The Clinician

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THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK

IN THIS ISSUE

www.nysscsw.org

PRESIDENT'S MESSAGE

A Clinical Career: *From Self-Discovery to Profound Impact*

By Karen Kaufman, Ph.D., LCSW-R

The 55th Annual Education Conference sponsored by the NYSSCSW and the ACE Foundation, *Vicissitudes of a Clinical Career: From Self-Discovery to Profound Impact*, was another resounding success. The informal reviews that immediately followed were quite positive and appreciative of the opportunity to learn from the four expert presenters. The topics were relevant to clinicians at all stages of practice. They covered phases in the clinician's career, work, and identity, and helping family and friends of trauma survivors, adding a forensic component that brings another dimension of help to the treatment process. The presenters were highly informed in their areas of expertise and included their personal experiences and history to highlight their thinking on these topics. [*See reviews in this issue.*]

While the focus in our clinical work is on the patient's life stages, realistic and achievable changes and goals, it is critical to reflect on the parallels in our

CONTINUED ON PAGE 3

Karen Kaufman

"Our license is constantly under threat. Our legislative work is more important than ever now."

The Profound Impact of Clinicians

55th Annual Conference Reviews:

Dr. Gilbert Kliman inaugurated the Harlem Family Service Forensic Seminar Series, which has trained over 1,000 investigators. (See P. 22)

New York State Society for Clinical Social Work

The Professional Voice For Clinical Social Work Since 1968

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own lives and their impact on practice. This goes beyond transference and countertransference. How we deal with our own aging process, with changes in our physical selves, health vs. illness, expanded thinking from years of experience and training, subtle changes in management of our practices, or the changes brought by remote work after in-person treatment—all impact the patients and how they relate to us. Their process is our primary focus, but it is necessary to reflect on how they may be experiencing changes in us, whether or not these are obvious or directly disclosed and discussed.

> "We are delighted to welcome the new Rochester Chapter. Our statewide membership campaign will help us create more new chapters and revive dormant ones."

I am pleased to report some Society updates. We were delighted to welcome the addition of the Rochester Chapter in January, with Pete Navratil, LCSW-R, ACSW, serving as president.

We will launch a statewide membership campaign in the months ahead with the goals of expanding our presence throughout the state and reviving dormant chapters, along with creating chapters in new locations.

After the long-awaited website upgrade is complete, our enhanced online presence will play an important role in the membership campaign. The site will be kept up to date with the input of our chapter presidents, committee chairs, and other contributors who will inform TMS of upcoming programs and events.

This edition of *The Clinician* honors the 2024 student scholars whose papers won distinction in their schools of social work. In addition to receiving a scholarship from the Society, they received a free one-year membership. Prior to the pandemic, we honored student scholars with festive celebrations, but Covid restrictions necessitated a change to video events. Now, with their bios, photos, and synopses of their papers featured in the newsletter, we can all learn about our newest members and their aspirations in the field of clinical social work. We congratulate them and look forward to their participation in our community and to their future success.

Among the many benefits of Society membership is vigorous legislative work in Albany. Currently, two lobbyists are campaigning on our behalf along with our long-time Legislative Chair, Marsha Wineburgh, DSW, LCSW-R. Their work is more important than ever.

Our license is constantly under threat even now, after the many years it took to achieve this status. One important issue for all clinicians to stay current on is the proposed national licensing compact. While it may appear beneficial, the levels of credentialing vary widely across the country and vastly different state laws can lead to serious ethical and accountability issues. As of now, more is unknown than is known about the compact.

As always, I invite you to get involved in our vibrant clinical community at the chapter or state level. Contribute whatever time you can, share your expertise and talents in a CE program with the ACE Foundation, or work with us in the area of leadership development to nurture future generations of leaders in our organization.

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FOR ADVERTISING INFORMATION:
SEE PAGE 25

SAVE THE DATE

Saturday, October 19, 2024
11:00 AM – 2:30 PM

THE NYSSCSW ANNUAL MEMBERSHIP MEETING

Luncheon & Meeting
Red Hat on the River
Irvington on Hudson, NY

Details available soon

ACE FOUNDATION | UPDATE

Dear Colleagues,

The Board and I would like to thank all of you who donated in 2023 to the ACE Foundation. We still have a deficit budget, but each year we are providing more quality clinical programs that we hope you are finding educational, informational, and relevant. We are continually upgrading our internet support system, perfecting our website, and providing friendly, competent in-person assistance to access our programs.

