please save the following dates. We hope to see you soon in Queens.

**September 9:** Laura Royle, LCSW, "Psychological Impact of Hereditary Breast and Ovarian Cancer"

**October 7:** Lee Chabin, LCSW "Divorce Mediation"

**November 18:** Glenn Berger, LCSW, "Creating Attachment with Couples: First Five Sessions"

**December 16:** "Horseability" (Equine-Assisted Psychotherapy)

**January 13:** Terri Muuss, LCSW, "The ART of Recovery"

**February 3:** Ron Cohen, MD, "Helping Families Lead Healthier Lives: The Post-Divorce Bi-nuclear Family"

**March 3:** A Speed-Networking Event in Celebration of Social Work Month

**April 7:** Bryan Hazelton, LCSW, "Empathic Attunement"

**May 19:** Ann Goelitz, Ph.D., LCSW, "From Trauma to Healing: Practical Tips for Working with Survivors"

**June 9:** Jeanne A. Friedman, LCSW, "If You Build It, They Will Come: Selling a Clinical Social Work Practice"

## Mid Hudson Chapter

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

The Mid Hudson Chapter proudly announces its Autumn 2012-Spring 2013 series of four annual workshops, held in Kingston or Poughkeepsie. Workshops scheduled beginning in November include *Group Treatment* with emphasis on the therapist's countertransference; *Transference in Treatment*; *Grief and Bereavement*, also with emphasis on countertransference of the group facilitator; and, *Therapy with Couples*.

The Chapter has again served on the Planning Committee, represented by Gloria Robbins, Chapter Board Membership Chair, as a co-sponsor for the September 28 conference held in Poughkeepsie, *Clinical Preparedness for Social Work Practice with Veterans and Their Families*.

The Chapter's Peer Consultation Group, held monthly year-round, begins its sixth year. It was co-founded and is co-facilitated by Jeanne Asma, Chapter Board Treasurer and Linda Hill, Chapter Board Vice President.

The Mid Hudson Chapter Board members are developing a mentorship program to provide support to graduating social workers and recent graduates. They will confer with the local Adelphi University Graduate School of Social Work, and the Hudson Valley Center executive director in developing guidelines for the program.

## Metropolitan Chapter

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

The Met Chapter continues to grow and the board has been hard at work developing new committees and expanding the range of educational, social and networking opportunities for members. This year, three new committees have been added and are planning stimulating new programs: *Addictions*, chaired by Betsy Spiegel, *Trauma Studies and Recovery*, chaired by Gwenn Nussbaum, and the *Committee on the Aging Client and the Aging Clinician*, co-chairs Helen Hinckley Krackow and Henni Fisher.

The Chapter strives to enhance professional practice and development through clinical presentations and lectures, study groups, and mentorship groups that provide support and guidance to students and new clinicians launching their careers. Education Committee brunches, Family Practice gatherings and Membership

Committee events such as *Food for Thought and Speed Networking* are all well attended.

The Committee on Psychoanalysis started the season with a *Salon de Psychoanalysis* focusing on the work of Daniel Stern. Social events including the annual holiday party and new member receptions that take place throughout the year encourage members to gather and meet other members, including board members and committee chairs, in lively, welcoming settings.

The Chapter congratulates the 2012 First Year MSW Student Writing Scholarship Recipients: Jonathan Boland from Columbia; Daniel Schneider from Fordham; Devin Bokaer from Hunter; and Sheena Marquis from NYU. The students will be honored November 27 at an Awards Ceremony, where they will receive a \$500 scholarship, membership in the Met Chapter, and an opportunity to present their papers to Met Chapter Board Members, deans and faculty of the schools of social work, as well as friends, families and colleagues who will join in the celebration. This scholarship is designed to further the education of MSW students, who we see as the future of our profession.

And congratulations to Robert Berger, Co-Chair of the Listserv Committee, Co-Chair of the Nominating Committee, and First Vice President on the State Board for being approved as a Diplomat in the Society.

Check the website for descriptions of the committees and watch the listserv for details of upcoming events. We invite members to attend a Met Chapter event, join a committee, pursue your interests, and expand your clinical work by attending informative presentations that can add a new perspective to your practice. For more information, contact any board member or committee chair; see the listings on the Met Chapter section of the Society's website. ☑

## NEWS ABOUT OUR MEMBERS

**Allen A. Dumont**, LCSW, BCD, DPNAP, FNAP, a past president of NYSSCSW, was recently appointed Vice President of Membership of the prestigious National Academies of Practice (NAP). His appointment marks the first time that a social worker has reached this position in the NAP, reflecting the increased recognition by the health professions of social work's significant contributions to the healthcare and well-being of the public. NAP is a non-profit organization founded in 1981 to advise governmental bodies on the healthcare system. Distinguished practitioners and scholars are elected by their peers from ten different health professions to join this inter-professional group dedicated to supporting affordable, accessible, coordinated quality healthcare.

**Fran Levy**, Ed.D., LCSW, returned this fall from a trip to South Korea and Hong Kong following the translation of her books, *Dance Movement Therapy: A healing art*, and *Dance and Other Expressive Art Therapies: When words are not enough*. She was a keynote speaker and presenter for The First International Conference of the South Korea Dance Psychotherapy Association and for the University of Hong Kong. Levy's lectures and workshops focused on the creative process of interweaving different artistic modalities into a cohesive form of psychodynamic psychotherapy designed for patients needing alternative modes of self-expression. She presented several case studies illustrating her multi-modal approach, and raised clinical issues concerning the similarities and differences between Eastern and Western cultures. Levy has a private practice in Brooklyn, where she also trains clinicians.

