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Building a Private Practice

By Landy Gobes

Membership Development Fostered by Article Series

As Co-chairpersons of the Membership Development Committee, we see the task of the committee as promoting membership in ITAA. To us that means a dual approach: we need to look outward to the community beyond ITAA in order to develop ways of encouraging people to join us and, at the same time, we need to focus inward by paying attention to needs that already exist and to enhancing the value of being an ITAA member.

One of our ideas for focusing inward is to feature periodic articles in the Script *which are designed to meet the information needs of both special fields and clinical practitioners. We are pleased to begin implementing this idea with the following article.*

We would be delighted to hear your suggestions for future articles. And, we encourage you to be actively involved in ITAA and with us in this process of promoting and serving our membership. *Jonathon Wagner*
Judy Barr

Building a successful private practice is possible, even in difficult economic times, primarily because there are not enough good therapists and there are many people who need and want therapy. This article briefly outlines on three levels some suggestions for developing a successful practice: building a new practice, expanding an existing one and building a training program.

The first step in developing a good practice is an internal one. Take some time and decide what kind of practice you want. What kind of clients do you want to work with? From what socio-economic group? What ages? Families, individuals, couples? Do you want to do long-term, in-depth psychotherapy or work with short-term contracts? How many groups do you want, and how many people in each one?

Think about your time. When do you want to work and when do you want to take time off? How much money do you want to make during the next year? How many people will you need to treat at what fee in order to make that amount?

When you have answers to these questions, based on your own plans for your life and your practice, write out two things: a schedule showing the appointments you want and the amount of money you want to earn next year. Put these away and check them in a year. As you achieve these goals, you may want to revise them for the future, perhaps by working less and earning more.

Next, visualize your planned daily practice. Picture, for example, the group(s) you plan to have. See the people in your office or home. Be there and feel yourself experiencing the success of a full practice as you see clients in your office and hear them calling on the telephone for appointments. This internal work is the foundation for everything else that you will do to build your practice.

The second step is to tell everyone you can that you are expanding your practice. Ask them to help you by telling others. Include your family, neighbors, friends, mailman — everyone with whom you have contact. Most people know at least ten other people well enough to refer them to you. Take your business cards with you wherever you go; you will find many opportunities to give them out.

The third step is to tell other professionals that you are available for referrals. Doctors, lawyers, clergy, chiropractors, nurses, and other therapists are some good referral sources. Start with the ones you know — your own physicians and your social friends or neighbors in these professions will be the most willing to help and the easiest to approach. Next, write to those professionals you have not met. Explain what you want, and let them know that you will be calling them soon to ask for a time to meet them. Take along your business cards and a resume of your credentials. In each presentation, include the ways that referring to you will be advantageous to the referrer. If s/he already has a referral system, ask if you may be included. Explain that giving patients a choice of therapists increases their autonomy.

Other ideas include:

- speaking to groups about your specialty and telling them that you are expanding your practice. (PTA's, churches, synagogues, women's groups, etc. - get a list from your chamber of commerce.)
- writing a column for your newspaper
- volunteering to appear on a radio talk show
- running time-limited groups for specific populations and advertising extensively for them
- teaching a course at a college, a YMCA/YWCA, or for an adult education program
- talking to school social workers about referrals
- getting a contract with schools or businesses to provide psychotherapy for their employees
- talking to Employment Assistance Personnel about referrals
- if you have a previous profession, being inventive about ways to use your contacts there

For the therapist with an existing practice, clients are a particularly rich source of referrals. However, unless you say, "I have some openings and would be happy to have some referrals," most people will assume you are full. (Be sure that your clients hear this as a request, not a demand or requirement.) Former clients are also excellent referral sources. Find a creative way to let them know that you have openings, or simply call and tell them. Healthy and happy former clients are your best advertisements.

Supervisors and teachers who are interested in expanding their training groups can choose from such practice-building options as: offering therapy (at student rates) to people completing their graduate degrees; teaching the Transactional Analysis section of the "Theories and Techniques" courses in graduate schools (not only will every student in the program meet you, but each will also learn what TA really is); joining professional groups of all kinds and presenting your work whenever you can; advertising your supervision groups in the graduate schools and in the professional newsletters; and, last, but not least, giving workshops on "Building a Private Practice."

Landy Gobes, MSW, CPTM, has a private practice and training program in New Britain, Connecticut. She frequently gives private practice workshops.

1984 Eric Berne Memorial Scientific Award Nominations

Ballots for the 1984 Eric Berne Scientific Award were mailed to all certified voting members in early April. Included on the ballot were three nominations:

Harry Boyd, PhD and Laura Boyd, PhD for "Play As A Time Structure," *TAJ* 10:1, January 1980 and "Caring and Intimacy As A Time Structure," *TAJ* 10:4, October 1980

Pam Levin, RN for "The Cycle of Development," *TAJ* 12:2, April 1982

Maxine Loomis, PhD and Sandra Landsman, PhD for "Manic Depressive Structure: Assessment and Development," *TAJ* 10:4, October 1980 and "Manic Depressive Structure: Treatment Strategies," *TAJ* 11:4, October 1981.

The Eric Berne Memorial Scientific Award is given annually to the person(s) judged to have made the most significant basic science contribution to transactional analysis, as a result of discovering and systematizing knowledge derived from observation, study and experimentation. It is given only for an original basic science contribution (an addition to existing knowledge) and not for an application, no matter how original or significant. The contribution must be published in a professional bulletin, journal or book at least one year prior to nomination, and must be judged to be a contribution to transactional analysis. The Award will be based on the significance of the contribution and not on the person making the contribution, their status or membership in organizations or any other criteria.