We are very pleased to announce that, thanks to the Westchester Chapter, we held our first successful hybrid (in-person and online) presentation in June. Entitled *Loss/Grief: Understanding The Impact of a Clinician's Personal Death Awareness on Grief Counseling*, it was presented by Georgeann "Gae" Savino, MPA, LCSW, CT.

Stay tuned for the additional New York State-mandated Child Abuse two-hour course which we are planning for fall 2024. Our NYS-mandated Boundaries/Ethics course was closed out in early June. Dr. Bruce Hillowe will be offering it again January 18, 2025.

We are currently exploring the topics of AI in mental health services and how to integrate the new setting of telehealth into psychotherapy services.

—Marsha Wineburgh, DSW, LCSW-R, President

Welcome the Rochester Chapter!

The Board of Directors is happy to announce the formation of a new chapter in Rochester. By unanimous vote at the January Board Meeting Peter Navratil, LCSW-R, ACSW was elected President of the Rochester Chapter. Pete has been a member of the Society for three years. He served on the board of our national organization, the Clinical Social Work Association, from 2014 through 2022. Pete chaired the CSWA Ethics Committee which reviewed and revised *National Standards for the Practice of Clinical Social Work*, published in 2016. He continues to serve on CSWA's Government Relations Committee. After focusing his efforts promoting, protecting, and preserving clinical social work on the national level, Pete will be focusing his energies as a leader in New York. We welcome our new Rochester members and new Rochester leader.

Pete has over 40 years of experience as a clinical social worker. He is co-owner and Clinical Director of Tree of Hope Counseling in Rochester, a collaborative clinical social work practice specializing in biopsychosocial assessment, psychotherapy, education, and related services to children, teens, adults, couples, and families. Pete co-founded Stand Up Guys, a program to educate men about their role in ending violence against women. He is a member of the ManKind Project, works with the Willow Domestic Violence Services/Resolve of Greater Rochester, and serves on the education committee and accountability committee of the Rochester/Monroe County Domestic Violence Consortium.

Pete was a founding member and core instructor for the New York State Victim Assistance Academy. He worked with the New York State criminal and family courts, developing Drug Court, Domestic Violence Court, Mental Health Court, and DWI Court. He was appointed to the New York Attorney General's Crime Victims Advisory Board, and he is an active member of Rochester Against Intoxicated Driving (RAID) and he is a frequent Victim's Impact Panel speaker.

Pete has held teaching positions at Monroe Community College and the Greater Rochester Collaborative MSW Program (SUNY Brockport and Nazareth College). He is a seasoned clinician who advocates for social justice issues and policies that promote human rights, safety, peace, equity, diversity, and inclusion. Once again, we warmly welcome the Rochester Chapter into the New York State Clinical Society family.

—Beth Pagano LCSW-R
NYSSCSW Leadership Committee Chair
NYSSCSW President Elect
NYSSCSW By-Laws Committee Chair

By Marsha Wineburgh, DSW, LCSW-R, Legislative Chair

We Have Lobbyists in Albany? What Do They Do for Us?

Quite a lot, it so happens! NYSSCSW's State Legislative Committee meets weekly with our Albany Government Affairs representatives (our lobbyists) to track and oversee issues that impact our license and clinical practice.

During the 2024 legislative session approximately 20,000 bills were introduced in the New York State Legislature, of which 133 were of particular interest to the Clinical Society. Weekly tracking reports were provided by our lobbyists which highlighted these bills. Some of the most important were:

5291/S. 5975 ***AN ACT to repeal provisions of the education law requiring applicants to pass an examination in order to qualify as a licensed master social worker.***

A Memo of Support for the American Social Work Boards (ASWB), the organization that provides the licensing examinations, was drafted, and widely distributed in response to the proposed legislation and our concerns that the bill's sponsors had not been clear in their proposal to eliminate the exam. NYSSCSW's position paper complemented a memo of concern from the NASW-NYC chapter.