An article by **Laura Royse**, LCSW, *The Trans-generational Transmission of Primary Trauma in Hereditary Breast and Ovarian Cancer*, was posted online on the NASWNYC blog [<http://naswnyc.wordpress.com/2012>] in October, which is Breast Cancer Awareness Month. The article deals with the psychosocial implications of a diagnosis of the disease in those with genetic mutations. "Women with a BRCA mutation have a significantly higher risk of developing breast and ovarian cancer compared to the general population," according to Royse's article. "Women ... must decide, sometimes quickly depending upon age, whether to proceed with frequent pre-screenings or pursue a prophylactic mastectomy and/or oophorectomy in order to significantly reduce their risk of cancer... The psychosocial impact is vast."

**NOTE: Please send recent news items about members to [ivymler@hotmail.com](mailto:ivymler@hotmail.com)**



# PLEASE WELCOME THE NEW MEMBERS OF THE NYSSCSW\*

NAME	CHAPTER	DEGREES/LICENSES	NAME	CHAPTER	DEGREES/LICENSES
Agnew, Anstiss	MET	LCSW	Hellman, Isaac	MET	
Allen, Hafina	MET	MSW	Henderson, Shelley	MET	MA, MSW, LCSW
Almenas, Melissa	ROC	LMSW	Herskovitz, Bonnie R.	MET	LCSW-R
Anastasi Darge, Frances	MET	LCSW	Hoening, Sidney	QUE	
Arzt, Thomas A.	SUF	MSW, LCSW LCSW-R	Howard, Kayla	MET	
Banks, Adam S.	MET		Israel, Alison	MET	
Bergman, Rennie	MET		Jacobs, Grace E.	MET	
Berlings, Maureen	MET	LCSW-R	Kabat, Roberta	WES	Ph.D., LCSW-R
Berndes, Kimberly	MET		Kalman, Samantha	MET	
Bernitt, Roberta	MET	LCSW-R	Keeney, Elizabeth	SI	LCSW-R
Bokaer, Devin	MET		Kilbride, Jessica E.	WES	MSW
Boland, Jonathan	MET		Korn, Amy	SUF	LCSW-R
Bram, Jane	MET	Ph.D., LCSW	Kurzman, Margaret F.	MET	MSW, LCSW-R
Bravman, Nancy	MET	LCSW-R	Laidlaw, Ian R.	ROC	MA, LMSW
Brodth, Gail	MET	LCSW-R	Lefever, Jen	MET	MSW
Brody, Francesca Periconi	MET		Leitner, Deborah A.	MET	
Bryant, Valerie	MET	Ph.D., LCSW-R	Lendenman, Marina	MET	LCSW
Buscemi, George A.	MET	LCSW	Leonard, Mary	MET	LCSW-R
Cadalzo, Maria	WES	LCSW-R	Lippin, Ruth A.	MET	LCSW
Call, Cindy L.	MID	LCSW	Longshore, Kelli E.	MET	MSW
Calmann, Amy L.	MET		Lucey, Kate	SYR	MA,
Capalbo, Francis J.	MET	MSW	Mallon, Eli	ROC	LMSW
Castaldo, Debra D.	ROC	Ph.D., LCSW-R	Manger, Elizabeth (Lisa) E.	MET	MS, LCSW-R
Checa-Rosen, Maria	MET	M.Ed., MA, LCSW	Mansbach, Cynthia L.	WES	LCSW
Cicogna, Patricia Felice	MET	MSW, LCSW	Marcigliano, Louise D.	MID	LCSW-R
Cramer, Elizabeth S.	MET	MSSW, LCSW	Markowitz, Marvin	WES	Ph.D.
Creamer, Kevin G.	MET	MSW	Marquis, Sheena	MET	
D'andrea, Carol A.	QUE	LCSW-R	Marx, Anne Marie	MET	M.Ed., MSW, LCSW
Danelowitz, Howard	MET	LCSW-R	Mazzarella, Barbara	MET	LCSW-R
de Peyer, Janine C.	MET	MSW, LCSW-R	McEvatt, Linda	MET	LCSW
Dowler, Helen A.	MET	MSW	McMahon, Dennis J.	WES	MSW
Dubovick, Menachem M.	MET	MSW, LMSW	Mestre, Jose	MET	
Edelman, Susan	MET	LCSW	Mickel, Marisa K.	MET	
Edmonds, Michelle	MET	MSW, LMSW	Miechowski, Elizabeth H.	MET	
Evjen, Suzie	MET	MSW	Mikaelian, Matthew R.	MID	
Ezell, Lauren	MET		Miller, Kristin	MET	MSW
Farrell, Susan C.	ROC	MSW	Mofidi, Farhad	MET	MSW
Feit, Allison	MET	LCSW-R	Mondo, Domenica M.	MET	LCSW-R
Feurman, Simon Yisrael	MET	LCSW-R	Moore, Caroline M.	MET	LCSW
Florida, Tracie	ROC	MSW	Morgan, David	SUF	LCSW-R
Freirich, Bonnie	ROC	LCSW	Moss, Rhonda	MET	Ph.D., LCSW
Futterman, Francine	NAS	LMSW	Musso, Joanna	MET	LCSW
Gelber, Cindy C.	MET	LCSW	Nelson, Joshua	MET	LCSW-R, LMFT
Gerbarg, Patricia L.	MET		Norman, Rebecca A.	MET	
Ghia, Kaushangini	MET	MSW	Ottesen, Eva	MID	LCSW-R
Gladstone, Amy L.	MET	MSW, Ph.D., LCSW	Paquette, Julianne M.	MET	MSW, LMSW
Gladstone-ramos, Carole	MET	LCSW	Pearl, David J.	MET	MSW
Goldberg, Jean	MET	LCSW-R	Pearlman, Cheryl	MET	LCSW-R
Grimshaw, Nicholas R.	SUF	LCSW	Phillippe, Jennae	MET	
Grossman, Leonard	MET	Ph.D.	Pieratos, Gina Marie	WES	
Hawthorne, Caro	MID	LCSW-R	Pollert, Elizabeth L.	MET	
Heller, Rachel S.	NAS	MSW, LCSW			




