



# NEWSLETTER

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

Affiliated with the National Federation of Societies for Clinical Social Work

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### Column from the President

*Cecily G. Weintraub, Ph.D., BCD*



As we read this Newsletter, the first year of my term as your president draws to a close. It is a time for pause. We reflect about our work: our organization's internal development, political activity, and

future challenges.

Our stature with other mental health disciplines has grown as the NMCOP has taken a leadership role in addressing the crucial issues confronting psychoanalytic practitioners as a whole and the clinical social work psychoanalyst and psychoanalytic psychotherapist in particular. Our professional interests rest with the NMCOP, the only national organization which specifically represents us and our practice issues.

### Internal Development

Following the mandate of the National Federation of Societies for Clinical Social Work, Inc. in 1992, the National Membership Committee on Psychoanalysis in Clinical Social Work, Inc. became its own non-profit, 501c6 corporation on August 11, 1993. In January 1994, IRS non-profit status approval was given. (A 501c6 Internal Revenue Service status allows us to function as a non-profit business with more autonomy than a purely educational organizational status, 501c3.)

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### NMCOP Co-sponsors the Second National Clinical Social Work Conference May 13-15, 1994

Washington, D.C.

*Carol Tosone, Ph.D., Conference Co-Chair*



Final plans for the Second National Clinical Social Work Conference to be held at the Renaissance Hotel in Washington, D.C., May 13-15, 1994 are nearly complete! The Conference is co-spon-

sored by the National Membership Committee on Psychoanalysis in Clinical Social Work and the National Federation of Societies for Clinical Social Work. The Conference reflects the collaborative efforts of NMCOP and NFSCSW members from around the country, particularly Adrienne Lampert, MSW, BCD, Conference Co-Chair for the NFSCSW and Tarpley Long, MSW, BCD, the Washington, D.C. Chair.

Tarpley Long is spearheading the local committees who have planned an exciting Mini-Institutes Fair for Thursday evening, May 12. The Fair gives participants the opportunity to spend an evening with representatives from local training programs such as the Washington School of Psychiatry and the Washington Psychoanalytic Institute. Additionally, the Hospitality Committee has arranged for a buffet supper, on Saturday evening, May 14, on

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### NMCOP Legislative Committee

*Alice Medine King, MSW, BCD, Chair,  
Legislative Committee*



So much has happened since the last Newsletter. As you can all appreciate, the health care reform movement with its many facets and factions goes barreling along, leaving us breathless and exhilarated at times, and bewildered and burdened at other times. It is telling and to be noted that the Quality Mental Health Care Committee changed its name to Legislative Committee. What is telling is that the Committee's purpose became more clearly defined, its goals more clearly directed, its advocacy resolve more certain.

We continue to increase our participation, influence, and impact in the national health care reform movement. Considering our small numbers, our limited financial resources, our infancy as a proactive group—we got started less than a year ago—we have done a job!

We, the mental health community, the clinical social workers, the NMCOP, the Legislative Committee, continue to increase our numbers throughout the country. It is so encouraging and rewarding when people respond and reach out to identify with us, to be supportive, and to be active. In this connection, I would like to identify our Committee members. They are: Rick

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## Column from the President

With the approval of our By-Laws by the NMCOP Board of Directors in June 1993, our organization has a structure to conduct its ongoing business in a coherent manner and can effectively undertake new activities. The Executive Committee, consisting of your president; Elaine Smith, Secretary; Bill Meyer, Treasurer; and Area Chair representatives from the full Board of Directors—Jim Engelbrecht, Texas; Peg Frank, Massachusetts; Judy Freed, Connecticut; Laura Groshong, Washington; and Ellen Ruderman, Southern California - meets on a routine basis to oversee and coordinate NMCOP business.

In San Francisco, in September 1993, the Federation Board voted to support our legal efforts to fight the NAAP/ABAP (National Association for the Advancement of Psychoanalysis/American Board of Accreditation of Psychoanalysis) application to the Commission on Recognition of Postsecondary Accreditation (COPA now CORPA) and to the Department of Education (DOE). The Federation contributed \$3,500 to that cause. The Federation realizes that the right of professional specialization within clinical social work as a whole is being challenged in the area of psychoanalysis. The Federation has shown its awareness of the consequences to other clinical social work specialties if they allow the NAAP actions to go unchecked.

As we work to finalize our affiliative agreement with the Federation, we are appreciative of the efforts of Barbara Varley, President, and Chad Breckenridge, President-elect as well as the Federation Board for its support of our activities. We continue to work with the Federation in the joint sponsorship of our Clinical Conference May 13-15, 1994 in Washington, D.C. We salute Carol Tosone, NMCOP Conference Co-ordinator and Adrienne Lampert, Federation Conference Co-Coordinator. And, we add a special note of thanks to NMCOP Program Chair, Yaffa Weitzman.

We officially welcomed new area groups and their respective Area Chairs: Connecticut, Judy Freed, Chair; Maine, Cathy Siebold, Chair; Minnesota, Laurie Curtis, Chair; North Carolina, Erica Rothman, Chair. We also welcome Susan Levine as new Chair of the Pennsylvania Area Group. An innovative "buddy plan" between new and established areas has been developed to assist new area groups.

Currently, new areas in Illinois and the "Four Corners" of Arizona, New Mexico,

Colorado, and Utah are underway. We acknowledge the initial co-ordinating efforts of Dr. Lynn Tylke and Dr. Arnie Levin in Chicago and Dr. David H. Johnson in New Mexico and look forward to their official affiliation with the NMCOP.

### Political Activity

Central in our political efforts this year has been the protection of the public's access to psychoanalytic treatment in the Clinton Health Security Act. Coordination of the nationwide legislative efforts by Alice Medine King has been most outstanding. Though her report details this important work, our own NMCOP efforts have dovetailed with and enhanced the work of the Psychoanalytic Consortium as Alice has served as Chair of the Health Security Committee for that organization.

Our delegates to the Consortium have represented us wisely and well at the bi-monthly meetings which bring together representatives from the American Psychoanalytic Association, Division 39 of the American Psychological Association, the American Academy of Psychoanalysis, and the NMCOP. Crayton E. Rowe, Jr., as NAAP Watchdog, has been an ever-present help to me during this year. Rosemarie Gaeta has consistently advocated for the NMCOP within the Consortium along with David Phillips.

This Consortium came together out of need, related to NAAP (reported elsewhere) and the Clinton Health Security Act (see Legislative report) but continues to develop into a collegial body which shares information related to all aspects of psychoanalytic practice. A spirit of community is evolving in a cautiously optimistic alliance as each of the organizations has a complicated history with one another. Our hope is that this co-operative involvement will enhance the position of psychoanalytic treatment for the public we serve.

### The Future

All NMCOP members with interest and/or training in psychoanalytic practice must find a home in our organization. However, we must encourage recognition of those NMCOP members whose rigorous study has led to certificates in advanced training. While such an effort cannot be a function of the NMCOP per se, as we are not a credentialing body, we can, and I believe we must, catalyze such efforts in a timely fashion.

Credentialing social work psychoanalysts and psychoanalytic psychotherapists must be a priority concern. The experience with NAAP shows that, if we as a group do not

develop our own standards, others without our interest will do so.

We must make it a priority to explore our options. The National Study Group led by Joyce Edward, Chair, and its subcommittee of Roslyn Goldner, Judy Ann Kaplan, David Phillips, and Marga Speicher has undertaken the process of defining the clinical social work psychoanalyst and psychoanalytic psychotherapist. This conceptual work may serve as a basis from which we develop a path to follow. In developing standards for social work psychotherapists and social work psychoanalysts, we acknowledge that among our members are those who practice one or another or both modalities. We must at the same time recognize that the greatest number of patients utilize psychoanalytic psychotherapy. Clinical social work psychoanalytic practitioners provide the majority of mental health services in this country. It behooves us to secure credentialing for psychoanalysis and psychoanalytic psychotherapy, each for its own merits and with its own criteria. Therefore, we must develop standards for both forms of psychoanalytic treatment.

We must ensure our interests through protection for psychoanalytic practice in state licensure/certification too. The term psychoanalysis must be included in our legislation and/or as part of the regulations defining clinical social work practice in order to protect this specialty within clinical social work. If another profession succeeds first in including the term psychoanalysis, which would allow us to include all psychoanalytic practice, that profession will be the only profession that can legally practice psychoanalysis.

From the foregoing, I hope I have conveyed this year's NMCOP accomplishments which are due to your hard and sustained efforts. I am most appreciative to Newsletter Editor Anne Cunynghame for her very significant and successful efforts in bringing this forum to you. Special thanks go to Susan Mellan for her valuable work as Coordinator of the "Pull Out" catalog.

We are as strong as each of us together. This year as I continue to represent you at the Federation, the Consortium, public hearings, professional meetings, and in written articles, I am buoyed with the loyal support and help you have all demonstrated. Our immediate work and more has been accomplished. I am grateful to you all. It remains a great privilege to represent our organization.

\* \* \*

### NMCOP Co-Sponsors Second National Clinical Social Work Conference

the banks of the Potomac, to be followed by a production of "Shear Madness," at the John F. Kennedy Center for the Performing Arts. The many vital local tasks are being carried out by: Janis Colton, D.C. Coordinator for Exhibits; M. Paulette Scott, MSW, BCD, and Katie B. Riggs, MSW - Hospitality (Food); Patricia K.S. Baker, DSW - Dinners for ten; Roberta Boam, MSW - Volunteers; Diana Seasonwein, MSW - Hospitality Suites; Constance C. Hendrickson, DSW and Marjorie Lane, MSW - Thursday Night Event; Pat Petrash, MSW and Martha Touhey, MSW - Special Events.

Yaffa Weitzman, CSW, NMCOP Program Chair and her tireless committee have had the very difficult task of deciding which of the 79 scholarly papers submitted would be included in the NMCOP track of the conference. There were so many excellent papers from which to choose, that several panels were arranged. I am particularly grateful to Yaffa Weitzman and the forty-one readers nationwide who gave their time and professional judgement in evaluating the papers, as well as the New York Program Committee who made the recommendations for keynote speakers.

This year's keynote speaker is Jeffrey Seinfeld, Ph.D., Associate Professor of Social Work at the New York University School of Social Work, who will present a paper entitled, "Into the Vortex of the Black Hole: The Patient and the Therapist's Despair." Other featured speakers include Barrie Biven, Ph.D., MSW; Karla Clark, Ph.D., Eda Goldstein, DSW, Margaret Frank, LICSW, BCD, and Jean Sanville, Ph.D.

In addition to the featured speakers, there will be two specialty panels on managed care, an issue of concern for all practitioners of psychoanalysis and psychoanalytic psychotherapy. One of the panels, organized by Joyce Edwards, MSW, and members of the National Study Group, will feature social work practitioners from across the country who will discuss the impact of managed care on their practice. Alice Medine King, MSW, Chair of the NMCOP Legislative Committee, has organized the other panel—"What Does the Future Hold: A Report on the Current Status of the Proposed Health Care Legislation and Discussion of the Implications for Practice."

In addition to the Chair, Yaffa Weitz-

man, the New York Program Committee includes: Richard Alperin, DSW, BCD; Helen Bass-Wichelhaus, MSW, Ph.D., BCD; Barbara Bryan, MSW, BCD; Herbert Cogan, MSW, BCD; Barbara Hollman, CSW; Judy Ann Kaplan, CSW, BCD; Joan Klein, CSW, BCD; Ronald Kushner, MSW; Marlene Menifee, CSW, BCD; Tamar Turin Opler, CSW, BCD; Monica J. Rawn, CSW, BCD; Roberta Ann Shechter, DSW; Diana Siskind, CSW, BCD; and Robin Young, CSW, BCD.

By area of the country, the readers are: New York: Diana Siskind, CSW, BCD; Tamar Turin Opler, CSW, BCD; Helene Bass-Wichelhaus, MSW, Ph.D., BCD; Barbara Holman, CSW; Barbara Bryan, MSW, BCD; Ronald Kushner, MSW; Herbert Cogan, MSW, BCD; Roberta Ann Shechter, DSW; Richard Alperin, DSW; Joan V. Klein, CSW, BCD; Monica J. Rawn, CSW, BCD; Marlene Menifee, CSW, BCD; Judy Ann Kaplan, CSW, BCD; Robin Young, CSW

California: Ellen G. Ruderman, Ph.D., BCD; Mae Denton, Ph.D., BCD; Judith R. Schore, Ph.D., BCD; Helen Ziskind, LCSW, BCD; Miriam Harriss, MSW, BCD; Lisa Aronson, Ph.D.; William Noack, LCSW; Pat Sable, Ph.D.; Evelyn Tabachnick, Ph.D.

Texas: Betty Synar, LMSW-ACP, BCD; Sarah Rabb, CSW-ACP

Massachusetts: Margaret G. Frank, LICSW, BCD; Gerald Schamess, MSS

Illinois: Barbara Alexander, MSW, BCD  
North Carolina: Ema Willingham, MSW, ACSW, BCD

State of Washington: Laura Groshong, MA, BCD

Washington, D.C.: Barbara Christy, MSW, BCD; Jon Frederickson, ACSW, LCSW, LICSW

Virginia: John Thomas, MSW

Maryland: Patricia Petrash, MD, MSW

Pennsylvania: Catherine Higgins, Ph.D.; Susan Levine, MSS, LSW

Minnesota: Chad Breckenridge, MSW, BCD; Anne Gearity, MSW, Ph.D.; Elizabeth Horton, MSW, BCD; Ruth Winter, MSW, BCD, Ph.D.; Edythe London, BCD, LICSW

The Conference promises to be stimulating, thought-provoking, and a celebration of clinical social work. See the program on pages 17 through 22. A registration blank is included.

