

NEWSLETTER

The National Membership Committee on Psychoanalysis in Clinical Social Work, Inc.

Affiliated with The National Federation of Societies for Clinical Social Work, Inc.

VOLUME 11

SPRING 1996

AIMS AND PURPOSES OF THE NMCOP

- ❖ To further the understanding of psychoanalytic theory and practice within the profession of social work and to the public.
- ❖ To promote a unique and special identity for all social work professionals engaged in psychoanalytically informed practice.
- ❖ To work for equal recognition and professional parity for qualified psychoanalysts and psychoanalytic psychotherapists in social work with other mental health disciplines through education, legislation, and collaboration with other disciplines.
- ❖ To effect a liaison with other disciplines identifying themselves with the theory and practice of psychoanalysis.
- ❖ To advocate for the highest ethical standards of practice and for quality mental health care for all.

See page 7 to join or renew your membership

MEMBERSHIP LETTER PRESIDENT'S GREETING

By Margaret G. Frank, President



Margaret Frank,
NMCOP President

It gives me great pleasure to greet our current membership and welcome those who are new to NMCOP. We have all done well to survive the winter weather and work pressures.

Once again I want to bring you up to date on the activities of your organization. I'll review our goals which as you know cover *education, representation* of social work analysts and

psychoanalytic psychotherapists, and *legislation* effecting the quality of mental health services.

Education:

Our very successful N.Y.C. meeting is behind us and energy is now focused upon the Seattle Meeting in September 1997. Keynote speakers have been chosen and have accepted the invitations from us. Readers from all over the country are being rallied to review submitted papers. The call for papers (see *1997 Conference Plans* on Pg 5) has gone out. We look forward to East meeting West in mind and body.

There have been a number of regional institutes this year which you will read about in regional news. They have been successful and are a result of the joint efforts of the Committee on Psychoanalysis and the regional Federa-

Please see **Presidents** on page 2

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A WORD FROM THE EDITOR

By Jim Engelbrecht, Publication Chair



Jim Engelbrecht

We welcome readers' opinions and ideas on topics of the day, whether it be managed care, clinical issues, book reviews, reports of conferences, news of interest to our members, organizational issues, etc. (See addresses, phones, and faxes on the last page.)

Thanks to this issue's contributors: Muriel Brotsky, Margaret Frank, Laura Groshong, Lou Lipsitz, David Phillips, Cathy Siebold, Marga Speicher, and Donna Tarver.

President's Greeting continued from page 1

tion of Clinical Societies. It is our intention to increase these joint educational efforts.

The Study Group has been formulating plans for a symposia day which will continue the theme they started last year in NY on supervision.

Representation and Legislation:

Our work as a member of the Psychoanalytic Consortium continues. Other Consortium members are: The American Academy of Psychoanalysis, the American Psychoanalytic Association, and Division 39 of the A.P.A. As reported in my earlier letter to the membership, we worked on and gave financial support to the briefs prepared by the Consortium and the Federation of Clinical Societies in conjunction with ABE and NASW. We are making plans to utilize the legislative tracking service which will give us access to state and federal legislation effecting the practice of psychoanalysis and psychoanalytic psychotherapy.

It is quite clear to all the analytic organizations that there is a need for an agreement on the issue of credentialing and accreditation in psychoanalysis. Lest we have members who consider themselves psychoanalytic psychotherapists and not analysts, who feel these regulatory attempts do not effect them, please be clear that credentials for psychoanalytic training and practice will soon cover psychoanalytic psychotherapy.

ALERT: We have just learned of a situation of a very serious nature. In N.Y.C. a social worker of some 20 years of experience entered an analytic institute for training. In response to her tax preparation, the IRS decided to disallow all training expenses (tuition, training analysis, supervision). They made this decision based on their view that she was changing her profession, not advancing her skills in her own profession. They plan that her situation will be a test case. They do not view psychoanalysis as a specialty of social work, as it is for psychiatry and psychology. Currently she is being represented by a tax lawyer and is funding the battle herself. We

may call upon membership of NMCOP for financial help. I have alerted the Consortium. Obviously if the IRS wins, this will effect all the professions and will markedly limit analytic training for social workers. If you have ideas or knowledge of legal precedents, please contact me or David Phillips, President-Elect.

I welcome comments or inquiries from our membership.

