



NEWSLETTER

Committee on Psychoanalysis

A National Membership Committee of The National Federation of Societies for Clinical Social Work

VOLUME 1, NUMBER 2

FALL 1988

Program Of The First National Clinical Social Work Psychoanalytic Conference Now Available

by Walter J. Alvarez, M.S.W.

After a year of extensive planning and hard work the national membership Committee on Psychoanalysis has finalized the details for its first psychoanalytic conference. The conference, titled "Advances In Psychodynamic Practice For The 90's" will take place on November 4, 5, and 6, 1988, and will be held at the Penn Tower Hotel in Philadelphia.

This conference represents a significant step toward further establishing clinical social workers as a major group of practitioners of psychoanalysis and psychoanalytic psychotherapy. A particularly significant aspect of this conference pertains to the fact that it draws together its distinguished presenters from the clinical social work profession.

The planning committee is especially excited to announce its keynote presenters. These presenters include Gertrude and Rubin Blanck, Dale Meers, Jean Sanville, and Herbert Streaan. All of these distinguished individuals

continued on page 6

Liaison Established With German Psychoanalytic Social Work Organization

by Thomas R. Federn, M.S.W.

I am pleased to announce that a formal interrelationship now exists between our National Membership Committee and a similar organization based in West Germany, the Verein für Psychoanalytische Sozialarbeit. It, like our own organization, seeks to promote psychoanalytic activity by clinical social workers. The paper which follows is the first fruit of this new interrelationship. One of its purposes it to provide our members with a description of the Verein's activities and history. Its author, Ernst Federn, is a board member of the Verein and a prominent

continued on page 5

Psychoanalytic Social Work, Cultural Perspectives

by Ernst Federn (Vienna)



The two cultures, which shall be discussed here are the United States and the German speaking countries. There are, of course many others which could deserve consideration. Nevertheless, historically psychoanalytic social work originated in the United States, Austria, Germany and Switzerland. As in intercultural marriages, mutualities,

continued on page 8

Advocacy Update

by Kenneth L. Adams



No health care profession can expect to survive for long if its members are denied access to good training for practice, and if its members in practice are denied access to third-party payment for services rendered.

For fifty years physicians held a monopoly on access to good psychiatric training, and on access to insurance reimbursement in dollars (in those health insurance plans

that provided coverage for psychoanalytic therapy). During the past ten years, the physician monopoly has been crumbling on both fronts, due in part to persistent and increasingly sophisticated efforts by the non-physician

continued on page 6

National Subspecialty Visibility The Key To Parity

by Crayton E. Rowe, Jr., M.S.W.

Kenneth Adams, our Washington representative and national advocate, has underlined the urgent need for clinical social workers to achieve national legislative recognition in their practice of psychoanalytic treatment. In his "Advocacy Update", in this issue, he states: "If psychology prevails in opening up all psychoanalytic institutes to licensed professionals of all disciplines, licensed social workers will have access to the full range of psychoanalytic training so long as the scope of their license includes the right to practice psychoanalytic therapy. In some states this may require amendment of the licensing law to make it clear that psychoanalytic therapy is within the permitted scope of practice of clinical social workers". Clinical social workers, therefore, would have to convince legislators that psychoanalytic treatment is an integral

continued on page 12

CONTENTS

Advocacy Update	Page 1
National Subspecialty Visibility –	
The Key To Parity	Page 1
Psychoanalytic Social Work –	
Cultural Perspectives	Page 1
Member Profile –	
Herbert S. Streaan, D.S.W.	Page 2
1989 Clinical Conference –	
Call For Papers	Page 2
News and Views from the Members	Page 3

1989 Clinical Conference Planned – Call For Papers “The Widening Scope of Psychoanalytic Treatment”

All members of the national membership Committee on Psychoanalysis are invited to submit unpublished clinical papers or workshop outlines for consideration for the 1989 Clinical Social Work Psychoanalytic Conference entitled “The Widening Scope of Psychoanalytic Treatment”. Four areas of consideration have been identified: Setting (including agency, EAP, HMO, private practice, etc.); Modality (individual or group); Diagnosis: neurotic to psychotic; Gender Issues. Paper/Discussion and Workshop program length will be 75 minutes.

Papers will not be returned unless requested along with a stamped return envelope. Contributors will be contacted only if papers/workshops are accepted by the Conference Committee. Conference Directors for 1989 are Mitchell May, M.S.W. (New York) and Marsha Wineburgh, M.S.W. (New York).

Please send papers to:

Marsha Wineburgh, M.S.W.
315 East 68th Street, # 16T
New York, New York 10021

Papers must be submitted by January 15, 1989.

Officers of The National Membership Committee On Psychoanalysis Meet With President of Division 39

On June 23, 1988, Crayton Rowe, Committee On Psychoanalysis Chairman, and Marsha Wineburgh, Conference Program Chairperson, met with Zanvel A. Liff, President of Division 39 (Psychoanalysis) of the American Psychological Association. Division 39 is a national membership division open to members of the American Psychological Association.

Discussion was focused on how our two organizations could mutually benefit each other. It was agreed that one area of mutual interest was preserving psychoanalytic practice as a subspecialty of our respective professions. Concern was expressed about the passage of psychoanalytic legislation which would establish a separate profession for those who practice psychoanalytic psychotherapy and psychoanalysis and possibly remove the psychoanalytic subspecialty practice from psychology and clinical social work.

continued on page 4

The Committee On Psychoanalysis – Its Function Within The Federation

Comments by Scott Cleveland, M.S.W.

As incoming President of the National Federation of Societies for Clinical Social Work, I am honored to be asked to write a column for this Newsletter. When I was a member of the Board of The Federation, I watched Crayton Rowe and others lobby and push for the formation of this Committee on Psychoanalysis. Initially, my thoughts were that this was important, but had little impact on me or my state as we had few members who were analysts. How wrong I was!

The Committee on Psychoanalysis not only embraces
continued on page 5

Member Profiles

Herbert S. Strean, D.S.W.

1011 Sheffield Road, Teaneck, N.J. 07666



In this column we hope to highlight accomplishments and areas of expertise of our members. We would like to encourage our members to become better acquainted with one another and welcome all professional news about each one of you. So take a moment to reflect and then describe: Academic and professional training; Professional experiences; Special interests/goals; Society

activities; Awards and Distinctions. Remember, we want to hear from you! Please address your profiles, or those you think we should solicit, to C. Ring, C.S.W., Psy.D. (Profiles), 1819 Avenue “K”, Brooklyn, N.Y. 11230

Herbert S. Strean, D.S.W. is our current Profile Member. Herb hails from Montreal, Canada and became a U.S. citizen in 1954, married, and helped raise a family in the Metropolitan area. His undergraduate education at N.Y.U. in pre-professional social work - cum laude, presaged his career in social work and psychoanalysis. His training included the M.S.W. (1953) from Boston University’s School of Social Work, the D.S.W. (1968) from Columbia University School of Social Work, completion of the Advanced Training Program in Child Therapy, Child Development Center, New York City (1957-1959), and graduation from the Training Institute of the National

continued on page 4

Membership Application

COMMITTEE ON PSYCHOANALYSIS

Name _____

Address _____
Street and Number

City State Zip

Telephone (Office) _____

Telephone (Home) _____

Highest Degree _____

University _____ State Society Membership _____

License or Cert. No. _____ State _____

I would like to be a member of the committee.

I wish to contribute: 200 100 50 25

(CONTRIBUTIONS ARE TAX DEDUCTIBLE FOR MEMBERS OF THE PROFESSION. Checks should be made payable to The National Federation Of Societies For Clinical Social Work, Inc.)

I WOULD BE INTERESTED IN WORKING ON:

A. National Standards _____

B. National Conferences _____

C. Legislation _____

D. Public Relations _____

E. Other _____

Please return to: CRAYTON E. ROWE, JR., M.S.W., CHAIRMAN
230 West End Avenue, Suite 1D, New York, N.Y. 10023

News and Views From The Members

The Newsletter is an important vehicle for members nationwide to share news of their activities, their thoughts, and concerns. The editors of the Newsletter invite all members to submit articles to the Editorial Office, c/o Crayton E. Rowe, Jr., M.S.W., 230 West End Avenue, Suite 1D, New York, New York 10023. (Please type and double space all articles.)

Geraldine Schick, M.S.W.