A. 8464/S. 8765: ***AN ACT to amend the mental hygiene law, in relation to qualified mental health associates.***

This proposal was first advanced by the Governor as part of the 2023 Executive Budget, and subsequently introduced by the Chair of the Assembly Mental Health Committee, and a Senate sponsor. Among many things, this proposal would have allowed high school graduates to assess those with suspected mental illness. Our lobbyists provided comments when requested by Assembly central staff in early January 2024 which successfully contributed to a more thoughtful review of this proposal.

A. 7316/S. 6733: ***AN ACT to amend the public health law, in relation to expanding health care services provided by telehealth.***

Conversations with the bill's sponsors reflected our general concerns around the lack of accountability associated with the telehealth service model.

A. 8375/S. 8218: ***AN ACT to amend the education law, in relation to providing loan forgiveness for social workers.***

NYSSCSW supported appropriation of funding in support of the Regents Licensed Social Worker Loan Forgiveness Program.

A. 8172/S. 7711: ***AN ACT to amend the education law, in relation to adopting the PA licensure compact.***

This piece of legislation reflected the continuing dialogue around the efficacy of the interstate compacts. We are participating actively in conversations with representatives from the NYS Education Department, experts, and colleague organizations, many of whom share our concerns regarding the implementation of such a compact. With our involvement, and our efforts to coordinate "like-minded" professional organizations, the advancement of compact legislation has been delayed indefinitely.

Of specific importance were legislative proposals drafted on behalf of the NYSSCSW, relating to continuing education requirements for every licensed social worker. Currently, once an LMSW or LCSW license has been granted, no continuing education is mandated for three years.

We are recommending a complementary bill which would require the continuing education element to include a course in ethics, and ethical responsibilities and challenges for every licensed social worker every 3 years.

Sponsors for the bill are currently being sought, pending the change in composition of the Legislature after the 2024 general elections.

We also supported the following:

A. 5191/S. 356: ***AN ACT to amend the education law in relation to the employment of mental health professionals by school districts.***

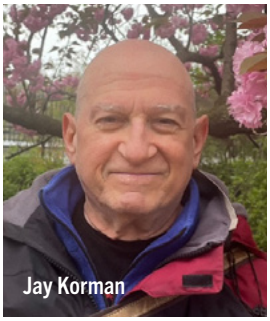
Our lobbyists also attend monthly meetings of the Education Department's Board of Regents which provide opportunities to review proposed regulations of potential interest to LCSWs and to view the social work profession from the wider lens of all licensed professions.

They also attend and participate in the quarterly meetings of the State Boards for Social Work and Mental Health Practitioners. This maintains a prominent profile for the clinical social work profession, demonstrates our commitment to improving the practice of the profession and allows messaging of general concerns identified by NYSSCSW.

By Jay E. Korman, MSW, LCSW-R, BC-TMH, Chair

Q&A: Telehealth and Interstate/International Practice

Do I need to take a training course to provide telehealth?


Jay Korman

That depends on what you mean by "need." If you are asking if you are required by law/regulation or an insurance carrier to be trained in telehealth before you can provide service, the answer is generally *no, with some exceptions*. For example, California now requires that providers licensed in that state take a one-time, two- or three-hour course. That is the only state of which we are aware that requires this as of now, but that could change at any time.

If by "need" you mean that you are observing the principle of being able to demonstrate competency in treatment modalities you are employing, as required by both the NYSSCSW and NASW Code of Ethics, then the answer is that taking the training and having the certificate to show that you have successfully completed it is an easy way to demonstrate competence to practice telehealth. There are many organizations, such as Ray Barrett's Telehealth Certification Institute https://www.telemental-healthtraining.com/ that offer telehealth and other trainings.

My patient is moving to another state/territory within the USA. Is there reciprocity or do I need to get licensed in that state? What if it's only temporary, for vacation, or an occasional trip?

Generally speaking, there is no reciprocity. If you are licensed in one state, such as New York, you are not licensed in another state, your license is generally not recognized as permission to practice in a state in which you don't hold a license. There may be exceptions, such as a temporary/provisional license to allow you to "come into" that state ("come into" is how they phrase your practicing in that state—it doesn't mean you have to be there physically),or a certain number of days during which you may work with someone in that state before you have to be licensed in that state. You have to contact whatever department/bureau of that state to find out what is and is not allowed, including the details to become licensed in that state. Some states allow *licensing by endorsement*, so you don't have to show proof of passing the exam.