**Fifth National Conference  
Sponsored by NMCOP  
October 1995  
in New York City**

### NMCOP Legislative Committee

Alperin, Diana Calhoun, Anne Cunyng-hame, Jim Engelbrecht, Patricia Fuchs, Rosemarie Gaeta, Carol Greifer, Laura Groshong, Susan Levine, Beth Meehan, Miriam Pierce, Marion Pokrass, Erica Rothman, Ellen Ruderman, and Roberta Shechter. They have all made contributions in varying and significant ways. I would also like to acknowledge Cess Weintraub for her inspiring and effective leadership and the entire NMCOP Board for their encouragement and commitment to our advocacy efforts.

I want to outline areas in which we have been involved on some level, at times in depth and comprehensively and at times with a light dusting, the intent and the hope being that we would enlist more help, to have more time to delve into issues and actions.

Our broadest goal has been to both expand and to become part of the larger mental health care reform network of practitioners and consumers. In so doing, we take an active role, to exchange information and experience, to influence and shape policy, to add our voices and our resources to the political action. Ultimately, we seek to effect legislation which would provide the most extensive and inclusive mental health benefits, parity with medical treatment and safeguard our professionalism and the treatment situation. At this writing, our legislative resolve is to improve the mental health provisions of the Health Security Act though, admittedly, these provisions are a far cry from our desired objectives. Furthermore, our vigilance and persistence are needed to protect any gains we make for these are at best tenuous. In the broad spectrum of the political arena, though now we are more visible and active, historically, practitioners and consumers, our mental health community, is not an influential group. We do not have the needed strong advocates and political allies.

Though the political rhetoric continues, the resolve to liberalize, to guarantee health care for all, though the wish and intent may genuinely be there, the discrimination against mental health continues.

#### To Highlight a Few of the Issues in the Proposed Legislation:

Limited access: treatment is in no way assured. A third person, commonly known as a gatekeeper, who is usually not knowledgeable in areas of mental health, determines the need for treatment.

Limited benefits: 30 outpatient visits per year are being considered, but are by no means assured. Utilization review practices, not regulated under the proposed legislation, are abusive.

Limited affordability: extraordinarily high co-payment, not comparable with co-payment for medical treatment and prohibitive for most.

Limited freedom: continuance of tying health insurance to employment. By maintaining the link between employment and health care coverage, employers, rather than individuals, remain in charge. The insurer decides the necessity for and length of treatment.

Limited choice: for those who cannot afford fee for service plans—and few do—there will be little or no choice of therapist or other professional for that matter. Individuals are assigned clinicians by HMO or PPO administrators who may or may not be trained mental health personnel but who will be trained to cut costs. Closed provider panels with arbitrary and capricious standards, often with hidden bureaucratic agendas, again are not regulated under the proposed legislation.

Limited safeguard of the treatment environment: while asserting the rights of patients to privacy and confidentiality, there are no provisions in the Health Security Act which regulate how utilization is managed and how data is gathered. There are no provisions which are designed to protect consumers or providers against the abuses of managed care.

Limited societal priority: health care continues to be a marketable commodity. The glaring contradiction in handing over the delivery of health care to profit-making corporations and empowering them with managing the benefits is another example. Because of societal bias and ignorance, psychotherapy may be and probably will be limited or deferred, an easy target of cost reduction.

#### **Our Advocacy Goals**

To influence, motivate, and activate our own profession—to become advocates.

To gain popular support from the public, the constituents of the politicians.

To dispel the myth of the "worried well" and of the costliness of outpatient treatment but rather to validate its cost-effectiveness.

To educate and convince legislators about the genuine need for mental health services.

To expose:

a) Managed care's destructiveness to the essential security of the treatment relationship, confidentiality, patient-therapist

responsibility regarding treatment, and in essence to the consumer's right to ongoing mental health treatment.

b) Abuses of the unregulated utilization review practices of managed care, resulting in deprivation to consumers and corruption of professional practice.

c) Managed care as big business for profit enterprises, organizing into an oligopoly with further power and unregulated practices—the HMOs become part of this restrictive and unresponsive system.

To substantiate:

a) The needs of those seeking help.

b) That outpatient therapy is cost-effective and not expensive.

And to counteract the insurance industry's capitalizing on societal bias about mental health.

#### **Advocacy Efforts - Strategies to Implement our Goals:**

##### **Legislators, The White House, Congress, State Governments**

Overall, we need to be heard by the legislators, to educate them to the pitfalls of managed care competition, to enlighten them as to mental health needs and to make them aware of the shortcomings, significant limitations, and discrimination of the current legislative proposals. We need help in monitoring the deliberations as the legislation passes through the congressional committees. We need to continue to have input into the writing of the regulations of the enabling legislation as it is processed in Congress and, equally important, as it is implemented in state governments and legislatures.

The writing campaigns of petitions and letters we have initiated have counted. However, we are convinced that our effectiveness is immeasurably increased when we meet face-to-face with our legislators and/or their aides whose influence is not to be underestimated. We need to enable you as constituents and for you to enable other constituents to personally advocate for mental health with your own legislators. We will help you lobby. (See May Conference on page 1 for just one example).

##### **Coalitions/Consortia**

To implement our goals, we have continued to increase our activity in the coalitions. We have continued to encourage membership in these groups which are growing in number. Information about the existence and activity of coalitions/consortia of consumers, advocates, and practitioners throughout the country are constantly reported by our members. We plan to

gather information and explore linking with these groups.

#### **Coalition of Mental Health Practitioners and Consumers**

A substantial group of NMCOP members are on the board, serve on committees, and are active supporters of the New York based national CMHPC (Coalition of Mental Health Practitioners and Consumers). As part of this home based organization, many of us have had the opportunity to have a firsthand experience of the effectiveness of a grass roots movement (using myself as an example, I am Legislative Co-Chair). In New York State, there are at least five such coalitions which have been networking with the goal of a concerted lobby effort on a state and national level. New York is not unique.

##### **The Psychoanalytic Consortium**

As you may know, the NMCOP is a founding member of the Psychoanalytic Consortium. The member organizations are The American Academy of Psychoanalysis, Division 39 of the American Psychological Association, the American Psychoanalytic Association, and the NMCOP, our own National Membership Committee on Psychoanalysis in Clinical Social Work. Kudos to Crayton Rowe and Rosemarie Gaeta for negotiating our rightful place in the psychoanalytic community. To further our claim, in early October 1993, I was invited to become a NMCOP representative, joining Cess Weintraub, Rosemarie Gaeta, and Crayton Rowe. I was then selected to be the Consortium's Legislative Chair. We are appreciative of and have taken advantage of this opportunity to have a leadership role in determining and influencing policy, to have a significant voice in the political action of the psychoanalytic community. We have been actively involved on the scene with ongoing recognized and respected input.

On March 3, 1994, the members of the Psychoanalytic Consortium approved the following "Objectives for Health Care Reform" to be circulated to all organizations. This statement was prepared by me, NMCOP Legislative Committee Chair, along with Jim Barron, Ph.D., Division 39 of the American Psychological Association; Norman Clemens, MD, American Psychoanalytic Association; and Josef Weissberg, MD, American Academy of Psychoanalysis.

##### **The Psychoanalytic Consortium Objectives for Health Care Reform**

**We will advocate for non-discriminatory coverage for mental illness that is fully**

equal to that for all other illness.

Our position is that psychoanalytic psychotherapy is a well-established, effective treatment for selected adult, adolescent, and child patients who suffer significant distress and disability due to certain Axis I and Axis II disorders (DSM-III-R) that do not respond to less intensive treatments. It should be available to all who need it, regardless of ability to pay. If it is not possible to eliminate discrimination against mental illness, we seek the best possible coverage for outpatient psychotherapy and psychoanalysis.

**We will vigorously seek to protect the environment for effective treatment.**

These are the fundamentals without which no treatment can take place: confidentiality and privacy, the security and continuity of the analyst-patient relationship in an environment free from harassment, and the patient's full participation in all decisions about his or her treatment. In addition, in managed care systems, we are concerned that decisions be based on clinically appropriate criteria that are known to all interested parties, that review be conducted by true peers who are experienced in the treatment method being reviewed, and that there be no financial incentive to withhold treatment.

**We will vigorously defend the freedom of analyst and patient to contract on a self-paying basis, if they choose, outside any third-party payer system.**

This objective addresses the fundamental rights of privacy, free speech, and self-determination.

**We oppose managed care practices that selectively exclude psychoanalytically trained psychotherapists or are based on a rigid bias towards short-term or exclusively pharmacological treatment, rather than individualizing care to the needs of the patient or client.**

We demand the right of mental health professionals to participate as practitioners for subscribers of health care insurers if the reasonable professional qualifications and quality of care standards of the insurer that are applicable to all other practitioners of the same type, profession, and specialty are satisfied.

#### **Mental Health Liaison Group**

The Mental Health Liaison Group is a membership organization of national non-profit organizations representing consumers, family members, advocates, professionals, and providers with headquarters in Washington, D.C. The group includes a broad spectrum of the mental health community. It has a national reputation and respect. It formulates policy and position papers, evaluates legislative proposals and policy, and makes recommendations based on the input from the member organizations. This group has been effective as a lobbying group for mental health. Early this year, the Executive Committee voted unanimously to make application for membership. Marion Pokrass has agreed to be our Washington representative.

#### **Psychoanalytic Institutes**

The psychoanalytic institutes have been another target. Miriam Pierce, a well known, respected member of the social work psychoanalytic community and a member of the Legislative Committee, was designated as liaison to the institutes. She has worked diligently and effectively to reach out to social work graduates and affiliates of training institutes. In addition, many of the institutes have joined the action in varying ways. Indeed, the network has grown.

#### **National Federation of Societies for Clinical Social Work**

Much effort has gone into liaison efforts with the Federation, with Cess Weintraub leading the way, seeking new pathways, linking with other leaders, renewing old bonds and making new ones. We, the Legislative Committee, have shared extensive material covering our history, ideas, information, and advocacy efforts. We have taken every opportunity to interface with the Federation on national and state levels and their response has been a favorable one. The effort has been to work together collaboratively to find a common ground and to add to each other's perspectives and efforts.

#### **May Conference**

The Legislative Committee is to be well represented at the May conference. We saw our participation as a wonderful opportunity to further our advocacy efforts. As part of an integrated plan, we prepared and organized for three sessions. The purpose of each one dovetails with the others. We are asking for your commitment to support our participation. Conjointly with the National Study Group, chaired by Joyce Edward, we

are offering a panel, "The Impact of Managed Care on Clinical Practice." Representing the Legislative Committee, Rick Alperin, Anne Cunynghame, Ellen Ruderman, and Roberta Shechter are to present. We will also sponsor a session, "What Does the Future Hold: A Report on the Status of Proposed Health Care Legislation and Discussion of the Implications for Practice," following the model of a round table, to further communication and exchange of perspectives, to formulate plans, and plan to coordinate our efforts. The panel faculty include Ken Adams, our counsel and the national advocate for the Federation, and Janelle Cousino, a lobbyist and Executive Director for the Maryland American Trial Lawyers Association, Inc. Also scheduled for 11:00 a.m. on the Sunday following the conference, is a planning session to prepare for lobbying key legislators on Monday, May 16th. Appointments have been scheduled far in advance. To further the much desired dialogue, a special invitation was sent to the presidents of the state societies of clinical social work throughout the country, their legislative chairs, the NMCOP Area Chair and Board, encouraging participation. Patricia Fuchs and Carol Greifer are the coordinators for the lobbying plans.

#### **Summary**

Members of the Legislative Committee have fanned out in many important directions with other groups on many levels. There have been many programs, conferences, meetings, and activities, significant hearings at which our members have contributed and made their presence known. Our proactive message has been delivered and we believe has been heard. We certainly have raised the consciousness to the clear present and future danger of managed care to our profession and thereby to the consumers. We think we have inspired some to action, some to be advocates, and hope more will join us in our efforts.

We would like to hear from you regarding your response, or lack of response, or anything in between, to the health care crisis in your area. For those who would like to join our legislative effort in any way, please call or write to me or any other Legislative Committee member.

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We are interested in feedback and the broadest geographical, political, and ideological representation.

To stem the tide, we have lobbied for the legislative regulation of the managed care industry while exploring the feasibility of lawsuits. We have been keen observers of the unfolding of the health care policy and the resulting legislative proposals. We constantly track the course of the mental health provisions to analyze their import, judge their substantive value to the mental health community at large and, specifically, to us as the practitioners. We continue to formulate our strategies as to how to gain allies in the state and federal legislature and to mobilize advocates for mental health. The tides keep changing, the winds keep shifting. We have stayed on course and need your support and help to continue to do so.

## The Psychoanalytic Consortium: Evolution of a Community of Mental Health Professions

*Rosemarie Gaeta, CSW, BCD, Immediate Past President*



As reported in detail in the Spring 1993 edition of the Newsletter, the National Membership Committee on Psychoanalysis in Clinical Social Work continues its work as a founding member

organization of the Psychoanalytic Consortium. This Consortium is constituted of four organizations which, in addition to NMCOP, includes the American Academy of Psychoanalysis, the American Psychoanalytic Association, and Division 39 of the American Psychological Association. The joint efforts are based upon a model of parity and respect for the autonomy of each profession.