**1100 Glendon Ave.
Suite 709
Los Angeles, CA 90024**



As the "West Coast" editor of this newsletter, it will be my responsibility to keep our membership informed of the various psychoanalytic activities in which clinical social workers are involved in California. There are approximately 10,000 licensed social workers in the state who are involved in private practice, in medical and mental health training programs and universities, and in a

variety of work settings. Of this number, 2,000 are members of the Society for Clinical Social Work, an organization that was founded in 1969 for the purpose of establishing an organizational identity for those social workers whose primary interest and activities are clinical in nature. That number has been growing steadily over the years as social workers have availed themselves of advanced training opportunities. Ms. Geraldine Esposito is the present executive director of the Society.

continued on page 13

Eve R. Mayer, Ph.D.

**3337 North Miller Road
Suite 106
Scottsdale, AZ 85251**

For many years I have been personally concerned about people who hang out their shingles. Whether they are M.S.W.'s, M.D.'s, Ph.D.'s, I have never been able to stop wondering about their qualifications for private practice.

Several of my colleagues in I-CAPP (The International Conference for the Advancement of Private Practitioners in Clinical Social Work) have shared my concern and, therefore, in 1980 we began to work on a program for the clinical social worker who is in private practice, or wants to enter it. While those who are in private practice in New York, Chicago, Los Angeles or other metropolitan areas have an opportunity for good supervision, we still thought that there should be a cohesive program for clinical social workers who wanted to hold themselves out as private practitioners to the community. In addition, we felt that in far out places such as Montana, Tennessee, the Province of Alberta, Canada etc., there was a need for well-trained private practitioners.

continued on page 13

Ethical Issues In Psychoanalysis:

A Brief Review

by David G. Phillips, D.S.W.

From time to time the psychoanalytic literature has assessed the relationship between psychoanalysis and moral and ethical values. In the best known of these works, Hartmann (1960) considered primarily the question of whether psychoanalysis can influence the morality of the wider society. He asks whether psychoanalysis can provide the basis for the formation of ultimate moral aims – it can't – and whether psychoanalytic treatment can help individuals to clarify their own moral aims – it can. He considers the ways in which social values affect individual values, most importantly in the development of the superego, but in this essay from 1960 there is not yet an awareness that the moral, legal, and ethical precepts and quandries of the wider society can be reflected in the responsibility and activity of the individual psychoanalytic practitioner.

In a 1976 Symposium on "Ethics, Values, and Psychological Interventions" it is clear how much change has taken place in a short time. These authors are clearly aware that they no longer live in a world in which the treatment of the individual is solely a private transaction between patient and therapist. Michels, for instance, goes so far as to refer to "governmental intrusions into the patient's confidentiality" and "conflicts between the narrow goals of a specific therapy and broader social goals..." (P. 381).

continued on page 14

NATIONAL MEMBERSHIP DIRECTORY PLANNED

Since our membership is steadily increasing, we are beginning to plan for the creation of a membership roster. This directory of the members of our national membership Committee on Psychoanalysis is important in that members can identify area members and organize committees within the various State Societies of Clinical Social Work. Some area Committees have already been formed; others are beginning to form.

National subspecialty visibility is clearly in the interest of every clinical social worker in order to keep pace with other mental health professions and to preserve the psychoanalytic subspecialty within the clinical social work profession.

As we stated in our 1987 Newsletter Report, "psychiatry and psychology are in the process of defining who shall be eligible to practice psychoanalysis and psychotherapy. This is tantamount to legal regulations for those of us who are practicing psychoanalysis or psychoanalytic psychotherapy. It is most important that we organize ourselves to stand as an official body along with such organizations as the aforementioned Division 39, in formulating the eligibility requirements. IF WE DO NOT DO THIS OURSELVES, SOMEONE ELSE WILL DO IT FOR US!! All clinical social workers who are members of a state society in the NFSCSW are eligible for membership and urged to join.

We need to have a voice in negotiating national training and practice standards. Indeed, we need your voice – now – to join us in strengthening the credibility of our profession and our identity as individual clinical social worker practitioners in psychoanalytic psychotherapy and psychoanalysis. We look forward to your active participation with us.

Drs. Abraham and Carole Ring
Membership Chairpersons

Member Profiles . . .continued from page 2

Psychological Association for Psychoanalysis (1962).

Herb distinguished himself early on while he was earning his M.S.W. at Boston University; he was president of the student organization and was elected by the faculty as "Man of the Year". At Columbia University, he was awarded a grant from The National Institute of Mental Health. At N.P.A.P. he was honored in 1959 with the Robert Lindner Award; in 1960 he received the Van Ophuisen Award from the Jewish Board of Guardians; and in 1970 was honored as an "Outstanding Educator of America", by the national organization, Outstanding Educators of America. There were many more awards and honors accorded Herb during the seventies and eighties, including The Distinguished Publication Award from the Society of Psychoanalytic Training in 1984.

Until recently, Herb divided his professional life between private practice and teaching. After twenty years of teaching at Rutgers University, he retired in 1986, having taught doctoral and masters students in the School of Social Work. For ten of these years, he was Chairman of the Casework Sequence. He was the first social work educator at Rutgers to be awarded the title of Distinguished Professor.

For many years Herb has taught at several psychoanalytic institutes. He has been very active at the New York Center for Psychoanalytic Training where he became director in 1986. He is also editor-in-chief of N.Y.C.P.T.'s journal, *Current Issues in Psychoanalytic Practice*.

Herb has served on the editorial boards of several journals such as *Clinical Social Work*, *Journal of Independent Social Work*, *Psychoanalytic Review*, *Dynamic*

Psychotherapy, and the *Journal of Applied Social Sciences*.

The reader has by now become aware of one of Herb's major interests, his writing. He is the author of over 20 books and close to 100 articles. Many of his books attempt to bring the findings of psychoanalysis to social work, such as *Psychoanalytic Theory and Social Work Practice*, *Clinical Social Work*, *The Social Worker as Psychotherapist*, and *Social Casework: Theories in Action*. He has also written several books on love, marriage and sexuality such as *The Sexual Dimension*, *Resolving Marital Conflicts*, and *The Extramarital Affair*. He regards his most helpful book to be *Resolving Resistances in Psychotherapy* and his most interesting, *Behind the Couch: Revelations of a Psychoanalyst* (1988).

His articles have appeared in *Psychoanalytic Quarterly*, the *Psychoanalytic Review*, *Social Work*, *Clinical Social Work*, and *Social Casework*. His work has also appeared in journals in Canada, Great Britain, Japan, and other foreign countries.

Being aware of the social action heritage of the social work profession, Herb Strean wrote the "Psychoanalyst: An Agent of Social Change", in *Current Issues in Psychoanalytic Practice* and reprinted in our newsletter, Vol. 1, Number 1. "In sum, psychoanalysts should view themselves as social change agents. Their therapeutic work with individuals does help hundreds of thousands in profound ways, but they also can and should lend their expertise to clinics, classrooms, the work situation, and other sectors of living more often and more intensely. As analysts view themselves as an indispensable part of society, by the year 2000 not only will we have sent a man or woman to the moon but it will be a requirement for every senator and congressman to be psychoanalyzed".

We are pleased to have written about Herb Strean in our column. He represents the finest qualities of the socially committed, productive Social Worker/Psychoanalyst/Teacher. His philosophical position of the psychoanalyst as "an agent of social change" can be an inspiration to us as we address the current task of having psychoanalysis acknowledged as part of clinical social work's armamentarium.

Drs. Abraham and Carole Ring

LOS ANGELES INSTITUTE AND SOCIETY FOR PSYCHOANALYTIC STUDIES

4-YEAR TRAINING PROGRAM IN PSYCHOANALYSIS
INTERDISCIPLINARY—OPEN TO LICENSED
MENTAL HEALTH PROFESSIONALS

AREAS OF PREPARATION

- Personal Analysis
- Supervised Psychotherapy
- Supervised Control Analyses
- Course Work
- Case Presentation

UPON COMPLETION OF PROGRAM, CANDIDATES ARE
ELIGIBLE FOR MEMBERSHIP IN THE SOCIETY.