(See last page for phone numbers, addresses and faxes.)

NMCOP Hosts Consortium Meeting

By David Phillips, President-Elect



David Phillips

The National Membership Committee on Psychoanalysis in Clinical Social Work is one of the four founding members of the Psychoanalytic Consortium, and is active in this group with the American Psychoanalytic Association, The American Academy of Psychoanalysis, and the Division of Psychoanalysis (39) of the American Psychological Association. The goals of this important organization are the strengthening

of psychoanalysis in the United States, and the ensuring of high standards of training and practice in those fields. The umbrella of the Consortium's work includes psychoanalytic psychotherapy. At the March meeting of the Consortium, NMCOP was the host, and the meeting was chaired by our Founder, Crayton Rowe. Our current president, Peg Frank, was snow bound in Boston and could not attend.

One of the most important issues discussed at this meeting was the complex legislative situation that has been developing on the state level. As has been previously reported, the National Association for the Advancement of Psychoanalysis (NAAP) has turned its attention to legislation on the state level, and has succeeded in passing a law in Vermont which will certify as psychoanalysts, individuals who have been trained in institutes that they have accredited. A similar law was recently passed by the New Jersey legislature, but was vetoed by the Governor. NMCOP and the Psychoanalytic Consortium have consistently opposed these efforts, taking the position that NAAP does not represent the main body of psychoanalytic practitioners in this country, and that their standards of training do not embody those standards upheld by the major organizations which represent psychoanalytic training and practice.

While the Consortium has been successful in opposing the efforts of NAAP to become the organization which would both accredit psychoanalytic training programs and certify psychoanalytic practitioners, it was felt that the time has come to take a more pro-active stance on the issue. It was therefore decided to form a Legislative Task Force of the Psychoanalytic Consortium. The first job of this Task Force will be the development of model legislation for the licensing of mental health professionals as psychoanalysts. The essence of this

legislation will be the definition and recognition of psychoanalysis as an advanced specialization which is practiced by members of the four core licensed/certified mental health professions of psychiatry, psychology, social work, and psychiatric nursing.

NMCOP's representative to this important Task Force will be Marsha Wineburgh, currently Legislative Chair of the New York State Society for Clinical Social Work. Marsha is a graduate of the training program in psychoanalysis and psychotherapy at the Postgraduate Center for Mental Health. She has earned tremendous respect for her expertise on legislative issues and the legislative process, and is a Past-President of both the New York State Society for Clinical Social Work, and the National Federation of Societies for Clinical Social Work.

STUDY GROUP: HISTORY & PLANS

By Marga Speicher, Study Group Chair

The Study Group on Social Work and Psychoanalysis was established by the Board of the NMCOP in 1990. Elaine Rose was first Chair from 1990 to 1992, followed by Joyce Edward from 1992 to 1995. Marga Speicher became Chair in November, 1995. In 1990, the Study Group determined to work in two areas (which were part of the goals of the NMCOP): (1) social work education, and (2) the identity of the psychoanalytically informed social worker.



Marga Speicher

The Study Group received programs of graduate schools of social work and found a lack of focus on psychoanalytic education. This led to the idea of a "Reader," a collection of articles written by social workers demonstrating the usefulness of psychoanalytic thinking to social work practice in agencies, clinics, and private practice. Joyce Edward and Jean Sanville edited the volume, *Fostering Healing and Growth: A Psychoanalytic Social Work Approach*, published by Jason Aronson in 1996. (See Page 7 for ordering information.)

In relation to the identity of the social work psychoanalyst and/or social work psychoanalytic psychotherapist, the Study Group wrote a NMCOP position paper on minimum educational standards for clinical social workers practicing as psychoanalysts or psychoanalytic psychotherapist. Adopted by the NMCOP Board of Directors, these standards are being discussed in the Psychoanalytic Consortium. The standards will also guide specialty credentialing.

Beyond these two projects, the Study Group contributed significantly to NMCOP national conferences by conducting and reporting on member interest surveys, presenting papers and panels, and presenting the first all-day Seminar on Supervision as a pre-conference day in New York in 1995.

In January, 1996, the Study Group met in New York for a day of intensive planning for the future. As a result, a follow-up

day-long Seminar on Supervision will be organized for the 1997 conference in Seattle. The Study Group will also begin work toward publication of a book on the work of social work psychoanalysts — soliciting active participation from the membership. The Study Group also discussed the urgent need for political and educational support of each other in these turbulent times.