The Psychoanalytic Consortium began its work early in 1992, inspired by an idealistic hope for mutual cooperation. There was reason to question if it would work, given the history of competition, the posturing for position, the devaluation of other disciplines, particularly the discipline of clinical social work, and the fact that the profession of clinical social work was rarely taken very seriously by the other mental

### Be a Part of Shaping Health Care Reform

Our most effective tool is face to face meetings with our legislators to interest, educate, and persuade them. Donate one day, Monday May 16th, following the conference, to join us in meeting with legislators in Washington and have a positive impact on mental health care reform.

Call Pat Fuchs (516)423-5250 or Carol Greifer (516)365-5815 for details.

health disciplines practicing psychoanalysis. Could ingrained attitudes and prejudices be eliminated? Could the Consortium participants stop the self-defeating splintering of professions which truly care about psychoanalysis and construct an organizational entity that could advance the future of psychoanalysis?

With the hope of such an entity, NMCOP representatives have been meeting regularly with representatives of the other member organizations, some meetings taking place in person, some in conference calls. In alphabetical order, the NMCOP representatives are: Rosemarie Gaeta, Alice Medine King, David Phillips, Crayton Rowe, and Cess Weintraub. The tasks of these NMCOP representatives have been a political and practical challenge.

The member organizations of the Consortium have mutual concerns and interests which can be expected to motivate and maintain cooperation. For example, the Psychoanalytic Consortium continues to oppose the application of NAAP/ABAP (National Association for Advancement of Psychoanalysis/American Board of Accreditation of Psychoanalysis) to CORPA (Commission on Recognition of Post-secondary Accreditation, formerly COPA). The hearings on this issue planned for January 1994 were postponed by CORPA until August 1994, a tentative date. Crayton Rowe will represent NMCOP at these hearings which will take place in Washington, D.C.

There is a new feature in the rules which CORPA set down. In the past, CORPA approved only one national accrediting body for psychoanalytic training programs. Now CORPA's policy allows more than one such accrediting body. This introduces the potential for divisiveness among the Consortium mental health organizations. If each organization applies separately to CORPA and/or the Department of Education, the accreditation process can become an arena for competitive struggles which

would resume among the mental health disciplines. The hope is that the component organizations of the Psychoanalytic Consortium will work out any differences, maintain standards, and strengthen the future of psychoanalysis while retaining their own identity and autonomy. This is certainly a challenge but, with determination and good faith, it is a possibility.

Among the members of the Consortium, there is a genuine interest in upholding standards for psychoanalysis while opposing the idea that any one organization would be an exclusive accrediting body in the area of psychoanalytic training and education. In the past, the professions have been broken apart in an approach to external credentialing. Will it be possible to draw together the mental health professions into one strong, cohesive alliance that will serve the interest of psychoanalysis?

Quite a few Consortium representatives feel strongly that it is essential to overcome past complex political conflicts and collectively preserve standards for psychoanalysis and unite in working together for the future of psychoanalysis. That future will be impacted upon by the current tremendous changes and pressures from outside forces such as mental health reform and the insurance industry. These conditions directly affect our patients and our practice. They also impact upon the training of a future generation of psychoanalytic practitioners who must have the motivation to enter a profession that has costly educational training demands.

No matter what the future of this Consortium, sooner or later, accreditation will take place. It is imperative that NMCOP ensure that clinical social workers have input into that process. Our newly formed relationship with the other mental health professionals who practice psychoanalysis holds promise not only for the deepening of respectful fellowships and collegial sharing but also for a strong union of mental health professionals to foster and

protect psychoanalysis.

Another major issue of mutual concern is mental health reform. Psychoanalytic practitioners throughout the country have been experiencing the impact of managed care on their practice. The East Coast, particularly New York, has been the last area of the country to feel it. Most of us have already experienced its negative impact. We must ally ourselves to protect our patients and the practice of psychoanalytic treatment.

The reform objectives, noted on page 4, will be mutually reinforced by the four organizations as we lobby our legislators. There will be both independent and collaborative efforts by the lobbyists on health care legislation and reform.

## The Waiver Issue— Can APsaA Truly "Accept" Social Workers?

*Rosemarie Gaeta, CSW, BCD  
Immediate Past President*

The NMCOP has been in negotiations with the American Psychoanalytic Association (APsaA) since March 1991, with the intention of eliminating the waiver process currently required for a clinical social worker to gain admission to an APsaA training institute.

The history of this issue follows: In 1986, with the financial support and backing of the Group for the Advancement of Psychoanalysis and Psychotherapy (GAPP), a group of psychologists sued the APsaA, charging discrimination against non-medical applicants to APsaA training institutes. (GAPP is constituted primarily of members of the American Psychological Association.) The psychologists won the lawsuit and as a result, twenty-eight percent of those admitted to APsaA institutes in 1987 were non-medical candidates. As part of the agreement, however, APsaA was allowed to establish a waiver process, known as the Gaskill Procedure, whereby non-medical applicants must first seek approval of APsaA, the national organization, before going through a second application process with the local institute.

Progress was made in 1991 with a by-law change voted in by the entire membership of APsaA. The change eliminated the waiver process for all doctoral level mental health professionals in psychology, social work, and mental health—the Ph.D., the DSW, and the DMH. Accordingly, doctoral level social workers need not be "waived" through an additional committee established

by the national organization and equal access to the application process is ensured. However, equal access is not yet available to the MSW applicant.

The Gaskill Procedure is still a thorn in the side of the profession of clinical social work. Singling out the master's degree clinician as an exception who needs special permission to receive training is a symbol of prejudice against the clinical social work profession. This does further harm by solidifying the erroneous, prejudicial impression of the master's degree psychoanalyst. The waiver process communicates to the profession of clinical social work, other professional groups, and to the public at large that the master's degree in clinical social work is not an adequate degree upon which to begin psychoanalytic training. It also exerts a negative influence upon the professions and the public against the master's degree clinical social worker who has already completed psychoanalytic training. (NMCOP Newsletter, Spring 1992, p. 2)

Currently, there are twenty-six institutes of the APsaA who have participated in the non-medical option and are training waived candidates. Fifty candidates at twenty institutes, who have master's level degrees—mostly the MSW—are currently participating in psychoanalytic training. Within APsaA itself, there seems to be much conflict between conservative and liberal/moderate factions with regard to the waiver. This, of course, is no surprise. There are some in APsaA who genuinely welcome social workers. However, real tensions remain in all too many of their institutes, creating a state of confusion and wariness in the social work applicant. Often social workers may feel they must prove themselves to be equal "beyond a reasonable doubt." The application process with the waiver can be frustrating, stressful, and overly demanding. The APsaA demonstrates a confusing ambivalence towards clinical social workers: they recognize the value of social work candidates applying to their institutes and receiving training from their senior faculty; at the same time, they can make it difficult for a social worker by creating additional obstacles in the application process.

The APsaA Committee on Non-Medical Clinical Training (CNMCT), the committee in charge of the waiver process, has certainly become more sensitive to the potential waiver candidates and possibly to the opinions of the local institute that supports the candidate's application. New national protocol and other efforts are now implemented early in the process, intended to

minimize disappointments. Phyllis Tyson, MSW, Ph.D., Chair of American's CNMCT, has been forthright in the negotiations with NMCOP. In a recent issue of TAP, the APsaA newsletter, Dr. Tyson reports on APsaA's "rapprochement" with clinical social workers. She reminds the APsaA membership that there do not seem to be any differences in performance between the master's level social work applicant and others entering APsaA without the waiver. In her article, Dr. Tyson made the following points:

"From work with the National Federation of Societies for Clinical Social Work and with member institutes, CNMCT concludes that statistics do not reflect any lowering of standards consequent to the training of non-medical candidates, including those with degrees at the master's level. CNMCT concludes also that when institutes apply for a waiver, they are reasonably assured, from firsthand contact with the individual and conscientious assessment thereafter, that the applicant is both suitable and eligible for psychoanalytic training. They then stand behind their assessment and do whatever is necessary to obtain the waiver. . . . Some institutes are of the opinion that the sooner they have local autonomy with regard to eligibility, the better, and that a national committee to oversee the work of local admissions committees is no longer necessary. They feel it is time the American prepared to hand over to institutes the entire task of selecting candidates, and to place the task of maintaining standards in the hands of the educational process within each institute. Other institutes are of the opposite opinion, that eligibility criteria should not be broadened and that BOPS (the Board of Professional Standards) should continue to exercise an oversight function."

This new sensitivity by the CNMCT does not, however, address the original issue of prejudice and discrimination against the clinical social worker.

As this edition of the Newsletter goes to press, the final chapter of our negotiations with APsaA is not yet written. The NMCOP Board will be considering the depth to which we are willing to work towards "acceptance."

\* \* \*

## Reports from Area Committees

- Richard M. Alperin, DSW  
Area Chairperson for the New York-New Jersey Area
- Cathy Krown Buirski, MSW  
Area Chairperson for Colorado
- Laurie E. Curtis, MSW  
Area Chairperson for Minnesota
- James Engelbrecht, LMSW-ACP, BCD  
Area Chairperson for Texas
- Margaret G. Frank, LICSW, BCD  
Area Chairperson for Massachusetts
- Judith D. Freed, MSW  
Area Chairperson for Connecticut
- Laura W. Groshong, MA, BCD  
Area Chairperson for the Pacific Northwest
- Susan S. Levine, MSS, LSW  
Area Chairperson for Pennsylvania
- Erica Rothman, MSW, CCSW  
Area Chairperson for North Carolina
- Ellen G. Ruderman, Ph.D., BCD  
Area Chairperson for Southern California
- Cathy Siebold, Ph.D.  
Area Chairperson for Maine
- Billie Lee Violette, MSW  
Area Chairperson for Northern California

## Report from Colorado

*Cathy Krown Buirski, MSW*



The Colorado Area has increased its membership since last year as a result of various meetings and contacts with clinical social workers in both Colorado and Oklahoma. This has been a frustrating process as I have encountered a reluctance on the part of area social workers to join yet another organization. Social workers who pursue psychoanalytic education at either the Colorado Center for Psychoanalytic Studies or the Denver Psychoanalytic Institute typically join their respective psychoanalytic societies. They believe that membership in these societies as well as in the Colorado Society for Clinical Social Work is sufficient to protect their social work interests. Indeed all of these societies offer educational programs and address current issues about managed care.

Colorado has undergone many changes regarding social work psychoanalysts. The Denver Psychoanalytic Institute (part of the

American Psychoanalytic) has been accepting social workers for training. I served on the Membership Committee of the Institute's Society where the categories of membership were altered, allowing graduates from non-American institutes to become Associate Members. As a result, social workers and psychoanalysts are active in a society that historically was solely for psychiatrists. Social workers play an integral role at the Colorado Center for Psychoanalytic Studies. I am the Director of Training and Karen Fleming, MSW, a member of the NMCOP, just finished her term as Board President. The Center has a satellite program in Oklahoma City where many of the students are social workers.

We are encouraging social workers in both states to attend the conference in Washington, and we hope to present a local program to broaden our membership base. Anyone who wishes to join the Committee or participate in the Area Group, please contact Cathy Krown Buirski, MSW, 222 Milwaukee Street, Suite 305, Denver, Colorado 80206.

## Report from Connecticut

*Judith D. Freed, MSW*

On November 7, 1993, the second meeting of the Connecticut Area Group was held on the overall topic, "The Application of Psychoanalytic Perspective on Money in the Therapeutic Relationship." The report that follows was written by Jean Hurwitz.



The meeting was organized and moderated by Greta Ospa. Three speakers presented scientific papers that offered interesting and challenging reflections and considerations on aspects of the financial part of the therapeutic relationship.

Inga Ortemyer presented a paper entitled, "Talking about Money: Overview and Review of the Literature." She gave a thorough, thought provoking overview and review of the psychoanalytic literature on money issues in dynamic treatment. Her particular focus on countertransference in regard to being a female therapist included the tendency to set lower fees regardless of the level of clinical experience of the therapist. She spoke about the conflict between financial success and being female; and how empathy for clients who are needy can often interfere with our own ability as therapists to differentiate between clients' need and our own needs.

Jane Elisonfon's paper on "Skeletons in the Psychoanalytic Closet" was a case presentation that involved issues of third party payment as a "significant other" in the treatment as well as the symbolic and unconscious meaning of money for the client. Her discussion also included transference reactions and masochism.

Janice Curran's paper: "Therapists Need To Be Paid!" emphasized the influence of female gender and all that has meant in our society as well as our heritage of social work orientation concerning the treatment of clients. In general, she said that being female has played a significant role in being more conflicted about money issues in terms of nurturance and relatedness.

The meeting was well attended by approximately thirty clinical social workers. While discussion of comments on the papers was initially quite active and lively, elaborating on such topics as fee setting, broken appointments, and the like, in the context of psychoanalytic interpretations, it was waylaid by a common and pervasive apprehension of the realities of managed



care and possible future health reform measures, a pertinent commentary on the current state of affairs in mental health.

\* \* \*

The NMCOP Connecticut Area Group is considering ways to support regional meetings on the health reform measures, ways to sponsor small group meetings on topics the membership believes are important at this time, and ways to include more people in the organization of the Connecticut Chapter. Anyone who is interested should contact Judith Freed, Chair, at 777-8809.

## Report from Maine

*Cathy Siebold, Ph.D.*



In the fall of 1992 a small group of psychoanalytically oriented social workers met to discuss developing a local NMCOP group. At that meeting, we decided that a monthly study group would be of interest to everyone and would develop a psychoanalytic presence among social workers in Maine. The study group continues to meet on a monthly basis, and members take turns providing an article for discussion. The mailing list for this group continues to grow as does membership in the NMCOP.

