Happy Birthday, ACE Foundation!

Founded only two years ago, the Advanced Clinical Education Foundation of the NYSSCSW (ACE) has become a recognized provider of high quality continuing education, not only in New York State, but nationwide.

By Marsha Wineburgh, DSW, LCSW-R, ACE Treasurer

The ACE Foundation marked its second birthday on February 20, 2017 with pride in its remarkable growth and many accomplishments, including:

Creating 73 New York State-approved courses. These courses are available to our chapters and committees as well as outside agencies. In fact, 21 of them have already been presented more than twice. They represent over 312 contact hours of high quality clinical education for the social work profession.

Offering teaching opportunities to Society members. Our experienced members impart their professional knowledge, experience and skills through a wide range of clinical courses.

Gaining approval in every state. The abundance of quality programs is due to the creativity and organizational skills of ACE’s Director of Professional Development Susan A. Klett, Psy. D., LCSW-R. With her assistance, we have expanded our reach to every state in the country. ACE is now a national provider of social work courses.

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Saturday, April 22, 2017
48th Annual Education Conference: Rediscovering the Art of Relationships

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The Advanced Clinical Education Foundation of the NYSSCSW

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As individuals, a Society of professionals, and a nation, we have seen a good deal of change since January first of this year. We are facing a unique time in our country’s history and, as Clinical Social Workers, it is important to our profession as well as to our clients for us to be engaged and aware of the changes—both positive and negative—that are to come.

I believe that the NYSSCSW is well prepared to meet the changes and challenges ahead.

New Board Members

On January 1, changes went into effect within some leadership positions of our Society following the elections that took place at the October 2016 Annual Membership Meeting. We welcome these new State Board Members for the next two years: Second Vice-President: Richard B. Joelson, DSW, LCSW; Secretary: Helen H. Krackow, LCSW; Members At Large: Joyce Daly, LCSW-R (Staten Island); Dore Sheppard, DSW, LCSW (Rockland)

I extend my sincere thanks on behalf of the entire Society to Richard, Helen, Joyce, Dore and all the members of our state and chapter boards and committees for their volunteer efforts and dedication to this work. Our focus continues to be maintaining the standards of professional education and practice of clinical social work psychotherapy in New York State.

50th Anniversary of the Society

We have sustained this commitment for almost five decades, and in 2018 we will celebrate our 50th Anniversary. Some members have been with us since the very beginning, giving their time and talent to seeing this Society and the Clinical Social Work profession grow and flourish. They in turn attracted more members like themselves to our ranks—people of dedication, creativity and vision.

We have a remarkable story to tell of our half a century of dogged efforts and impressive achievements. We have begun planning for 2018 to be a year of celebration, as well as an opportunity to share the story of all that we have done, and will continue to do, to advance the cause of mental health care in New York State.

If you are a member interested in being involved in the planning and preparations for our 50th Anniversary year, please contact me at shannonboyle@hotmail.com. We are also seeking Society materials from our very early years. If you have original newsletters, photos, or other items please contact me. We will be incorporating historical elements throughout the 2018 celebration to remind us all of our humble roots and many accomplishments.

Over the past 50 years, many hands, hearts and minds have helped make this Society as successful and impactful as it has been. This organization and our profession have faced considerable challenges. Our successes have been the result of collective efforts for the benefit of all.

Now is a time to get involved and become active. Our state and chapter boards and committees need more volunteers to help ensure our continued success in meeting the needs of the Clinical Social Work profession and our clients. We hope you will join in these efforts.

Wishing you a healthful and productive spring,

Shannon Boyle, LCSW
Executive Director

The Clinician, Spring 2017 | www.nysscsw.org • 3
A MESSAGE FROM THE CLINICAL SOCIAL WORK ASSOCIATION

Promoting Our Values in Uncertain Times

By Melissa Johnson, LCSW, CSWA President

As we live through these disturbingly uncertain times, many CSWA members have asked for some guidance on how we as clinical social workers can address threats to hard-won civil rights and policies which could restrict access to mental health treatment.

The CSWA Board shares these concerns and has been wrestling with our roles as private citizens, as mental health practitioners, and as members of a professional organization.

Feelings of confusion, frustration, and mistrust may inform our view, but hopefully do not guide our actions. To be constructive and free of rancor, we need to embrace an incremental process to protect—or rebuild—the values we hold dear. Issues of concern have been arising quickly, but that doesn’t mean that they can be resolved quickly; remember that for many voters, the changes have been a long time coming.

What, then, can we responsibly do?

As private citizens, we clinical social workers can send constituent letters and emails to legislators, sign petitions, join citizen action groups and/or grassroots protests, volunteer in at-risk settings, contribute to organizations under fire (see list below). We can speak out as individuals, in support of, say, legislation opposing the immigration ban, or protecting sanctuary cities, or imposing penalties for violations of civil rights and religious freedom; such action is guided by our personal values and our professional ethics code.