Membership ideas are welcome!

PSYCHOTHERAPY WITHOUT CONFIDENTIALITY

By David Phillips, President-Elect

Psychotherapists, when surveyed, will usually state that confidentiality is the most important ethical obligation which they owe their patients. They will, in addition, stress the crucial clinical need for providing a promise of confidentiality in their work, and will argue that this guarantee is central in providing the atmosphere of safety and trust in which patients can express thoughts, feelings, and experiences of which they may be deeply ashamed. The case of *Jaffe vs. Redmond*, currently being considered by the Supreme Court, has been an additional reminder to all of us of the importance of making every effort to protect the confidential nature of the therapist-patient relationship. It is particularly striking, therefore, that probably none of the ethical obligations which we owe our patients is undergoing more stress and change than that of confidentiality.

The rapid development of managed care, with its very detailed reporting requirements has made us all much more concerned about protecting the confidential communications of our patients. Many psychotherapists have, in fact, decided to not participate in managed care systems and the wish to protect patient confidentiality is often one of the main reasons for this decision. It is important to remember, however, that therapeutic confidentiality has been eroding for many years and there has never really been an absolute guarantee of confidentiality in psychotherapy, or any other type of professional practice. The idea is already well established that professionals might have other legal or ethical obligations which could supersede the obligation to keep private the communications of an individual patient.

For many years physicians have been required to report such things as the presence of certain infectious diseases, or the occurrence of gunshot wounds. In the 1950's this type of legal obligation began to pass over to other professions when states started to pass laws which required the reporting of suspected cases of child abuse and/or neglect by a number of professions, including social workers, psychologists, nurses, and school teachers. The concept in both of these examples is that professionals may have other obligations which could supersede the responsibility to the primary patient.

The Tarasoff case, in the 1970's, was a crucial landmark in which the California Supreme Court decided that a psychotherapist could be liable for *not* breaking confidentiality when

Please see **Confidentiality** on page 5

MIND, MEMORIES, AND METAPHORS

Margaret G. Frank, the President of NMCOP, gave a key-note speech at the N.Y. meeting in 1995 utilizing the title and theme of the conference. She proposed the idea that the mind in its infinite creativity creates metaphoric patterns of living which are designed to contain and retain early life memories. She noted that these memories always contain affect. The compulsion to live metaphorically is one way in which we retain our earliest identities - the nature of our affective ties which ultimately define self and object.

One aspect of psychoanalytic work, she proposed, involves the therapist and patient trying to decode the metaphors of current life in order to obtain a view of the patient's memories with their affects.

Mrs. Frank shared a number of clinical vignettes of patients who "live" a large number of hours on the net. One vignette focused on the extreme panic a married woman patient brought to her session. Her panic, it appeared, emanated from the fact that she had allowed one Internet lover to enter her (net) room while she was making love to another Internet lover.

Mrs. Frank acknowledged a level of countertransference which emerged as she attempted to sort out the mind boggling (for her) range of actions and interactions which can be accomplished on the Internet in addition to the action described by her patient. The intensity of affect was so great, that the therapist had to sort out for herself that these actions/interactions were in writing on screens in which the "lovers" didn't know each others real names. However there was no question that the exchanges were "down and dirty." The therapist became preoccupied with questions (not shared with the patient) about fantasy, reality and virtual reality. The patient's panic emanated ostensibly from her distress that "lover 2" would observe her "down and dirty" side, an aspect of herself she had not revealed to this man. Pursing the intensity of the patient's affect started the process of decoding the metaphors in this scene. The process was slow because the panic felt to the patient as if emanated from the here and now. Shades of "Little Hans" terror of horses. In time the therapist decided that her own feelings did not stem primarily from her lack of computer sophistication but rather represented the confusion and desperate need to sort out what her patient faced in her child hood.

Her paper contained several other vignettes which emphasized the importance of finding the metaphoric patterns and decoding them in a joint effort with the patient. Mrs. Frank noted that the very process of decoding has curative powers containing new object experiences in the very willingness to understand and help sort out the panic and confusion.