Another exciting development for psychoanalytically oriented social workers in Maine is the start of an Advanced Training Program by the Maine Society for Clinical Social Work. The Society's Education Committee, of which I am Chair, brought a proposal for a psychodynamically oriented training program to the Society's Board. Although the Clinical Society represents all clinical social workers and paradigms of practice, the Society's Board agreed that a psychodynamically oriented focus was missing in the training programs now available in Maine, and was supportive of developing such an advanced training program. The proposal was unanimously passed and a pilot program of two courses will be offered in the fall of 1994.

## Report from Massachusetts

*Margaret Frank, LICSW, BCD*



We are proud to say that we have doubled our membership. We intend to bloom again in the spring. A membership meeting is being planned for early April when, hopefully, the snows have melted, making driving and parking possible.

It has been a long, hard winter of snow, ice, concerns with quality care which too often seem to vie with concerns about trying to survive with the ever-increasing constraints of managed care. A number of Area Group members are part of a small group, involving all the health providers, which is trying to promote grass roots support of a single payer system. Visits to our Senators and Representatives have been encouraged when they return to the Commonwealth for their breaks. Despite the concurrence of views with these Representatives, they need to hear from us as consumers and as providers of health care.

The importance of social workers who are psychoanalysts and psychoanalytic psychotherapists having a local forum for exchange of ideas will be among the many topics addressed at the spring meeting.

## Report from Minnesota

*Laurie E. Curtis, MSW*



The Minnesota NMCOP is pleased to join its national colleagues in fostering the study and practice of analysis and psychoanalytic psychotherapy by social workers. Our NMCOP was officially launched on October 25, 1993 and has a current membership of sixteen enthusiastic practitioners. It is our hope that our committee will make both local and national contributions. Although we have only recently achieved official Committee status, our members bring considerable experience to the national organization. Many of you are already familiar with Minnesota

members who have provided national leadership: Chad Breckenridge, MSW, BCD, as President-Elect of the NFSCSW. Elizabeth Horton, MSW, BCD, is a past President of the Federation. It was during Ms. Horton's tenure as President that the Committee on Psychoanalysis became a Membership Committee. Ms. Horton represented the Federation at a Psychoanalytic Consortium Meeting as an invited guest of NMCOP. Ms. Horton also serves as the local Chair of the Minnesota Mental Health Professional Coalition; in this position she is an advocate for comprehensive mental health coverage.

Chad Breckenridge and local member Anne Garity, MSW, BCD, teach psychotherapeutic skills in an Advanced Clinical Studies Program sponsored by the University of Minnesota. Anne Garity also serves as a consultant to traditionally non-psychoanalytic agencies in order to integrate psychoanalytic theories into preventative and community services. These programs include local Early Childhood, Adolescent Day Treatment, and Domestic and Sexual Abuse services.

Another local member, Edythe London, MSW, BCD, is Acting President of the Minnesota Psychoanalytic Foundation. It is a goal of the Foundation to strengthen the psychoanalytic presence in the community and to strengthen ties between psychoanalytic practitioners in all disciplines. The establishment of a three-year Minnesota Psychoanalytic Training Program in the fall of 1993 has helped to realize this goal. Ms. London was instrumental in the implementation of this program, working in collaboration with the graduate analysts in the area. This program has already attracted social workers, psychiatrists, and psychologists to study together in an intensive, systematic training program with both didactic lectures and supervision of analytic cases.

The educational activities of the Minnesota NMCOP will be initiated this spring as we co-host the April 9, 1994 visit of Karla Clark, Ph.D. At this symposium, Dr. Clark will present a day-long workshop on the Schizoid Personality with discussion and two case presentations by members of the local therapeutic community.

We appreciate the visit on May 19, 1993 by Cecily Weintraub, Ph.D., BCD, and Joyce Edward, CSW, BCD, and their continued contact and inspiration.

## Report from New York-New Jersey

Richard M. Alperin, DSW



The New York-New Jersey Area Group is pleased to announce the formation of a new Executive Board which, in addition to Dr. Richard Alperin, Area Chair, includes Joel Beck, Diane Heller

Kaminsky, Richard Karpe, Sally Loper, Beth Meehan, and Ezra Teitelbaum. Marking a productive year, the Area Group, with Board leadership, sponsored its first Annual Membership and Scientific Meeting and Brunch on October 17, 1993, at the Warwick Hotel in New York City. Following a lively and informative business meeting, Dr. Barrie Biven presented an excellent paper, "Childhood Trauma and the Fate of the Dehumanizing Principles: Suicide, Homicide, and Perversion." At the close, Dr. Louise Crandall, the discussant, made interesting, perceptive comments.

The New York-New Jersey Area Group has taken a strong stand against the New Jersey Board of Psychological Examiners' attempt, in an amendment to their present licensing bill, to add psychoanalysis to their professional activities. In as much as psychoanalysis is not included in the social work licensing bill in New Jersey, if the aforementioned Board were successful, it would undermine all of the efforts towards achieving parity with psychology and, ultimately, social work would be vulnerable to psychology's control of psychoanalysis in New Jersey. Therefore, the New York-New Jersey Area Group urges all members of NMCOP to include "psychoanalysis" in their state licensure and to actively oppose any profession which, through licensure, attempts to monopolize the practice of psychoanalysis.

The Area Group is very proud and appreciative of the hard work and devotion to their tasks of Area members, Alice Medine King, NMCOP's Legislative Chair, and Joyce Edward, Co-Chair of the Coalition of Mental Health Professionals and Consumers. We wholeheartedly support their efforts and have taken a strong stand against managed care and its destructive practices. The Area Group also hopes that all members of the National Membership Committee on Psychoanalysis in Clinical Social Work, Inc. will support the efforts toward mental health care reform.

## Health Care Meeting

Reported by Susan Mellan, MA, CSW, BCD

Responding to the crisis induced by the intrusion of managed care, the New York-New Jersey Area Chair organized a meeting held on February 25, 1994. This was designed as an information sharing network, giving professionals, both as individuals and as representatives of professional organizations and analytic institutes, an opportunity to find out what each is doing about the problems.

Beth Meehan presided as the Acting Chair. In attendance were: Joel Beck, Ph.D.; Bel-Michele DeMille, Ph.D.; Rosalyn Gilbert, CSW; Sarah Harrison, CSW; Janet Kamin, Ph.D.; Richard Karpe, CSW; Helen Hinckley Krackower, CSW; Linda Mead, CSW; Susan Mellan, MA, CSW, BCD; Lucille Osterweil, Ph.D.; Miriam Pierce, CSW; Crayton Rowe, CSW; and Ezra Teitelbaum, DSW.

The first issue discussed concerned how this newly organized group could act as a clearing house for information which would help to avoid duplication of effort and reduce the sense of isolation and helplessness practitioners face when confronted with some of the abuses of managed care. Another issue noted was the need for legal/political activities such as lobbying. Crayton Rowe suggested that the newly formed group could be a central coordinating body to avoid the fragmentation which dilutes the efforts to reach state legislators.

With respect to targeting policy making in Washington, it would be helpful to coordinate the efforts of local groups with those of NMCOP, the Psychoanalytic Consortium, and NFSCSW.

Also under discussion was the need to educate the consumer, as an adjunct to political action. It was agreed that research data is needed in order to support the argument in favor of longer term treatment. Janet Kamin suggested collecting vignettes so those in government may see where the managed care system breaks down or fails altogether. Ms. Kamin noted that a phone tree which is a phone network for rapid coordination could be useful.

Beth Meehan summarized the various issues at the close and recommended that the group reach out to involve all concerned organizations. Everyone present was clear in the determination to act on the suggestions.

## Report from North Carolina

Erica Rothman, MSW, CCSW

The North Carolina National Membership Committee on Psychoanalysis has just completed its first year. We are pleased to report that we have twenty-five committee members, a large group for a small area.



Most of this year's effort has been given to defining our group's purposes and goals. The Committee decided that local programming would be our main focus. To that end, we have had a discussion group and two presentations. In May, Frances Katz of Raleigh led a case presentation of her work with a young woman. In collaboration with Division 39 of the North Carolina Psychological Association, we had two programs, one in the spring of 1993, when Bill and Marilyn Saur spoke on "Transitional Phenomena as Evidenced in Prayer," and in January 1994, when a discussion group was held on the topic of "Abrupt Terminations."

Claudia Lyons agreed in 1993 to serve as Vice Chair of the NMCOP, bringing to the Committee a strong commitment to psychoanalytic psychotherapy and particular expertise in community work. She will direct her attention mainly to coordinating local programs and liaisons while the Chair will continue as liaison with respect to national level issues.

Chaired by NMCOP member Chris Erskine, the new Psychoanalytic Psychotherapy Study Center of North Carolina, mentioned in the North Carolina Report in last year's Newsletter, became a division of the North Carolina Psychoanalytic Society in February 1993. Twelve students were admitted to the two-year Advanced Curriculum, which began class meetings in September. The composition of the class and the faculty is multi-disciplinary: social workers, psychologists, and psychiatrists. The students already express great enthusiasm about how their participation in the program is helping them to deepen and focus their work in their practice.

In view of the interest shown by other potential students, a one-year Basic Curriculum is being considered, which would begin this fall and run concurrently with the second year of the Advanced Program. Cooperation among the clinical disciplines exemplified in this program is both a result of and a stimulus for further

collaborative efforts between the North Carolina Society for Clinical Social Work, the North Carolina Psychoanalytic Society, NMCOP, Division 39, and the North Carolina Psychological Association. The Study Center hopes for increased contact and interaction, also, with the residents in psychiatry at our two local departments of psychiatry: Duke and the University of North Carolina. The interest in psychoanalysis and psychoanalytic psychotherapy among clinicians in our area is alive and well, providing a strong counter current to the so-called trend towards briefer and more "directive" therapies.

## Report from Northern California

Billie Lee Violette, MSW



The Northern California Committee on Psychoanalysis has remained approximately the same in number of members. Velia Frost, MSW, has been chairing the local steering committee and I have

been liaison with the state and national organizations. Very active on the steering committee are Dominic Ali, MSW, John Bogardas, MSW, Muriel Brotsky, MSW, Marsha Fine, MSW, Rochelle Frankel, MSW, Helen Gallant, MSW, Penny Schreiber, MSW, and Norman Sohn, Ph.D. Muriel is also the treasurer. The majority of programs are conducted as parlor meetings on Saturday mornings, and a couple of large programs with admission fees are offered at the Metropolitan Club in downtown San Francisco. We recently did an "exchange" whereby Velia and I were invited by the Southern California Area Group to come down and present papers, and they provided two discussants. The previous year, Ellen Ruderman, Ph.D., and Miriam Harriss, MSW, from the Southern California Committee on Psychoanalysis, presented in San Francisco, and we provided the discussants.

There is an interest or a preoccupation on survival here due to the recession in California, the corporate takeover of health care, and the issue of universal health coverage. At this point, social workers attending our meetings are in the phase of trying to understand the health care plans being presented, defining what is adequate psychological treatment for individuals and

families, and grappling with how the effects of what is presented through advertising and the media gets translated into the public awareness of what is reality and what are the possible options that citizens can entertain. The implications of this for the profession, the future of small business, the rights of individuals, and how limited access to mental health care and education affects the American quality of life through the effects of family dysfunction, substance abuse, child abuse, and crime of all sorts.

Do we accept managed care? Is there a way to effect some change and have some control? Are we as clinical social workers going to reunite with our roots and become social activists? At the same time that the profession is facing whether it will even be a profession (defined as practice which is based on extended training and adherence to humanistic values), there remains interest in psychoanalytic theory and practice as exemplified by interest in our programs and obtaining further education. Thus the inner world and the outer world are inextricably connected and there is no way we can avoid it.

## Report from the Pacific Northwest

Laura Groshong, MA, BCD



The Washington Area Branch has a new name. We are now officially the Pacific Northwest Area Branch including Oregon and Alaska. This enables psychoanalytically-oriented clinicians in

these states to have an affiliation not available in their home states and broadens all of our horizons as practitioners.

In the past three months, Branch membership has doubled to twenty-five, in part due to the first NMCOP-sponsored conference held in Seattle in November. There were seventy registrants signed up from all disciplines to hear Karla Clark discuss her paper, "The 'Nowhere Man': The Fear of Ambivalence in the Schizoid Personality Disorder," and respond to case presentations. This rewarding and enriching experience also gave NMCOP a higher profile in this area and should lead to further growth. The contributions of many Branch members made this the success it was. We are already looking forward to planning a similar conference next fall.

## Report from Pennsylvania

Susan S. Levine, MSS, LSW

Last spring, our area group completed a successful series of open meetings with a presentation by Leonard Levitz, Ph.D., from the Women's Recovery Center, on "Eating Disorders: From



Interventions to Conversations." This fall, a larger and enthusiastic group decided to use our regular meetings to develop a study group which will focus on clinical presentations and on discussion of selected literature. We seem to be concentrating so far on the psychology of women.

In my role as chair of this area group as well as chair of the Committee on Mental Health Reform of the Pennsylvania Society for Clinical Social Work, I have been gathering information on proposed state and national reforms and conveying this information to clinical social workers interested in protecting long-term psychotherapy. Along with colleagues from other disciplines, I plan to meet with local and national legislators to express our concerns. We are fortunate to have excellent working relationships with analytically-oriented psychologists in the area and are awaiting the opening next fall of a new analytic institute, the Philadelphia Center for Psychoanalytic Education, which will welcome MSWs.