For Further Information:

BONNIE LEE, ADMINISTRATIVE SECRETARY
LOS ANGELES INSTITUTE AND SOCIETY FOR
PSYCHOANALYTIC STUDIES (OR: L.A.I.S.P.S.)
1100 GLENDON AVENUE, SUITE 933
LOS ANGELES, CALIFORNIA 90024
(213) 208-3090

THE COMMITTEE ON PSYCHOANALYSIS was formed as a standing committee of The National Federation of Societies For Clinical Social Work in May, 1980, in response to the need for a national advocacy group for clinical social workers who practice psychoanalysis and psychoanalytic psychotherapy. While clinical social workers are a major provider group of psychoanalysis and psychoanalytic psychotherapy in the nation, they have been forced to look to psychology and medicine for standard setting and their clinical identity as psychoanalytic practitioners. The Board of the National Federation voted in October, 1985, to expand the scope of the Committee to organize all interested individual members of State Societies of Clinical Social Work to join the Committee directly and make membership contributions to be used exclusively by the Committee for its work.

Officers . . .continued from page 2

Another issue considered was how our profession could support and respect the subspecialty identity of each as psychoanalytic practitioners. For example, Rowe
continued on next page

Officers . . .continued from preceding page

and Wineburgh were concerned that many clinical social workers were joining Division 39 and leaving the profession of clinical social work. A similar concern was expressed about Division 39's effort to establish psychoanalytic training institutes around the country and offering training to clinical social workers. The training of one professional group by another inevitably results in a lack of parity between the two groups. The question was asked how clinical social workers could have parity recognition and participation in the administering of the institutes.

The meeting ended with an agreement that efforts would be made to establish some form of liaison between our two organizations. Also, the possibility of a joint conference was discussed. These views and suggestions would be taken back to the Boards of our organizations.

Committee on Psychoanalysis...

continued from page 2

psychoanalysis, but the practice of psychoanalytic psychotherapy for those clinical social workers with proper training and education. This issue touches every state – especially as they move into licensing, definition, scope of practice, and regulation. The concept also includes not only the right to receive training, but also to provide training and education by those clinical social workers with appropriate credentials in a specialty area such as this one.

The President of the Federation is committed to carry out the goals and objectives set forth by the Board of the Federation – made up of representatives (usually the President) of each States' Clinical Society. The current five year goals of the Federation, in their third year of being operationalized, are set and prioritized as follows:

- 1) To continue national-level advocacy on behalf of clinical social work.
- 2) To continue promotion of legal regulation and vendorship.
- 3) To establish a National Federation office.
- 4) To promote clinical social work education.
- 5) To promote marketing public relations for the clinical social work profession.

It is not hard to see how this Committee of the National Federation is working within the above framework. As a national membership Committee, its members must belong to a State Society of Clinical Social Work. This assures the Federation as well as the Committee on Psychoanalysis, that their membership is represented and involved with the Federation's Board and its policy formations.

The Committee's work toward the achievement of psychoanalytic theory and practice in the field is recognition of our commitment to professional education, training, and standards in all areas of clinical social work. The Committee provides a structure through which the Federation can promote visibility, understanding, and acceptance of clinical social work's contributions and expertise in this particular of practice.

The Committee's first annual conference on psychoanalysis and psychoanalytic psychotherapy is just one of the more visible outcomes of the work done by this Committee. Through the Federation, it has contributed greatly in the continuing efforts on national-level advocacy, parity, and legal regulation and vendorship.

The National Federation's Board will continue to promote excellence in professional standards in all areas of clinical social worker education and practice. The Federation will maintain its strong stance in representing the field of clinical social worker through national-level advocacy. The very structure of the Federation assures that each state and each state's interests, concerns, and objectives will be heard and represented on the national scene. The Committee on Psychoanalysis is one example of the scope of activity the Federation's Board has defined in action.

I hope to see you all in Philadelphia.

Scott J. Cleveland, LCSW
President NFSCSW

Liaison...continued from page 1

Austrian clinical social worker. He has agreed to serve as the Verein's liaison with us. He was born in Vienna, Austria in 1914. He is the youngest son of Paul Federn, the early psychoanalyst and the author of *Ego Psychology and the Psychosis*. He was active in antifascist activity from 1932 through 1938. From 1938 through 1945 he was an inmate in first Dachau and then Buchenwald concentration camps. In 1948 he emigrated to the United States where after receiving an MS in psychiatric social work he worked as a psychotherapist in family agencies until 1972 when he returned to his native Austria. There

continued on next page

*Ask for the special
Workshop in the fall!*

Psychoanalytic Training at IPTAR

(Institute for Psychoanalytic Training and Research)

has advantages in its integrated Program for Psychoanalysis. It provides clinical understanding of neuroses, borderlines and psychoses via traditional techniques and contemporary modifications. IPTAR grants a Certificate in Psychoanalysis and is chartered by the New York Board of Regents. For invitation to IPTAR Open House, information on Programs, referrals to private practice and IPTAR Membership Society, write:

IPTAR

1651 Third Ave., Suite 201

New York, NY 10128

(212) 427-7070



Liaison . . .

continued from page 5

he worked as a psychotherapist in the Austrian prison system. He specialized in providing psychotherapy to inmates convicted of homicide. He recently retired from this position. He is the author of numerous papers on psychoanalysis. A collection of them is due to be published shortly. He lectures widely throughout Europe and the United States on psychoanalysis. Along with Herman Nunberg he is the editor of the *Minutes of the Vienna Psychoanalytic Society* which has appeared in English, French, German, Italian, and Spanish.

Thomas R. Federn, M.S.W.
Liaison person to the Verein Für Psychoanalytische Sozialarbeit

POST GRADUATE TRAINING IN PSYCHOANALYSIS AND COMPREHENSIVE PSYCHOTHERAPY

CORE TRAINING

in psychoanalysis and in psychoanalytic psychotherapy with emphasis on contemporary developments of object relations, self psychology and ego psychology.

ELECTIVE TRAINING

with faculty and supervisors in modalities such as hypnotherapy, behavior therapy, family therapy, eating disorders, and others.

DIVERSE CLINICAL EXPERIENCE

in our treatment facility.

A COHESIVE INTERDISCIPLINARY APPROACH

comprised of faculty supervisors, trainees and alumni actively committed to the development of a psychodynamically-based therapy of the whole person.

TRAINEE PARTICIPATION

through joint administrative-trainee committees regarding clinic and training policy.

Requests for applications and inquiries regarding the four-year Certificate Program should be addressed to:

Registrar
National Institute for the Psychotherapies
Suite 200 • 330 West 58th Street • New York, NY 10019
(212) 582-1566

Chartered by the Board of Regents of the University of the State of New York



Program Of The First National Clinical Social Work Psychoanalytic Conference . . .continued from page 1

have emerged from the social work tradition and have gone on to make major contributions to the field of psychoanalysis and psychoanalytic psychotherapy. They are all well known from their numerous publications and are respected as major contributors to our profession.

In addition to the four distinguished keynote presenters the three-day program will feature numerous other presentations of papers and workshops. From the many papers and proposals submitted to the Committee the selection has been narrowed down to fifteen. The topics of the presentations chosen reflect a diversity of clinical settings and issues while at the same time demonstrate a significance to our work.

As a special feature the Committee is pleased to announce that we will be presenting Kenneth Adams as our guest speaker for our luncheon. Mr. Adams is the Washington representative for the National Federation of Societies for Clinical Social Work. He is extremely knowledgeable about the legislation which impacts directly on our work. His presentation on the status of reimbursement for psychoanalytic treatment will be highly informative.

All in all, the conference should prove to be a significant event. It is historical in that it creates an opportunity where social workers will present and discuss the theories and issues of psychoanalytic practice independent of those professions which have attempted to claim dominance over this subspecialty. The Committee on Psychoanalysis feels that this is an important step toward achieving the long due recognition of social workers as fully qualified practitioners of psychoanalysis and psychoanalytic psychotherapy.

The Committee is pleased to report that initial interest in the conference is very strong. We have received requests for over 1000 conference programs which will be mailed out shortly. The complete conference program is included in this issue of the Newsletter. As we are anticipating a large turnout for this conference, and space is limited, it is recommended that those who wish to attend send in their registration forms and make their hotel

reservations as soon as possible.

The Committee looks forward to seeing you this fall in Philadelphia at our (your) first national psychoanalytic clinical social work conference. We also look forward to the many more conferences.

Walter J. Alvarez, M.S.W.
Conference Operations Director

Advocacy Update . . . continued from page 1

professions to assert their right to compete on a level playing field, and in part to a more receptive political climate spawned by economic forces.