Previous Award Winners include:

1983 - Muriel James, EdD, for "Self-Reparenting: Theory and Process," *TAJ* 4:3, July 1974

1982 - Richard Erskine, PhD and Marilyn Zalcman, MSW for "The Racket System: A Model for Racket Analysis," *TAJ* 9:1, January 1979

1981 - Franklin Ernst, MD, for "The OK Corral: The Grid for Get-On-With," *TAJ* 1:4, October, 1970

1980 - Claude Steiner, PhD, for "The Stroke Economy," *TAJ* 1:3, July, 1970

Ken Mellor and Eric Sigmund (Schiff) for "Discounting," *TAJ* 5:3, July 1975 and "Redefining," *TAJ* 5:3, July 1975

1979 - Stephen Karpman, MD, for "Options," *TAJ* 1:1, January 1970

1978 - Fanita English, MSW, for "The Substitution Factor: Rackets and Real Feelings," *TAJ* 2:1, January 1971

1977 - Taibi Kahler, PhD, for "The Miniscript," *TAJ* 4:1, January 1974

1976 - Patricia Crossman, for "Permission and Protection," *TAB* 5-19, 1966

1975 - Robert Goulding, MD and Mary Goulding, MSW, for "Redecisions," *Progress in Group and Family Therapy,* 1972

1974 - Aaron and Jacqui Schiff, MSSW, for "Passivity," *TAJ* 1:1, January 1970

1973 - John Dusay, MD, for "Egograms and the Constancy Hypothesis," *TAJ* 2:3, July 1971

1972 - Stephen Karpman, MD, for "Fairy Tales and Script Drama Analysis," *TAB* 7:26

1971 - Claude Steiner, PhD, for "Script and Counterscript," *TAB* 5:18

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MEMBERS FORUM

BOC Supports NCHCA Membership

Dear Members:

I am writing on behalf of the Board of Certification in support of Ellyn Bader's position as described in her article, "NCHCA Membership Offers ITAA Increased Credibility," which appeared in the February 1984 issue of the *Script*.

Like Ellyn, the members of the BOC believe that membership in NCHCA offers ITAA the opportunity to make our certification process one that is respected worldwide. NCHCA can provide valuable guidance in the BOC's work developing valid and reliable competency-based certification procedures. By proceeding toward full Category A membership in NCHCA, the members of the BOC believe that ITAA will enhance its credibility as a professional certifying organization and will make "Certified Transactional Analyst" a credential that will be increasingly respected among fellow professionals throughout the world.

Vann Joines
Member, Board of Certification and ITAA

Special Contribution to Scholarship Fund

In recognition of the spirit and intent of those who have contributed time and money in the support of transactional analysis in the Tri-City area, the Upstate New York Transactional Analysis Seminar (UNYTAS), in its final act of business, has contributed the balance of its funds to the ITAA Scholarship Fund. These monies are designated for use by a clinical or teaching member candidate from the upstate New York area in need of financial aid to fulfill a training contract. It is our intent, by so doing, to continue the support of TA in this area.

The Executive Committee of UNYTAS
(Martha M. Walrach, Treasurer)

Tips on Case Presentations

Dear Level I Candidate:

I'd like to share with you some information about case presentations for exams. As I am using it here, "case" refers to clinical, organizational and educational presentations.

Although case presentations will not be required until January 1985, some candidates are choosing to use them now and I urge you to consider doing so yourself. A case presentation gives you the advantage of not only demonstrating your work in brief five-minute segments, but also of describing and documenting your work over time. For many people, this is easier than finding five-minute sections of tape which adequately show their skills and competency.

In our limited experience with case presentations, the exam board and candidates found them to be a positive addition to the exam process. If you do better on take-home exams than pop quizzes, you might be able to demonstrate your skills more comfortably in a case presentation. In any event, you have the option of making a case presentation as a way of strengthening your exam process.

In the future, we will be asking that case presentation material (presentation and two tapes) be sent in three months in advance. However, at this point, getting your material to the ITAA office a month before your exam should give us adequate time to review it.

For those who want more information, remember that the guidelines for case presentations were published in the February 1984 *Script* and are available from your trainer and the ITAA office. In addition, there will be workshops on case presentations at conferences in which we will go over the development of a presentation, helping you think through what information you might want to include. If you have specific questions about case presentations, please feel free to write me.

Valerie Chang
2706 Souheast Parkway
Richmond, IN 47374

TA in Athletic Team Building

Dear Friends:

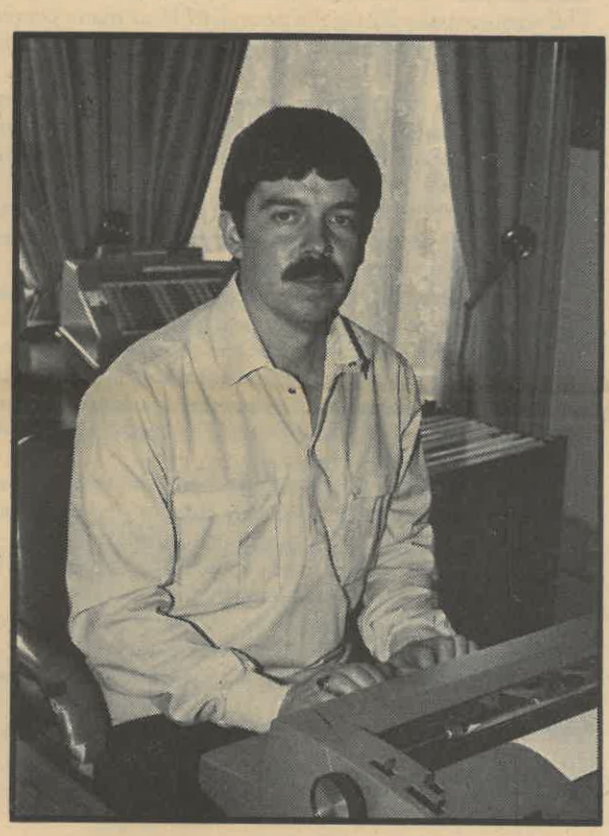
As the Director of Player Personnel for the Ferris State College men's basketball team, I use TA in team building experiences. I have been doing this in isolation for three years. Now I need contact with other persons in order to share ideas, approaches and content to move beyond where I am in my work with the basketball team.