We miss our former chair, Carol Tosone, and wish her well in her job at NYU and as co-chair of the national conference this spring.

## Report from Southern California

Ellen G. Ruderman, Ph.D.

The Southern California Area Committee, continuing its eight year tradition of presenting enriching psychoanalytic educational programs, has also



focused its efforts this past year on the most overriding issue affecting all practicing, analytically oriented clinicians—the insurance take-over of mental health.

On May 15, 1993, preceded by a presentation by Ellen G. Ruderman, Ph.D., entitled, "Countertransference, Gender, and Parallel Process in Supervision: Overcoming Treatment Impasses," the discussant for which was Norman Tabachnick, MD of the Institute for Contemporary Psychoanalysis, the Committee offered a **Managed Care Forum** to local NMCOP members and other interested mental health professionals. Invited speakers were Geri Esposito, MSW, Executive Director of the California State Society; Dr. Louis Mone, President elect of the Society; and Dr. Ruderman, Chair of Southern California Area Committee. An exploration, discussion, and call to action pertaining to managed care was the partial focus of the day and was enthusiastically received by a large audience of social work clinicians. The local Committee wishes to thank Alice Medine King, MSW, BCD, chair of the National NMCOP Legislative Committee, for contributing to this effort by forwarding important literature which has kept us informed of the NMCOP efforts in this area.

The Education/Program Committee, ably led by Chair Helen Ziskind and an active committee, presented the 1993 **Reflections Series**, highlighting selected clinical papers which were presented at the Fourth National Conference of the National Membership Committee on Psychoanalysis. Dr. Judith Schore led off the series (March 1993) with her paper, "Women and Shame: A Study of Early Superego Development," with a clinical case presented by Sheila Marems. This was followed by a stimulating presentation (June 1993) by Dr. Pat Sable on "Separation Anxiety, Attachment and Agoraphobia." In September 1993, Dr. Jean Sanville presented her lively paper, "Imagining the Other: Thoughts on Alterity in Psychoanalysis." Our experience has been that these programs have been well received in an atmosphere of enthusiastic discussion and exchange of ideas.

Dr. Lynda Share and Miriam Harriss, LCSW, presented two excellent clinical papers in our April Scientific meeting entitled, "Approaches to Primitive States of Mind." The discussant was Dr. James Grotstein of the Psychoanalytic Center of California.

Dr. Roz Benitez-Bloch led six sessions of a reading group which explored theoretical and clinical issues via case discussions. Elaine Rose, LCSW, offered a time-limited seminar entitled, "Considering the Beginning of Treatment in Psychoanalytic Psychotherapy." Dr. Jean Sanville gave a five session seminar on Clinical Writing.

The local committee once again presented a panel at the California State Society Conference in Newport Beach. The panel members, Dr. Sanville, Judith Rothman, LCSW, and Phyllis Rothman, LCSW, presented on "The Use of Psychoanalytic Principles in the Socio-Cultural Area."

As part of the original plan to have educational exchanges with other area committees, the Committee collaborated with the Northern California Area NMCOP, hosting on November 13, 1993. Velia Frost, LCSW, from San Francisco, presented her paper on "The Difficult Couple—An Object Relations Perspective," with Phil Ringstrom, Ph.D. of Los Angeles as her discussant. This was followed by Billie Lee Violette, LCSW, Chair of the Northern California Area Committee, presenting on "The Concepts of Object Relations Theory as Applied to the Literature in Chemical Dependency and Childhood Trauma." Yolanda Noack, LCSW, was the discussant.

The Southern California Area Committee was pleased and privileged to offer a major presentation and workshop having as its major speaker Patrick Casement of the British Psychoanalytic Institute. Mr. Casement gave an excellent paper on Friday, January 7, 1994 at the Guest Quarters Hotel in Santa Monica, entitled, "On Being in Touch, a Clinical Study of the Working Through in an Analysis of Cumulative Childhood Trauma." This was followed on Saturday, January 8, by an innovative and stimulating all-day workshop illustrating Mr. Casement's key concepts regarding internal supervision. This extremely successful event was enthusiastically received by the Los Angeles Community.

The Southern California Area Executive Board welcomes Jennifer Abbott, LCSW, as its new liaison to Division 39, Dr. Lynda Share who continues as its liaison to psychoanalytic institutes, and Tanya Moradians, LCSW, its new Committee Liaison who has graciously offered to do the minutes of the local Executive Board.

In closing, the Committee wishes to extend its appreciation to Dr. Cecily Weintraub, President of the National Membership Committee on Psychoanalysis in Clinical Social Work, for the energy she has devoted to moving the NMCOP ahead and for her many informative letters to the NMCOP's Pacific Rim members.

## Report from Texas

*Jim Engelbrecht, LMSW-ACP, BCD*

The Texas Area continues its close relationship with the Texas Society for Clinical Social Work. There are active study groups in Dallas, Houston, Austin, and San Antonio. Also, to further integrate the work of the TSCSW and NMCOP, the TSCSW has decided to make the Texas NMCOP Area Chair a voting member of the TSCSW State Board.



The Texas NMCOP is planning a September evening speaker and reception in Dallas to further explore the development of a psychoanalytic social work presence in Dallas. The Texas NMCOP aims to be meaningful without needless duplication of the very active programs of the Dallas Society for Psychoanalytic Psychology and the Dallas Psychoanalytic Society which has its own institute. Two Dallas social workers are in training in the Dallas Psychoanalytic Institute and may be the first social work analysts of adults in Dallas when they complete their training.

## Report on the National Study Group on Social Work and Psychoanalysis of the National Membership Committee on Psychoanalysis

*Joyce Edward, CSW, BCD, Chairperson*



The National Study Group is continuing with its efforts to develop recommendations for Standards for Social Work Psychoanalyst and Social Work Psychoanalytic Psychotherapist. A

preliminary draft of the recommendations, prepared by a special committee, chaired by David Phillips and Marga Speicher and composed of Roslyn Goldner and Judy Ann Kaplan, was considered at a meeting of the Study Group on December 18, 1993 in New York. Cess Weintraub, Rosemarie Gaeta, and Crayton Rowe joined with the members

of the Study Group in further developing the committee's proposals. The committee will submit a revised draft at the next meeting in May. At that time the standards will be finalized and then submitted to the Board of Directors of NMCOP for its consideration. This project has assumed ever increasing importance and its timely completion is essential. The National Association for Psychoanalysis is, as has been reported elsewhere, currently attempting to become the credentialing organ for all psychoanalysts and we, therefore, must establish our own credentialing process now. The first step is the development of our own standards. Who will do the credentialing and how it will be done will be determined by the NMCOP.

The NMCOP survey of the practice interests of the attendees of the 7th National Conference in Los Angeles has been completed by Jerome Cohen and Elaine Rose of the Study Group and Roger Miller, Professor and Co-Chair, Program of Advanced Study at the Smith College School of Social Work, a soon to be member of the Research Committee of the Federation when it merges with NICSWA (National Institute for Clinical Social Work Advancement). Elaine Rose will report the findings of that survey at the May Conference. Plans are being made to repeat the survey at the Conference.

As part of its contribution to the Conference, the National Study Group, in conjunction with the Legislative Committee, has developed a Panel on the Impact of Managed Care on Clinical Practice. Participants from the Study Group are Judy Ann Kaplan, Elaine Rose, Ellen G. Ruderman, and Joyce Edward. In addition three other members, Barrie M. Biven, Margaret Frank, and Rosemary Lukton will be presenting papers at the Conference.

Finally, we would like to encourage those who have not already submitted papers for the *Reader* to do so. As you may recall, this compendium is being developed by the Study Group to demonstrate the value of contemporary psychoanalytic theory in current social work practice. Papers are being sought that show clearly how a psychoanalytic perspective may contribute to work with the kinds of clients social workers are increasingly serving today, such as the homeless, individuals with AIDS, the sexually and physically abused, perpetrators and victims of violent crimes, etc. The final date for submission is now May 31, 1994. Prospective writers are encouraged to contact Dr. Jean Sanville, 1300 Tigertail Road, Los Angeles, CA 90049, 310/472-

6452; or Joyce Edward, 102 Bellhaven Ave., Bellport, NY, 11713, 516/286-3691 for detailed information.

## Membership Committee Report

*Elaine A. Smith, MA, MSW, Chair*



In 1993, paid-up membership of the National Membership Committee on Psychoanalysis in Clinical Social Work grew by nearly twenty percent, indicating that interest and support for our work

continues to expand across the nation. Area committees are now firmly established in Connecticut, North Carolina, Massachusetts, Maine, New York, New Jersey, Colorado, Minnesota, Texas, Washington, Pennsylvania, Northern California, and Southern California, and we are currently working with enthusiastic NMCOP member volunteers in the Midwest and Southwest to develop additional area committees in those geographical regions. It only takes ten interested persons to create a new area committee; if you do not live in close proximity to any of the established area committees and wish to start one in your area, please do not hesitate to contact the membership chair or the NMCOP President, Cess Weintraub, for further information.

Under the direction of Miriam Pierce, MSW, BCD, a membership drive aimed at attracting students and faculty of psychoanalytic institutes throughout the United States to the National Membership Committee on Psychoanalysis began during the winter of 1994. It is expected that this campaign will be successful, not only by increasing the membership census but also by informing the academic segment of the psychoanalytic community about the NMCOP's active role in the national debates concerning analyst accreditation, managed care, and the preservation of the rights of trained clinical social workers to practice psychoanalysis and psychoanalytic psychotherapy.

A profile of the current NMCOP membership is being compiled this spring, and members are being asked to complete a confidential questionnaire and return it to the membership chair for computation. The information collected will aid the Board of

Directors in the development of programs and advocacy strategies that are best suited to our members' needs.

Finally: every 1994 paid-up member of the NMCOP will receive a membership card with his/her letter of acknowledgment. Members can carry their wallet-sized card with pride, knowing that they belong to the only national membership committee that advocates specifically for the rights of clinical social work practitioners of psychoanalytic psychotherapy and psychoanalysis, and the rights of their patients.

## NMCOP Participation in the International Federation for Psychoanalytic Education (IFPE)

*Marga Speicher, MSW, Ph.D., BCD*

Members of the NMCOP continue to participate actively in the IFPE, an interdisciplinary group that serves the needs and interests of psychoanalytic education on a broad basis, covering a wide theoretical range and several areas of application. The IFPE fosters exchange amongst differing theoretical perspectives ranging from classical theory to the views of theorists into the present. IFPE's concern with psychoanalytic education includes psychoanalytic study in undergraduate and graduate education, in specific training programs for psychoanalytic psychotherapy and psychoanalysis, and in the application of psychoanalytic understanding to issues in society and culture.

The NMCOP holds organizational membership in the IFPE; many NMCOP members hold individual memberships and enjoy the open and fruitful exchange of ideas that characterize IFPE meetings.

The 1993 IFPE Conference in New York, October 30/31, centered around the theme, "Basic Concepts in Psychoanalytic Education." NMCOP members Roberta Ann Shechter, DSW and Marga Speicher, MSW, Ph.D., BCD served on the 1993 Program Committee.

Lawrence Freidman, MD from New York received the Hans W. Loewald Memorial Award for Distinguished Contributions to Psychoanalytic Education and presented the keynote address, "The Objective Truth Controversy: How Does It



Affect Tomorrow's Analysts?" The Presidential Address by IFPE's president, James W. Barron, Ph.D., stimulated thoughts and reflections around the topic, "Self-Analysis: Re-envisioning the First Psychoanalytic Frontier."

In small discussion groups, participants were able to explore more fully the ideas presented in the major papers. Panel presentations and workshops were focused around: issues in supervision; ways and dynamics of learning and teaching; professional writing; exploring the use of information technology in enhancing teaching; the ways and means of establishing and administering a psychoanalytic institute; dealing with financial realities in psychoanalytic education; reviewing the place and role of psychoanalytic education and psychoanalytic studies in university settings. Participants enjoyed the Conference format that provided many small discussion groups and made possible a free exchange of ideas. The Conference papers and workshop summaries will be published in the IFPE Newsletter that IFPE members receive.

Carol Tosone, Ph.D., represented the NMCOP at the Business Meeting. A number of NMCOP members and clinical social workers attended the Conference. The following colleagues were among the workshop leaders: Michael V. Adams, MSW, D.Phil.; Jeffrey Seinfeld, MSW, Ph.D.; Roberta Ann Shechter, DSW; Sidney Love, MSW, Ph.D.; and Marga Speicher, MSW, Ph.D., BCD. Marga Speicher was elected President for 1994 and assumed office on January 1, 1994.

The IFPE Conference in 1994 will be on October 8/9 at the Palmer House in Chicago, Illinois: "Confronting Challenges to Psychoanalysis." All NMCOP members are invited. For information on making a presentation at the Conference, on the Conference program itself, and on the IFPE in general, contact Marga Speicher, MSW, Ph.D., President of IFPE, 340 Lewelen Circle, Englewood, NJ 07631-2021, telephone (201)569-1559, telefax (201)569-0714.

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## Reflections on Supervision of an AIDS Case

Roberta Ann Shechter, DSW



### Introduction

The increased incidence of HIV positive health status and AIDS illness confronts every social work psychotherapist with a need to understand the issues involved in treatment of these patients. The supervisory process is also deeply affected by the presence of this catastrophic illness. The narrative and conclusions that follow are based on a discussion between one supervisor and her supervisee about the unique dimensions of their work together when the patient in question was suffering from AIDS. Supervision occurred at an analytic institute. The patient, a male homosexual, was seen in twice-a-week psychotherapy. The therapist was an analytic candidate. The patient died of AIDS while treatment was in progress. The candidate went on to graduate. But both supervisor and candidate never quite forgot their shared experience. From the memory of it, they hope to enrich the understanding of what is most helpful in the supervision of work with an AIDS patient, particularly the handling of countertransference pitfalls and elements that are essential to the supervisory relationship.