During the post-war years when the economy was expanding, the dramatic annual increases in health care costs (far outstripping the inflation rate in the economy as a whole) went largely unnoticed by the ultimate payers of the nation's health care bills – government and big business. When the expansion ground to a halt in the 1970's, both business and government started looking for places to save money. It did not take long for the spotlight to focus on the uncontained explosion in health care costs. When cost containment and competition became the vogue in organized health care circles, the non-physician professions seized the opportunity to demonstrate that competition and cost-containment goals would be well served by giving health care consumers the ability to choose freely between qualified physician and non-physician providers, without regard to professional discipline.

What follows is a status report on two developments – one in each area – that reflect the progress made so far and the distance yet to go, in the fight for equal access to psychoanalytic training and to reimbursement dollars.

Some time ago a group of psychologists, supported by the American Psychological Association filed suit against The American Psychoanalytic Association and the International Psychoanalytic Association, challenging the

continued on next page

THE COUNCIL OF PSYCHOANALYTIC PSYCHOTHERAPISTS

is accepting applications for membership from qualified **psychoanalytic psychotherapists, institutes & associations** throughout the U.S.

The purposes of the Council are to establish professional and ethical standards for psychoanalytic psychotherapists and psychoanalysts; to provide a forum for the exchange of professional experience; to foster the development of facilities for training, study and research in the science of psychoanalysis and psychoanalytic psychotherapy; to collaborate with related disciplines and lay groups for the improvement of psychotherapeutic services for the community; and to affirm the professional and scientific rights and responsibilities of psychoanalytic psychotherapists.

ANNUAL CONFERENCE OCTOBER 23, 1988 THE EGO IDEAL

For further information write

Council of Psychoanalytic Psychotherapists

Ruth Marcus, Administrative Secretary
111-50 75th Road, Forest Hills, NY 11375

Advocacy Update . . .continued from preceding page

exclusion of non-physicians from training at psychoanalytic institutes in the United States. The suit argues that the motive, and the effect, of this exclusionary practice is to protect physicians from economic competition by qualified non-physicians analysts, thereby violating federal antitrust laws.

Recently the federal judge hearing the suit rejected the motion by American Psychoanalytic to dismiss the suit before trial. The judge held that the psychologist plaintiffs have the right to proceed to trial on their antitrust theory, and that if they can prove anticompetitive purpose and effects, they are entitled to win. Apparently American Psychoanalytic was surprised by the ruling. They had been led to believe that the judge would agree with their argument that their right to define who is and is not qualified to receive institute training is exempt from the antitrust laws. (After the judge ruled against them, the defendants fired their lawyers and hired a new firm to defend the case.) The plaintiffs hope for a 1988 trial, but 1989 is probably more realistic in my view.

In the meantime, the risks posed by the lawsuit have led the defendants to adopt some modest changes. The American Psychoanalytic Association adopted a resolution giving each member institute the option of allowing a few "carefully selected" non-medical therapists to receive clinical training. During the first year following adoption of the resolution, 24 non-medical therapists applied and 18 were admitted for institute training. So far only half the institutes that belong to American Psychoanalytic have elected to accept applications from non-medical therapists. To some, this represents progress.

Others see it as mere tokenism born of desperation, and feel it should not be viewed as meaningful change but rather as a tactical effort to persuade the judge and the non-physician community that forced change through litigation is unnecessary.

A similar change (progress or desperate tokenism?) was implemented by the International Psychoanalytic Association. They changed their laws to permit organizations other than The American Psychoanalytic to apply for recognition as accrediting bodies for psychoanalytic training in the U.S. Various groups, including the William A. White Institute in New York, have sought recognition but so far recognition has not been granted to any group that admits non-physicians for training.

The ultimate outcome of the psychologists' suit will probably not be decided for some time. But its implications for social workers are evident. If psychology prevails in opening up all psychoanalytic institutes to licensed professionals of all disciplines, licensed social workers will have access to the full range of psychoanalytic training **SO LONG AS THE SCOPE OF THEIR LICENSE INCLUDES THE RIGHT TO PRACTICE PSYCHOANALYTIC THERAPY**. In some states this may require amendment of the licensing law to make it clear that psychoanalytic therapy is within the permitted scope of practice of clinical social workers.

In addition, I have maintained regular dialogue with the attorneys for the psychologists. I have made them aware of clinical social work interests and concerns. I am presently maintaining close touch with the progress of the settlement between the parties to the law suit.

On the reimbursement front, a bloody fight was fought by the non-physician mental health professions for inclusion as reimbursable providers in the Kennedy-Waxman bill passed by the Senate Committee on Labor and Human Resources. The bill is a private sector form of national health insurance legislation. It would require every employer with more than 25 employees to provide a health benefit plan to its employees, containing at least the minimum coverage spelled out in the bill.

Initially, as introduced by Senator Kennedy, the bill did not require employers to include any mental health coverage at all. A cooperative lobbying effort by the entire mental health community, including the National Federation of Societies for Clinical Social Work, won an amendment requiring employers to provide mental health coverage for at least 20 outpatient visits and 30 inpatient days per year. The question then arose, which of the treating professions would be eligible as reimbursable providers of these services? As the bill was originally framed, only physicians were authorized providers of covered services. A coalition of non-physician organizations was formed for the purpose of lobbying for a "freedom of choice" amendment which would require employers to include all qualified professionals as reimbursable providers - physician and non-physician alike. That coalition exploded when the American Psychological Association betrayed the coalition by secretly making a deal in which only psychologists would be included in the bill.

The National Federation, joined by NASW, called upon clinical social workers throughout the country to attack the exclusion from the bill of qualified social workers. As a result, the bill was amended in committee to include a

continued on next page

Advocacy Update . . .continued from preceding page

modified freedom of choice provision. In brief, employees would have the right to obtain covered mental health services from a clinical social worker in all health benefit plans except those plans which (1) were in existence on January 1, 1988, (2) provide mental health coverage at or beyond the level required in the bill, and (3) lawfully exclude clinical social workers as reimbursable providers. All other plans, insured or self-insured, past, present and future, would be required to include clinical social workers as eligible providers of covered mental health services. While the Senate bill stops short of complete parity for non-physician providers, it reflects significant progress over the last national health care benefits program enacted by Congress (Medicare/Medicaid), which still recognizes only physicians as reimbursable providers.

The National Federation of Societies for Clinical Social Work, and its Committee on Psychoanalysis, remain committed to challenging any and all barriers which impair access by qualified clinical social workers to psychoanalytic training and practice. I look forward to a more comprehensive dialogue about the prognosis and strategies for future gains by the profession with those of you who attend the November conference in Philadelphia, sponsored by the National Federation's Committee on Psychoanalysis.

Kenneth Adams
Washington Representative

Psychoanalytic Social Work . . .continued from page 1

samenesses, and differences become unavoidable. The last are created by different languages and cultural traits. I shall discuss mutualities and samenesses first, then the differences and in conclusion make some suggestions for arriving at a common goal.

Though psychoanalytic social work is not identical with clinical social work as it is practiced in the United States, most of its practitioners adhere to one or the other school of psychoanalytically oriented psychotherapy. In the German speaking countries the situation is quite different. There, in fact, the term clinical social work does not exist, since its function is performed by psychologists. We deal here with one of the most important difficulties in discussing the subject of this paper, i.e., that the same activities carry different names. Also: psychology is taught in the German speaking countries at universities and post-graduate schools; social work is taught at only a few universities and in Austria none.¹⁾ Function and activities of social work in the United States correspond to a great degree to what is called Sozialpädagogik in German. Its literal translation, social pedagogy, does not convey its real meaning. Its equivalent would be youth work or child guidance. The confusion begins already by rendering the English term social work into the German Sozialarbeit. The misunderstanding created by this and subsequent wrong translations have done a great harm. A wrong belief on the part of social workers in the United States that the whole field was their own unique creation may be at the root of this. But in fact, function and content of what is meant by social work developed in both cultures around the end of the nineteenth century albeit in different



POSTGRADUATE CENTER FOR MENTAL HEALTH
OFFERS TWO OUTSTANDING TRAINING
PROGRAMS IN THE
PSYCHOANALYTIC INSTITUTE

Adult Analytic Training

- Comprehensive Contemporary Curriculum
- Application of Analytic Theory to a Broad Spectrum of Diagnostic Problems
- Opportunities for Private Practice Development
- \$16,000 Work/Study Stipends and Scholarships

Contact:

Peter Buirski, Ph.D., Director
Adult Psychoanalytic Training
Postgraduate Center
124 East 28th Street
New York, N.Y. 10016
(212) 689-7700 Ext. 266

Child/Adolescent Analytic Training

- Outstanding Faculty/Supervisors
- Extensive Clinical Experience
- Application of Analytic Theory to Family and Group Therapy, School Consultation
- Network of Professional Opportunity/Stipends

Contact:

Ava Siegler, Ph.D., Director
Child, Adolescent Training
Postgraduate Center
124 East 28th Street
New York, N.Y. 10016
(212) 689-7700 Ext. 250, 251

All training programs open only to qualified psychiatrists, psychologists, and social workers.

ways and in a different social and political context. I believe that this paper is the first that deals with this confusion. Its consequences may be called tragic since considerable efforts and funds went into the wrong places and hands because of it.