If you have an interest in this area or are using TA in athletic team building, please write me at 628 S. Warren, Big Rapids, MI 49307.

Joy, Grace and Peace,
Rev. Meredith Rupe, Director

Staff Profile:

Ken Fogelman



The following interview with ITAA Membership/Finance Coordinator Ken Fogelman is the latest in a series of articles about ITAA staff members. We hope you enjoy learning more about the people who serve you at the headquarters office in San Francisco.

Script — Congratulations, Ken, on becoming the first person to reach the tenth anniversary of full-time employment with ITAA!

Ken — Thanks. It is kind of exciting to me and I really enjoyed the little staff celebration and the nice pen holder given to me by ITAA to mark the occasion last September.

Script — Tell us a little about how you began with the Association.

Ken — Well, I started as shipper/receiver in Trans Pubs. It was quite a time, let me tell you. I had no experience in that sort of thing, knew nothing about the complicated postal regulations and the person I was to replace left after training me for only one day! It was a real trial by fire, but it all worked out OK.

Script — So, from that auspicious beginning, how did you advance to your present position?

Ken — In 1975, I was promoted to Billing Clerk in the Membership Department, which I did until 1976 when I was again promoted and additional duties in the Credentials Department were added to my work in Membership. Finally, in 1981 my job changed again and I became Membership/Finances Coordinator, a position I still hold.

Script — I'm sure almost every member of this Association has had some kind of contact with you, either by phone or by mail. I think they might be interested in knowing just what it is that you do.

Ken — Yes, I do have a lot of contact with members because I am in charge of the entire membership billing, updates and deletions of memberships, mailing lists and monthly and quarterly membership reports. In addition, as Finance Coordinator, I am responsible for depositing all monies that are received, reconciling statements, maintaining cash flow reports, and billing for charges. I also keypunch the General Ledger into our computer for our comptroller and do other membership work on the computer. Finally, I also get to play "storekeeper" because I order and keep track of all our office supplies.

Script — And when that doesn't keep you busy, I understand you have travelled to a number of Summer Conferences.

Ken — Yes, I've been to nine of them, doing various jobs and working in various areas, including the ITAA conference offices, the bookstores, at registration and information, and as room set-up coordinator. I have really enjoyed going to conferences because I get a chance to meet so many members in person after having contact with them in other ways.

Script — Well, you certainly have been busy in your ten years with this organization. What did you do before coming to ITAA?

Ken — I was in the Navy stationed out of San Diego.

Script — Are you originally from California?

Ken — No, I come from a very small town in eastern Pennsylvania called Thompsontown where I grew up in a fairly large family with three sisters and two brothers. My family still lives back in Pennsylvania and I am looking forward to going back there in August to celebrate my parents' 50th wedding anniversary.

Script — That sounds like it will be quite a reunion! Are there other things in your life right now that you are excited about?

Ken — Yes, as a matter of fact, I have recently just moved into my very first new home located in Hayward, which is across the bay from San Francisco. I have really been enjoying fixing up the place and finding just the right spots for my collections of cat figurines, Norman Rockwell plates and fine crystal. I also enjoy bicycling, swimming, traveling, and going to movies and musical plays.

Script — And I hear you are also a pet lover.

Ken — Actually, plants and pets. My dream some day is to own a Himalayan Persian cat.

Script — That sounds quite exotic. Is there anything you'd like to add?

Ken — With the way the ITAA has become more and more international, this has become an even more exciting place to work. I have always found both the members and the other staff to be interesting and rewarding to work with, which is a big plus for me in any job.

Script — Well, Ken, perhaps that will encourage you to stay around for another ten years and then we can interview you again to find out if you ever got that cat.

Ken — Sounds good to me!

Keeping In Touch

Fourth Australasian TA Conference — November 2-4, 1984 in Sydney, Australia. Keynote speaker: Claude Steiner, PhD. For more information, contact Ms. Acey Choy, PO Box 52, North Ryde, NSW 2113, Australia.

Sixth Konferenz der Deutschen Gessellschaft fur Transaktions-Analyse (DGTA Conference) — October 19-21, 1984 in Aurich, Ostfriesland, West Germany. For more information, contact Organisationsgruppe Kongress 1984, c/o Ute and Heinrich Hagehulsmann, Gut Buttel, D-2902 Rastede-Ipwege, West Germany.

Eighth American Imagery Conference, sponsored by the International Imagery Association and the *Journal of Mental Imagery*, will be held in New York City at the Hotel Rossevelt from November 9-11, 1984. For more information, contact Akhter Ahsen, PhD, Chairperson, c/o International Imagery Association, PO Box 1046, Bronx, New York, 10471.

The International Imagery Association is now publishing a biannual newsletter called, *Imagery Today*. It will bring together the most current news in the imagery field, including developments in clinics, experimental laboratories, classrooms, literature, drama and the arts. Imagery Today invites contributions on imagery in workshops, symposia, proposed or ongoing study groups; college courses (include place, time, subject, name of person to contact, address and fee, if any); research, completed or in progress; books and book reviews; and other news concerning imagery events. Address all correspondence to: Editor, *Imagery Today*, c/o International Imagery Association, PO Box 1046, Bronx, New York 10471.

Abe Wagner, author of *The Transactional Manager* (Prentice-Hall), continues to travel extensively as an international management consultant. Currently he is training the Singapore Ministry of Defense and the Young President's Organization of the Phillipines, Taiwan, Singapore and Hong Kong. He will also be doing a seminar for the Colorado CPA Society in Hawaii and presenting at the ITAA-EATA Conference in Villars.

Baby Wanted for Adoption — Valerie Lankford's sister and brother-in-law want very much to find a baby to adopt. After nine years of "getting-on-with-it" and "almosts," they are asking for your help. Valerie will accept collect calls at (301) 532-8779.