### Supervisee Narrative\*

When Bill started treatment he had been HIV positive for six years. His health appeared good. Health was not a daily worry. Nevertheless, an HIV positive diagnosis had propelled a life change that triggered his motivation for treatment. Soon after diagnosis, Bill began graduate school. He then began therapy to "maximize his abilities as a creative writer," the focus of his academic work. He also hoped that therapy would help him deal differently with relationships, eventuating in a "stable intimacy with a man."

When I was assigned Bill, his HIV status was unsettling to me. In supervision, we agreed that I should follow the patient's lead, not deny his illness, see its impact on

\*My thanks to David Frankel, C.S.W. His clinical work sparked many of the ideas in this paper. The narrative voice belongs to the author. It is not meant to represent any one supervisee.

his current life strivings, but support his proclivity to keep it in the background while his health remained good. Supervision focused on the usual psychodynamic issues, work inhibitions, and interpersonal blocks to intimacy. While the possibility of developing AIDS was a constant, it did not have a direct impact on the therapeutic flow in every session that we reviewed.

This changed in the eighth month of treatment. Bill's T-cell count dropped for the first time. Fear of death came to the fore in displacement. Bill mourned the fact that he was about to graduate and, just as he earned his masters, might not be able to pursue the full professional life that was his dream. Loss of the familiar academic environment augured the loss of a strong healthy self. It was during this time that supervision began to be most helpful. While I learned to clarify separation and loss issues, and stay close to the ideation of the patient, I was reminded that Bill was still very much alive and had life-oriented strivings.

In the next two months Bill's T-cell count plummeted. He became depressed and fearful that I would not be able to tolerate the onset of his illness. Therapy exploration of his medical issues and plans for care was reassuring for both of us. Since Bill was still asymptomatic, he also planned a short vacation at the seashore during spring break from school. As his T-cell count continued to drop, and the range of his activity became somewhat inhibited, my focus, both in supervision and in the treatment itself, was on the fact that Bill was still alive. I addressed his abandonment fears in the oral transference (Greenson, p. 240) stating that "I was not going to disappear no matter what may occur in his illness," and the content thrust of treatment—spring plans and occupational strivings—meant to Bill that he was not dead yet.

In supervision, we talked about my dread of losing Bill. We discussed my use of denial, of his mortality and, perhaps, of my own (Dunkel & Hatfield, P. 114). Soon after his AIDS diagnosis was given, my supervisor suggested that I refer Bill to an AIDS support group, that it would expand what he could get out of life. And this was how I presented the referral to him.

In the months that followed, I helped Bill to deal with his feelings about death and preparing to die. This was done through his "rapprochement" (Mahler, p. 333) to his parents. Ill feeling had existed for many years between father and son. Now, as Bill reached out to his father, father responded. Having closer family ties

gave Bill strength in his final months. That June, Bill graduated from university. The following July, he took a job as a grant writer for a social service organization. His life now took on new meaning. He felt productive.

The following August, two things happened in my own life that had an impact on Bill. First, I got married. Weeks later I unexpectedly developed a physical illness that required immediate surgery. The first time that I came to a session with a wedding ring, Bill was the only one among my patients to notice it. He said, "I always knew you were straight; now this confirms it." Gone was Bill's oral-narcissistic transference fantasy of sameness. I viewed his fear of loss as a father transference and gratified his libidinal wish by saying, "my marriage does not mean that I will withdraw from our relationship." His anxiety lowered and all went well, until my illness. In light of his own physical vulnerability, I told Bill the reality of my gall bladder infection, the exact timing of the surgery, and how long I would be out of the institute. During that time, we kept telephone contact. Bill was the only patient that I spoke to while I was on sick leave. Bill's reaction to my illness was to assume a caretaking position. He was solicitous, concerned, and worried about the recovery time that might keep me away from him. These concerns seemed to be a concrete manifestation of premature loss. Our relationship, I again assured him, would continue for "as long as he would need it."

Looking back on the supervisory relationship, I remember many things as helpful. My supervisor validated my fear about Bill dying, my grief over his loss, and my difficulty about tolerating the intensity of sessions. It was particularly helpful when she shared her own experience with a dying patient. Our supervisory relationship deepened at that point. Treating Bill, just as I knew she dealt with a patient of her own, was not an ordinary experience. I learned to see the psychodynamics of life unfold around the details of illness and death. The relationship with Bill took on a very personal dimension. The supervisory relationship felt exquisitely personal as well.

Underscoring that it was important not to give up on Bill's life and slip into despair, my supervisor was rather direct in her belief that I should be on the side of "grabbing for life" at all times. I know now that, for Bill, the important issue was my ability to tolerate his illness and not view him a burden. He was afraid that AIDS would milk our relationship of its energy. In supervision, I confronted my ambivalence

and grief. It wasn't easy treating Bill. But voicing these feelings, as well as confirming Bill's efforts to enjoy life, helped me to remain engaged.

The final month of Bill's life was spent as an in-patient at a local hospital. During one weekly visit, just before my brief winter vacation, Bill said that he was better and about to go home. We spent thirty minutes in deep conversation; it was to be our last time together. It was very much like a therapy hour. As I left the room, Bill said, "I'll see you when you get back in two weeks." I took the elevator down, then I found myself sitting in the hospital lobby unable to leave. I somehow knew that I would never see Bill alive again. I wanted to say goodbye, yet I knew that this would not be in his best interest. Four days later, Bill died. He never left the hospital. I believe holding back on a last goodbye was a good decision. When I last saw Bill, he thought that there was more to his life. Had I said goodbye, it would have put an end to his hopes, prematurely by several days. The horror of Bill's illness was real enough for both of us. But every drop of life was important to him. I shared his opinion.

#### Supervisor Conclusions

Beneath the words of my supervisee, one can discern an assumption of supervision philosophy that is deeply rooted in clinical social work tradition. Namely, that two people come together in supervision for the purpose of enriching the life-quality of a third. This goal may be difficult to maintain when the patient under therapeutic lens is HIV positive or has AIDS. A major countertransference pitfall in Bill's treatment could have been a readiness to mourn his death prematurely, closing him out of life too early. Striking a balance, supporting Bill's life-strivings while remaining attuned to his fear of illness and death was a main focus of supervision. We were a team of two, struggling to help our patient hold on to what was most positive in his world, and reach for more. Transference interpretations were consistently aimed at the expansion of ego strength.

Just as the threat of loss permeated Bill's treatment, in a "parallel process" (Gediman & Wolkenfeld, 1980, p. 43), the dread of loss penetrated supervision. This dread was kept in check by discussing it as a natural response to an ego-alien outcome, untimely death. Occasionally, in silence, I joined my supervisee in grief. Our firm alignment with Bill's courageous strivings kept a joint countertransference, overwhelming identification with his repressed terror, at bay. If grief had not been acknowledged

between us, an intense denial of illness realities might have unfolded.

Identification is a powerful ingredient in every supervision relationship (Baudry, p. 85). Identification may be a way of working—a supervisor's idiosyncratic blend of theory and technique—or with a way of being. For Bill's therapist, it was both. Death of a patient was a new experience. When I shared a similar experience with a dying patient, the supervisee identified with my professional history, my survival, my ego functions, and gathered renewed strength (Shechter, p. 52). Sharing was elemental to our relationship. Listening for death fear is never easy. Sorting through the details of medical care can be a trial. Maintaining a therapeutic alliance in spite of a sense of burden requires perseverance that is exhausting. The role of a supervisor in this climate of despair is to provide a holding environment (Modell, 1976) that keeps treatment on track, patient-centered (Ekstein & Wallerstein, p. 130), and a progressive experience for all.

\* \* \*

Dr. Roberta Shechter is Supervisor at the Psychoanalytic Institute of Postgraduate Center for Mental Health; Supervisor and faculty at Washington Square Institute; Book Review Editor for the *Journal of Analytic Social Work*; and President of the Postgraduate Psychoanalytic Society.

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## Book Review

### Ego Psychology: Theory and

Practice (Second Edition), Gertrude and Rubin Blanck. New York: Columbia Universities Press, 1994, 322 pages.

William S. Meyer, MSW, BCD  
Duke University Medical Center



There is an old story that goes something like this:

An individual engages the analyst, Hans Sachs, in a conversation about psychoanalysis. "Tell me," says the inquirer, "when all is said and

done, isn't being in analysis pretty much the same as being with a good friend?"

"Well, perhaps," muses Sachs. "But tell me, wherever would you find such a friend?"

Gertrude and Rubin Blanck's revised book is a clinician's guide on how one can strive to become such a friend.

*Ego Psychology: Theory and Practice* (Second Edition) is not merely a warmed over version of the original classic text, but a book which is newly organized and theoretically updated.

While the second section of this book is devoted to technique, the first section of the book contains an historical overview of ego psychology, which in contemporary terms has evolved to form the basis of psychoanalytic developmental psychology, or developmental object relations theory. In order to retain this integrated yet specific theoretical focus, the Blancks mostly avoid theories—with the exception of their mostly unfavorable critique of self psychology—outside of their theoretical arena. The Blancks take us on a guided scholarly tour, starting with Freud, then moving on to illuminate the subsequent contributions of Hartmann, Kris, Jacobson, Spitz, Mahler, Kernberg, and Emde. They provide us with a succinct but comprehensive understanding of the characteristics of ego functions, affects, object relations, and defense, as the neonate matures from early life through rapprochement, through psychological birth. One cannot help but be impressed with the order and cohesion they bring to psychoanalytic theory, although in so doing they are vulnerable to the charge that they make theory development appear neater and more linear than it actually may be.

What makes the reading of this book such a special experience is the quality of

the Blanck's prose. Like the most memorable psychoanalytic writings, dating back to Freud, this text is brimming with rich metaphors, which bring life and shape to otherwise abstract concepts. To cite but one example: in their description of the outcome of development gone awry they use the analogy "of the weaver who makes an error in the design but continues without ripping it out. The flaw is incorporated in the design. . . . [I]n the adult patient, the therapist does not find simple arrest at a given point in development, but has to deal with the totality of organization" (p. 60).

Throughout the book we are reacquainted with aspects of psychoanalytic theory which we have learned from and come to associate with the Blanck's previous writings; for instance, the critical distinctions between drive and affect, and the importance of being attuned to the patient's developmental state, while simultaneously looking for opportunities to facilitate the patient's forward momentum. And in their many clinical examples, we see their exquisite sensitivity, a trademark to which we have become accustomed, and their profound respect for the patient's needs and struggles.

In this updated edition, there is an openness to new ideas and a continual revision of their theoretical perspective as they incorporate recent findings of infant observers. If memory serves me correctly, the Blancks take a more adamant stance than before against what they consider Freud's egregious mistakes about female sexuality. Incorporating the ideas of Isay, they allow that homosexuality can be partly genetically and chemically determined.

The authors' social work background appears to have exerted some sort of influence on their thinking and practice. For instance, I was struck by their continued insistence on the importance of the availability, in person or by phone, of the therapist, and their unwavering commitment to the idea that a therapist substitute, even if the primary therapist is off-hours or on vacation, is second best, and to many patients, second rate. Second, among analysts, where else but from a social worker would one find the proposal of a working definition of perversion as "a sex act that harms the self or the other" (p. 103).

This is an ideal book for study group participants. Not only is there much to chew on and learn from but there are more than a few issues presented worthy of serious discussion, perhaps debate. To cite a few:

Why has Fred Pine been able to incorporate self psychology into his integrated point

of view, whereas the Blancks have not?

What of the statement, "A structured patient is best treated by psychoanalysis. It cannot be emphasized enough that it is a disservice to the structured patient to provide psychotherapy precisely because such patients can benefit somewhat, but not optimally. It gives them half a loaf" (p. 127).

Or, "The fee must be paid when appointments are missed, whatever the reason. . . ." (p. 180). [What if this flies in the face of the accepted standard in one's professional community?]

Or what of the statement, "Those schools of psychotherapy that see the problems in the transactions between persons as interpersonal rather than intrapsychic tend to affirm the defensive projections and displacements" (pp. 212-13).

There are many ideas here that ought to prompt spirited discussions.

Freud wrote, as noted by the Blancks, that in teaching analytic therapy, which he equated with teaching chess, that only the opening gambit and the endgame could be systematically presented; that the middle moves, including tact and timing, cannot be taught. The Blancks have taken this statement as a challenge which they have capably risen to meet. Clinical pearls are plentiful in the second half of this book, spread on the rich theoretical foundation which precedes it. For their efforts we as clinicians, and the patients we serve, are deeply indebted.

## Know the Newsletter Staff

Susan Mellan, MA, MSW, BCD

Susan is Coordinator of the special Pull-Out Section and, in this issue, she is also reporter.

Susan became interested in the psychodynamics of motivation and behavior in her early work as a teacher. She went back to school, earned an MSW at New York University and then was certified in psychoanalysis and psychoanalytic psychotherapy at Postgraduate Center for Mental Health. Currently, Susan is Adjunct Lecturer at Hunter College School of Social Work, is in private practice in New York City, and is also a school social worker.