That different words were and still are used for the same concepts and practices has historical reasons. To trace its various roots would surpass the scope of this paper. Suffice it to state that the main problems dealt with by social services are the same in all post-industrial societies as they were in the beginning of the industrial era. Only rural societies are equipped to deal with their social ills in traditional family-centered ways. The industrial society in its height and its post-industrial successor inevitably produce poverty and alcoholism, the lack of care for children, the lack of care for the aged and the ill, and all forms of emotional and mental sickness. The self-healing capacity of man finds in all cultures its expression in the interest to help the socially needy and the weak. We find social workers described in all literature since the sixteenth century, if not even earlier. People who felt the need to do this kind of work were convinced from the beginning that prevention is preferable to cure. The principle of "helping one to help oneself" has been genuine to all social work in the Judaen-Christian cultures. Early, too, we find the recognition that help should be given on an individual basis and not to categories of people, i.e., the poor, the blind, the ill. We find on the other hand, until very recently, the opinion that some people are genetically degenerate, hopeless, and unworthy

continued on page 9

Psychoanalytic Social Work . . .continued from page 8

of being assisted by the society. In fact, progress in social work can be measured by the extent to which more people are considered physically, mentally and emotionally handicapped rather than genetically damaged and thus, objects for rehabilitation. The pioneering book, *Social Diagnosis*, by Mary Richmond (1917) contains ideas and knowledge which we can also find in the books and writings of German authors. An example of progress is the child guidance clinic which was first developed in the United States at the beginning of the century by William Healy (1909) and after World War I in Vienna by Alfred Adler and August Aichhorn.

An awareness that it is the help to the individual and not to a bureaucratically defined faceless group of people, that is the mutually accepted basis for comparing clinical social work in both cultures. It is not as it was frequently and erroneously maintained that social case work is based on Freud's psychoanalysis. In Mary Richmond's book Freud's name appears but once together with C.G. Jung's. The principles of social case work, i.e., the recognition of the individual client in all his or her social and emotional complexities led necessarily to search for an increasingly greater understanding of the individual psyche. At first, only a few practitioners went into psychoanalysis and met psychoanalytically-oriented psychiatrists. During the twenties and early thirties what is today clinical social work began to develop.

Social conditions, the political developments like the New Deal of Roosevelt and the pioneering work of individuals led to the establishment of psychiatric social work outside of mental hospitals where it was originally created by Mary C. Jarrett (1913). In due course the services for those who asked for help, long thought to be a precondition for all services, was widened by the concept of "reaching out". The casework therapist, as the professionals began to call themselves, began to learn why people, though badly in need of help, would not go out and find the services they so much needed. Going to the patient, instead of waiting until he comes to the helper, was absolutely necessary not only for treating young substance abusers but also for many forms of mental illness. Going out to the community, i.e., starting "where the client is at" locally and not only mentally, began in the United States in the fifties, unfortunately under the misleading slogan "to put social back into social work". Limiting the "reaching out" programs to social aspects overlooked the broader and most important dimension of the concept of "ego-deficiency". In fact, reaching out to the destitute, disabled and mentally deficient on a mere social basis had been done by charitable organizations and public welfare legislation practically since the days of Vincent de Paul in the 16th century. It was the understanding of prevention made only possible through psychoanalysis which carried the concept of "reaching out" to its present scope. Psychoanalysis is used here in its broadest meaning developed by Freud from the original treatment method of neurosis. Before Freud, and this is too easily forgotten, people were considered bad or good.

Even at the beginning of psychoanalysis the concept of degeneracy played a decisive role in the diagnosis of emotional and mental dysfunction. Today we have reached a level of understanding that allows us to recognize social, genetic, and psychological factors as but a

part of man's functioning, leaving a decisive role to the capacity of the individual ego for shaping its destiny within given conditions. Reaching these egos in an enabling and therapeutic manner is the task of the psychoanalytically-oriented case work psychotherapist. These roles and functions and the convictions which should go with them are mutually accepted in and applicable to all cultures. This was even shown by those psychoanalysts who went to underdeveloped countries like Nicaragua when they reported about their work. The ideas expressed here were also essential to them.

What are the differences now? I believe the most important lies in the historical development of psychoanalysis in Europe and in the United States with England taking a middle position. In an abbreviated and schematic way, it may be stated that in the United States psychoanalysis entered through the door of psychotherapy, i.e., psychiatry. In spite of considerable resistance against understanding Freud's ideas, it was through psychiatry that psychoanalysis gained a wider recognition here than anywhere else. The fact that the chief psychiatrist of the United States Army, William Menninger, was an eminent psychoanalyst and psychiatrist contributed also to this development, as did the fact that the role of sexuality as discovered by Freud could be easier accepted from medical doctors than from other professionals. By conceiving mental and emotional troubles as illness, their social sting was taken away or, at least, softened for a people committed to the "pursuit of happiness" and a belief in never-ending progress. It should, therefore, not have surprised anyone that psychiatric social work and child guidance as it developed in the times after the first World War were the most receptive to psychoanalytic ideas. Family case work and group work followed after the

continued on page 10

NEW YORK CENTER FOR PSYCHOANALYTIC TRAINING

(Established 1963)

CERTIFICATE OFFERED IN MAINSTREAM PSYCHOANALYSIS

VARIETY OF PROGRAMS

Psychoanalysis (Five years)

Psychoanalytic Psychotherapy (Three years)

**Psychoanalytic Psychotherapy of
Children and Adolescents (Three years)**

THREE DIVISIONS

New York (NYCPT) New Jersey (IPNJ) Long Island (LINYCPT)

**Opportunity for Clinical Practice
at The Center for Creative Living**

DISTINGUISHED FACULTY

**Herbert Strean, DSW, Director
Reuben Fine, Ph.D., Founder, Director Emeritus**

**For further information, call Director of Admissions:
Laura Fuerstein, ACSW, (212) 799-2064, (201) 846-0158
or**

**New York Center for Psychoanalytic Training
1780 Broadway, Suite 202, New York, NY 10019
Telephone (212) 757-9200**

Psychoanalytic Social Work . . .continued from page 9

second World War. However, it was the medical model after which their professional images were formed.

The psychotherapist treating ill people in an office or clinic was the ideal to which many social workers aspired, though economic conditions, the questions of fee-charging, and administrative structures played a significant role as well. The idea, so all embracing in the United States culture, that private enterprise alone guarantees social and individual success, was paramount. What I have written about "reaching out" and prevention had a hard time finding their places in such a development. Nevertheless, the traditional role and function of social work cannot be given up by any society without facing dire consequences in forms of a growing criminality and general destitution.

A drifting apart of the clinically oriented therapists and the societally oriented practitioners became inevitable to the detriment of both.

On the European continent the development was almost the opposite. There, governmental and church connected services existed since the Middle Ages. Since the Church, whether Protestant or Catholic, was always linked with the secular powers and often identical, most social services have been and are run by the government with private organizations playing a poor second role, relying heavily on subsidies from the State. Social work for that reason alone is known on the continent under different names such as social welfare or social caretaking, a literal translation of the German *Soziale Fürsorge*. Children and youth in need of help were called "*Fürsorgezögling*", a name for which there is no equivalent in English. It means "being reared by caretakers of the State". The famous and classic book *Wayward Youth* by the psychoanalyst,

August Aichhorn, for which Freud wrote an important introduction, deals with just that "*Fürsorgeerziehung*", meaning the therapist dealing with delinquent young people in an institution. Aichhorn himself was a teacher and director of homes for delinquent boys before he became a psychoanalyst. His title was "Governor". When he received the more prestigious one of "Professor" after World War II, he did not like to be addressed by it.