Having said that, one of the consistent suggestions about treating patients who move to another state, or perhaps even a distant part of your state, is that you consider transferring your patient to a local provider. If you keep the patient, you are expected to know the local emergency number (remember—911 is for your locality, not theirs), what services and resources are available in their area, and how difficult it is to access them. Transferring your patient to someone local means that there is someone who is familiar with those things in a much clearer way than you are, as well as someone your patient may be able to see face-to-face in the same room.

I have a patient who lives in another state but comes to my office in New York. Is that OK or do I have to be licensed in the state where my patient lives? Also, what if my patient calls me from home? Is that OK?

The requirement is generally that you have to be licensed in the state in which your patient is receiving treatment. It doesn't really matter where your patient lives if they are not receiving treatment there. This makes the question about the phone call somewhat tricky. Is the phone call administrative in nature, e.g., about scheduling or fees? Not treatment. It seems like that should be OK, but I'm not an attorney—that's just my opinion and understanding. Is the phone call a check-in or an urgent issue the patient

DISCLAIMERS:

- I am not an attorney and am not offering/providing legal advice or opinion. If you need a legal opinion please consult an actual attorney or your malpractice carrier's risk management person.
- Any mention of a person, service, book, organization, etc. is my personal reference and does not constitute an endorsement by the New York State Society for Clinical Social Work.

has to talk about "right now?" That's a bit trickier. It is treatment. It is out of state. Phone calls can sometimes turn into a session. I won't/can't offer an opinion about this. I suggest speaking to an attorney if you want a more definitive answer for this.

My patient is going to college out of state. Can I continue to work with her/him while s/he's at school?

This is the same answer as the question about the patient moving out of state. You have to contact the state to find out what is and is not allowed.

My patient is moving out of the country. Can I continue to work with them, or do I have to get licensed in that country?

That all depends on the laws/regulations in the country to which your patient is moving. Some countries have no objections to your practicing there without getting a new license, some do. Contact the U.S. Department of State and the Embassy/Consulate for the foreign country to get an answer.

Do I need to get separate consent from my patient to work with them through telehealth?

You should have a consent form from your patient that they have read and signed, indicating that you have explained the risks and benefits of working via telehealth. It should be part of your intake package or added to their forms when you begin to work with them through telehealth. There are sources for forms online. A sample can be found on the website of Keely Kolmes, Psy.D. (https://drkkolmes.com/) and as part of the forms package sold by Barbara Griswold, LMFT (http://www.theinsurancemaze.com/formspacket).

Similarly, you should conduct an assessment of the patient's ability to access and use technology, just as you should be assessing your own ability. This should also be part of the patient's records.

HEADQUARTERS UPDATE

We have been working on many projects in the past six months, from membership campaigns during Social Work Month to the Annual Education Conference in April, and the statewide Student Scholarship program. We have also been involved in the website redesign, which should launch soon. We continue to welcome new members and assist current members as needed.

The chapters have hosted many successful continuing education programs; we have helped with promotion, registration and technology. Fall planning is in full swing, and many chapters have upcoming programs. Check the ACE Foundation website for details ace-foundation.net.

I look forward to seeing you at the Annual Membership meeting on Saturday, October 19, 2024 at Red Hat on the River in Irvington.

Enjoy your summer,

Kristin

Kristin Kuenzel, *Administrator*
Debbie Lebnikoff, *Administrative Assistant*

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We Welcome Submissions

TRAUMA is the main topic of our next issue. Deadline: November 22, 2024

We encourage you to submit an original article or review to *The Clinician*. In general, the article should—

- Be of interest to a broad range of clinicians.
- Focus on clinical issues and treatment.
- Be clearly written and jargon-free.
- Use case examples where possible.
- Include your brief professional bio.

Please send a description of your proposed article in advance. We look forward to hearing from you.