**The Second National  
Clinical Social Work Conference  
May 13-15, 1994  
Renaissance Hotel  
999 9th St NW  
Washington, DC 20001-9000**

**Co-Sponsors:  
The National Membership Committee on Psychoanalysis in Clinical Social Work  
The National Federation of Societies for Clinical Social Work**

Panel discussions are designated with a (P) after the title

**CONFERENCE SCHEDULE**

**Track 1 NFSCSW**

**FRIDAY, MAY 13**

**Track 2 NMCOP**

**7:30-8:45 a.m. - CONTINENTAL BREAKFAST**

**9:00 - 10:30 a.m. - MORNING SESSION I**

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| <p><b>1</b> New Directions in the Study of Practice<br/>Roger R. Miller, DSW<br/>Moderator: J. Robin Robb, Ph.D., LAW, BCD</p> <p><b>3</b> The Clinical Social Worker's Duty to Warn<br/>Margaret H. Coggins, Ph.D., Chief, Research Section,<br/>Intelligence Division, United States Secret Service<br/>Ellen T. Luepker, MSW, LP, LICSW, BCD<br/>Janet Warren, DSW, LCSW<br/>Co-Sponsored by NFSCSW and NMCOP</p> <p style="text-align:center"><b>9:00 a.m. - 12:15 p.m.</b></p> <p><b>A</b> Guidelines for Establishing Standards for Care in Clinical Social Work Practice (P)<br/>Shelomo Osman, MSW, LCSW, BCD<br/>Elizabeth M. Timberlake, DSW, BCD<br/>Moderator: Charles E. Marvil, MSW, LCSW, BCD</p> <p><b>B</b> Depression Across the Life Cycle: A Bio-Psychological Perspective (P)</p> <ul style="list-style-type: none"><li>• The Biology of Depression - Golnar Simpson, DSW</li><li>• Depression in Children and Adolescents<br/>Carolyn Gruber, DSW, BCD, LCSW</li><li>• Depression and Adult Transitions<br/>Heidi H. Spencer, Ph.D., BCD</li><li>• Depression in the Elderly<br/>Alice Kassabian, DSW, LCSW</li><li>• Psychopharmacology of Depression<br/>C. Wesley Dingman, II, MD<br/>Moderator: Golnar Simpson, DSW<br/>Co-Sponsored by NFSCSW and NMCOP</li></ul> <p><b>C</b> Health Care Reform, Managed Care and Clinical Social Work as of May, 1994 and beyond (P)<br/>Gayle Tuttle, Editor of <i>Psychotherapy Finances</i><br/>Ronald D. Geraty, MD, Executive VP, Medco Behavioral Health<br/>Elizabeth Horton, MSW, LICSW, BCD, Past President of NFSCSW and Board Member of the Institute of Behavioral Health Care<br/>Sidney H. Grossberg, MSW, Ph.D., BCD, Past President of NFSCSW<br/>Moderator: Anne F. Kilguss, LICSW, BCD, Chair/Editor of NFSCSW Managed Care Committee and NFSCSW Managed Care Newsletter</p> | <p><b>2</b> Theories of Maladies and Maladies of Theories<br/>Jean Sanville, Ph.D., Editor of the Clinical Social Work Journal<br/>Moderator: Elaine Rose, MSW</p> <p><b>4</b> From Holding to Interpretation - Martha W. Chascheir, Ph.D</p> <p><b>6</b> Recovered Memories of Childhood Sexual Abuse: Problems and Concerns - Marilyn A. Austin, LICSW, BCD</p> <ul style="list-style-type: none"><li>• Psychoanalytic Theory, Child Sexual Abuse and Clinical Social Work - Patricia A. Joyce, MSW, ACSW<br/>Moderator: Constance C. Henrickson, DSW, LICSW, BCD</li></ul> <p><b>8</b> Death of a Selfobject: Toward a Self Psychology of the Mourning Process - George Hagman, ACSW, BCD<br/>Moderator: Laurie Curtis, MSW</p> <p><b>10</b> Suggested Meanings of Maternal Mastectomy for Female Adolescents - Risa Mandell, MSW, CSW</p> <ul style="list-style-type: none"><li>• The Body's Contribution to a Female Sense of Self<br/>Denny McGihon, MSW, Ph.D., BCD<br/>Moderator: Barbara Cristy, MSW, BCD</li></ul> |
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**10:45 a.m. - 12:15 p.m. - MORNING SESSION II (Friday, continued)**

- 5** A Case of Multiple Personality Disorder Considered in the Light of Object Relations Theory  
Harriet H. Marquis, Ph.D., ACSW, BCD  
Moderator: Barbara B. Jutila, ACSW
- 7** Clinical Supervision: Warning Signs of Boundary Problems and What To Do About Them  
James Clark, MSW, LCSW  
Robert Walker, MSW, LCSW
- 12** Serial Killers and Sadists: The Fate of the Dehumanizing Principle - Barrie M. Biven, MSW, Ph.D.  
Moderator: Yaffa Weitzman, MSW, BCD
- 14** Dreams and the Reconstruction of Infant Trauma  
Lynda Share, Ph.D., BCD  
Moderator: Cathy Siebold, Ph.D.
- 16** The Concept of Projective Identification: A Narrative Critique  
Carolyn Saari, Ph.D., BCD  
Moderator: Jim Engelbrecht, CSW-ASP, BCD
- 18** An Overview of a Developmental Self and Object Relations Approach to the Treatment of the Schizoid Personality Disorder  
Karla R. Clark, Ph.D.  
Moderator: Patricia Sax, Ph.D., LCSW
- 20** Spotlight on Psychoanalysis: Creative Responses to Critical Issues (P) - Jane S. Hall, CSW, BCD
- The Psyche and Soma Connection  
Miriam Pierce, MSW, BCD
  - Transition to Psychoanalysis - Judith S. Felton, CSW, BCD
  - Case Presentation—Conversion of Psychotherapy to Psychoanalysis - Carole Trevas, CSW, BCD, LCSW  
Moderator: Iris Sugarman, CSW, BCD

**12:30 - 2:30 p.m. - LUNCHEON**

**3:00 - 4:30 p.m. - AFTERNOON SESSION I**

- 9** Massive Trauma: Lessons From the Holocaust for Mental Health Practitioners - Maria Rosenbloom, MSW  
Co-Sponsored by NFSCSW and NMCOP
- 11** An Overview of Childhood Psychological Trauma and Clinical Social Work Practice - Carlton E. Munson, Ph.D., BCD
- 13** Self-Nurturing: A Cognitive Behavioral Treatment Model for the Borderline Client - Dolores Dungee-Anderson, Ph.D., BCD
- 15** The Triply Diagnosed: Clinical Social Work Responses to Patients with Major Mental Illness, Cognitive Impairment, and Substance Abuse - Daniel L. Buccino, ACSW, LCSW-C
- 17** Power and Authority in Clinical Supervision  
Tamara L. Kaiser, Ph.D.
- 22** When the Bubble Bursts: Narcissistic Vulnerability in Midlife  
Eda Goldstein, DSW  
Moderator: Jeffrey Seinfeld, Ph.D.
- 24** Motivation, Mastery, and "Masochism": Psychoanalytic Perspectives on Women's Ambivalence About Success: Counter-Transference Issues and Considerations for Treatment  
Ellen G. Ruderman, Ph.D.  
Discussant: Carol Tosone, Ph.D.  
Moderator: Erica Rothman, MSW
- 26** Two Sisters: Childhood Abuse and its Effect on Internalization  
Roberta Graziano, DSW  
Cecily Weintraub, Ph.D.  
Moderator: Elaine Smith, MA, CSW
- 28** Issues in Sado-Masochism (P)
- Introduction and Overview - Jeanine Klein, MSW, CSW
  - On Sadism - Carole Maizner, CSW
  - Developmental Vicissitudes - Zara Ofsevit, MSW
  - Masochism and Narcissistic Phenomena  
Carol Landau, MSW
  - Multiple Functions of Masochism: Case Illustration  
Helen Steinberg, MSW
- 30** Making the Analyst Wait: The Transference Discovery of a Bondage and Discipline Perversion in a Female Analyst  
Tarpley Mann Long, LCSW, PC

**7:30 - 8:45 a.m. - CONTINENTAL BREAKFAST**

## ALL DAY WORKSHOP

- D Sexual Misconduct by Clergy, Therapists, and Other Health Professionals: Prevention and Intervention (P)**  
 Ellen T. Luepker, MSW, LP, LICSW, BCD  
 Nancy Avery, MSW, LICSW  
 Moderator: Elizabeth Horton, MSW, BCD, LICSW  
 Co-Sponsored by NFSCSW and NMCOP

**9:00 - 10:30 a.m. - MORNING SESSION I**

- 19 New Directions in Family Therapy**  
 Ann Hartman, DSW, Dean, Smith College School of Social Work
- 21 A Bicoastal Approach to the Survival of Clinical Social Work Practice in the 21st Century (P)**  
 Mark Dworkin, CSW, BCD  
 Maurie Cullen, CSW, BCD
- 23 Deep From Within the Well: African American Women Living With AIDS - Ednita M. Wright, CSW, CAC**
- 25 The Experience of the Social Worker Treating Multiple Personality Disorder - Sally Hill, Ph.D.**
- 32 Object Relations Theory: Application to the Psychotherapy of Couples and Families (P)**  
 Merrilee Stewart, LCSW, BCD  
 Nora Dougherty, DSW  
 Elynn Freedman, ACSW, NCPSyT
- 34 Working with Dreams of Survivors of Violence: Facilitating Crisis Intervention with a Psychoanalytic Approach**  
 Katherine Brunkow, LCSW  
 Moderator: Leslie Brown, MSW, LCSW
- 36 The Vulnerability of Patients and Practitioners in Group Therapy: Dealing with Transference and Counter-Transference**  
 Lena Furgeri, ACSW, EdD, BCD  
 Moderator: Janet Bauman, CSW, BCD

**9:00 - 12:30 p.m.**

- E Concerns in Social Work Education: Are We in Trouble? (P)**
- Clinical Content and Issues of the MSW Program—the Ideal and the Reality - Jerome Cohen, Ph.D.
  - Yes, Virginia: The Radical Disjunction Between Training Opportunity and Market Reality  
 Frances Nason, MS, BCD, LICSW
  - Current Influences on the Integration of Theory and Practice  
 Carolyn Saari, Ph.D., BCD
  - The Learning and Teaching of Clinical Social Work: Related Processes - Dr. Florence Lieberman, BCD
  - State Licensing Boards and the Clinical Social Worker  
 Drayton R. Vincent, MSW, BCD
  - Clinical Social Work Education, Draft Position Paper, ABECSSW  
 Elisabeth M. Timberlake, DSW, BCD, LSW-Clinical  
 Moderator: Delores Dungee-Anderson, Ph.D., BCD
- G Clinical Social Work Research: A Fresh Lens for Practitioners (P)**
- Research Question Formulation: A Creative Process  
 Golnar Simpson, DSW
  - Quantitative Research Revisited - Anita K. Bryce, Ph.D.
  - Knowledge Building Without Numbers: The Qualitative Approach to Research - J. Robin Robb, Ph.D., LCSW, BCD  
 Moderator: Jaclyn Miller, MSSW, Ph.D., LCSW, BCD
- F The Impact of Managed Care on Clinical Practice (P)** The panelists will draw on detailed case materials to demonstrate specific adverse effects of managed care on psychoanalytically oriented clinical practice.
- Introduction  
 Alice Medine King, MSW, BCD, Chair, Legislative Committee, NMCOP
  - Can We "Manage" Managed Care?  
 Anne Cunynghame, MPH, CSW, CAC, BCD, Legislative Committee, NMCOP
  - The Influence of Professional Culture-Clash on Transference  
 Roberta Ann Shechter, DSW, Legislative Committee, NMCOP
  - Treatment Repercussions of Managed Care: Transference and Counter Transference Issues and Consideration  
 Ellen G. Ruderman, Ph.D., BCD, National Study Group
  - The Impact of Managed Care  
 Rosalyn Benitez-Bloch, DSW, BCD
  - The Impact of Managed Care on the Holding Environment  
 Richard Alperin, DSW, BCD, Legislative Committee, NMCOP
  - Therapeutic Process in the Context of Managed Care  
 Joyce Edward, MSW, BCD, Chair, National Study Group, NMCOP
  - Survey of Practice Interests - Elaine Rose, LCSW, BCD  
 Moderator: Judy Ann Kaplan, MSW, CSW, BCD

**11:00 a.m. - 12:30 p.m. - MORNING SESSION II (Saturday, continued)**

- 27** Impact of AIDS Clients on the Clinical Process  
Martin Schwartz, Ed.D., LCSW, BCD
- 29** The Space Between the Cracks: Psychotherapy for the Underinsured  
Harriet W. Meek, Ph.D., BCD  
Maureen Kelly, MSW, BCD
- 31** Is Adoption Inherently Pathological? - Judy C. Heffner, MSW
- 33** Assessing Dysfunctional Couples: Implications for Interventions  
Sam Sterk, Ph.D.  
Miriam Sterk, CSW  
Moderator: Charles DeStefano, Ph.D.
- 38** Transitional Space: The Use of the Telephone in the Therapy of a Severely Disturbed Anorexic - Joyce Kraus Aronson, Ph.D.  
Moderator: Carol Tosone, Ph.D.
- 40** Approaches to Transference and Countertransference: Integrating Psychoanalytic and Feminist Theory  
Charlotte Prozan, LCSW
- 42** Disrupted Bonds: Understanding Anorexia Nervosa and Bulimia Nervosa from an Attachment Perspective  
Lynda Chassler, Ph.D., BCD
- 44** The Bird of Self Through Body Imagery and Sensory Dominated Modes of Experience - Miriam HARRIS, MSW, BCD

