President's Message:

David G. Phillips, DSW
President

I have just returned from Washington where I represented the NMCOP at the National Board meeting of the Clinical Social Work Federation. Federation is the organization of the various State Societies for Clinical Social Work from which NMCOP originally developed, and with which we remain closely affiliated.

At this meeting, the Federation Board voted to take what is undoubtedly the most dramatic and far reaching move of its 25 year history. Effective July 1st, Federation and the various State Societies for Clinical Social Work will begin to form a Guild in conjuction with the Office and Professional Employees International Union (OPEIU). Not every State Society for Clinical Social Work will enter the Guild at this time, but they will "roll in" gradually as they deal with local by-laws and financial issues, and continue to inform their members of the meaning of this action.

The OPEIU is one of the 78 member unions of the AFL-CIO, an umbrella organization which is a union of unions. OPEIU was formed in 1945, and its 140,000 members make it the 29th largest of the member unions in the AFL-CIO. It is the only exclusively "white collar" union in the AFL-CIO, and includes groups of computer analysts, copy writers, and optometrists. The OPEIU made news all over the country 2 years ago when the Podiatric Medical Association associated with it. Its general goal, according to its by-laws, is that of protecting and championing the legitimate struggles of professionals towards achieving their general rights, welfare, and economic well-being. The Federation Board made this decision after a careful, two year study recommended it as the most effective way to counter the devastating effects that managed care has had on the health care delivery system, and on our profession.

It is well known that managed care originated as a means of both controlling the run away expenses of the American health care system, and of providing an adequate standard of health care to all members of our society. These positive social goals quickly vanished, however, as managed care organizations achieved increased control over the provision of health care. The fact that managed care organizations are also businesses which are run according to a profit motive quickly came into conflict with their original purposes. It is more profitable for managed care companies to provide minimal care; or to deny it altogether, than to provide it, and the welfare of the individual patient often became a

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Featured Articles

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The newsletter welcomes reader’s letters, articles and opinions on topics of the day, clinical issues, book reviews, notices or reports of conferences, and news of interest to our membership.

The newsletter thanks Tarpley Mann Long for her article about the Fellowship Program of the American Psychoanalytic Association which has just been opened to social workers. Tarpley serves as Co-Chair, representing clinical social work, on the Fellowship Subcommittee of the American.

Diana Siskind has again brought us a fine review of a new book. Kate Hooper Gorman has reviewed Dilemmas of a Double Life: Woman Balancing Careers and Relationships, edited by Nancy Kaltreider, MD.

In the next issue we will be looking forward to introducing a group of new Area Coordinators from around the country. This effort began at the Seattle Conference, and is being spearheaded by Bill Meyer, President Elect and Laurie Curtis, Membership Chair.

Thanks to all contributors to this issue: Kate Hooper Gorman, Tarpley Mann Long, Bill Meyer, David Phillips, and Diana Siskind.

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President’s Message continued from page 1

Professional organizations have had limited effect as managed care has swept into power and reconstructed their practices. By linking with the OPEIU, Federation will immediately connect to the power and resources of the AFL-CIO. It is expected that this affiliation will help significantly in advancing the legislative program of Federation, help to protect the right to practice of clinical social workers, and increase our access and influence with governmental and regulatory organizations. In addition, OPEIU will market the services of clinical social workers to purchasers of health care contracts and third party payers for health care.

According to the terms of the agreement between Federation and OPEIU, as individual state societies join the Guild dues of $85.00 per year must be paid for each of their members. While some state societies may have the resources to partially subsidize this amount it is expected, for the most part, it will be passed along to the members in the form of increased dues. Members of state societies for clinical social work do not necessarily have to join the Guild as individual participants, but dues will have to be paid for every member of an affiliated state society, whether or not the person actually joins the Guild. State society members who do join the Guild will, in addition, be eligible for other union benefits such as free and discounted legal service, low cost personal loans, and a mortgage and real estate program.

The Federation Board recognized that this affiliation is a very serious move and, accordingly, the agreement will be for a two year "trial period." After the trial period the results of the arrangement will be carefully reviewed before being made permanent. This affiliation will ask a great deal of NMCOP members who will now be paying dues to the Guild, as well as to the NMCOP and to their State Society for Clinical Social Work. There are, obviously, no guarantees that this effort will succeed, and it may be terminated after the two year trial. We must remember, however, that practitioners participating in the NMCOP are committed to the type of intensive and individualized treatment that has become virtually impossible under managed care. It is possible, therefore, that we, and our patients, have the most to gain from it. The leadership of the NMCOP will be polling the members to get their individual reactions to this trial affiliation, but after having followed it through its development I definitely believe that it deserves our support.
THE "SHAME" OF SOCIAL WORK: ONE POSSIBLE EXPLANATION

William S. Meyer, MSW, BCD
President-Elect NMCOP

There is a question that continues to gnaw at me and to deal with it I want to keep asking it of our members, although the people I most want to address are those social work psychoanalysts and psychoanalytic social workers who are not NMCOP members. The question is: What is it that keeps such individuals from enthusiastically joining our ranks? Further, why would such individuals exclusively identify themselves with organizations like the American Psychoanalytic Association or Division 39 of the American Psychological Association and distance themselves or disavow their identification with the profession of Social Work?