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Long Island Chapter

Barbara Murphy, LCSW, President

Nassau and Suffolk Merge to Form Long Island Chapter

In February, an unexpected turn of events led to the merger of the Nassau and Suffolk chapters. When Sandra Jo Lane, LCSW, the longtime President of the Suffolk Chapter, resigned, the two chapters combined to form the new Long Island Chapter.

We sent a survey to the combined membership to understand their needs and engage them in planning activities for the new chapter. It was completed by 40 members, representing approximately 20% of the total of both chapters in March and April.

The survey helped us recruit new committee chairs and board members and plan for future events. There was a unanimous call for more social events, and plans are underway to restart our *Let's Talk Salons*. The first one will be hosted in the fall by Judith Schaer, LCSW in her lovely new home in Greenvale.

Our Spring Educational Conference at Malloy University on May 5,2024, titled *New Neuroscience Discoveries and Psychotherapy Practice*, presented Roger Keizerstein, LCSW was well-attended, drawing 24 members (*see article in this issue*). The Book Club meeting, originally scheduled for May, has been postponed until the fall.

We presented three students with scholarships: Maria Nunziata and Angelina Anastasio, both BSW students at Long Island University, and Aleksandar Sidjimovski, an MSW student at Stony Brook School of Social Welfare.

We are currently seeking nominations for a member to be honored at the Society's Annual Membership Meeting and Luncheon in the fall at Red Hat on the Hudson, a restaurant in Irvington. Please feel free to reach out to me with any issues or concerns that you would like the Board to address.

✉ Barbara Murphy: askier@verizon.net

Met Chapter

Helen Hinckley Krackow, LCSW-R, President

NEW PEER GROUPS The Met Chapter has had a busy spring season growing the offerings of the organization. We have established two peer groups of members who live on the Upper West Side and Upper East Side above 23rd Street. The purpose of these groups is to build back the sense of community that existed in the Society pre-pandemic. Members can look forward to peer support for their cases and clinical work, knowing each other's work, networking, and making connections. Any members who live in those geographical areas are welcome to join. The Met Chapter will be establishing a peer group in the lower part of Manhattan and one in Brooklyn this summer.

These groups are modeled after the Riverdale Clinicians Group founded by Jane Gold, LCSW-R. This long-time group is now run with the help of Kathy Sommerich, LCSW-R. Three leaders of Met Practice Groups currently attend and/or were inspired by the group to become group leaders themselves. They are Adam Banks, LCSW, leader of Infertility and Family Building; Kathryn Sedgwick, LCSW, leader of Gender and Sexuality; and Don Appel, LCSW, Co-leader of the Committee on Psychoanalysis.

The West Side Peer Group is attended by Rita Gazarik, LCSW, former leader of Couples and Family, and Libby Kessman, LCSW, former PR Chair of Met. Special thanks to Amy Winarsky, LCSW-R and Rita who are building up that group up.

The East Side Peer Group is attended by Susan Birenbaum, LCSW, MBA, Met Treasurer; Genie Wing, LCSW, Met Member-at-large; and me, Met President. The groups are conducted on Zoom with the hope that in-person meetings will occur over time.

Fall Education Programs – *Save the Dates*

This fall, four programs will be offered for Continuing Education credits through the ACE Foundation. The Met Chapter is proud of both the range and quality of these CE presentations, and we urge you to save the dates.

Navigating Jewish Trauma and Building Resilience

SUNDAY, OCTOBER 27, 2024 (Zoom)

Presented by Malka Shaw, LCSW. Sponsored by Met Chapter Racial Equity Committee.

Has Sex Changed in the 21st Century?
SUNDAY, NOVEMBER 3, 2024 (Zoom)
Danielle Knafo, Ph.D. will be the presenter. She spoke last year in a highly successful workshop. This workshop was developed by Barbara Lidsky, LCSW, and Don Appel of the Committee on Psychoanalysis and Desiree Santos, LCSW, Executive Director of the ACE Foundation.

The Power and Challenge of Uncovering and Working with Early Shame States in Psychoanalytic Psychotherapy
SATURDAY, NOVEMBER 23, 2024 (Zoom)
Luise Weinrich, D. Min., LCSW will present a brilliant psychoanalytic treatment of a difficult patient frozen in trauma by shame. Dr. Weinrich trained at PPSC.