Muriel James reports that she has just been contacted by a Russian publisher about translating *Marriage Is For Loving* into Russian for distribution in the USSR. Also, the latest translation of *Born to Win* is in Turkish, adding to the large spectrum of languages that the book is available in, including Greek, Hebrew, Japanese, and all the European languages.

Edward Zerin, PhD, and Marjory Zerin, PhD were recently featured in an article in the *News Chronicle* (Thousand Oaks, California) on a Peer Counseling Training Program they are directing at a local synagogue. In addition, this spring the Zerins also gave workshops on "Six Personalities Who Push Your Vocational Stress Buttons" at Rotary International's district convention held in Westlake Village, CA and at The Palms, a fitness spa in Palm Springs, CA.

The Third Australasian TA Conference, held November 17-20, 1983 at the Oberoi Hotel in Adelaide, South Australia was a rousing success. Over 200 people, including social workers, psychologists, doctors, housewives, youth workers, clients, trainees, teachers, nurses, group workers and therapists, came together for four days of living and sharing TA. Pre-conference exams resulted in two new CM's for Australia (Gail Broady and Acey Choy) and over seventy people participated in the pre-conference 101.

Presentations included workshops on a variety of subjects and a keynote address by Jacqui Schiff. There was also fun aplenty in the meals, after-hours talking, a marvelous dinner and dance, and much joviality in the little coffee shops and homes all around North Adelaide.

Two important decisions developed out of the week: 1) to continue the TA network and the fine newsletter (which we at ITAA are grateful to receive!) edited by Gerald Cartmel, and 2) to hold the 1984 Conference in Sydney (see elsewhere in this section). In addition, informal discussions were held about how Australia wishes to relate internationally to the TA network and ITAA. There was strong support for the current method of examining and the current exam requirements.

Good progress is being made in the development of the Australasian Board of Transactional Analysis. In the March, 1984 issue of the *TA Network of Australasia* Gerald Cartmel says, "Although it is in its infancy, the Board is setting out to provide an examination system that is relevant and adapted to Australasian conditions. There is no desire, or intention, that the Board should compete with ITAA's system of training and examination. In fact, once the prerequisites are set up, it is expected that reciprocity will be established with other national bodies such as ITA in Britain, EATA in Europe, etc., in terms of their examining systems. Thus, people registered with the Australasian body will be able to register with other bodies, in order that they can practice Transactional Analysis internationally."

Update on Organizational Affiliation

We are pleased to announce that the Organizational Affiliation Committee has a new Chairperson in Laura Boyd, PhD, who takes over the helm of this important committee from Muriel James, EdD.



Laura Boyd, PhD

The purpose of the Organizational Affiliation Committee is to review applications for affiliation and to make recommendations to the Board for action. Voluntary, non-profit national TA membership organizations worldwide which have purposes and practices that are congruent with those of the ITAA may be considered for organizational membership.

The first such organizational affiliate was the Deutsche Gesellschaft for Transalaters Analyse (DGTA), whose three-year contract (January 1981 to December 1983) was so successful that a three-year extension was approved by the Board of Trustees at its August 1983 meeting in Oakland, California. In exchange for half-priced membership for its individual members, the DGTA collects dues, maintains membership records and provides information services (including distribution of bulk mailings of the *TAJ* and *Script*). The three-year extension (January 1984 to December 1986) has an added clause regarding the spirit of goodwill and cooperation that both organizations anticipate for the renegotiation of the contract after 1986.

For the past year, letters have also been exchanged and discussion initiated on the part of the Swiss TA Association (ASPAT). In January, 1984 in Santo Domingo, Eleanore Fawaz-Kamber, President of ASPAT and Vice-President of ITAA, presented the ASPAT proposal to the Board, which approved the concept of a second ITAA organizational affiliate. The details will be worked out and presented for the approval of the Board of Trustees at its meeting in Villars this June.

The ITAA policy on organizational affiliation was first adopted by the Board in August, 1979 and printed shortly after that in the *Script*. The policy has been refined somewhat since then and current copies are available from the ITAA Executive Director.

Applications for organizational affiliation are first reviewed by the Organizational Affiliation Committee, then referred to the President and Executive Director and finally to the Board of Trustees for approval. The details of the fees and other arrangements are then worked out based on organizational and individual needs.

New Members

March, 1984	Sponsor
Beck, Carol C., MEd	—
Buccola, Marny, BSBA	—
Cobb, Jeff D., MA	—
Cole, Foland, BA, BD	Felipe Garcia
Erwin, Joan E., PhD	—
Ferrell, Sharon	John James
Gallehugh, Sue, PhD	—
Heiss, Betty, MSW	Yolanda Gobes
Holmes, Marguerite J., PhD	—
Houllier, Jean Paul	Remy Filliozat
Katsh, Shelley, MA	Richard Erskine
Paratte, Roger	—
Porter, Marcia L., PhD	Denton Roberts
Reid, Diane, RN, MS	—
Ricottilli, Licinia, PhD	Wilfredo Galliano
Salvotti, Emil P., MD	—
Sjoberg, Hakan, AB	Arne Derefeldt
Stuber, Katharina	Ted Novey
Thomson, Elizabeth, BA	Richard Erskine
Walker, Teresa, BS	—