NAME	CHAPTER	DEGREES/LICENSES
Pressman, Vera E.	MET	MSW, LCSW
Probst, Barbara	WES	Ph.D., LCSW
Proctor, Karen	WES	
Pullman, Judith	MET	LCSW-R
Pultzer, Susan	WES	
Quintano, Kristin N.	WES	
Rader, Michelle C.	SI	
Rice, Lois	MET	LCSW
Rios, Susan	MET	LCSW
Rivard, Marissa	WES	
Roe, Amie M.	MET	MSW
Roth, Stephanie L.	MET	LCSW
Rothman, Sharon	MET	MSW
Rottemberg, Melissa A.	MET	MSW, LCSW-R
Rozentsvit, Inna	MET	M.Ed., MBA, Ph.D.,
Rutherford, Katherine (Kate) A.	MET,	MSW
Ruvituso, Christy	WES	
Sabat, Deborah J.	MET	MSW
Schefer, Debra M.	WES	M.Ed.
Schiffmann, Karen E.	MID	
Schwartz, Jamie	MET	LCSW-R
Selzer, Ryan	MET	MSS
Sender, Keri	MET	LMSW
Sethi, Saloni	MET	
Sexton, Alissa	MET	MSSW
Sgarlato, Rosemarie	SI	LCSW-R
Shaner, Anne M.	MET	MSW
Shapiro, Scott	MET	M.D.
Sheehan, Ann	MET	LCSW-R
Shenefield-Angiello, Caroline	WES	LCSW-R
Smith Moore, Karen	MET	MSW, LCSW-R
Sommerich, Kathy	MET	LCSW
Spaulding, Andreacia M.	WES	
Sterzer, Honey	MET	MSW, LCSW
Stovall, Heather	QUE	MSW,
Streb, Pamela A.	SUF	MSW, LCSW, LCSW-R
Strug, David L.	MET	MSW, Ph.D., LCSW-R
Suchow, Steven A.	WES	LCSW
Timpanaro, Mari	MET	
Toth, George B.	MID	MSW, LCSW-R
Turco, Peter	MET	LCSW-R
Wang, Hao	MET	MSW,
Weiss, Susan	WES	LCSW-R
Williamson, A. Christine	MET	MSW, LCSW-R
Wise, Marion S.	MET	MSW, LMSW
Wright-woolcock, Stacey M.	MET	LMSW
Yang, Christina	MET	MSW, LMSW
Yellen, Donna	WES	
Young, Kelly J.	MID	LCSW-R
Zagame, Joseph A.	MET	LCSW
Zak, Vivien K.	MET	MSW, LCSW-R

may remember, an e-mail alert went out to our membership in the late winter 2012 to review each state agency's report of the impact of licensing on their organizations. The response was very helpful; clinical social workers were the second highest respondent group. Our comments were submitted to SED, which produced a draft report in late spring of their recommendations to the Legislature regarding exemptions for the licensing statutes. This report reflected many of our own concerns about who was making clinical decisions for patients and recommended against broad-based permanent exemptions for several occupations, including practitioners of psychotherapy. It also recommended that diagnosis be included in the scope of practice for other mental health practitioners, licensed marriage and family therapists, mental health counselors, psychoanalysts and creative arts therapists.

The NYSSCSW commented on the SED draft and the final report went to the Legislature. Stakeholders began meeting to discuss a strategy for proactively dealing with a final version of the licensing statute. Recently, Governor Cuomo sent a memo to state agencies requiring zero growth budgets for 2013, meaning that if an agency added a program, the monies had to be taken from an existing program. This exacerbated the exemption issue. A compromise will be worked out that may include opening a grandparenting period for LMSWs and establishing continuing education requirements. NYSSCSW is very concerned about lowering standards for providers of mental health services and will actively oppose any such compromise impacting on the LCSW license.

**Worker's Compensation Legislation:** We have once again introduced legislation seeking to reimburse LCSWs for mental health services in the Worker's Compensation system. We are working closely with the state chapter of NASW to build legislative support for this bill.

**Insurance:** Along with other licensed professions, NYSSCSW opposed third party reimbursement for all four members of the licensed mental health group (Licensed MFTs, mental health counselors, creative arts therapists and psychoanalysts) and expanding their scope of practice to include diagnosis and treatment. They do not meet the same education and experience requirements of LCSWs. We also opposed licensing for rehabilitation counselors. Their scope of practice overreached into diagnosis and treatment of mental disorders, with no education, experience or examination specified in their training to substantiate their qualifications. 

\*These new members joined from January to November 2012.