The work performed in the United States under the name of social work, clinical social work, social case work or even counseling is done in German-speaking countries primarily by psychologists or specially trained teachers and educators. Social services are administered either by jurists or psychologists with a training in law. It is rare that social workers perform these services. On the other hand psychoanalysis had gained more adherents among psychologists, teachers and even jurists and earlier there than in the United States. Hans Sachs, one of the earliest followers of Freud, was a jurist and so was Victor Tausk. Though the first five who joined Freud were physicians, the sixth was not: Otto Rank, with no academic training at all. He became a doctor of philosophy with Freud's support and not a physician. It must be understood that in Europe the medical model was not the dominant one for social work, nor for psychoanalysis. On the contrary with growing insight and finally a decisive conviction, Freud and some of his most important disciples held that psychoanalysis must not become part of medicine or psychiatry. The difference between psychoanalysis in the U.S.A. and on the European continent widened steadily until Freud very seriously considered a separation from The American Psychoanalytic Association on that ground alone.

The political events of 1938 brought a great change in the history of the psychoanalytic movement. But another factor also played a role: The status of a private entrepreneur in the professions never played such an important role on the continent as in the U.S.A. Medicine there had begun in the universities supported by the government. Later, the socially privileged classes paid their physicians on the basis of an annual salary. Although physicians practiced as private entrepreneurs, they were considered craftsmen. The tradition of a University connected medicine existed in Europe since the Middle Ages.

The lack of knowledge about the history of Europe created in the United States the wrong belief that public health services are the result of socialist theories. The spectre of socialized medicine still haunts the U.S.A. today. The fact that most public services were run by the government has nothing to do with socialism but has its roots in the absolute monarchies which grew out of the feudal system. The differences between the two cultures compared in this paper run deep indeed and are not bridgeable without more knowledge about each other. When the government plays such a dominant role it should surprise no one that organizations comparable to that of Clinical Social Work or even the National Association of Social Workers have no real equivalent on the European continent in spite of the similarities in work.

Nevertheless, 10 years ago in Rottenburg/N, an agency was founded by a young man, Stephan Becker. This agency is The Association of Psychoanalytic Social Work. The grandson of an eminent political leader in the Weimar Republic and the son of an equally eminent educator,

continued on page 11

NATIONAL PSYCHOLOGICAL ASSOCIATION FOR PSYCHOANALYSIS

Founded 1949

The Training Institute offers a comprehensive program of psychoanalytic training designed to prepare qualified applicants for the professional practice of psychoanalysis and for admission to membership in the NPAP.

The Psychoanalytic Review
a publication of NPAP founded in 1913

The George Lawton Memorial Library
Psychoanalytic books and periodicals

The Theodor Reik Consultation Center
A service branch of the NPAP Training Institute providing psychoanalysis and psychotherapy to the community

Phone or write for *Bulletin*

Annabella Nelken, Registrar
NPAP, 150 W. 13th St.
New York, NY 10011 (212) 924-7440

jurist and public figure, Becker achieved the status of a member of the International Psychoanalytical Association and full recognition and support of some of the most important child psychiatrists in the German Federal Republic. With the knowledge of all I have written before, it is clear that this organization is subsidized by public funds and, of course, falls under the German health insurance system. The purpose of this organization is the institutional treatment with following ambulatory after-care of schizophrenic children up to 18 years. Six patients are treated in a home. The modality is psychoanalytically oriented milieu therapy and ambulatory services in cooperation with a child guidance clinic. The therapeutic team consists in English terms, of psychoanalysts, social workers, teachers, psychotherapists, nurses, and child psychiatrists. They have completed psychoanalytic training or undergo one. Supervision is mandatory.

I shall quote one paragraph out of a paper by Stephan Becker: "Psychoanalytic social work is in a special way a social psychoanalysis which today represents the most radical form of non-medical psychoanalysis. The reason for it lies in the fact that working with resistance and transference is not done by physicians and clinical psychologists but by educators, nurses, social workers, etc., for the sake of the needs the patient presents. It is self understood that whoever wants to stay seriously with psychoanalytic social work must undertake a personal analysis in addition to advanced professional training and supervision. Such a personal analysis must be his own responsibility."²⁾

The first years of this agency proved to be so successful that governmental as well as private funds continued to

be granted. Of course, the support by the head of the Clinic for Child Psychiatry at the University of Tübingen, Reinhold Lempp, one of the best known child psychiatrists in the German Federal Republic, was the ultimate factor to make this unique venture such a success. When the Treatment Center and its carrier the Association for Psychoanalytic Social Work celebrates its 10th anniversary this year, Stephan Becker will have firmly established his position as a supervisor and teacher. How his example will be followed somewhere else is too early to tell.

I may now turn to write about the equivalent of clinical social work practice in private offices. It must at first

be stated clearly that social workers unlike in the United States cannot benefit from governmental or any other health insurance plans. They must therefore limit their clientele to those who can afford to pay out of their own pockets. In Austria even psychologists derive no benefits from health insurance. The main reason for this state of affairs may be found in the fact that but a few universities train social workers and give them academic degrees. Education for the socially handicapped is however part of the curriculum at the German universities. In comparison to the United States, education in its broadest function stands on a higher social level in Europe than social work. As already mentioned, this factor makes it difficult to draw comparisons. The fact that translators as well as editors are not familiar with the specialities involved contributes to much confusion. The problem of translation of texts that deal with human behavior has come increasingly under scrutiny since Patrick J. Mahony first pointed out the errors in the translation of Freud's writings.³⁾ They did not render Freud's writings exactly and faithfully as German speaking analysts had know all along. But the authority of Strachey as well as some feelings of inferiority on the part of German speaking analysts made it possible for Strachey's translation to pass not only as Freud's work in English but as *The Standard Edition*. The full impact of the fact that a translation is considered standard even though inaccurate needs further consideration but is not the subject of this paper. Only as an example of the pitfalls of cross cultural relations is it necessary to mention it.

In the field of social work one example may be cited: the term supervision. Its translation according to context, Praxisberatung, means literally in English: practice counselling but does not render the function of supervision correctly. What happened was that supervision was taken over as a German term and quickly confused with practice control and consultation. In the U.S.A. supervision was an administrative function first, which later became a sort of practice control and teaching method. On the European continent it had no place as an administrative function at all. None of the available texts took any notice of these different meanings. It took some time to get out from under the resulting confusion.

I may now turn to some suggestions on how to close this
continued on page 12

New York Institute for Psychoanalytic Self Psychology

is now accepting applications for its first year class, to begin in the fall of 1988. The Institute offers a four-year program of psychoanalytic training that is grounded in the work of Heinz Kohut and includes the opportunity for personal analysis and intensive supervision with Institute staff who are prominent exponents of Self Psychology.

Licensed and/or certified (or eligible) professionals from all clinical disciplines are encouraged to apply. A detailed description of the Institute, its coursework and requirements, is available on request.

BOARD OF DIRECTORS

Marjorie Greenberg	Arnold Wm. Rachman
Murray Kiim	Crayton E. Rowe, Jr.
David MacIsaac	Florence Rowe
Barry Magid	Joseph Walsh
Esther Menaker	Marjorie Taggart White

New York Institute
for Psychoanalytic Self Psychology
20 West 77th Street, #6A
New York, New York 10024
(212) 873-6117

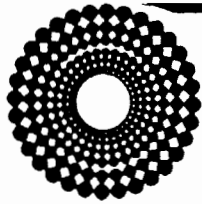
The New Jersey Institute for Training in Psychoanalysis

The New Jersey Institute for Training in Psychoanalysis was founded with the objective of presenting a comprehensive, post-graduate classical psychoanalytic program for a broad base of interested professionals. The program is a thorough, serious, but mild-paced one, based on a five-year evening training curriculum which allows its candidates to learn, think, and do psychoanalysis in an integrated way. Candidates are provided with clinical experience at the Institute's low-cost Psychoanalytic Clinic, Inc. and are helped to become established in the private practice of psychoanalysis.

This program is the first formal psychoanalytic training program for non-medical professionals in the state of New Jersey to be accredited by the National Association for the Advancement of Psychoanalysis, Inc.