April, 1984	Sponsor
Antonella, Pavarin, PhD	Ellyn Bader/Pio Scilligo
Auliette, Maria Cristina, PhD	Ellyn Bader/Pio Scilligo
Bagella, Aurelio, MD	Ellyn Bader/Pio Scilligo
Battilomo, Brunella, PhD	Ellyn Bader/Pio Scilligo
Basti, Sandra, PhD	Ellyn Bader/Pio Scilligo
Bellardi, Giuseppe, MD	Ellyn Bader/Pio Scilligo
Bowker, Margaret	John Edwards
Brackett, Burton	—
Broccoli, Giorgio, MD	Wilfredo Galliano
Burnelli, Fioralba, PhD	Wilfredo Galliano
Caprasecca, Brunetta, PhD	Ellyn Bader/Pio Scilligo
Colgate, Elaine, RN	Gail Broady
Coratti, Brunella, PhD	Ellyn Bader/Pio Scilligo
Cordell, Barbara	—
Cruellao, Philippe	Vincent Lenhardt
D'Angelica, Mariella, PhD	Ellyn Bader/Pio Scilligo
De Giuli, Clara, PhD	Ellyn Bader/Pio Scilligo
De Simone, Carmen, PhD	Ellyn Bader/Pio Scilligo
Detragiache, Laura, PhD	Ellyn Bader/Pio Scilligo
Di Domenicantonio, Aurora, PhD	Ellyn Bader/Pio Scilligo
Di Lollo, Cristina, PhD	Ellyn Bader/Pio Scilligo
Dore, Nerina, MD	Ellyn Bader/Pio Scilligo
Engel, Mathias, MD	Ellyn Bader/Pio Scilligo
Ficarola, Antonio, MD	Ellyn Bader/Pio Scilligo
Galli, Marina, PhD	Petruska Clarkson
Gibson, Gillian B.	Ellyn Bader/Pio Scilligo
Grigneni, Pietro, PhD	—
Kennedy, Wayne T.	Vann Joines
Kollin, Harriet, BSN	Ellyn Bader/Pio Scilligo
Lana, Danila, MD	Barbara Gilbert
Largin, Frederic	—
Laufenberg, Susan, MSW	Charley Harnest
Lee, Mei-Yi	Ellyn Bader/Pio Scilligo
Marina, Posca, PhD	Ellyn Bader/Pio Scilligo
Mase, Maria Dolores, PhD	Ellyn Bader/Pio Scilligo
Mazzini, Maria Angela, MD	Ellyn Bader/Pio Scilligo
Messini, Laura M., PhD	Lucie King
Messling, Mary Kay	Ellyn Bader/Pio Scilligo
Miglionico, Achille, MD	Ellyn Bader/Pio Scilligo
Morelli, Antonella, PhD	Ellyn Bader/Pio Scilligo
Nutile, Emanvele, PhD	Ellyn Bader/Pio Scilligo
Pasqualini, Chiara, PhD	Gail Broady
Richards, Phillip	Ellyn Bader/Pio Scilligo
Rossi, Maria Angela, PhD	Ellyn Bader/Pio Scilligo
Sabatini, Nicoletta, PhD	Ellyn Bader/Pio Scilligo
Sacco, Carla, PhD	Ellyn Bader/Pio Scilligo
Schiavi, Giovanni, PhD	Sonja Tran
Skey, Mervyn	Ellyn Bader/Pio Scilligo
Solinas, Giovanni, MD	Ellyn Bader/Pio Scilligo
Storti, Daniela, PhD	Ellyn Bader/Pio Scilligo
Tonalo, Giorgio, PhD	Carlo Moiso
Waldekranz Piselli, Celia	Dorothy Jongeward
Youssef, Youssef Hussein	Ellyn Bader/Pio Scilligo
Viscone, Claudia, PhD	Ellyn Bader/Pio Scilligo
Zaccaria, Anita, PhD	

New Members DGTA March-April, 1984

Bock, Juergen	Muschei, Franz
Dickles, Liesel	Noeske, Elisabeth
Eisemblaetter, Elisabeth	Peter, Rita
Evenkamp, Marie-Anne	Prochaska, Diana
Godar, Jean-Marie	Rockholt, Hannes
Goerdt, Elisabeth	Schell, Fides
Guebel, Sabine	Schloemer, Dr. Hans
Hempel, Eva-Gertrud	Schmitt, Manfred
Herrmann, Dieter	Schuetz, Manfred
Immig, Doris	Statteck, Heinz
Klockner, Marion	Trueller, Gisela
Kraus, Martin	Ungeheuer, Anita
Lange, Ruth Magdalena	Wachter, Gernot
Leber, Wolfgang	Weber, Ernst E.
Morgenroth, Hannelore	Witt, Dr. Wolfgang

Ten-Year Members Honored

We want to recognize and honor the following people for having been members of ITAA for ten or more years. Each year we say congratulations to new ten-year members with a special pin commemorating the occasion. This year, in addition to listing members who reached this noteworthy anniversary in 1984, we have included the names of all those who became ten-year members in years past. Congratulations to each and every one of you - and thanks for your part in making ITAA such an exciting organization!