Mental health care is fundamental to our CSWA purpose, and for now, most decision-making about how it will be provided is likely to happen at the state level. CSWA encourages Societies to look for ways to advocate, in-state, for affordable and accessible mental health care for all, as Washington State, Colorado, Greater Washington and California are doing. Often our most powerful tool is education, helping staffs of Attorneys General, Governors, Insurance Commissioners, and legislators recognize stigma and other unintended consequences of proposed policies. With a few well-informed personal visits, your Society can become a go-to resource on clinical issues. CSWA will be providing information sheets on major issues that affect clinical social work.

In the long run, experience at the state level will have a major influence on the direction of the country; CSWA will welcome your state stories. Meanwhile, CSWA will continue to build on the work that the CSWA Government Relations Committee has been doing for a decade. As part of the Mental Health Liaison Group, CSWA works with a coalition of 70 national groups advocating for access to affordable and ethical mental health services. Through MHLG, and with our direct advocacy on the Hill, CSWA will address ways to protect these services, keep our civil rights intact, and maintain the health care safety net.

Below are some resources that may give us opportunities to make a contribution toward these goals, preparing us for the incremental process that lies ahead, while taking action in a constructive way. Please join me in promoting clinical social work goals and values.

RESOURCES

- National: Indivisible Guide; United We Serve; RSVP, Red Cross; National Social Justice Initiative; Southern Poverty Law Center; NAMI; Mental Health America
- Other countries or areas: Psychology Beyond Borders; Doctors Without Borders; Counselors Without Borders; Info Nepal; Nuestros Pequenos Hermanos; Teach With Africa; SalusWorld
- Finding groups for volunteers: Health Care Volunteer; AAAS “On Call” Scientists; International Health Volunteer; Volunteer Match; Global Volunteer Network
- Local mental health programs.
Our vigorous renewal efforts for 2017 have been quite successful. A significant number of clinicians who had not renewed their membership last year or before then have rejoined.

I believe this is the result of Society-wide efforts and the ever-strengthening quality of our recruitment, retention and public relations activities. We are becoming more widely known as a valuable professional community with much to offer clinical social workers in all geographic areas.

During the renewal season last year, we retrieved 25 lapsed members through various outreach efforts. I am very pleased to report that 90 lapsed members, that is, members who did not renew for 2016, have rejoined us for 2017!

New opportunities to obtain CE credits through the ACE Foundation’s courses, along with other valuable benefits like the listservs, have helped the Society attract new members and retain existing ones. The personal interest we show new members through our outreach efforts also goes a long way in helping them feel welcomed and valued, and makes it more likely they will renew after their first membership year.

Fall Event for Students from All Chapters

The Membership Committee of the Met Chapter is putting together an event for the fall, Student and New Professionals Career Day, designed to benefit graduate social work students in every chapter.

This committee, which now consists of six core members, 11 student representatives from five schools of social work, and three student representatives who have remained with the committee, meets periodically to plan recruitment events to attract student members into our organization. The students are a great resource in planning programs and events and then promoting them in their schools. For example, they have recommended a program about practice settings, which would be invaluable for those contemplating future fieldwork assignments and employment.

Details of the Student and New Professionals Career Day will be provided soon. We will be asking for the participation of seasoned Society members representing different fields of practice to serve as resources for new professionals and students. Stay tuned!

Two-for-one Met Chapter Memberships

March is Social Work Month. During March and April, the Met Chapter has been offering to all agency, institute and SSW-based social workers an opportunity to join the Society at a two-for-one rate of $85 for 2017. This reduced rate, instead of the regular membership fee of $170, requires two members of the same agency, institute, or school to join at the same time.

Social workers in all settings have found membership in our chapter to be a rich source of clinical information, educational opportunities and collegial support. We ask all of you to spread the word about this annual offer. And remember, if you recommend a social work colleague to us who joins, you are entitled to a small token of our appreciation, a $10 gift card for either Starbucks or for Barnes & Noble.

Save the Date

SATURDAY, OCTOBER 21, 2017
GENERAL MEMBERSHIP MEETING
THE NEW YORK BLOOD CENTER
310 EAST 67TH STREET, NY
# NEW MEMBERS OF NYSSCSW*

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<td>MID Green, Marilyn, LCSW-R</td>
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*These new members joined between October 15, 2016 and February 28, 2017.

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The Barbara Bryan Mentorship Program

NYSSCSW offers mentorship to social work students and new professionals entering the field of clinical social work. The program helps them with the transition from school to work.

In March, Chris Farhood, LCSW and Helen Krackow, LCSW, BCD represented the Society at the Job Fair for all the schools of social work held at New York University. We explained that the Society runs groups in most of our chapters to help new professionals plan their careers, get information, get support for job searches, understand the licensing process, learn about options for further training, review professional ethics and participate in case discussions.

For more information contact Helen Krackow, LCSW, at 212-683-1780 or Antoinette Mims, LCSW at AMIMS99@gmail.com.
A lot has been happening since 2017 began. Our very energetic and competent advocate, Mary Ann Mclean, resigned her position as Albany lobbyist after 24 years of representing our interests. Retirement beckoned and she joined her husband full time in Kissimmee, Florida.