For further information write or phone:
800 Catalpa Avenue
Teaneck, New Jersey 07666
(201) 836-1065

Founded in 1972 by
Joel S. Bernstein, Ph.D. and Neil Wilson, Ph.D.



THE NEW YORK SCHOOL FOR PSYCHOANALYTIC PSYCHOTHERAPY

Chartered by the New York State Board of Regents
Member of the Council of Psychoanalytic Psychotherapists

NYSPP

Three year certificate program. Affiliation with an active alumni association of creative professionals.

Our Theoretical Orientation

Psychoanalytic developmental psychology encompassing a Freudian foundation for modern object relations theory and ego psychology.

Our Technical Orientation

Therapeutic interventions involving ego structuring and/or uncovering work that contributes to deepening the treatment process and promoting internal change.

Our Format

Small seminars one evening a week in Manhattan and Long Island. Curriculum emphasizes normal and pathological development. Case presentations and individual weekly supervision.

Outstanding faculty trained in psychoanalytic psychotherapy and in psychoanalysis.

Open House

We invite you to meet informally with candidates and faculty. Please call the school for information regarding date and location.

Write or Call:

The New York School For Psychoanalytic Psychotherapy
200 West 57th St., New York, N.Y. 10019, (212) 245-7045

Psychoanalytic Social Work...continued from page 11

gap which may appear unbridgeable after what I have written. I do think that, as in psychotherapy and so many human affairs, recognizing a problem is already half of its solution. In talking with my colleagues in the United States, I found much awareness about the fact that their work misses many important dimensions by becoming more and more commercialized. Somehow, they envy their European colleagues for being allowed a greater commitment to psychotherapy and social work as social issues and as being more than a way of making money.

The deeply rooted differences in the development of the two cultures were not really extinguished by the emigration of so many culture bearers to the United States, because many individual writers, artists, and professionals were victims of the "melting pot" and were melted down. To the victims of this process belonged many excellent social workers, students of August Aichhorn and trained in the pioneering welfare work of the city of Vienna. They supervised in such agencies as the Jewish Board of Guardians and Community Service Society of New York and taught at social work schools. Observing the last 25 years I noticed a vanishing of what they once tried to teach. This happened in spite of the fact that the pioneers of social case work and child guidance put much hope in the contributions which were made by the European immigrants.

However, the same 25 years showed also a change in thinking within the United States and increasingly, the interest in European practices and knowledge seems to grow again. Just as student programs were developed and postgraduate programs carried out through international seminars and workshops in other fields, psychoanalytic social work could start thinking about doing the same.

Perhaps an agency could be set up for no other purpose but to organize such meetings which promote mutual understanding and learning. If all organizations interested in the development of psychotherapy and method of mental health practices would support such an organization, the future may look less bleak than it appears at times to the observer and visitor of today. Perhaps this idea falls on fertile grounds. It came to my mind as I was leaving New York City after three weeks of visiting and had the opportunity to meet with a number of colleagues with whom I felt to have so many interests in common.

NOTES

- 1) The reader may be reminded that in Europe all higher education is paid by the governments in one or the other way. Whereas in the USA education is considered an investment by the individual student in an institution of higher learning, in Europe it is the government which invests in the student.
- 2) *Psychosocial* Nr. 10, November, 1987. (Translation by E.F.) p. 9.
- 3) Mahoney, P. (1977). Friendship and its Discontents, *Contemporary Psychoanalysis*, p. 15.

National Subspecialty...continued from page 1

part of clinical social work practice.

OUR NATIONAL MEMBERSHIP COMMITTEE ON PSYCHOANALYSIS IS THE ONLY NATIONAL CLINICAL SOCIAL WORK PSYCHOANALYTIC SPECIALTY ORGANIZATION WHICH CAN CLEARLY DEMONSTRATE THAT PSYCHOANALYTIC TREATMENT IS WITHIN THE SCOPE OF CLINICAL SOCIAL WORK PRACTICE. EVERY CLINICAL SOCIAL WORKER WHO PRACTICES SOME FORM OF PSYCHOANALYTIC TREATMENT SHOULD CONSIDER MEMBERSHIP IN THE COMMITTEE TO ENSURE ITS CONTINUED DEVELOPMENT.

What We Are Currently Accomplishing To Promote National Visibility

The first national clinical social work psychoanalytic conference in the history of our profession will be held in Philadelphia on November 4, 5, and 6, 1988, at the Penn Tower Hotel on the University of Pennsylvania campus. Clinical social work can now begin to demonstrate its psychoanalytic subspecialty expertise on a national level. Attaining national visibility as specialty providers through clinical specialty conferences has long been a priority of psychology and medicine. The influence of these national conferences has been profound in that these professions have clearly defined their expertise to the public, legislators, and to other professions.

Our national membership Committee on Psychoanalysis has published its second Newsletter. The Newsletter is the first national clinical social work psychoanalytic subspecialty newsletter published by our profession.

The Committee's advocacy program which protects the right of clinical social workers to practice and get training in all forms of psychoanalytic treatment, is the only advocacy program of its kind for clinical social workers.

What We Have Accomplished To Ensure National Visibility

Past accomplishments of the Committee include the publication of a national position paper on psychoanalytic training for clinical social workers, effecting the inclusion of the practice of psychoanalysis in the current malpractice policy underwritten by the American Professional Insurance Agency, publicizing and protecting the image of the clinical social worker as a practitioner of psychoanalysis through national distribution of the Federation's position paper on psychoanalytic training, and

continued on page 13

National Subspecialty...continued from page 12

coordinating research with other state society committees on psychoanalysis on prejudicial attitudes toward clinical social workers in psychoanalytic training institutes.

Why We Have Not Already Achieved National Visibility

As we all know, political problems in our own profession have undermined recognition of the expertise of clinical social workers even though clinical social workers are the major providers of psychoanalytic treatment. The disorganization left the profession vulnerable to other mental health professions which moved quickly to control psychoanalytic training and practice. For example,

- During the 1980 HEW hearings on accreditation of psychoanalytic training, psychology and medicine testified against master's degree professionals training and practicing psychoanalysis.
- In 1981 The American Academy of Psychoanalysis considered establishing an accrediting body under medical control. At approximately the same time, The American Academy of Psychoanalysis, The American Psychoanalytic Association, The American Psychiatric Association and Division 39 of the American Psychological Association began to meet for the purpose of setting National Psychoanalytic Training Standards. This group has consistently refused Federation participation.
- In October, 1983, the Washington, D.C. Law Revision Commission set forth recommendations for the revision of laws relating to health occupations. These recommendations were eventually withdrawn but if passed, would have put psychoanalysis totally under the control of medicine.
- In January, 1984, the New Jersey Board of Psychological Examiners ruled that psychoanalysis was a subspecialty of psychology.

What Our Responsibility Must Be For The Future:

Simply put, our National Membership Committee must remain strong. We must grow in numbers in order to ensure that our work continues and develops. Each member should try to bring in one new member.

National psychoanalytic conferences must be held if we are to clearly demonstrate our expertise.

We must continue to have a strong national advocacy program. We cannot allow clinical social workers to be excluded in any state from their right to receive psychoanalytic training and to practice psychoanalytic treatment.

We must explode the myth that clinical social workers must leave the clinical social work profession and join other mental health organizations to become recognized as practitioners of psychoanalysis and psychoanalytic psychotherapy.

Crayton E. Rowe, Jr., M.S.W.
Chairman

Geraldine Schick, M.S.W. ...continued from page 3

In 1974, the Society for Clinical Social Work founded the California Institute for Clinical Social Work, a statewide school without walls which offers an academic program leading to the Ph.D. degree in clinical social work. The formation of the Institute filled a void in clinical social work training in California. Advanced training in university-affiliated schools of social work emphasized primarily the social policy aspects of professional activity. Those practitioners who were interested in deepening their clinical skills sought post-master's clinical training in programs developed and administered by disciplines

other than social work. The California Institute for Clinical Social Work makes it possible for social workers to receive advanced clinical training in an educational institution established by clinical social workers. Dr. Rosemary Lukton is the present dean of the Institute. In talking with Dean Lukton I learned that approximately 59 doctorates have been awarded since the inception of the program.

Activities of the graduates and those affiliated with the Institute are not solely confined to teaching and practice. Currently in Los Angeles, the California Institute of Clinical Social Work is offering an ongoing series of three programs entitled: "Dialogue with Prominent Clinicians: Creative Clinical Approaches".