Joe B. Abbott
Richard G. Abell, MD
Martha S. Adams, PhD
Coralie A. Adler, MSW
Patricia Adler
Muriel S. Adler, MSW
Linda J. Ahner
Paul M. Aijian
Elaine Alexander
Thomas J. Alexander
William J. Alexander
David Allen
James R. Allen, MD
Judy Allen
Sister Lydia Allen
Madelyn Burley Allen
Patricia D. Allen
Robert F. Allen, PhD
Martha Alsum
Otto Altorfer, MA
J.T. Alves
John P. Anderson, BS
Norma Randolph Anderson, MA
Rie Anderson, MA
W. Stephen Anderson, MDiv
Ellen A. Andruzzi, MSNE
Susan Angerman
Bobbie Antrim
Natalie R. Armstrong
Gerald M. Arndt
Norma B. Arnold
Helene D. Aronson, PhD
Fernand Arsenault, ThD
Adriana Arzac, PhD
Dorothy Ashley, MA
Milford E. Ater, MDiv
John R. Atherton
Kathryn S. Atman, PhD
Sheila Austin, MSS
Bob C. Avary
Robert W. Ayres, MD
M. Taylor Bach, DMin
H. Stuart Bacon
Ellyn Bader, PhD
Donald C. Baham, PhD
Mary Baker
Rita Balkin, MS
John F. Balog, MD
James M. Banbury
Katie Barber, RN
Louzelle Barclay, MSSW
Ellyn T. Barcus
Elizabeth Barker, MD
Graham Barnes
Howard J. Barnhard, MD
George L. Barnitt, PhD
Malcolm M. Barnum, AB
Gayle R. Barrett, MSW
Roberta B. Barrett
Rae Anne Barry, PhD
Brenda B. Bary, PhD
John Batt, JD
Sharon Bauerlein, MM
Paschal B. Baute, EdD
Baylor University Library
Russell Beale, Jr., PhD
Virgil L. Beasley, PsyD
Douglas G. Beattie, BD
Paul C. Beck
Bonnie A. Becker
Vivian Beels
Joan Kaye Beigel, MEd
Byrnes Belk, PhD
H. Craig Bell, MD
Sue Sims Bender, MSW
Disney Berkowitz, PhD
Remo Bernasconi, MD
Ellen Berne
Josephine Bernstein, PhD
Randall H. Best, PhD
Margaret Pitts Bex
Flo Bilelo
Daniel F. Bird, MSW
Jack Birnbaum, MD
Henrietta Black
Dale W. Blackwell, PhD
Maudine Blair, PhD
Jo Ann Blake
Roger N. Blakeney, PhD
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June 1, 1984 for the October issue on Nuclear Disarmament
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Exam	Exam Date	Location	Application Deadline
Level I (CM/SFM) Oral Exams	June 25, 1984 September 28, 1984 October 24, 1984 November 11, 1984	Villars, Switzerland Regina, Saskatchewan, Canada Ft. Mitchell, Kentucky Brussels, Belgium	March 23, 1984 July 2, 1984 July 27, 1984 August 10, 1984
Level II (CTM/SFTM) Oral Exams	June 25, 1984 October 24, 1984 November 11, 1984	Villars, Switzerland Ft. Mitchell, Kentucky Brussels, Belgium	March 23, 1984 July 27, 1984 August 10, 1984
Level I (CM/SFM) Written Exam	July 13 or 14, 1984 November 9 or 10, 1984	Location to be announced Location to be announced	April 13, 1984 August 9, 1984

All fees are due by the application deadline. All exam fees are non-refundable, but will be kept as credit in your account (except the oral application fee which must be paid each time a trainee applies for an oral exam) if at least 30 days written notice is given for cancellations. Otherwise, fee is forfeited. Fees: written exam - $90 US/Canada (a $10 administration fee will be deducted for cancellations received prior to the 30 days deadline); all other countries pay a $15 written exam recording fee to the BOC and $35 to the reader/scorer. Orals application: $75, non-transferable. Oral exam - $50. Contract filing fee: $30. All fees must be paid in US funds.

International Transactional Analysis Association Balance Sheet - 1983 and 1982

OPERATING FUND

ASSETS	1983	1982
Current Assets:		
Cash	$ 155,983	$ 101,433
Accounts receivable, less allowance for collections losses (1983 - $297; 1982 - $1,491)	2,854	10,154
Inventories	15,892	44.072
Prepaid expenses	5,256	3,766
Note Receivable (Note 4)	17,468	
Total current assets	197,453	159,425
Equipment, less allowance for depreciation (1983 - $53,954; 1982 - $50,743)	10,005	16,187
	$ 207,458	$ 175,612

SCHOLARSHIP LOAN FUND

Cash	$ 5,145	$ 10,931
Certificate of deposit	45,000	30,000
Due from Operating Fund	36,725	37,694
Scholarship loans	26,999	23,919
Due from Building Fund	14,961	21,511
	$ 128,830	$ 124,055

BUILDING FUND

Property and improvements, less allowance for depreciation (1983 - $70,795; 1982 - $60,598) (Note 2)	$ 336,727	$ 344,454
	$ 336,727	$ 344,454

OPERATING FUND

LIABILITIES & FUND BALANCES	1983	1982
Current liabilities:		
Accounts payable	$ 14,217	$ 23,653
Accrued liabilities	4,284	3,329
Due other funds, net	10,318	19,836
Total current liabilities	28,819	46,818
Deferred income	88,910	47,806
Fund balance	89,729	80,988
	$ 207,458	$ 175,612

SCHOLARSHIP LOAN FUND

Fund balance	$ 128,830	$ 124,055
	$ 128,830	$ 124,055

BUILDING FUND

Due to Scholarship Fund	$ 14,961	$ 21,511
Due to Operating Fund	26,407	17,858
Note payable, first deed of trust (Note 2)	164,824	165,344
	206,192	204,713
Fund balance	130,535	139,741
	$ 336,727	$ 344,454

NOTES TO FINANCIAL STATEMENTS:
December 31, 1983 and 1982

1. Accounting Policies: The Association maintains its accounts on the accrual basis except that membership dues and subscriptions are recognized as income when collected. Inventories of publications and books are valued at cost on a first-in, first-out basis. Equipment consisting of furniture and office equipment is carried at cost less accumulated depreciation computed using the straight-line method. Furniture and office equipment are depreciated over an estimated useful life of ten years. Deferred income represents examination board fees which are partially refundable upon request or are recognized as income when examinations have been completed.

2. Property and Improvements: During 1974, the Association purchased property in San Francisco for use as the Association headquarters. The purchase was funded by a cash payment of $92,412 and by assumption of a 5½% note secured by a first deed of trust of $168,694. The note is payable in monthly installments of $800.00 including interest and principal, with any unpaid principal due in 1991. The Association has spent $141,136 ($2,470 in 1983 and $138,666 in prior years) remodeling and renovating the property. Depreciation of the buildings and improvements has been charged to operations in the amount of $10,197 for 1983 and $9,656 for 1982.

3. Special Funds: The Scholarship Loan Fund was established by the Board of Trustees in 1975. During 1983, loans were made to sponsored individuals in the amount of $7,200. Scholarship loans are interest-free for the first three years, after which a 9% rate applies. In addition to the loans, outright grants were made to approved applicants of $1,200 in 1983 and $2,000 in 1982. Scholarship loans of $750 were converted to grants during 1982. Loans or grants can only be made to United States members.