Luckily, however, with her assistance we have enlisted two lobbyists to continue representing us. We have contracted with the Elk Street Group to provide services including the monitoring of health and mental health legislation, presenting our views to the Legislature and the executive branch of the state government, attending public hearings and committee meetings, and other related activities to insure our views are presented.

**Budget Issue**

Hiring the new lobbyists occurred at just the right moment. February-March is the time when the Governor’s draft budget is presented to the legislature for approval. Hidden in this budget’s multiple pages is an amendment to the Public Health Laws titled, Health Care Regulation Modernization. This amendment allows a “team,” composed of the Commissioners of Health, the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services, to recommend the fundamental restructuring of licensing statutes, policies and regulations to “increase quality, reduce costs and improve health outcomes.”

Reading between the lines, this looks like another state agency effort to avoid implementation of our licensing laws in their mental health facilities. To oppose this amendment, we have joined a social work coalition.”

**Our Memorandum Reads:**

“The New York State Society for Clinical Social Worker (NYSSCSW), strongly supports A.3977 / S.263. This bill would protect minors under the age of eighteen from mental health practitioners seeking to change their sexual orientation.

The New York State Society for Clinical Social Work, founded in 1968, represents the views of clinical social workers in the public and private sector throughout New York State. We provide the majority of mental health services (about 60 percent) in the United States and practice in virtually every setting in the health care delivery system, including: medical and psychiatric hospitals, mental health clinics, AIDS treatment facilities, managed care organizations, trauma centers, research settings, schools and the criminal justice system.

We support the idea that the exploration and discovery of one’s sexual orientation is a natural process; that being gay, lesbian, bisexual or transgender is not an illness, disease or shortcoming.

We fully support the protection of all LGBT minors.”
Too many clinicians in private practice struggle to maintain an acceptable number of clients in their practices, while others report having more work than they can handle. The causal factors for this disparity may have very little to do with training, years of experience, skill level, or talent. Too often the problem is the absence of effective practice promotion or the absence of practice promotion altogether.

There are many who believe that an excellent education, proper credentials, a lovely office, and a fine reputation in the professional community are—or should be—enough to succeed in private practice. Yet, somehow, the phone is not ringing and there are way too many open hours. Often, these are the very mental health professionals who argue that marketing or practice promotion is “unacceptable,” “unprofessional,” or “undignified.” Comments like these frequently turn out to be camouflage for “I’m not comfortable marketing,” or “I don’t know how to market myself,” or “I don’t want my colleagues to think I’m not doing well,” and more.

A consistent referral flow from a variety of referral sources is vital to a successful practice and marketing your practice is one of the obvious ways to achieve this. I have always seen marketing as an acceptable and enjoyable part of my professional life. I have also observed the extent to which it provides not only opportunities to inform people about my work, but it helps people learn something about what mental health professionals do, how they do it, and what services are available to them as service consumers. It is also an excellent opportunity to help people unsure or unfamiliar with the world of mental health services differentiate between various providers, so that they may be in a better position to make an informed and thoughtful choice.

Marketing to the lay public and to the professional community certainly involves some different approaches and strategies. To the general public, marketing often provides an educational opportunity and helps to demystify what it is we do. Whenever I am in a position to answer questions from prospective clients like, “what exactly is psychotherapy?,” “how long does it take?,” should I see a psychiatrist, psychologist, or a social worker?,” “will people think I’m crazy if I see a shrink?,” etc. I feel I am helping people pave the way to get the help they might need, as well as promote my own practice if I think it is appropriate to do so.

Marketing to the professional community is different in many ways, but involves quite similar activities. Here are some ideas about how to develop a “marketing mindset” and some “tips” for cultivating new referral sources as well as making sure that existing sources of referral remain active and interested in you and your practice:

1. Try to remember (and get comfortable with) the fact that your practice is also your business and needs to be handled accordingly.

2. Try to get beyond the idea that your training and competence alone should make marketing strategies unnecessary for successful independent practice.

3. Beware of “narcissistic pitfalls” in the marketing of your practice. Try to make sure that your self-esteem is not at the mercy of such things as the number of open hours in your practice, ebbs and flows in referral activity, some referred clients not working out, etc.

4. Always carry a few business cards with you. Not only is it important to have one on you when someone asks, but carrying them helps to heighten awareness of marketing opportunities.

5. Schedule marketing activity in your professional appointment book the way you would schedule a client. My recommendation is a minimum of three to five hours per week for a practitioner who is seriously interested in generating a solid referral base and in generally attending to the marketing requirements of a successful practice.

6. Figure out a thoughtful way to inform old and new referral sources of changes in your services or in your professional life, e.g., a new specialization, training, publications, degrees, office relocation, honors, etc.

7. Accept responsibility for the outcomes of your marketing efforts. This will help you identify and change attitudes and behaviors that might be interfering with more productive marketing activities.