PERSONAL PROFILE: Laura Groshong

Editor's note: In this section, we hope to inform you more about leaders in the NMCOP. Laura Groshong has represented Washington State Area Chair since 1990. After Alice M. King resigned as Legislative Chair, Laura took on that additional role. More recently, she has also taken on the job of 1997 Conference Director. I asked her to talk about her personal life, and how it fit with her professional life. This what she told me:



Laura Groshong

"My life has taken many unforeseen turns.... As an undergraduate at Eastman School of Music (majoring in Flute Performance), I never expected to become an analytically oriented social worker. Music jobs were scarce in New Haven where my new husband, Geoff and I had moved so that he could attend Yale School of Music for a Master's. My intent in taking the civil service exam, which led to a casework position, was to find a temporary way to support us. Instead, I found my new vocation as compelling to me as music had been. I also had the great good fortune to have Vera Stimpson as a supervisor. She was a graduate of the Smith School of Social Work. Not always comfortably, my two years there gave me a beginning intrapsychic view of people. This led to my attending SSA at the University of Chicago, and my eventual career as a clinical social worker." (She remains a gifted flute player.)

"The birth of our two children, Joe and Jake, now 18 and 14, for me, was another unexpected turn. After eight years of concentrating on our professional development, Geoff and I had a major adjustment to make. Even though Geoff was extremely supportive, and I was thrilled to have our boys, I found life as mother and clinician very difficult to integrate. Indeed, I spent a lot of energy and exploration accomplishing this. Even now, I have twinges of guilt over 'neglecting my children', even though I am relatively comfortable with the choice I made. As I face the departure of Joe for college this Fall, and Jake's entering adolescence, I am happy with the people they are becoming and hope they are too."

"Another unexpected turn occurred two years ago when I became involved in legislative issues affecting mental health through the Washington State Coalition of Mental Health Professionals and Consumers. The intrusions of managed care into what I considered ethical competent treatment led me to an increased role in monitoring and/or working directly for legislation which would support the principles I believe in. Finally, I accepted the role of Director of the NMCOP 1997 Conference here in Seattle.... My life still feels like a balancing act ... family, practice, legislative involvement, music and hiking ... but I hope I am successful in keeping the balls in the air most of the time."

his or her patient might pose a danger to a third party. A subsequent rehearing of this case decided that the obligation was to *protect* the endangered third party, and that warning him or her of the danger was only one of the ways in which this duty could be discharged. The Tarasoff decisions do not, therefore, require that every threat made by a patient against a third party be reported. They do establish that a psychotherapist owes a duty to the endangered third party which may transcend the obligation owed to the primary patient, and that a breach of confidentiality may be one of the ways in which this duty can be fulfilled.

While there has never been a situation in which psychotherapists could guarantee patients absolute confidentiality, it is the fate of our generation to practice with a guarantee which has significantly weakened in only the last few years. This is true even if we decide to opt out of managed care and other third party payment situations.

As the guarantee of confidentiality which we are able to offer weakens, our obligation to start treatment on a basis of meaningful informed consent becomes even more powerful. This is an obligation which has often been taken lightly in the practice of the "verbal therapies," but our ethical codes consistently require that patients be advised of limits, risks, and obligations which might affect their decision to enter into or to continue the treatment. Space does not permit an extensive discussion of the complex issue of informed consent to treatment, but suffice it to say for the time being that since we can't offer our patients a very strong guarantee of confidentiality any more, they do need to know exactly what we can and can't offer at every stage of the treatment at which such a consideration is relevant. This is an interesting example of the interaction of ethical obligations; as confidentiality becomes more limited the obligation to inform patients of those limitations becomes more urgent.

1997 CONFERENCE PLANS PROGRESS

By Laura Groshong, Conference Director

The planning for the 1997 Conference in Seattle continues vigorously. We have a budget, committees, keynoters and a "Call for Papers." We even have a Conference logo! Many thanks for their excellent work to Ellen Ruderman and the Southern California group serving as Program Committee — and to Betsy McConnell for her work as Call For Papers Chair. Thanks also to the Operations Committee in Seattle for their enthusiasm and support.

See the Call For Papers on last page of the "Pull Out" catalog! Papers are due by October 1, 1996. Results will be sent out by January 1, 1997. We hope for a large number of submissions to maintain the quality found at the last conference.

Change in the Conference location: the Conference will now be held at the Hyatt Regency Bellevue where room rates are significantly lower and space more available.