## CAUGHT IN THE GRIP: *Traditional and Contemporary Approaches*

The 43rd Annual Education Conference was a huge success, appealing to social workers serving diverse populations in various settings. The dynamic keynote presentations and afternoon workshops, as well as the many opportunities to connect informally with colleagues, made the event memorable. Another dimension was added by an exhibit of artworks, created by talented Society members, reflecting upon the conference topic, *Caught in the Grip: Traditional and Contemporary Approaches to the Treatment of Obsession, Addictions and Compulsive Behavior*. The exhibit was curated by Sandra Indig, LCSW-R, LP, ATCB.

Reviews of the two keynote addresses are presented in this issue. Marie McHugh, LCSW-R, has written an excellent review of the insightful presentation by Carl Bagnini, LCSW, BCD on his effective and challenging work with couples when one partner presents with an obsessive disorder. Gail Grace, LCSW-R presents fascinating details of Dr. Stephen L. Dewey's extensive research in her review. He provided us with a wealth of disturbing information on the effects of alcohol and drug abuse on the human brain.

The afternoon workshops covered a wide spectrum of important issues, such as helping a couple rebuild their relationship after an affair. This workshop, by sex therapist Sari Eckler

Cooper, LCSW, offered ideas for working with the obsessive questioning partner and provided examples of ways to facilitate healing and progressive movement toward transforming a couple's sex life. Judith Rustin, LCSW and Heather Ferguson, LCSW presented recent research on neuroscience and eating disorders, and provided a case vignette demonstrating clinical integration.

Both Natalie Z. Riccio, Ph.D., LP, LCSW and Betsy Robin Spiegel, LCSW-R presented on their work with drug abusers from very different, yet equally effective, approaches, while the workshop by Valerie Frankfeldt, LCSW, Ph.D. emphasized the importance of understanding and using one's countertransference in harm reduction work. Lastly, Michael M. Crocker, MA, LCSW and Michael Aaron, LMSW presented interesting case material through the lens of the attachment perspective. They provided an important study linking men's out-of-control sexual behavior to symptoms of insecure attachment.

The discussions that followed the keynote presentations and interactive workshops were vibrant, insightful and inspiring.

—*Susan A. Klett, LCSW-R, BCD, Certified Psychoanalyst  
Annual Education Conference Committee Chair*

## “I Need It, I Want It”

### Clinical Challenges when Couples Present with an Obsessional Partner

*Presented by Carl Bagnini, LCSW, BCD / Reviewed by Marie McHugh, LCSW-R*

The estimable Carl Bagnini opened this year's annual NYSSCSW conference by skillfully engaging the audience in a reverie about the contrast in paradigms being presented that day on the subject of obsessions/compulsions/addictions. Bagnini would be expounding on obsession in couples from a psychoanalytic perspective to an auditorium full of colleagues and was being followed by Dr. Stephen L. Dewey, a prestigious scientist and researcher, who would be using a scientific model to demonstrate the effects of drugs on the human brain. Bagnini utilized humor mixed with curiosity as he described himself and Dr. Dewey to be comparable to the well-known “Odd Couple,” as indeed they were. Notably, key elements of Bagnini's style and theoretical orientation were already visible as he created a tangible

image for his audience that was easy to grasp, while making segue into a scholarly and sophisticated presentation.

Bagnini utilizes Object Relations Couples Therapy and, in keeping with his theoretical stance, he asserted that clinical paradigms “can narrowly define and treat parts of the object (e.g., focus on the specific obsessive thought or compulsive behavior), may treat the whole object (e.g., disorders of the self or personality), or combine two or more approaches.” He defined his focus of treatment to be the couple as a unit and expanded the dynamics of individual obsessional pathology to the couple. To further delineate and help lay the groundwork for his case presentation, Bagnini made the point that “obsessional thoughts lead to compulsive acts,” but beneath the compulsive behavior

## to the Treatment of Obsession, Addictions and Compulsive Behaviors

is the loss that needs to be retrieved and brought into consciousness.

Bagnini identified other distinguishing characteristics of obsessional patients (or the couple unit) as well. Briefly, the characteristics are: ritualized behaviors that protect against underlying hysteria or fragmentation, “wish fulfillment directed towards the sought after object, attempts at abstinence that produce emotional upset and impair couple functioning, an adhesive attachment that limits and/or prevents new learning possibilities, obsessional behavior fights self-doubts with the certainty that the object will provide or make up for what has been unattainable or lost, domination of the introjected object is hidden beneath the animated, concretized substitute, and finally, the dynamic history of the couple provides the underpinnings of the acting out.”

### The Case of Mork and Mindy

The couple was identified as Mork and Mindy, who had been married for 30 years. Mindy had become suspicious that Mork was having an affair and, under pressure from Mindy, Mork angrily conceded that he had “a secret relationship” with a woman. This was the reason for coming into therapy, which Mork only did because Mindy was prepared to leave the marriage if he did not participate.

Initially, Bagnini had a difficult time establishing a therapeutic alliance with Mork, who clearly did not trust him and did not want to be in therapy. Nonetheless, the couple was committed to establishing stability in their relationship and eventually they both did engage in the couple therapy and stayed in treatment for a significant period of time (the exact duration was not specified) working through their issues. Bagnini detailed his interventions, the challenging process of containment, and the complicated countertransference that he experienced in treating this couple. Bagnini’s theoretical foundation was drawn heavily from the theories of Winnicott, Bion, Bollas, and Klein (to name a few) and included the concepts of the holding environment, containment, the mother-infant dyad, attunement, reverie, the unthought known, and intersubjectivity, which he has adapted and combined from his extensive experience in working with couples.