4. Discontinued Operation: In accordance with the January 1983 Board of Directors meeting, the Association discontinued its Book Store operation and entered into a licensing agreement with a former employee, Norman Shea. The agreement grants Norman Shea rights and privileges of utilizing the Association's name for sales of Transactional Publications (books, pamphlets and tapes). The agreement is effective July 1, 1983 and a sale of inventory to Norman Shea was made for $22,065 in exchange for a 5% two-year note payable in monthly installments of $1,019, including principal and interest, commencing August 1983. The agreement provides, among other things, for royalty payments of 3.5% on gross sales.

5. Basis of Financial Statements: The financial statements include all of the accounts of the Association including those of Transactional Publications and Board of Certification for which separate accounts are maintained.

6. Reclassifications: Certain 1982 accounts were reclassified to conform with 1983 presentation.

I have examined the accompanying balance sheet of International Transactional Analysis Association, Inc., at December 31, 1983 and 1982, and the related statements of revenue and expenses, changes in fund balances and changes in financial position for the years then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as I considered necessary in the circumstances.

In my opinion, the statements mentioned above present fairly the financial position of International Transactional Analysis Association, Inc., at December 31, 1983 and 1982, and the results of its operations, changes in its fund balances and changes in its financial position for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Wilbur M. Parker
February 28, 1984

STATEMENT OF REVENUE AND EXPENSES AND CHANGES IN FUND BALANCES

Revenue:	Operating	Scholarship Loan Fund	Building Fund	1983	1982
Membership dues	$ 270,793	$	$	$ 270,793	$ 283,983
Examination and maintenance fees	31,239			31,239	24,468
Trans Pubs. gross profit	20,413			20,413	50,870
Conferences and workshops	60,820			60,820	55,835
Contributions		473	471	944	1,407
Interest	3,638	5,502		9,140	9,639
Sundry	15,105			15,105	12,530
Rent	30,298			30,298	31,600
	432,306	5,975	471	438,752	470,332
Expenses					
Salaries and outside personnel	176,799			176,799	189,849
Payroll costs and benefits	22,630			22,630	24,755
Occupancy (insurance, interest, utilities and depreciation on bldg.)	24,734		10,197	34,931	39,831
Printing (copying & reproduction)	61,589			61,589	54,947
Office (postage, supplies, equipment rental)	54,745			54,745	40,718
General (exam costs, data processing, meetings, mailings and other)	82,176	1,200		83,376	111,712
	422,673	1,200	10,197	434,070	461,812
Excess (deficit) of revenue over expenses before gains/losses on fixed assets	9,633	4,775	(9,726)	4,682	8,520
Net gains (losses) on sale of fixed assets	(372)			(372)	(150)
Excess (deficit) for the year	9,261	4,775	(9,726)	4,310	8,370
Other changes in fund balance:					
Principal payments on mortgage and note	(520)		520		
Fund balance, December 31, 1982	80,988	124,055	139,741		
Fund balance, December 31, 1983	$ 89,729	$ 128,830	$ 130,535		

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The Aftermath of Suicide

By Janet Migdow

Each year in the United States there are approximately 30,000 reported suicides. Due to the reluctance of some families and coroners to list suicide as the cause of death, some estimates run three times this figure. Once every minute someone attempts to kill themselves; 60-70 times a day these attempts succeed. (Grollman, 1971)

Suicide is one of the ten leading causes of death in the United States. As the economy has worsened, suicides have risen, especially among the unemployed and teenagers. Four out of five people who kill themselves have made previous attempts. Left behind to face the aftermath are all those individuals closely associated with the suicide. Schneidman (1969) estimates that there are approximately six survivor-victims per suicide. If we are discussing a minimum of 30,000 suicides a year, then we are talking about a population of at least 180,000 survivor-victims being created annually.

In the literature, survivor-victims are considered to be close relatives and friends. There is still another population of survivor-victims that is often not taken into account. These people are the therapists, social workers, psychologists, psychiatrists and all others in the helping professions who work with suicidal clients. When our clients kill themselves we, too, become survivor-victims.

I think working with survivor-victims presents unique problems in loss and grief. Whenever somebody dies, those left behind suffer the pain death inflicts. Still, in suicide, the grief is inevitably, uniquely complex. As Schneidman (1972) eloquently stated, "I believe that the person who commits suicide puts his psychological skeleton in the survivor's emotional closet — he sentences the survivor to deal with negative feelings and more to be obsessed with thoughts regarding his own actual or possible role in having precipitated the suicidal act or failed to abort it. It can be a heavy load." (p. x).

Suicide is neither a random accident in an indifferent world nor death due to natural cause, disease or old age. Instead, it is carefully premeditated murder of the self. It is sudden and purposeful, often illegal, and generally thought to be immoral. The victim is dead, but the weight of his/her death falls upon the survivors.

First come the police, who inevitably need to consider the possibility that the person was murdered; and, certainly, the suspects will be those who found the body and/or those most closely associated with the suicide. Following the police come insurance investigators, who are often reluctant or adverse to paying claims. In addition, many religious communities still refuse to bury the body and lectures on immortality still abound. Finally, reactions of neighbors and friends run the gamut from helpful to tormenting.

The most common result of all this is social isolation with people either blaming the survivors or ignoring them, fearful of mentioning the suicide. Hence from this ground spring the lies and mystification that often accompany a suicide. It is easier to lie to people rather than face their reactions and our own.

I recommend family therapy where possible. Individual children should not be singled out for treatment since this often feeds a system where one member is scapegoated into carrying the family load. For example, one child who returned home from boarding school following her father's suicide was greeted at the door by her grandmother with, "You killed him. If you hadn't left home he would still be alive."* Other families are more subtle.