8. Write an article for either a professional or lay publication on a topic about which you have expertise and that might have marketing value for your practice. If published, send copies to both existing and prospective referral sources.
I am filled with wonder at digital technology. My mind is blown when I can locate the village of my ancestors in Northern Ireland through Ancestry.com and then, with Google Earth, fly like a bird over those fields. I can see the sheep!

I am also astounded to learn that there may be life on a planet of Trappist-1. We know this because astronomers have analyzed huge amounts of data and can measure small fluctuations of light from this star 39 light-years away!

On our own planet, social media has made it possible to react to events and to register our approval or outrage instantly, in great numbers, changing forever the way the political system works. In the home, we are just at the beginning of a tech revolution. We can turn up the furnace from afar or monitor a baby’s sleep activity and temperature on a smartphone. We can Google medical symptoms and get immediate information, or even have a medical exam by video conferencing.

And in our practice, clinical social workers are beginning to recognize a new landscape. An early leader of the Society, Diana List Cullen, MSW, CSW, was an Internet pioneer who wrote in The Clinician (Summer 1995) about providing what she called “online work.” She did not call it psychotherapy, despite her considerable skills as a psychotherapist. Through an online bulletin board system, she maintained relationships with clients whom she generally never met face to face. She wrote that anonymity may “give people the freedom to reveal in the safety of being unknown and unseen, problems they have not talked about with anyone else.”

We have seen the truth in that statement. Some clients, feeling frightened or ashamed, believing no one could understand them, have been able to find Internet communities of like-minded individuals and with them sources of information, support and even political action.

Now, we as clinicians are discovering new modes of communication with patients. At the same time, we are trying to reach consensus on how to use the Internet ethically, recognizing the many ways that privacy can be breached.

Clinical social workers are in a unique position to witness many changes in society in response to the digital revolution. These range from parenting dilemmas around Internet use to Internet addiction, pornography addiction, and in some cases, changes in the ability to sustain intimacy, delay gratification or to concentrate. All of these areas bear watching and will be the subject of future studies.

POSSIBLE TOPICS TO EXPLORE

I invite you to join me in exploring the effects of the digital revolution on clinical practice.

Please tell me about your experiences, concerns and ideas.

What areas are of interest to you, for example, Internet addiction, pornography, parenting, intimate relationships, video counseling, or the therapist’s handling of email and texting?

In addition, send suggestions for books or other materials for a resource list or bibliography. If there is enough interest, we can form a study group.

I intend to continue exploring and writing about this topic, since it is so vital to clinicians. I will share your responses and keep the discussion going through articles in The Clinician.

Working as we do in a world of unknowns, having a guide or roadmap will become increasingly useful.

I hope to hear from you soon.

Email helenhoffman@verizon.net.

Helen Hoffman received her MSW from Fordham University School of Social Service and training in psychotherapy from the National Psychological Association for Psychoanalysis. She has been in private practice since 1981. A member of the Met Chapter since 2003, she has been State Chair of the Vendorship and Managed Care Committee since 2007. She also oversees the Friday E News and the NYSSCSW Website.
This is a short summary of a six-hour presentation, “Social Work in a Digital World: Ethical and Risk Management Challenges,” given in May 2016 by Fred Reamer, Ph.D., a Professor at the School of Social Work of Rhode Island College. Dr. Reamer gave an overview of changes in the practice of psychotherapy and mental health services since the “digital revolution” began. He highlighted areas in which we can run afoul of legal and ethical expectations or requirements.

New technology has brought significant changes to clinical and non-clinical social work, sometimes without much fanfare or notice. Yet it has created new challenges by its very existence, and by the demands it places on the helping relationship.

The most obvious impact on social work has come from the “big ticket” items, including the online delivery of psychotherapy to remote patients; electronic billing and record keeping through clearing houses; and off-site creation and storage of records through web-based services. Less obvious is the impact of text messaging or Voice-Over-Internet-Protocol (VOIP) phone systems. They have all changed how we work, the ethics of what we do, and the risk in doing it.

Key ethical issues that arise in the digital world are: informed consent; privacy and confidentiality; boundaries, dual relationships and conflicts of interest; practitioner competence; records and documentation; collegial relationships.

We could create a similar list for the non-digital world. However, new dimensions are added by the use of digital technology. Consider these questions: Should there be time restrictions for patients who send text messages—how early or late is advisable? What is a “reasonable response time” to a text message, and how should we reply—by text or voice? What if the patient is in crisis when texting after hours? How do we know if the patient is alone or if someone else is reading the texts? Is the text program encrypted? Can the messages be printed or otherwise stored in the patient’s record so that there is confidentiality and accountability?

In the past, we dealt only with in-person, phone and written communications. Today we add text messaging, video conferencing, email, Facebook, LinkedIn and many other social networking sites that our patients can use to contact us. These resources may also provide them with more information about us than necessary or wise from an ethical and legal standpoint. Similarly, we may learn more about patients online than we would have in the consulting room.