Significantly, Bagnini made use of a dream that was evoked at a crucial point during the treatment about being in session with the couple. The dream illustrated his negative countertransference and struggle with containment. Bagnini felt affectively overwhelmed being a part of the triad and was feeling hopeless about the treatment. However, by having the dream and processing and analyzing his own unconscious

material, Bagnini was able to gain a deeper understanding of the treatment and subsequently worked through the negative countertransference he was experiencing, particularly towards Mork. Specifically, he became aware of an enactment where he found he was emotionally abandoning Mork for Mindy. Bagnini found Mindy to be much more emotionally accessible than Mork, who was resistant, confrontational, distrustful, dismissive of Bagnini’s interpretations, and in denial of his acting out, even after many months of treatment.

As Bagnini examined his own counter-resistance to the treatment, he made note that Mork appeared to be sad at the end of the dream. Bagnini came to the realization that Mork was intrapsychically aware of the emotional abandonment being enacted in the triad and that he did not want Bagnini to give up on him. This factor in itself was very revealing of Mork’s earlier childhood experience and of the underlying dynamic behind his acting out. As a result, Bagnini was able to develop some valuable insight into and empathy for Mork, and was finally able to connect with him.

Of importance, the dream demonstrated the patient’s unconscious containment of the therapist. While containment involves the ability of the therapist to be able to process and transform the patient’s negative affective and primitive emotional experience within a safe holding environment, the theory of mutual containment goes one step further in that it also considers the patient’s holding and tolerating of the therapist’s negative affective experience. It was a turning point in the treatment and in Bagnini’s own words, the dream “salvaged the therapy.”

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**Carl Bagnini, LCSW, BCD** is founding faculty of the International Psychotherapy Institute in Washington, D.C. and chairs the video-conferencing couple therapy seminar in Long Island, NY. He is on the faculty of Adelphi University Derner Institute, New York University post-Master Certificate Program in Child & Family Therapy, and the New York Psychotherapy Training Institute. Bagnini has presented papers and workshops in the U.S., and internationally. His book chapters and journal articles focus on couples and families, supervision, narcissism, affective learning and countertransference. Bagnini’s new book; *Keeping Couples in Treatment: Working from Surface to Depth* will be published by Jason Aronson in 2012. Bagnini has a private practice in Port Washington, NY where he provides supervision in person and by Skype and telephone.

**Marie McHugh, LCSW-R** is a certified psychoanalyst in private practice in Manhattan.

## CAUGHT IN THE GRIP: *Traditional and Contemporary Approaches*

# The Effects of Drug Abuse on the Human Brain

*Presented by Stephen L. Dewey, Ph.D. / Reviewed by Gail Grace, LCSW*

Casual in dress and demeanor, Dr. Stephen L. Dewey gave a lecture that was at once sophisticated and easily understood. His use of data and anecdotal evidence was riveting, though he noted that he was merely “showing the science, not making any judgments.”

Dr. Dewey uses positron emission tomography (PET) scans of the brain in his research, an “ideal method” for analyzing changes in brain physiology. The slides of the scans he presented revealed startling abnormalities in brain formation and function of drug abusers.

In drawing comparisons between normal and drug-addicted brains, Dr. Dewey paid particular attention to the role of dopamine, the neurochemical that feeds the brain’s reward system, providing a “natural high.” He said that one of pharmacology’s major successes has been the development of antidepressant medications that work by increasing brain dopamine levels. He added, “Every drug of abuse works the same way, by increasing the amount of dopamine in the brain.”

Dr. Dewey stressed that the seeds of addiction are sewn in adolescence, when teens’ dopamine levels are already at a lifetime high. While a teen might experience a 10 percent hike in dopamine levels by “acing a math test,” taking “a single hit” of crystal methamphetamine (meth) gives him a 600,000 or 700,000 percent hike in dopamine. With repeated cocaine use, a teen will “lose the ability to feel good about what he once liked,” for example, playing video games or sports. What used to make him happy no longer does. Put another way, Dr. Dewey said, “[He] can no longer feel pleasure from normal things.” His brain has changed.

Resting-state dopamine levels are a predictor of “risk taking/novelty seeking behavior,” Dr. Dewey said, and he recalled with humor how his teenage son derided his use of an antiquated cell phone, urging him to “upgrade to an iPhone.” He attributed this to the teen’s need for new experiences, one that he, with different brain chemistry, did not share.

Dr. Dewey stated that if kids do not use alcohol or illegal substances until they reach about 22 years of age, it is unlikely they will become addicted. Addiction starts in adolescence. Even drugs like caffeine and caffeinated energy drinks, like Red Bull and Monster, can predispose a young person to become addicted to another substance, he said. The high caffeine levels cause adolescents’ brains to mimic the brains of active six-year-olds. This is not how the teenage brain should function, and it will impact the ability to learn at a crucial developmental stage.

Even being exposed to second-hand smoke elevates dopamine levels, he said, which increases novelty-seeking behavior. Smoking also destroys monoamine oxidase (MAO) in 100 percent of smokers. MAO brings the levels of dopamine down in the brain, so each behavior creates a chain reaction impacting the brain’s functioning. The good news is that this process is reversible.

Dr. Dewey also spoke of gateway drugs like alcohol, marijuana and cigarettes that can open the door to addiction by altering the brain’s chemicals. Teens become “more novelty-seeking” when exposed to them, impacting their judgment.