One reason, most certainly, is that many clinical social workers received their training from institutions affiliated with these or other organizations and feel a natural alliance and identification with these organizations. Many former teachers, consultants and supervisors of social workers have been affiliated with these organizations, and although they belonged to other professions, we derived so much knowledge and insight from them that our allegiance with our former mentors has overshadowed the allegiances we may have toward our training and supervision we had from social workers. These are some of the explanations which address the question which gnaws at me -- but they are too easy and superficial.

Let me propose one additional less facile explanation. I believe that although there were some clinicians who saw social work as the most expedient means to be able to do psychotherapy, many entered the field because of an intense wish to help the least fortunate. This intense desire, like any strong aspiration, arose from deep feelings, conflicts, and motivations which were over-determined and unique to each individual. A common dynamic among those of us entering the field was an unconscious identification with those in need. What I am saying is well known to clinicians who think beyond the surface about such matters. We easily see such identifications in our colleagues. Many of us, especially those of us who have been through an analysis, can admit to it in ourselves.

Perhaps it is the discovery of these and other personal motivations for entering this field that prompts so many to disaffect. It is as though certain of our colleagues are saying, "Don't count me among those who identify with people in need. Think of me as belonging to the psychiatrists or psychologists. Call me a psychoanalyst or a psychotherapist, just don't link me with the profession of social work!"

I have stated previously that I believe it is important and wonderful that we have clinical leaders in our profession who cared enough about the quality of their own clinical work that they made the enormous sacrifices involved in receiving psychoanalytic training. Social work needs these people to be visible and to be active, (whether as supervisors, teachers, private practitioners, or workers in agencies) and to publicly hold themselves out as clinical social workers so they can be emulated and considered as objects of identification for those newcomers to the field. We need more in the way of this type of leadership, but most importantly, we need to not lose those who have worked so hard and achieved so much.

Beginning with the next newsletter we will be introducing various Area Chairs. We are a small but still growing organization. Every NMCOP Local Area needs your energy and your help, but at the very least, they need you and your colleagues to be members. Psychoanalysis and Social Work have a rich tradition inextricably linked in each other's history. There are many forces which seek to uncouple this natural and complex relationship. Every clinical social worker who is a psychoanalyst or is psychoanalytically informed should check to make sure that he or she is working to counteract them.
Dilemmas of a Double Life: Women Balancing Careers and Relationships

Editor: Nancy Kaltreider, M.D.

Reviewed by: Kate Hooper Gorman

Of course I said “no” when first asked to write a brief review of this book. I am much too busy trying to manage my own “dilemmas” with children, career-oriented husband, and absorbing psychotherapy practice. But the title tempted me, and I thought that perhaps there might be a few golden nuggets of good advice that I could find in the pages that would make my dilemmas a little more manageable.

The book is a series of essays, covering a loosely linear sequence of stages and issues that a woman balancing family and work might confront over time. The writers, although primarily based in the field of psychology and psychiatry, also include a pathologist, a nurse, and two legal specialists. Each article tackles the issues of women working and having relationships from a different angle: cultural, societal, political, economic, or psychological.

The editor, Nancy Kaltreider, is a professor of clinical psychiatry at the University of California, San Francisco. Her point of view, summarized in the first chapter: “To Love and to Work: Balancing Priorities Throughout the Life Cycle,” is that the more women know about their internal psychological development, the work environment, and the nature of building relationships, the more prepared they will be to make good choices about life and work. This focus is very much of the 90's in that there is no militant feminist tone, nor is there a retreat from the world of work back into motherhood. Instead, the focus is on finding your own path and to learn from the experience of others. In the chapters dealing with professional life, the book offers some very useful discussions of the different kinds of challenges women face, and solutions professional women have found. There are chapters on child-free living, working part-time, dual-career relationships, pregnancy and work, and delayed childbearing.

In Chapter One, Phyllis Tyson establishes one of the basic premises of the book that the early mother-daughter relationship establishes patterns and conflicts which endure and impinge on later professional life. A woman’s sense of “assertive competence,” a fundamental cornerstone of professional life, is a composite of many formative exchanges that she has had with her mother at an early age. Those surrounding the issues of control are particularly important. How much power does the child have to influence the mother? Not enough? Too much? Does the mother tolerate the child’s angry outbursts or does she become angry in response? Does the daughter, soon to be CEO, have enough confidence to be ambitious, but yet enough awareness of reality to be able to make good decisions?