THE COURTS AND CONGRESS

By Laura Groshong, Legislative Chair

THE COURTS: Jaffe vs. Redmond update: The U.S. Supreme case of Jaffe vs. Redmond will potentially set a Federal precedent on the issue of privileged communication for therapists—whether therapists can keep information confidential which has been heard in a therapy session. The lower court initially found for the plaintiff, an Illinois social worker, but was overturned on appeal. Although there are many state laws on this issue, there is no Federal law. The other crucial issue was whether social workers could have the same rights to claim privilege as psychologists and psychiatrists.

The judges have seemed sympathetic to privileged communications for therapists, and did not separate social workers from other clinical groups during their oral examination of the case, according to those who attended, including Ken Adams, NMCOP and Federation attorney. The briefs filed by the Federation and the Psychoanalytic Consortium (both of which the NMCOP joined) strongly influenced the judges' attitudes. However, they may look to Congress to pass a law to protect privileged communication, rather than make case law the primary protection. The standard being considered would equal that currently in place for attorneys, if information is determined to have no bearing on guilt or innocence in a case. If the Court rules, it will be in June. If it does not, a new trial will be held in Illinois.

THE CONGRESS: The profile of health care in the current Congress continues to be low. Election years are notorious for their tendency toward inaction as legislators are preoccupied with the upcoming elections. Nonetheless, there are still a couple of bills which would help and one which would be detrimental to quality mental health treatment, including psychoanalysis.

HB 2400 is gaining momentum and has a point-of-service option. The Kennedy-Kassebaum bill in the Senate is still being considered and would include a section opposing penalties for pre-existing conditions. The Bennett bill, on the other hand, would erode confidentiality as it attempts to create a "mega-data bank" which would be accessed by many different systems, including credit companies, health carriers, and employers. Mental health information is currently exempted in this bill. However, we have seen the often inadequate safeguards for maintaining confidentiality in managed care. The bill represents huge profits for the companies like Equifax and TRW which would administer these systems. They strongly support the bill. The ultimate prospects of efforts to thwart this bill are not good. But we must protect mental health information as much as possible.

This is some good news on the state fronts: Maryland passed an anti-gag law; and Washington State passed a law protecting contracting as an option before, during, and after managed care benefits are used.

Northern California Activities

By Muriel Brotsky, Northern California Area Chair



Muriel Brotsky

Our very successful public 1995 Spring Meeting, co-sponsored with the California Society for Clinical Social Work, featured Judith Wallerstein. For the first time, she presented the research findings in her new book, *The Good Marriage*, to a clinical group. For 1995-1996, we decided on four smaller home meetings to give members the opportunity to present their own work.

On October 14, Judith Nelson, Cynthia O'Connell and Michael Sheiner presented "*Issues in Social Work Supervision from a Psychoanalytic Perspective*" where they discussed their own experiences in individual and group supervision. Judith and Cynthia then took their experiences with organizing a group supervision in Napa County to the 1995 National Conference in New York.

On April 13, Ruth Paris presented "*Motherhood and Ego Resiliency: A Longitudinal Perspective*." She presented two cases which are part of a larger study of female adult development. On June 1, Velia Frost will present "*Towards an Understanding of Couple's Interactions from a Object Relations Perspective*," exploring the dynamics that operate and the factors that make for functional relationships.

Managed Care is having a profound monetary effect on private practice in Northern California. Many therapists are negotiating fees independently with clients. Patricia Sax led a discussion on January 13 on "*How do we Set Fees? Ramifications for Clients and Therapists*." The interest was so great and so many questions raised, the discussion was continued on February 10: "*Fee Setting — Public Attitudes and Private Decisions*." On January 13, we also honored our past president, Billie Lee Violette, who was so instrumental in organizing our chapter and representing us on the NMCOP Board of Directors.

North Carolina: "Legacy of Clare Winnicott"

By Lou Lipsitz

On March 15, 1996, Joel Kanter presented a lecture and discussion on "*The Unfinished Legacy of Clare Winnicott: Towards a Psychoanalytic Social Work*." Kanter, a Senior Case Manager at the Mt. Vernon Center for Community Mental Health in Fairfax County, Virginia, explained that Clare Winnicott, though far less well-known than her influential husband, Donald, had considerable influence on the evolution of social work in Great Britain. She also provides an unusual and useful model of how social work and psychoanalytic insight can be combined in an individual's career.