The first full day program, held in February, 1988, featured Evelyne Albrecht Schwaber, M.D. of the New England Psychoanalytic Society who presented: "The Nature of Therapeutic Action". Discussants were Bernard Brickman, M.D., Saul Brown, M.D., and Ellen G. Ruderman, Ph.D., LCSW. In May 1988, Joseph Natterson, M.D. of the Southern California Psychoanalytic Institute and Jean Sanville, Ph.D. of the Los Angeles Society and Institute for Psychoanalytic Studies presented "Language of Dreams". Discussants were Samoan Barish, D.S.W. and David James Fisher, Ph.D. The last of the series will feature Robert Stolorow, Ph.D. as its speaker. It is still in the planning stages. Chairperson of the Program Committee and Coordinator of the Dialogue series is Ellen Ruderman, Ph.D., LCSW.

It appears to be timely for the Federation's national membership Committee on Psychoanalysis to make itself visible in California and to lend weight and support to the cause of social work in establishing psychoanalytic practice (psychoanalysis and psychoanalytic psychotherapy) as a subspecialty without disavowal of its professional discipline. As a first step in that direction, a committee is being formed to explore ways and means of bringing the national membership Committee on Psychoanalysis and its activities to the attention of not only social work but the professional mental health community at large. Members of the committee to date are: Geraldine Schick, LCSW, Chair; Selma Brown, Ph.D., LCSW; Rebecca Jacobson, Ph.D., LCSW; and Jean Sanville, Ph.D., LCSW. I'm also pleased to report that at this time we have well over 100 members of the California Society for Clinical Social Work who are members of the Federation's national membership Committee on Psychoanalysis.

Eve R. Mayer, Ph.D. ...continued from page 3

We began working on this in 1980, and by 1984, in conjunction with the Tulane University School of Social Work, the program was underway. Underlying it was the strong conviction that with an M.S.W., no matter how good the school or the curriculum that the student was enrolled in, he or she had at best touched the tip of the knowledge and expertise that is necessary.

We feel that this expertise should be along the following three lines: (a) Didactic class work. (b) Good supervision. (c) Learning as much as possible about the economics of the private practice of clinical social work. The latter includes such matters as office location, fee structure, relationship with insurance companies, secretarial time, advertising, structure of sessions, collection procedures, ethical issues, etc. An additional recommendation, but not a requirement, is that the trainee has

continued on page 14

EDITORIAL OFFICE

c/o C.E. Rowe, Jr.
1D, 230 West End Avenue, New York, New York 10023

Helen Goldberg, M.S.W.	Editor	New York
Emery Gross, M.S.W.	Editor	New York
Geraldine Schick, M.S.W.	Editor	California

Committee Chairman: Crayton E. Rowe, Jr., M.S.W. **Membership Chairs:** Abraham Ring, Ed.D., Carole Ring, Psy.D. **Conference Chairs:** Irmgard Wessel, M.S.W. (Connecticut-National Coordinator), Walter Alvarez, M.S.W. (New York-National Coordinator), Beverlee Filloy, Ph.D. (California), Eve Mayer, Ph.D. (Arizona), Marsha Wineburgh, M.S.W. (New York)

Advertising Rates/Sizes

Size (On Page)	Measurements	Cost
½ page (Hor.)	7¾"x4⅞"	\$500
½ page (Vert.)	3¾"x10"	\$500
¼ page	3¾"x4⅞"	\$250
⅓ page (Vert. Col.)	2⅝"x10"	\$330
½ column (Vert.)	2⅝"x4⅞"	\$170
½ column (Hor.)	4⅞"x2⅝"	\$170

All ads must be camera-ready.

Eve R. Mayer, Ph.D. ...continued from page 13

been involved, or will be involved, in personal psychotherapy.

The faculty consists of clinical social workers from various parts of the country who are highly knowledgeable in the particular areas that they teach. The structure consisted of two, two-week summer courses in June of each year at Tulane University. In the first year the following courses were taught: A one-week course: The Psychodynamic Approach to Human Behavior and two, 2½ day courses: Diagnostic Process and Treatment Selection in Clinical Practice and Dream Interpretation. Over the week-end, there was a course: Management of a Private Practice. In the second year, we had four, 2½ day courses: (a) Methods and Approaches with Character Disorders and Narcissistic Disturbances, (c) Methods and Treatment Approaches with the Borderline Personality, and (d) Methods and Approaches in the Treatment of Schizophrenia.

In addition, each student needs two years of supervision or eighty-eight supervisory sessions in this two-year period. At the end of the two year program, a clinical paper of at least thirty pages which shows research ability, theoretical knowledge, as well as clinical skills along the line of object relations theory, is required. After they have passed their Orals, they will receive a certificate.

In 1988 there was a change in thinking about the Program. We decided to separate from Tulane University. Among other things, we saw the importance of a non-academically affiliated training program which will encompass two, four day week-ends, rather than two weeks per year for didactic instruction. However, the previous guidelines mentioned would be followed. As an autonomous Certificate Program for Private Practice, we feel we can enhance the clinical skills and expertise that are necessary for private practice more effectively in the training of qualified private practitioners.

Ethical Issues...continued from page 3

The trends noted in 1976, which was coincidentally the year of the landmark Tarasoff decision, have continued to accelerate and have begun to affect all the psychotherapies. In this brief report I will note a few of the most important of these developments as they may begin to impact on psychoanalytic practice.

Psychoanalysis, like other psychotherapies, has tradi-

tionally focused on the welfare of the individual patient and has been based, in part, on the promise that the therapist makes to the patient that his/her communications will be kept in confidence. This promise of confidentiality is based on both the ethical concept that people have a right to privacy, and the clinical knowledge that the safety of a confidential relationship will make it easier for the patient to reveal his/her private thoughts and feelings. The maintenance of confidentiality is traditionally the ethical precept about which therapists are most aware and which they take most seriously, and it is ironic that this is the precept which is undergoing the most powerful and dramatic change.

Therapists who work in industrial settings or who deal with insurance plans are familiar with the limitations on the confidential relationship that they have with their patients, but other developments may, in the end, prove to be even more important. In the Tarasoff case it was held that the therapist had a duty to warn the potential victim of his murderous patient, even though the information about the danger had been learned in the context of a confidential relationship. Even more far reaching are laws, now in effect in all states, which name mental health professionals among those who are required to report suspected cases of child abuse or neglect. The impact of these developments is not just that the confidentiality of the therapeutic relationship is even more limited than we may have thought. True to Michels' prediction of 1976, therapists may now be in the position of having to choose between the welfare of their primary patient and their commitment to "broader social goals" including the welfare of unknown 3rd parties.

Another development which, I believe, will inevitably affect psychoanalytic practice is that of increasing concern about informed consent to treatment. The doctrine of informed consent, as it evolved in medical malpractice cases going back to the 1950's, now requires that prospective patients be warned of the risks and benefits of the treatment being offered, the risks and benefits of alternative treatments, and the risks and benefits of no treatment.

As psychoanalytic practitioners we have knowledge about clinical techniques in beginning a case – informing the patient of the fundamental rule for instance – but have not yet systematized a concept of proper ethical behavior in beginning a case. We may, for instance, inform prospective patients that psychoanalysts believe that lasting symptom relief requires the understanding and working through of unconscious conflicts. Do we however, inform phobic patients that behaviorally oriented approaches show better success rates with their problems? Do we inform patients with problems of addiction or of sexual dysfunctions that there are alternative therapies which have been more successful than psychoanalytic treatment with their difficulties? To the extent that we neglect these responsibilities, we neglect to begin treatment on a basis of mutuality and informed consent.

Psychoanalytically trained social workers are rooted in both psychoanalytic knowledge and the values and ethics of the social work profession. Building on these dual foundations they are in a unique position to contribute to a consideration of ethical issues in psychoanalysis.

David G. Phillips, D.S.W.
Past Chairman, Ethics Committee of The New York State Society of Clinical Social Work Psychotherapists
Director of Social Work,
Postgraduate Center of Mental Health

REFERENCES

- Hartmann, Heinz. *Psychoanalysis And Moral Values*. International University Press, 1960.
Michels, Robert. *Professional Ethics And Social Values*. International Review of Psychoanalysis, Vol. 3, Part 4, 1976.