When discussing alcohol abuse, Dr. Dewey shocked the audience by describing “eyeballing,” a drinking game popular



**Education Conference Workshop Leaders:** (L to R) *Natalie Z. Riccio, Ph.D., LP, LCSW; Michael Aaron, LCSW; Valerie Frankfeldt, Ph.D., LCSW; Sari Eckler Cooper, LCSW; Michael Crocker, MA, LCSW; Judith Rustin, LCSW; and Heather Ferguson, LCSW*

*Photo by Hillel Bodek*



## **Call for Proposals**

For the 44th Annual Education Conference to be held Saturday, May 4, 2013

### **AND NOW, FOR SOMETHING COMPLETELY DIFFERENT:**

We are trying out a new format for this conference. We are open to accepting presentations on any clinical practice or clinical research topic or social policy issues impacting on mental health which does not exceed twenty (15-20) minutes in length. It must be on a subject that the speaker is passionate about, well-focused, well-organized, and has contemporary relevance. A bibliography will be required so clinicians can seek additional information.

- Proposals should be from three to five (3–5) typewritten pages, double spaced, and should include:
- Description: Purpose, function, and teaching objectives. Include clinical illustrations if relevant.
- Bibliography.
- Five (5) copies of the proposal; one (1) copy of your C. V. (and all other identifying information) on a separate page. Underline one (1) affiliation that you would like listed in the brochure in addition to private practice.
- On a separate page: A brief paragraph of about five (5) lines stating the purpose of your presentation; a listing of five to six (5–6) aims and objectives.


**DEADLINE FOR SUBMISSION OF PROPOSALS: JANUARY 15, 2013**

Mail to: Marsha Wineburgh, 263 West End Ave. Apt. #1F, New York, N.Y. 10023

on college campuses. Clear alcoholic liquids are poured directly into the eye to produce quick drunkenness that cannot be detected by a Breathalyzer test. It is a doubly dangerous practice, he said, because alcohol dehydrates the retina and can lead to blindness. There has been a 400 percent increase in college-age blindness in recent years.

Another abusive practice he described is the use of tampons by both men and women to get alcohol into the body. This can increase the risk of colon cancer in men and sterility in women.

Both types of abuse are potentially lethal in that drunk driving cannot be detected, and users cannot throw up to eliminate excess alcohol from the body.

At the end of his lecture, Dr. Dewey was engulfed by audience members eager to learn more about his cutting-edge research and its implications for their practice. 

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**Dr. Stephen L. Dewey, Ph.D.**, who is both a neurologist and a psychiatrist, has studied the effects of addictive drugs on the brain for more than 30 years. He is Director and Investigator at the Laboratory for Behavioral & Molecular Neuroimaging at The Feinstein Institute for Medical Research of the North Shore/LIJ Health System. In 1994, Dr. Dewey started an outreach program bringing his research findings to school districts throughout New York State. His message is based on objective scientific data and his findings have helped him develop a novel treatment for drug addiction that is currently in Phase III clinical trials across the United States. For more information visit [www.thisisyourbrainondrugs.org](http://www.thisisyourbrainondrugs.org)

**Gail Grace, LCSW** is in full-time practice in Manhasset, teaches at Adelphi University/Derner Institute in the Postgraduate Program for Psychoanalysis and Psychotherapy, and is a member of the State Society's Annual Education Conference Committee.

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# A Conversation with Susan A. Klett

## Chair of the Annual Education Conference Committee

**Susan A. Klett, LCSW, BCD, Chair of the Annual Education Conference Committee, was honored in 2010 with the State Society's Recognition Award for her invaluable contributions to social work education. Year after year, her committee has produced highly-regarded education conferences with efficiency and aplomb.**

Klett will step down as Chair at the end of the year to devote more time to her work as Co-Director of the Washington Square Institute and Director of Continuing Education for WSI. A psychoanalyst in private practice in Manhattan, she is also a member of the Editorial Board of WSI's journal, *Issues in Psychoanalytic Psychology*.

"It has been a pleasure and honor, as well as an immensely rewarding experience, to chair the NYSSCSW conferences," she said in a recent interview with Ivy Miller, Editor of *The Clinician*. "I'm equally passionate about my role as an educator and as a psychotherapist." The conversation is excerpted below.

**I.M.** When did you first join the committee and what was your experience like as you transitioned to Chair?

**S.K.** I was invited to join the committee in 2004 by then-chair Dianne Heller-Kaminsky. She was an excellent role model. Dianne hand-selected her committee. Most of the committee members had been either her supervisees or students. It was a pleasure to meet and work with this team. Each member had similar yet varied and unique professional and educational experiences. We respected and complimented each other well. I was very pleased that most of this committee remained intact when Dianne stepped down and I was appointed chair in 2007, which has contributed to a smooth transition.

**I.M.** Can you tell me what goes into putting together the Annual Education Conference and whether there were any surprises when you took over?

**S.K.** I was amazed by the numerous administrative tasks Dianne had handled behind the scenes, such as planning the budget and gaining the Board's approval; attaining a contract and securing a venue; hiring and overseeing the catering, the technicians and the photographer; organizing the book fair; working with the printer and mailing house for the brochure; taking in all the registrations and fees and setting up an Excel spreadsheet for Hillel Bodek, who handles our continuing education credits; making reservations for the luncheon, seeing to it that the vendors were paid and attending half-day board meetings every other month. All this was in addition to hosting committee meetings in her home approximately four times per year.

During the committee meetings, we would brainstorm ideas for a theme. Once we decided on a theme, we would compose a Call for Proposals with suggested topics for workshops. Various members would provide suggestions for keynote speakers, of which two were chosen. The Call for Proposals would be placed in *The Clinician* and widely circulated through various listservs. Once all of the proposals arrived, the committee would meet to read them blindly and select eight workshop leaders. We would also receive four to five images provided by a graphic artist for our brochure and vote on the one which closely represented the conference's theme.