Other issues arise in online, remote psychotherapy. How do we determine if someone is a “high risk” patient if we have never met him or her? Some of the remote services, e.g., TalkSpace, allow for “anonymous” sessions, in which the therapist does not see the patient and contact is through a “chat session.” Other services allow the use of avatars, video representations of the participants that can be changed from session to session.

Discussion and Guidance Needed

The statutory laws about telemedicine for New York State have been written, but not the regulatory law to determine how they will be implemented. Court challenges have not yet been brought, and there is no case law to determine the limits of practice.

The American Medical Association (AMA) has just resumed discussion of “a set of guidelines focused on ethical considerations related to the use of online or mobile visits between patients and physicians.” The discussion, put on hold a year ago, was resumed because “...remote visits have turned into one of the biggest trends in healthcare.”


The use of digital technology in social work offers many rewards. To reap them, we need to be aware of the pitfalls as well, the ethical dilemmas and risks that are inherent in the new technologies for service delivery and practice management.

Jay E. Korman, LCSW-R is a Clinical Social Worker in private practice in Manhattan. He is a member of the NYSSCSW state committees on Ethics & Professional Standards and Vendorship & Managed Care.
This is a moving work by Sandra Indig, LCSW-R/LP, NCpsyA, ATR-CB of rich poetry paired with abstract paintings of gorgeous color and lyric movement. The words and images reflect her development as an artist, psychoanalyst, clinical social worker, dancer, poet and biblical student. The book has a healing effect on the reader as every sense is appealed to by the imagery of the words and the feeling of the art.

Indig also believes the feeling of the words as well as the imagery of the art are connected by the mind and the body unconsciously. Both Jung and Winnicott spoke of the importance of play in creativity. This book is a prime example of this interaction in Indig's work.

Indig has developed and led the arts and creativity work of the Society for some 16 years. The group started as the Arts and Creativity Practice Group of NYSSCSW. It evolved to become The Committee for Creativity and Transformation, and finally The Committee for Creativity and Neuro-Psycho-Education in Clinical Practice. In the last few years, Inna Rosentsvit, MD, Ph.D. has joined Indig as Co-Chair. This pairing of leaders reflects a keen interest in neuro-aesthetics, the connection between brain function and art.

The book is composed of 26 poems, each accompanied by a work of art in brilliant color. Some are dedicated to such people as the author's mothers, Simon Wiesenthal, Leonard Cohen and Charlie Chaplin. Threads of spirituality often flow through the work inspired by passages from the bible.

The tribute to Wiesenthal, “A Darker Side of Gray,” ends with the lines:

Comment on divisiveness,
division for gain,
and dirty dealings centuries old,
address the question,
“How much is enough?”

The poem is accompanied by artwork of the same title in black, purple, pink and gray-green. This is so relevant to the darkness of today, the racial tensions escalating in America.

All the poems contain images of life, death, birth, illness, hope, celebration and mourning. These are the last lines of, “Guests of the Sleeping Mind”:

She was carried into the days of mourning. She was lifted by the arms of her seed and guided by the night vision of the ancient ones. The weavers of our days are known by eyes seeing between light and dark. They lifted their eyes into a time when there was no time but only the warm hands of guests touching doorways of sleeping minds.

These are the last lines of the poem “Pale-Green”:

In the liminal light of visions, the warrior and dreamer are one, the beholder of truth and beauty, both pure and impure. She is flexible and elastic, a shape-changer and sometimes a green line, and sometimes just as she is: dancer, poet, scribe of our stories.

This poem is paired with a vibrant work of the same name in hues of green with touches of white and black.

I cannot recommend this book highly enough for clients or clinicians who are interested in creativity and healing.
**METROPOLITAN CHAPTER**

**PRESIDENT KAREN KAUFMAN, PH.D., LCSW**
**VICE PRESIDENT AMY MYERS PH.D., LCSW**

The Metropolitan Chapter’s educational programs and professional development opportunities continue to thrive, and we continue to expand our membership.

Some changes have taken place: Dana Greco, LMSW has joined Rita Gazarik, LCSW as Co-Chair of the Family Practice Committee, and Michael Crocker, DSW, LCSW will Co-Chair the LGBTQ Task Force with Judy Gringorten, LCSW.

The Membership Committee’s bi-annual Meet and Greet/Happy Hour has been so successful in recruiting new members and appealing to a new professional base that it is expanding to a tri-annual event. Please join us, as all members are welcome. In addition, the Membership Committee is currently planning both an informational session on navigating and obtaining licensing, and a panel and networking event focused on various treatment settings and modalities.

Eight MSW students—from Hunter, Fordham, Lehman, NYU, Columbia and Yeshiva universities—are now serving as liaisons between the Society and their schools. Their participation on the Membership Committee will be pivotal to encouraging graduates and new professionals to participate in the Society, and instrumental in informing programming geared to the needs of this population.

The Trauma Studies and Treatment Committee, the Committee on the Aging Client and the Aging Clinician, and the Committee on Psychoanalysis also continue to offer rich programming.