**12:30 - 2:00 p.m. - LUNCH (on your own)**  
**2:00 - 3:30 p.m. - AFTERNOON SESSION I**

- 35** Legal and Ethical Issues in the Era of Managed Care  
David G. Phillips, DSW  
Moderator: Helen Hinkley Krakow, MSW, BCD
- 37** Sexual Addiction/Sexual Dependency: Understanding the identification, Assessment, and Appropriate Treatment for Patients Engaging in Self-destructive Sexual Acting Out Behavior  
Robert Weiss, MSW
- 39** Adolescent Sexual Offenders  
Marsha Pilz, LSW, BCD  
Douglas Dean, LCSW  
Moderator: J. Robin Robb, Ph.D., BCD
- 41** The Promise of Social Work - In Your Local Jail?  
Margaret M. Severson, JD, MSW
- 43** The Use of Dramatic Role Play with Children from Substance and Child Abusive Family Systems - Edward Pieczenik, LCSW
- 46** The Analyst's Ego - Eloise Moore Agger, DSW, CSW
- 48** Superego Functioning in Borderlines  
Louise L. Crandall, Ph.D.
- 50** The Significance of Physical Defect and Child Surgery on Gender and Psychic Development: A Case Study of a Young Woman - Rosemary Gaeta, CSW, BCD  
Moderator: Phyllis Tyson, MSW, PH.D.
- 52** Gratification Versus Frustration: The Legacy of the Schism between Ferenczi and Freud  
Arianne B. Palmer, MA, MSW, LCSW  
William S. Meyer, MSW, BCD  
Moderator: Judith Freed, MSW

**2:00 - 5:15 p.m.**

- H** What Does the Future Hold: A Report on the Current Status of the Proposed Health Care Legislation and Discussion of the Implications for Practice (P)  
Coordinator: Patricia Fuchs, MSW, BCD  
Coordinator: Carol Greifer, MSW, BCD  
Faculty: Kenneth Adams, National Advocate for the NFSCSW and Counsel for NMCOP  
Janelle Cousino, MBA  
Moderator: Alice Medine King, MSW  
Co-Sponsored by NFSCSW and NMCOP
- I** In the Mind of the Psychoanalyst: Capturing the Mind Before Speaking: A Collaborative Paper (P)
- Introduction and Conclusion - Nancy R. Goodman, Ph.D.
  - Mobilization of the Analyst's Speech - Paula Ellman, Ph.D.
  - Surprise and Highly Cognitive Moments  
Fonya Lord Helm, Ph.D.
  - The Analyst's Character, An Orchestrator of Speech  
Harriet I. Basseches, Ph.D.
  - Listening for Motifs - Susan S. Elmendorf, MSW, CSW
  - Speaking as the Clue to the Moment Before Speaking  
Shelley Rockwell, Ph.D.  
Elizabeth Fritsch, MD contributed  
Discussants: Ellen R. Hirsch, CSW; Emily M. Flint, CSW  
Moderator: Nancy R. Goodman, Ph.D.

**3:45 - 5:15 p.m. - AFTERNOON SESSION II (Saturday, continued)**

- 45** Baby Stories: Reconstructions of the Empathic Experience in Infancy and Early Childhood - Elinor A. Homer, RN, MSW  
Moderator: Ann Hartman, DSW
- 47** Screen Memories: Narrative Retelling at the Movies  
Catherine Nye, Ph.D.
- 49** Social Work and the Concept of Individualism  
Harvey Eliot Dean, Ph.D.
- 51** Assessing Competence for Social Work Practice: The Role of Standardized Tests - Bruce Thyer, Ph.D.
- 53** The Perceived Impact of Personal Therapy on Clinical Social Workers' Practices and Identities - Robert M. Mardirossian, Ph.D.
- 55** Reducing Malpractice Risks: A Framework for Resolving Ethical-Legal Dilemmas and Enhancing Clinical Practice  
Mary Houston, Ph.D., LCSW
- 54** Truth Knowing and Truth Telling: Anita Hill in the Therapeutic Hour - Heidi A. Spencer, Ph.D., LCSW  
Moderator: Carolyn Gruber, DSW
- 56** Panic Disorder: A Bioself Psychological Perspective  
Maria Milora, Ph.D., MSW, LICSW  
Richard B. Ulman, Ph.D.
- 58** Working with the Borderline Patient: Theoretical and Technical Considerations
- Introduction - Moderator: Yaffa Weitzman, MSW, BCD
  - Object Relations Perspective - Rosemary C. Lukton, DSW
  - Self Psychology Perspective - Florence Rowe, MA, MSW
  - Classic Freudian Perspective - Ronald Sunshine, Ph.D., PC
- 60** The Poor and Troubled Have Psyches Too: Application of Psychoanalytic Theory to Frontline Practice  
Margaret G. Frank, LICSW, BCD  
Moderator: Cathy Krown Buirski, MSW
- 62** On Leaving the Room: Processing Projective Identification and the Schizoid Experience  
Karen Hansen, MSW, ACSW  
Discussant: Thomas Saunder, MSW, BCD  
Moderator: Laura Groshong, MSW, ACSW

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**SUNDAY, MAY 15**

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**BRUNCH 9:00 a.m. - 11:00 a.m.**

Introduction: Carol Tosone, Ph.D.  
President's Message: Cecily Weintraub, Ph.D.

Into the Vortex of the Black Hole: The Patient's and Therapist's Despair  
Keynote Speaker: Jeffrey Seinfeld, Ph.D.  
Moderator: Yaffa Weitzman, MSW, BCD  
Co-Sponsored by NFSCSW and NMCOP

**11:00 a.m. - 12:30 p.m.**

Special Planning Session Regarding scheduled Monday appointments (5/16) with key Washington legislators. For information, contact any of the following:

Coordinator: Alice Medine King, MSW, BCD	(516)482-2455
Laura Groshong, MSW, BCD	(206)524-3690
Jim Engelbrecht, MSW, BCD	(214)991-0222
Erica Rothman, MSW	(919)942-3767
Ellen Ruderman, Ph.D., BCD	(818)784-7090

**WASHINGTON - A CAPITAL CITY!**

Government, commerce, and history draw millions of visitors to the nation's capital. Moderate temperatures and azaleas in bloom make the city especially welcoming in May. The quick and clean "Metro" and readily available taxis contribute to the conference attendee's enjoyment of dining in international restaurants and visiting national monuments. Plan to arrive before the conference and stay afterward. You'll be glad you did.

**Hotel Accommodations and Discount**

On the edge of the historic Chinatown and six blocks from the White House, the Washington Renaissance Hotel overlooks the Carnegie Library and the 7th Street Art Corridor. Conference attendees have been offered a special rate of \$129, single or double occupancy (plus 11% D.C. tax and \$1.50 per night occupancy tax).

When you make your reservations (1-800-228-9898 or 202-898-9000), please identify yourself as attending the Federation/COP Conference and ask for the special rate. Reservation requests made after April 21, 1994, will be accepted on a space available basis.

**Travel and Flight Discounts**

The Washington Renaissance Hotel is eight blocks from Union Station, only 10 minutes from Washington National Airport by taxi and 40 minutes from Washington Dulles and Baltimore-Washington Airports. Our official travel agency is Connections (800-638-8029), a company that guarantees the lowest fare available at the time of reservations and reviews that fare for potential additional savings at the time of issuance.

When you purchase your ticket from Connections, your Boarding Pass qualifies you to win one of two free airline tickets for travel within the continental United States. Winners will be drawn at the conference.

**Kennedy Center Gala**

The John F. Kennedy Center for the Performing Arts is a landmark in Washington and is the hug of District of Columbia Theater. A buffet dinner followed by a performance of "Shear Madness" (the audience-participation madcap whodunit now in its sixth year) has been arranged by social work colleagues in Washington. The entire theater has been set aside for us until March 8th, so be sure to register early for this Saturday night, May 14, 1994, special event. Tickets for the performance have been discounted for us to \$26; the buffet dinner is \$40 per person.

CEUs will be awarded at this conference.

**CANCELLATION POLICY:**

Registrations canceled on or before April 15, 1994 are subject to a \$50 administrative fee. Registrations canceled after April 15 are subject to the full fee. Requests for cancellations must be in writing.

**REGISTRATION FORM - Please type or print clearly**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Preferred Name for Badge \_\_\_\_\_

CONFERENCE FEES	Members	Non-Members	
1 Sept. 1993-15 March 1994	\$275	\$310	
16 March-15 May 1994	\$325	\$360	
Daily Rate (\$125/day) 13 May	\$125	\$125	
14 May	\$125	\$125	
15 May	\$125	\$125	
Graduate Social Work Student Conference Rate (please include proof of student status with registration fee.)			\$95
Circle the appropriate fees. Your fee includes attendance at all workshops, two continental breakfasts, a beverage break, the Exhibit Hall Gala Opening, and a Sunday Brunch			CONFERENCE FEES TOTAL _____

**SPECIAL EVENTS**

<b>Thursday Evening Dinner &amp; Mini-Institute Program</b>	\$30
Please circle one workshop:	
1. Learning the Art of Psychoanalysis: A Demonstration	
2. The Role of Countertransference in Learning To Do Psychoanalytic Psychotherapy	
3. How Psychoanalysis Can Help You Understand and Treat Sexually Traumatized Children, Adolescents, and Adults	
4. How Psychoanalytic Training Has Enhanced Our Clinical Work and Practice	
5. The Clinical Social Work Doctorate: Who Is It For?	
6. Themes and Contexts in Family Therapy	
<b>Friday Keynote Luncheon</b>	\$30
<b>Saturday Evening Kennedy Center Gala</b>	
Buffet Dinner	\$40
<i>Shear Madness</i>	\$26
SPECIAL EVENTS TOTAL	_____
TOTAL AMOUNT DUE	\$ _____

Method of Payment:  Check enclosed payable to FACET  
 Charge my payment to  VISA or  MasterCard (please check one)

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
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**WORKSHOPS I WILL ATTEND:**

Note: Workshop D is an all-day workshop. Workshops A, B, C, E, F, G, H, and I require more than one session

	Friday	Saturday
	1st/2nd choice	1st/2nd choice
Holocaust Museum Tour (Friday morning only) a \$5 contribution _____ to the museum is suggested and will be collected at registration		
	A B C	D E F G H I
Morning I	# /#	# /#
Morning II	# /#	# /#
Afternoon I	# /#	# /#
Afternoon II (Sat. only)		# /#
Sunday Brunch <input type="checkbox"/> Yes <input type="checkbox"/> No		
(Please list a first and second choice for each time slot.)		

# Membership Renewal Application

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Office) \_\_\_\_\_

(Home) \_\_\_\_\_

License or Cert. No. \_\_\_\_\_ State \_\_\_\_\_

You are a member of which State Clinical Social Work  
Society? \_\_\_\_\_

(You must be a State Society Member to join the  
National Membership Committee on Psychoanalysis.)

I am joining as a:  General Member  
 Fellow  
 Affiliate  
 Student  
 Retiree (see column to left for  
category descriptions)

Please enclose a check in the amount of \$55.00  
made payable to:

Membership Committee on Psychoanalysis  
in Clinical Social Work, Inc.

Mail application and dues to:

Elaine A. Smith, M.A., C.S.W.  
Membership Chair  
24 Clyde Place, Staten Island, New York 10301

I will also contribute \$\_\_\_\_ in addition to my \$55.00 dues

I want my contribution to support:

The Psychoanalytic Consortium  
 Legal Fees  
 Other \_\_\_\_\_

## Editor

Anne L. Cunynghame, MPH, CSW, CAC, BCD  
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Susan Mellan, MA, MSW, BCD

## President, National Membership Committee on Psychoanalysis in Clinical Social Work

Cecily Weintraub, Ph.D., BCD

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

## **Affiliated with the National Federation of Societies for Clinical Social Work**

The National Membership Committee on Psychoanalysis in Clinical Social Work 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. Clinical social workers are a major provider group of psychoanalysis and psychoanalytic psychotherapy in the nation.

The Federation voted the NMCOP its right to incorporate independently in 1992 as a result of the Committee's continued growth. The official incorporation occurred in August 1993.

### **AIMS AND PURPOSES**

1. To promulgate and further the understanding of psychoanalytic theory and knowledge within the profession of social work and to the public at large;
2. to incorporate and promote within the profession of social work a unique and special identity for the social work professional engaged in psychoanalytically-informed practice;
3. to represent, promote, and protect, by means of education, the standing and advancement of psychoanalytic practitioners and educators in social work;
4. to promote a liaison with other disciplines identifying themselves with the theory and practice of psychoanalysis; and
5. to advocate for the highest ethical standards of practice and to advocate for quality mental health care for the public.

### **MEMBERSHIP**

This national membership committee is open to all psychoanalytically oriented social workers and social work psychoanalysts who meet at least one of the following qualifications:

- a. General Member: all social work psychoanalysts and psychoanalytically-oriented social workers who are licensed/ certified by their states, and who are members of a state society of clinical social work.
- b. Fellow: all members who have served in an official capacity and have contributed in a unique way to the National Membership Committee on Psychoanalysis in Clinical Social Work, Inc. (e.g., Founder, Chair, Board Members, Area Chairs), or Esteemed Practitioners in the profession. This tier of membership must be formally approved by the Board of Directors.
- c. Affiliate: any professional outside the discipline of clinical social work.
- d. Student: open to any social work professional in good standing in a University of Social Work or facility for post-graduate education.
- e. Retirees: retired members as defined by the Membership Committee and the Board of Directors.