**I.M.** What did you find to be the trickiest and/or most difficult task?

**S.K.** I believe the trickiest task was finding out which other conferences were scheduled and when so that we would not overlap dates or topics. Even though I would research this thoroughly, it never failed that after our conference was scheduled and announced, there would be one or two conferences scheduled a month later for the same day. One of the most difficult tasks was selecting eight workshop leaders from the 12 to 14 very talented clinicians who had submitted significant proposals.

**I.M.** What do you look for in a keynote speaker?

**S.K.** We look for someone who has published widely and who has teaching and lecturing experience; Someone who has made a significant contribution to the field and whose work would appeal to a wide range of social workers and serve their educational/professional needs.

We always chose one speaker to present their work with individuals and a second speaker to address work with couples and/or families. We request that our speakers integrate case vignettes with theory and provide current research. It is ideal when a speaker can present complicated material in a clear manner to engage and speak to the audience rather than to read directly from a paper, and to relax and vitalize the audience with a tinge of appropriate humor.

**I.M.** Can you give me a couple of examples of speakers who illustrate these qualities?

**S.K.** This is a very difficult question, as we had been fortunate to have so many extraordinary keynote presenters throughout the years. At our first conference, "Identity: The Psychological Concept of a Largely Unconscious Process of Self in Relation to Others, our keynotes were Eda G. Goldstein, DSW and Paul Geltner, DSW. Following that was

“Out of Sorts: Meeting the Challenges of Working with Anxiety and Mood Disorders,” with Jerome C. Wakefield, Ph.D., DSW and Carol Tosone, Ph.D. Next came “Lives Disrupted: Contemporary Approaches to the Treatment of Trauma,” with Catherine Lewis, LCSW, M.S. and Crayton E. Rowe, Jr. MSW, BCD-P as keynotes. “The Multiple Dimensions of Narcissism and How to Survive Them” followed, with Dr. Judith Siegel and Jane S. Hall, LCSW, FIPA and, lastly, “Caught in the Grip: Traditional and Contemporary Approaches to the Treatment of Obsession, Addictions and Compulsive Behavior” featured Carl Bagnini, LCSW, BCD and Dr. Stephen L. Dewey.

While I have enjoyed and learned a great deal from each presenter, the two that remain very present and vibrant in my mind are Dr. Stephen L. Dewey and Dr. Judith Siegel. Each presented powerful visual images which precisely captured the essence of the facts they discussed. For example, Dr. Dewey spoke in a very engaging manner regarding the serious impact of alcohol and drugs on the brain and new and dangerous ways young people are getting high. He presented slides of PET scans pointing out damaged areas of the brain resulting from substance abuse and showed photos of the physical deterioration of a young adult who appeared 30 years older than she was due to substance abuse. When Dr. Judith Siegel presented her work with couples, she demonstrated how she integrates psycho-education into her sessions, specifically around the concept of splitting. To illustrate the concept of seeing things as all good or all bad, she uses the analogy of a filing cabinet that allows limited access. When one drawer is opened, all the others remain locked. In this way she helps partners realize how they may lose sight of each other as whole persons when they become locked in this defense. The image of a file cabinet also captured a complex concept in a simple manner for her conference audience and gave them something new to bring into their work with couples.

**I.M.** Congratulations on your new position as Co-Director of Washington Square Institute. Can you tell me about your transition and the plans for the Society’s Annual Education Conference next year?

**S.K.** Thank you Ivy. Resigning as chair was a very difficult decision. It has been a pleasure and honor, as well as an immensely rewarding experience, to chair the conferences. I have enjoyed sitting on the Board with so many hardworking, dedicated and gifted Board members as well as committee chairs and chapter presidents.



**The Annual Education Conference Committee:** (L to R) Marie McHugh, LCSW; Ashanda S. Tarry, LMSW; Susan A. Klett, LCSW, BCD; Gail Grace, LCSW; Meryl G. Alster, LCSW; and Tripp Evans, Ph.D., LCSW

Photo by Hillel Bodek

I will miss working closely with my very talented committee. I wish to acknowledge and thank Meryl G. Alster, Gildo Consolini, Tripp Evans, Gail Grace, Marie McHugh and Ashanda S. Tarry for their contributions to the success of our conferences.

I have been working with State Society President Marsha Wineburgh in facilitating this transition. Presently, half of my committee will be staying on. Marsha plans to change the structure of our conference. She will transition all of the administrative tasks to our administrative office. In place of workshops, she hopes to have ten speakers present on various topics for 20 minutes each. I think that this will be a very interesting and revitalizing process. She has requested that I remain on as an advisor and I am pleased to do so. ☑

# Committee for Creativity & Transformation in Clinical Practice

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

Motivated by a number of our most productive and creative members, we successfully mounted our third art exhibit at the Annual General Membership Meeting in October. On the heels of our Members' Inaugural Art Exhibit of last September, both visual and written works were on display in May, during the 43rd Annual Education Conference at the prestigious Nightingale-Bamford School's newly renovated exhibition space. The stimulating and provocative imagery and words were inspired by the theme of the conference, "Caught in the Grip; Traditional and Contemporary Approaches to the Treatment of Addiction and Obsessive-Compulsive Behavior." Those who took time out from the busy conference schedule to see the exhibit were richly rewarded. Many participants welcomed the opportunity to revisit their creative selves, and a few long-lapsed members renewed their memberships!