Good treatment can also be done with individual adults who themselves request therapy. Given the frequent lack of early intervention, survivors will commonly come into therapy later in their lives. They present a variety of problems ranging from depression to delusional systems; these often turn out, upon closer examination, to result from the original splinter (Berne, 1972, p. 162) of a relative's suicide.

Survivors reactions will vary according to age, relationship to the suicide, family dynamic and script. The immediate crisis is often most severe for the person who finds the body following the suicide and/or the family member or members who carry the hot potato. (English, 1969). Suicide survivors are all a high suicide-risk population themselves, especially during the first 3-4 weeks following the initial suicide. Suicide attempts among survivors are also likely to occur later in life for those who do not resolve now to close this escape hatch. (Ernst, 1971).

Therefore, the earliest possible intervention is warranted to curtail any further suicide attempts within the system. I always ask survivors if they themselves are suicidal. Before further work is done my priority is to attain no suicide contracts. I think that, since the first reaction to a suicide is psychological shock, survivors are at greatest risk as they emerge from the initial shock. At first, survivors frequently report disbelief, feeling they are living a nightmare from which they will wake up. The realization that the nightmare is reality and they will not wake up is often shattering. Denial is used to block the pain. There is no clean, textbook progression of grieving here. The denial will emerge and recede again and again as the survivors grieve their loss.

In order to maintain the denial and to protect themselves, the web of mystification and lies is woven. Survivors will often lie to neighbors, friends and coworkers, and, most especially, to the children. Not infrequently, reality becomes distorted for both the liars and those lied to. One parent of a teenage suicide sued the roofing company, which built the roof his child jumped off of, for murder. A child, whose parents lied to her about her sibling's suicide and cremated the body, took fifteen years, including one year in therapy, to believe that her sibling was actually dead. For fourteen of those years, she spent part of every day looking for her missing brother.

". . . the person who commits suicide puts his psychological skeleton in the survivor's emotional closet — he sentences the survivor to deal with negative feelings and more to be obsessed with thoughts regarding his own actual or possible role in having precipitated the suicidal act or failed to abort it."

Studies in the field of childhood loss are now repeatedly showing that, contrary to old beliefs, children do grieve and do need to be told the truth about death. When the cause of death is suicide, the tendency to lie to children is greatly increased, which makes the children of suicide particularly vulnerable to mystification. These studies also indicate that no matter what children are told they know about the suicide. (Cain, 1972; Bowlby, 1980; Grollman, 1971; Hewett, 1980). Thus, when after one parent's death they are left with another parent who is lying to them, the world no longer seems like a safe place. Feeling unprotected, these children will withdraw, fabricate stories of their own and act out their discomfort in a variety of ways. If they are of school age, this disturbance will most likely show up in their school behavior.

Parents or other surviving adults need to be urged to tell their children the truth. First though, they must be willing to let themselves know the truth. People lie about suicide because they are ashamed of the association and/or because they feel guilty or responsible in some way for the death.

Due to the guilt survivors tend to carry and the high degree of Critical Parent functioning at this time, I work to provide an environment in which people feel safe to express their feelings. I repeatedly give these clients permission to feel whatever they feel and to say it out loud. Because of their own high Critical Parent, they tend to expect others to judge them guilty. Their own self-abuse may show up also as physical illness and, therefore, information about any physiological problems should be sought.

Relief of guilt is found when survivors can first identify the source of their guilt, what they think they did that caused the suicide. One client traced his guilt to a painful discussion he had with his wife about separating during which he said, "Maybe things would be easier if one of us wasn't around." His wife killed herself weeks later, having never made a previous suicide attempt in her life and having told no one that she was suicidal.

After identifying the source of the guilt, the grandiose Child must still be decontaminated. Survivors will tenaciously hold onto the grandiosity that they or someone else killed the suicide victim and/or that the therapist can fix things. This grandiosity protects therapists and clients alike from facing the true limits of their power. Both must be willing to acknowledge their real helplessness where it exists. The suicidal person killed him or herself and nobody can change that.

In their rage and terror, clients will attempt to manuever their therapists into a conspiracy to discount what exists. Survivors can be relentless in their pursuit of answers to unanswerable questions: i.e., did he really mean to die or did he mean to have someone find him, just in time? [Note: only about 12-15% of all suicides leave notes. (Schneidman & Farberow, 1957.)] I have found one of the most difficult tasks of therapy to be willing to sit with my clients through this barrage, empathically reflecting their discomfort, while not providing answers. While reviewing literature on this subject, I was interested to find one study where the therapist defined the object of his research as insuring that this (a suicide) never happens again. There is no such insurance.

For all of us who work with suicidal clients, it is important to confront our own grandiosity in believing that we can keep anyone alive. The power is in the patient (Goulding & Goulding, 1978) to keep him/herself alive or to kill him/herself.

It is this same piece of information that survivors need to accept before they can let go of the veil of lies and acknowledge the death for what it was: a suicide. It is during this process that clients will rapidly shift between rage, fear, depression and acceptance. As they heal themselves, these shifts will decrease in frequency and intensity. I think that during this time it is extremely important to give both abundant nonconditional strokes for being and specific conditional strokes for doing. Survivors need repeated permission to exist as well as repeated acknowledgement of the ways that they do and can act powerfully in the world.

Janet Migdow is an ITAA Clinical Member who is currently in private practice in Chicago, Illinois. She is President of the Chicago Transactional Analysis Institute and is particularly interested in understanding the interplay between individual and social problems.

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Notes:

Some of the statistics contained in this article are from the US Department of Health and Human Services, Office of Health Research, Statistics and Technology, Mortality Statistics reports, 1979-1982.

Research on parent loss during childhood is being conducted at the Barr-Harris Center of the Institute for Psychoanalysis in Chicago and some material in this article is from conversations and early records of those participating in this research.

*All case examples have been altered to protect the identity of those referred to while keeping the relevant material intact.