Please visit the NYSSCSW website for a complete list of committee events, workshops, meetings and brunches. In addition to the numerous committees available for membership and participation at the sponsored events, we will soon be launching a new opportunity for members, peer consultation groups. Stay tuned!

It’s another active year. We look forward to seeing everyone at upcoming events and expanding our family. Please get in touch with any board member or committee chair if you are interested in getting involved in the leadership of the chapter.

**MID-HUDSON CHAPTER**

**PRESIDENT ROSEMARY COHEN, LCSW**

The Mid-Hudson Chapter’s Peer Consultation Group, facilitated by Linda Hill, LCSW, is now in its ninth year. The group continues to meet monthly to discuss clinical issues, practice management, and social work trends that affect our work. Lately, we have been exploring the impact of the current political climate upon our clients in general, as well as providing clinical support to one another in our treatment of individual cases.

We are pleased to welcome social work students/interns to our workshops, along with experienced clinicians. Each of our scheduled workshops is approved for 3-CE contact hours.

In February, Liz Lacy, LCSW presented her well-received workshop on “Schema Therapy: Helping Clients Break the Links of Life Patterns.” On April 1, Debbie Hutchinson, LCSW will present “EMDR [Eye Movement Desensitization and Reprocessing]: A Primer—Treatment for Trauma, Anxiety and Depression.” Hutchinson uses this technique to treat trauma survivors, substance abuse, addictions, severe headache, as well as those who suffer from anxiety and depression.

On September 16, Daniel Shaw, LCSW will present his program on “Traumatic Narcissism: Relational Systems of Subjugation.” Shaw is a psychoanalyst in private practice in New York City and in Nyack, and Faculty and Supervisor at the National Institute for the Psychotherapies.

The Chapter’s workshops are currently presented in the Mental Health America conference room in Poughkeepsie.

**NASSAU CHAPTER**

**PRESIDENT JOSEPH REIHER, LCSW, BCD**

We are happy to report that the Nassau Chapter is continuing to do well, membership is increasing, and we continue to work with other Chapters and organizations.

The Chapter is well represented on the state level: Joseph Reiher continues as a member-at-large of the ACE Foundation Board and a member of the Legislative Committee, and Patricia Traynor continues as a member-at-large of the State Board.

In addition to her Chapter Vice-Presidential duties, Lor-Andrew Schmidt, Ph.D., LCSW presented the Exposure Therapy seminar on March 5. With him is Lisa Laudante, Ph.D., LCSW, Educational Chair of the Queens Chapter.
raine Fitzgerald is a member of the State Listserv Committee, and Susan Kahn, LCSW, BCD continues her membership on the Vendorship Committee.

An important part of the Chapter’s activities is our publication Nassau NewsNotes. Clinical Editor Prudence Emery, LCSW, and Editor Susan Kahn expend countless hours producing this fine newsletter.

The Board has added a new member, Judith Schaer, LCSW, who has assumed the role of Mentorship/Networking Chair, and Deborah Singer, LCSW, who has assumed the role of Recording Secretary. Francine Futterman, LMSW and Nelson Rothstein, LMSW are Members-at-Large. We also have a new Molloy College Social Work Student Representative.

We started the year with a 6-credit program led by Dr. Brian Quinn, Depressed, Borderline, or Bipolar, attended by 77 members and very well-received. As an added benefit, Board members honed their skills at food prep and meeting planning for a large group.

Last October, for the first time, the Nassau and the Queens chapters co-sponsored a 3-credit program featuring Karen Kaufman, Ph.D., LCSW presenting Countertransference and Treatment Failures.

Another exciting development is the recent establishment of a Sub-Committee on Aging, led by Maria Warrack, LCSW and Norman Perkins, LCSW. In addition, Judith Schaer has assumed the role of Mentorship/Networking Chair. She held her first Let’s Talk program, It Didn’t Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle. It was well attended and future programs are being planned.

On Sunday, March 26, a 3-CEU program will feature Bernie Glintz, LCSW, presenting Working with the Adopted Client. This program will have a reduced cost as a reward to members. Look for the announcement on the listserv.

In addition, the Board is planning a Spring Fling for Nassau Chapter members to be held at the Metropolitan Bistro in Sea Cliff. Watch for the announcement on the listserv.

Board Meetings are open to all members, who are always welcome to attend and participate. We are looking forward to an active, rewarding year.

STATEN ISLAND CHAPTER

PRESIDENT JANICE GROSS, LCSW

The Staten Island Chapter started its fall 2016 calendar with a lively presentation, “Dialectical Behavior – the Basics,” by Simone Andrews, Psy.D. and Gene Kaplan, LCSW. It was held at Staten Island University Hospital before an enthusiastic group of 60 clinicians, both members and newcomers. The speakers provide training to clinicians at South Beach Psychiatric Center.

In early November, we hosted 35 social workers, members and guests alike, for dinner and a presentation by Richard Joelson, DSW, LCSW, who discussed topics developed in his new book, “Help Me! A psychotherapist’s tried-and-true techniques for a happier relationship with yourself and the people you love.”