It is our goal to post, on the Society's website, the names, images and poems of the clinician/artists who participated in the October annual meeting exhibit. Lack of space permits only their names to be listed here. They are Marie Colwell, Chris Farwood, Joan Furedi, Sema Gurun, Bryan Hazelton, Sandra Indig, Helen Hinckley Krackow, Dayle Kramer, Gwenn A. Nusbaum, Nick Piombino, Veronica Ryan-Silverberg, Joy Sanjek, Richard Trachtman, Marsha Wineburgh, and Sarah Zahnstecher. Special mention goes to Michelle Edmonds, new to our committee, for her valuable technical help in making this exhibit possible, and to Sema Gurun for editing this article.

## Upcoming Meeting on Sunday, December 2

Alli Berman, PuzzleArt™ Therapist and interactive installation artist, will present a workshop, "PuzzleArt™ Therapy – A New Creative PathWay to Wellness." It will be held from 12 noon to 2:00 pm at the White Street Studio, 50 White Street, Bell #7 (downstairs), between Church Street and Broadway, at the Canal Street subway stop.

Berman presents a new, practical paradigm with a strong focus on improving perceptual, binocular, and creativity skills. The concepts and activities help meet the needs of a variety of populations. PuzzleArt™ draws from traditional and creative expressive modalities and presents them in an integrated system that can be used with existing protocols. Practitioners can easily use these concepts and products in the field.

Berman will discuss and demonstrate some of the therapy products which incorporate either original or printed abstract art and follow a directive, and non-directive, play-based therapy model for transformative social work.

Participants will engage in individual and group activities under her direction. Each product works on 20 perceptual, binocular and creativity skills. According to its creators, the PuzzleArt™ Therapy System increases neural plasticity, helps creativity blossom, boosts self-esteem, builds skills and strengths, and promotes wellness. Berman, an artist who has exhibited worldwide, is also an author, curator, juror, educator and creativity coach. She collaborated with Developmental Optometrist Dr. Susan Fisher to develop the system.

## Past Meetings

Bob Schavrien, LCSW, presented a dynamic and inspiring workshop, "The Art and Spirit of Family Sculpture and Intimate Conversation," on March 24 at the White Street Studio in lower Manhattan. This well-known (particularly to the downtown art world) working co-op studio was a new type of venue for a workshop, and quite successful.

Bob uses the foundation of family sculptures past, present and future to create a therapeutic environment of trust and safety. He described the benefits to the therapist, and gave examples from his practice when the use of family sculpture led to breakthroughs with clients. The demonstration began with a role play, in which a volunteer was encouraged to remember a room from her past, to place a person in that room and to create a conversation. The same process was repeated for rooms in the present and future. Each scenario was populated by significant people from her life who were role-played by other volunteers, who stood in positions where she remembered or imagined them.

Following this role play, small groups were formed and each workshop participant was asked to draw one room from the past, one from the present and one from





the future, and to include their “family motto.” One participant drew her family’s kitchen and placed a domineering mother at the head of the table. In the closet were many bottles of shampoo. The exercise brought back much of the conflict in her family and she quoted the family motto, “Don’t Tell Anyone Our Secrets.”

Bob encouraged others to share what the exercise had evoked for them and how they felt about it. Some participants said it had helped them get in touch with their feelings and share them in an intimate conversation. The use of oil pastels, and the act of putting colors and shapes on paper, inspired some to be mindful of how relationships and perceptions influenced their past behaviors, current connections and future expectations. Several had not used the technique before, and thought it might be helpful in their practices. Bob stated that the presenting situation of the client will determine whether or not family sculpture should be used as a technique.

Bob is a clinical social worker trained at Ackerman Institute for the Family. He has presented the workshop for the Hunter College School of Social Work Graduate Program in Advanced Clinical Skills, Rutgers Summer School in Advanced Skills in Alcoholism and Chemical Dependency Treatment, and our Society’s Metropolitan and Westchester chapters.

**Susan Kavalier-Adler, Ph.D., ABPP, NPsyA, D.Litt,** gave a lecture-workshop, “The Dark Side of Creativity,” on June 3, opening with a dramatic reading of Sylvia Plath’s famous “Daddy” poem, she explored how psychopathology, when related to developmental arrest and character disorder, can trump the healthy and developmentally enhancing aspects of the creative process. She drew our attention to brilliant, talented and tragic women who tried to live in the creative

process when their lives in the world broke down, due to early developmental arrest. She illustrated how those who fail in external relationships, but who possess brilliant artistic and literary abilities, can become captives of internal world enactments that repeat critical pre-oedipal trauma in their creative work, perpetually, unless critical psychological treatment (with an object relations focus) intercedes.

Susan is Founder and Executive Director of the Object Relations Institute and author of *The Compulsion to Create: Women Writers and Their Demon Lovers*; *The Creative Mystique: From Red Shoes Frenzy to Love and Creativity*; and, *Mourning, Spirituality and Psychic Change: A New Object Relations View of Psychoanalysis*.

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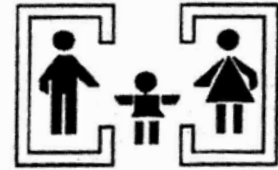
Volunteers, including an assistant to the chairperson, are needed in order for us to continue to explore and present high quality and frequent opportunities, presentations and workshops. If you or someone you know would profit from working with us, please don’t keep it a secret.

#### Where and When

Upcoming events are announced on the Society’s listserv. Contact Sandra Indig, Chair, to verify the address and to reserve a seat: 212-330-6787, psych4arts@hotmail.com. ☐

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