Clare's career combined a wide range of activities. During World War II, she began her social work experience in hostels established for child evacuees from English cities. These children did not adapt well to foster homes in the countryside. While doing this work, she met D.W. Winnicott who was a consultant to the hostels. They were married in 1951. After the war, Clare organized the first course on child welfare at the London School of Economics. She was able to recruit D.W. to lecture on this subject as well. Over time, she became well-known as a teacher of social work. In the 1960's, she was involved in working with the government, developing training for those who were going to work with children. At the same time, Clare received analytic training (mainly of the Kleinian variety) and eventually became an analyst. She had several therapies, including one with Melanie Klein herself. Kantor reported that her relationship with Klein was stormy and problematic and that Clare never became an orthodox Kleinian.

Clare published several influential papers, including "*Face to Face with Children*" in 1963. Her efforts to integrate "inner" and "outer" worlds in her own life are also reflected in what Kanter considers her main ideas regarding the conduct of clinical social work:

- Keep alive the capacity to feel in our clients; hear and contain the loss involved, and contact the client's suffering
- Be aware of and use one's countertransference and be able to accept one's failures as a therapist while continuing to "hang in there."
- Use indirect methods of communicating with children — such as shared experiences — being careful not to intrude heavily on the child's "core."
- Use the "real person" of the therapist to "live through" experience with clients, as well as "working through"

It is notable that through Clare, social work concepts and situations appear to have influenced D.W. Winnicott's work. For one, many of his papers were first published in social work journals. Also, his famous ideas about the "transitional object" and the "holding environment" seem to have been prefigured at least partly by some of Clare's innovative notions about how to work with children in therapy.

Kanter is preparing a book on Clare Winnicott's life and ideas. It will include interviews with friends and coworkers as well as a reassessment of her work. Though once well-known in Great Britain, she is not familiar to the younger generation of therapists and social workers there, or generally in the U.S.

Tyson Presents in Texas

By Donna Tarver, Texas Area Chair

The Dallas Society for Psychodynamic Social Work, a group of the Texas Area NMCOP, held its second annual Spring Workshop in Dallas on February 24, 1996. The Group was pleased to present internationally known developmental theorist, Phyllis Tyson. Ms. Tyson's thought provoking presentation, "*Female Psychology and the Clinical Situation*," sparked lively discussion on the applications of her theoretical perspective in treating female patients.

Ms. Tyson challenged the premise that "libido theory and the idea of an innate matrix of bisexuality are an adequate basis on which to understand female psychology. Rather," she postulated, "it is the mutual influence of sexuality, aggression, object relations, and a superego that inherits the object-related conflicts of early childhood, intertwined as these are with gender issues, that determine the way a woman experiences herself." Within this context of considering primary femininity as bedrock, Ms. Tyson discussed the clinical utility of her theoretical ideas. Dallas members Gayle Marshall and Mark Hokamp presented cases giving Ms. Tyson and the participants the opportunity to discuss and apply the ideas Ms. Tyson presented. In addition to the workshop, Dr. Tyson was honored at a reception at the home of Jane and John Walvoord.

Study Group in Maine

By Cathy Siebold, Maine Area Chair

For the past three years a group of psychoanalytically oriented social workers have participated in a study group that holds monthly meetings. This group's purpose has been two fold; to encourage participation in the Committee on Psychoanalysis and to establish a psychoanalytical presence among social workers in Maine. During these three years, the study group's constituency has changed and knowledge of our existence continues to expand as a result of these changes.



Cathy Siebold

The study group has also become a place where those interested in insight oriented therapy can find support regarding issues related to managed care and the biases against including psychoanalytic theory in Schools of Social Work.

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JOIN OR RENEW YOUR MEMBERSHIP NOW!

(If you have not yet renewed for 1996)

Membership runs from January 1st to December 31st and 1996 dues are now due! Membership in a State Clinical Society is required, or National Federation membership if there is no State Society. The NMCOP is open to psychoanalysts and psychoanalytically oriented social workers. A General Member is licensed or certified in his/her state. Students must be in good standing in their School of Social Work; Retirees may also join. Annual dues are \$55 payable to the NMCOP.

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