In January 2017, we met on a Friday evening in the offices of our Program Chair, Catherine Putkowski-O’Brien, LCSW, for a Speed Networking event with light refreshments. Again, seasoned members and newcomers exchanged information about their practice.

It is also interesting to note that two Chapter members have developed a group practice LLC, Silver Lake Psychotherapy Center. New LMSWs in treatment there are progressing toward earning their licenses.

As spring begins, we look forward to these upcoming programs: “Treating the Eating Disorder Self,” with Mary Anne Cohen, LCSW, BCD, will be held March 18 at Wagner College (3-contact hours awarded). On April 23, we will have a presentation on “Anger Management” by Raymond Reichenberg, MS. On May 5, Chapter member Michael De Simone, Ph.D., LCSW will present “Dream Analysis in Treatment” (2-contact hours awarded). We are a very welcoming group. Please join us for stimulating programs and events.

Kristin
Kristin Kuenzel, Account Executive for NYSSCSW Total Management Solutions (TMS)
800-288-4279 • Info.nysscsw@gmail.com

Headquarters Update

We were very busy this winter with renewals, education programs, website updates and many other projects. The renewal season went very well. Notices went out November 1, as opposed to December 1, and included a return envelope, which seemed to make it easier for our members to renew before the holidays. We even had several past members return after a few years’ hiatus.

Registrations for the 48th Annual Education Conference on April 22 have been great. We hope to see many of you there. All ACE Foundation events now provide online surveys in place of paper evaluations. This new system seems to be working well.

Both the ACE Foundation and the NYSSCSW websites are getting a make-over. We hope to have the new home pages up and running soon.
The “R” Privilege is the highest standard for insurance reimbursement for LCSWs in New York. It is a unique and valuable credential. In fact, New York is the only state that provides legal recognition to clinicians with six years or more of supervised psychotherapy experience.

All insurers and behavioral health companies set their own standards for approving reimbursable clinicians, and they are free to choose LCSW or LCSW-R. However, the higher standard for experience, the LCSW-R, suggests better clinical outcomes.

In addition, LCSW-Rs comprise a smaller group. In choosing them, insurers limit the number of providers they must oversee, making the administration of services more manageable.

REQUIREMENTS FOR THE “R” PRIVILEGE:
YOU MUST BE AN LCSW AND COMPLETE 36 MONTHS AND 2,400 HOURS OF POST-LCSW SUPERVISED DIRECT CLIENT EXPERIENCE IN DIAGNOSIS, PSYCHOTHERAPY AND ASSESSMENT-BASED TREATMENT PLANNING IN AN AUTHORIZED SETTING.

EXPERIENCE:
• NO LESS THAN 36 MONTHS AND 2,400 HOURS IF FULL-TIME.
• NO LESS THAN 400 FACE-TO-FACE SESSIONS IN ANY 12-MONTH PERIOD.
• CLIENT CONTACT MUST BE DOCUMENTED.
• A DIRECT CONTACT HOUR EQUALS 45 MINUTES OF PSYCHOTHERAPY WITH INDIVIDUALS, FAMILIES AND GROUPS. SESSIONS MAY BE COMBINED.

SUPERVISION:
• SUPERVISOR MUST BE AN LCSW-R, PSYCHOLOGIST OR PSYCHIATRIST LICENSED IN NYS.
• SUPERVISION MUST BE INDIVIDUAL OR GROUP (NO PEER SUPERVISION) FOR A MINIMUM OF 2 HOURS/MONTH. PRIVATE SUPERVISION IS ACCEPTABLE, BUT YOU ARE RESPONSIBLE FOR NOTIFYING THE PATIENT THAT YOU WILL SHARE CONFIDENTIAL INFORMATION WITH A THIRD-PARTY. (SEE INFORMED CONSENT ON OP WEB SITE.)

SETTING:
• LEGALLY AUTHORIZED TO PROVIDE PSYCHOTHERAPY SERVICES (INCLUDING PRIVATE PRACTICE).

FOR DETAILS AND FORMS: WWW.OP.NYSED.GOV/PROF/SW/LCSWPRIVILEGE.HTM
NYSED, OFFICE OF THE PROFESSIONS, P.O. BOX 22063, ALBANY, NY 12201, 518-474-3817 EXT. 592

IMPORTANT: YOU MUST FILE AN APPLICATION AND SUBMIT FORMS BEFORE YOU BEGIN

BEFORE YOU BEGIN YOUR HOURS OF SUPERVISED EXPERIENCE:
• FILE AN APPLICATION AND FEE: SEND NOTARIZED FORM 1SWPR AND A CHECK FOR $100 FEE TO THE OFFICE OF THE PROFESSIONS.
• WITH YOUR SUPERVISOR, SUBMIT PLAN FOR SUPERVISED EXPERIENCE: SEND YOUR SUPERVISOR FORM 6SWPR WITH APPENDIX A. YOUR SUPERVISOR MUST COMPLETE AND SEND IT TO THE OFFICE OF THE PROFESSIONS.