Dr. Tyson presents the dynamic of these issues with a clarity and deftness that belie their complexity. It is important to note here that there are no guidelines in this chapter or in the book as a whole. This is not a list of suggestions or a how-to-guide to raising a child to become professionally successful. This chapter does, however, clearly delineate a few major areas of struggle.

After touching on early development, the book moves on into issues pertaining to adult professional life, assuming in passing that the mother-daughter patterns are sufficiently healthy to enable the young professional to stride confidently out into the work world. This book is likely to be helpful primarily to women who have already moved far enough ahead personally to take on challenging work. The editor, who co-authored a number of chapters, stresses how important it is for women both to find their own path and to learn from the experience of others. In the chapters dealing with professional life, the book offers some very useful discussions of the different kinds of challenges women face, and solutions professional women have found. There are chapters on child-free living, working part-time, dual-career relationships, pregnancy and work, and delayed childbearing.

The book goes beyond the challenges involving personal and work life to consider specific skills which, if mastered, can be of tremendous value in professional life. The “Skill of Negotiation” (Chapter 11), by Catherine L. Gillies and Dr. Kaltreider, offers practical and detailed principles on how to conduct business discussions. For instance, plan carefully for difficult negotiations and be wary of letting empathy, rather than clear goals, guide what you say. The writers believe that empathy sometimes comes too quickly to the forefront in women when they are negotiating, and that unrestrained empathy can undermine a negotiating position.
In the essay “Women in Leadership,” Anne M. Spielvogel, M.D., describes the many ways in which women in leadership positions act differently from men. She says that women deal differently with competition, ambition, envy, feelings of success and need for relationships.

Another aspect of the work world, dealing with gender discrimination, is covered in Chapter 13 by Marcia Connery and Dr. Kaltreider. This is one of the most useful chapters in the book because it pulls together aspects of the law, history of discrimination, and practical suggestions about being sufficiently aware of sexual harassment in the work environment. Strategies are offered to deal with inequities between men and women on a large scale (pay raises, promotions) and on a small scale (social invitations). The writers say, “It will seldom be sufficient simply to work hard and expect to be rewarded” (p. 252). Good to remember! Women must keep watch not just on their own emotions and developing skills, but be tuned in to the way the organization uses them.

My favorite chapter is the last. Dorothy Ford Briton’s “Senior Management: Can You Enjoy Another’s Success?” The writer delineates the “shift to professionalism” that occurs when you ask yourself to perform your best even if you don’t feel like it. She offers clear lists of do’s and don’ts that apply to committee work, whatever the level, and then details her own questions and thoughts which led up to accepting prominent work. She seems to embody the clarity and centeredness of someone who has struggled with the “dilemmas” of balancing career needs and relationships, and peacefully resolved them.

This book covers a lot of research, and presents it clearly and coherently. It summarizes a wide variety of political, economic, social and psychological thinking, but never lapses into cliches or simplistic formulas. Its greatest strength, however, is that it maintains its focus on how the information works for each individual woman. In the end, your feelings and needs must rule your choices.

Dilemmas of a Double Life does not offer a solution to what may be the essential dilemma in any working woman’s life. Even successful resolutions of the conflicts it discusses involve inevitable pain and sacrifice. But if you are ready to face that dilemma, there is a wealth of information here to help you make the choices you have to make.

Kate Gorman, DSW, has a practice in psychotherapy and psychoanalysis in New York and Rockland County with children, adolescents and adults. She also has three children, two of them teenagers, and a working husband. She did this review in her spare time.
Please include:

- Name, address, telephone number, fax number, E-Mail, title on a separate page
- Four copies of full paper or full workshop presentation (see guidelines) with no biographical identifying data. The time allotted for each presentation is one and a half hours.
- The title should be no more than fifteen words maximum.
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Guidelines for workshop:

A successful workshop combines theory, experience, and application. It is a teaching/learning experience that includes both content and the means for interaction with participants who will expect to apply their learning to clinical encounters.

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- 10 minutes of introduction of workshop leader(s) and orientation to content, tasks, boundaries, and goals.
- 30 minutes for presentation of theoretical concepts.
- 45 minutes for discussion emphasizing application of concepts (participation is encouraged).
- Five minutes for evaluation.

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THE AMERICAN PSYCHOANALYTIC ASSOCIATION FELLOWSHIP PROGRAM

Tarpley Mann Long

The Fellowship Program of the American Psychoanalytic Association is designed to encourage talented young mental health professionals in their interest in psychoanalysis. Previously, only psychiatrists and psychologists were eligible to apply, but a long overdue policy shift in December 1997, has resulted in the door opening for clinical social work applicants. As recently appointed Co-Chair, representing clinical social work, on the Fellowship Sub-Committee, I am pleased to tell you about the Fellowship program and would like to enlist your help in locating the best and brightest clinical social workers who will be, or already are, leaders in their fields (researchers, scholars, future academics, political activists, etc.).