AFTER COMPLETION OF YOUR SUPERVISED EXPERIENCE:
• YOUR SUPERVISOR MUST SUBMIT FORM 4SWPR WITH REQUESTED INFORMATION; THE SUPERVISOR RETAINS THE PSYCHOTHERAPY LOG IN THE EVENT THERE ARE QUESTIONS.

APPROVAL: NYSED WILL REVIEW YOUR EDUCATION, EXPERIENCE AND APPLICATION AND NOTIFY YOU.
We are returning to Eric Kandel’s, *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain,* and to his newest publication, *Reductionism in Art and Brain Science: Bridging the Two Cultures.* His thoughts on the beholder’s share will be deepened and enriched upon during two workshops, on March 5 and April 2, 2017.

We will address ideas and theories from the fields of neuro-aesthetics; the convergence of art, psychology and brain science. Slides will enliven presentations, creative works of participants will add to the mix, as well as a plethora of opportunities for participants to share clinical examples of their personal in-treatment process. Perhaps, new to some, is the on-going challenge to address how the arts evoke emotion, and the role of emotion and empathy in treatment. Relevant handouts will be provided.

**Museum Visit**

The date of our visit to the Museum of Modern Art (MoMA) exhibit, Francis Picabia: Our Heads Are Round So Our Thoughts Can Change Direction, is projected to fall between the two workshops. The exhibit is a comprehensive survey of Picabia’s audacious, irreverent, and profoundly influential work across mediums. His consistent inconsistencies, skeptical attitude, and iconoclastic legacy make him and his productions especially relevant to both clinical study and practice. This visit is free to members of the Society and will include a docent-like tour of the exhibit as well as an orientation and post discussion over light refreshments.

**Member News**

On January 28, Dr. Inna Rozentsvit presented her paper, Freud’s Death Drive, to a forum hosted by the International Forum for Psychohistory. The theme of the meeting was Reconsidering Freud’s Death Drive in Our Era of Suicide and Suicidal Terrorism.

Sandra Indig’s book signing for her work, *Talking Colors: Seeing Words/ Hearing Images,* published by MindMend Publishing (2016), was held at the Waldorf Astoria in the exhibition hall of the International Psychoanalytic Conference. The book was accepted (pending formal recognition) by The Jefferson Market Library in Greenwich Village as an addition to their loan collection. [Please see the Book Review in this issue.]

Sandra Indig, LCSW-R / LP, NCpsyA, ATR-CB Committee Chair
Psych4arts@hotmail.com

Inna Rozentsvit, MD, Ph.D. Neuropsychoeducation, Workshop Leader
Inna.Rozentsvit@gmail.com

**Ethics & Professional Standards**

In addition to responding to the members’ ethics inquiries, the Committee has been meeting monthly for an hour to review and update the NYSSCSW Code of Ethics. Having completed that task this month, we are now involved in adding a section that deals with issues around social media, issues like Googling a patient, tele-practice, the use of computers and electronics of various kinds beginning with referencing HIPAA guidelines.

— Martin Lowery, LCSW-R, Chair

**Guidelines for Submitting Articles**

*The Clinician* welcomes submissions of clinical articles written by our members. The topic should be timely and relevant to clinical social work practice. The article can be original or based on a previous publication or presentation. The preferred style is informal, not academic, and jargon-free; the preferred length is 750 words or less.

Before sending an article, please send a brief description of it to the Editor, along with a short professional biography. Include your email address, phone number and the chapter of NYSSCSW to which you belong. We look forward to hearing from you.

Ivy Miller, Editor of *The Clinician*
Ivy.lee.miller@gmail.com, 631-725-9845
Providing courses to other professionals in New York. In 2017, ACE extended its New York State provider status to include Licensed Psychoanalysts, Licensed Marriage and Family Therapists and Licensed Mental Health Counselors. Not every program meets the state’s CE requirements for each of these specialties, as their scopes of practice differ from those of LMSWs and LCSWs. We are developing a color coding system for our website to clearly show programs that are appropriate for these non-social work groups.

Updating our website daily. The list of approved CE courses on www.ACE-Foundation.net is updated every day through the diligent work of the TMS administrative team, including Kristin Kuenzel and Jen Wilkes. With their know-how, we can offer onsite registration, online evaluations and to email continuing education certificates to attendees.

Planning webinars, online courses and traveling in-person lecturers. We hope to expand our clinical offerings to broader audiences in not-for-profit settings, including agencies, institutes, hospitals and mental health clinics. These are places that can no longer offer State Education Department-approved continuing education programs for their clinical staffs. We can do it for them!

ACE Foundation’s Second Birthday

Continued from page 1

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If you would like to contribute to the growth and development of the ACE Foundation, please contact any ACE Board Member.

See listing on Page 2 or on the website.

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- Katie Graham, Level II 2015

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CSWA is an independent membership organization which means that social workers need to join as individuals, even if you are member of a state society. Without membership in organizations at state and national levels, your interests are not being protected. The CSWA needs your support to continue with the important work being done nationally – advocating for the clinical social work profession.

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