Whether or not they receive fellowships, all applicants will be assigned senior psychoanalysts as Mentors and will meet regularly with their Mentors to develop individual programs to further their clinical, scholarly and research interests. The term of the next Fellowship year is July 1, 1999 - June 30, 2000. Winners will have all expenses paid at the Spring and Mid-Winter meetings of the Association. They will attend scientific sessions and be invited to present clinical and other material at a variety of workshops and seminars. They will receive subscriptions to various psychoanalytic publications and be invited to participate in the activities of the Former Fellows Organization.

The program is quite competitive and past winners have been an exceptionally talented group of young professionals. The experience of the typical successful applicant includes some depth of achievement in areas such as academia, communications, the arts, organizational leadership or research. This experience need not be in psychoanalysis or mental health; for example, some applicants already had excelled in a previous career before training in medicine or psychology. All winners are excellent writers. Because the aim of the fellowship program is to foster career development, only applicants who received their M.S.W. or Ph.D. in clinical social work since 1991 are eligible to apply.

For further information, contact me (301-652-6976) or write the American Psychoanalytic Association, 309 East 49th Street, New York, NY 10017.
INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY

The Institute for Contemporary Psychotherapy was founded in June of 1971, and was granted a provisional charter by the Regents of the University of the State of New York in September of 1973. The Institute received its permanent charter on January 8, 1978, and it is presently incorporated as a non-profit corporation.

The aims of ICP are to provide training in psychoanalysis and psychoanalytic psychotherapy for qualified professionals and to provide, at moderate cost, the full range of psychotherapeutic services and a research setting in which knowledge of the psychotherapeutic process can be advanced.

It is our philosophy that the development of treatment skill and competence can best be carried out in a setting in which the continued personal growth of the therapist is fostered. The program, therefore, emphasizes the development of personal awareness, as well as the development of technical skill and theoretical knowledge. Courses are offered from a variety of theoretical and clinical perspectives, including Freud, Sullivan, Object Relations, Dreamwork, Self Psychology, Relational Theory and Development from infancy to maturity.

In addition to treating individual adults, the Institute also provides services through various divisions to children and adolescents, families and couples, persons with eating disorders and persons who are HIV positive. Candidates have the opportunity to work in these divisions and accrue hours towards the requirement for graduation.

The clinical services of the Institute provide psychoanalysis and psychoanalytic psychotherapy for a current population of over 575 patients, approximately half of whom are seen two to four times per week. Professional treatment staff currently number over 150, supervisors and faculty personnel number 100. Considerable attention is given to both the development of a treatment plan and to the suitability of the therapist for the particular patient and problem under consideration.

The Society for the Institute for Contemporary Psychotherapy (SICP) sponsors a lecture series each year, publishes a newsletter and, with ICP, publishes a journal, the Contemporary Psychotherapy Review. Contributions to the journal are accepted on an ongoing basis. Candidates are welcome to join the Society which aims to foster the professional development of its members.

INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY

ICP’s Two Year Program in Contemporary Psychodynamic Psychotherapy is a convenient evening program designed to provide an intensive learning experience combining course work, individual and group supervision, patient contact and individual psychoanalytic psychotherapy.

The program starts in September and consists of two semesters of 15 weeks each. Classes meet on Tuesday evenings from 6:00 to 9:15 PM, with participants attending one clinical course, one theoretical course and one group supervision course. The course work covers the essential concepts of psychoanalytic psychotherapy with an emphasis on clinical application. Through class work and supervision, participants will be helped to develop their understanding of patients, their capacity for effective therapeutic communication, and their ability for use of self in the treatment setting.

Each student will work with two patients in weekly psychotherapy. Students may be assigned patients from the Institute’s clinic and be paid on a fee-per-session basis. Upon approval by their supervisors, students may opt instead to work with patients from private practice or work settings.

Every student will participate in one group and one individual supervision session weekly with a program supervisor. Students are expected to be in psychoanalytic psychotherapy at least once weekly, starting with their first semester.

In addition to the formal program, students learn by participating in the environment of a vital institute. ICP provides a lecture series, a clinical journal, and the opportunity to be part of a professional community.

For further information, please call the Institute at (212) 333-3444.
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To which state Clinical Society do you belong __________________________

Would you like to be included in our future membership directory?
Yes ☐ No ☐

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Membership runs from January 1 through December 31 of each year. Membership in a state Clinical Society is required, or in the Clinical Social Work Federation if there is no local state Society in your area.

Please mail application and dues to:
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