Liberating Joy from Loss Through Prescriptive Memory Making & Dyadic Creativity
SUNDAY, JANUARY 12, 2025 (Zoom)
A workshop on *dreamscaping* by our own **Nancy Gershon, LCSW**. She will present a fascinating approach to clinical work that she has developed.

Helen Hinckley Krackow: hhkrackow@gmail.com

Mid-Hudson Chapter

Barbara Solomon, LCSW-R, President

BOARD MEMBERSHIP First, I would like to take this opportunity to publicly thank the members of our Mid-Hudson Chapter Board. Your contributions make it possible to continue the good work we do at NYSSCSW. We are a fantastic group, and we would love to welcome new Board members to join us. I strongly encourage Society members in our area to attend our next Zoom Board meeting. You may discover that you can benefit by being a part of our Board, and that our members can benefit from your knowledge, skills, and experience.

EDUCATION Our Education Committee organized two webinars, one on March 9 titled, *Mentoring the Next Generation of Social Workers*, with presenters from the Silberman School of Social Work at Hunter College: Rob Lorey, LMSW, Director of Student Services and Associate Director of the MSW Program, and Alicia Greene, LCSW, Assistant Director of Student Services.

The other webinar, on June 9, titled, *Combining Imaginal and Relational Skill Sets in Psychotherapy*, was presented by Matt Fried, MA, Ph.D., MFA, a board member of the New York State Psychological Association Trauma Special Interest Group, and a psychologist with over five decades of clinical experience. If any of our members would like to present at a webinar, or you know of a good presenter, please let us know as we are always looking for interesting topics for our future webinars.

STUDENTS The Mid-Hudson Chapter continues its commitment to fostering pathways for BSW and MSW students as they look ahead toward their futures in the field of social work. Our Board member, Crystal Marr, LCSW-R, ACSW, CASAC-M, met with Marist College BSW students to discuss the social work field and our Society with them. We also presented an Adelphi University MSW student, Daniel Witt, with a $500 scholarship.

We would love to have an MSW student on our Board, so please contact me if you know a student who might be interested; it's a great chance for them to get involved and gain experience and connections in the field.

CLINICIAN CONNECTIONS We also strive to connect working clinicians in the area so they can network, share referrals, socialize, and support one another. To that end we held another Hudson Valley Therapist Meet-up on May 17, this time at the Hudson House Distillery in West Park. There was a great turn out, and we supplied the appetizers. Try to come next time to meet your fellow clinicians—and bring a friend.

Our Peer Consultation Group provides another opportunity for licensed clinicians to support one another and network, while working on improving clinical and administrative skills. The group meets via Zoom on the second Friday of each month. The first half of the meeting is devoted to practice-related concerns broached by members; the second half is reserved for discussion of clinical cases and issues.

In closing, I want to point out that we are always open to member feedback, so please feel free to contact us. And again, we encourage you to step up into a leadership role so that we can continue to offer these benefits to the members. Although most of us live busy and complicated lives, I think you will find that involvement in your NYSSCSW chapter is a rewarding and meaningful use of your time and talents.

Barbara Solomon: BGS234@gmail.com

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Rochester Chapter

Peter K. Navratil, LCSW-R, ACSW, President

THE NEW ROCHESTER CHAPTER I am pleased to be writing this update on the newly formed Rochester Chapter which was officially recognized in January. We started with the required minimum of five members, and we have been growing steadily, adding new members each month.

We have been meeting monthly to put form and substance into the chapter. We continue to encourage our colleagues to join us as we create this opportunity to gather as a local professional group of concerned and committed clinical social workers interested in connecting locally and with other social workers and chapters around the state.

During the past months, I have had the opportunity to speak with the Society's leadership, including other chapter presidents. It has proved very useful as we begin to put our local vision and mission together. Our present goal is to educate the local professional community about the benefits of belonging to the Society and to recruit new members who share an interest in working together to advocate for the profession.

Starting something new takes a bit of courage and a lot of work. I am so pleased by the support we have received in participating in a couple of rewarding activities.

STUDENT SCHOLARSHIPS We had success in launching the Society's student scholarship program, drawing applicants from two of the three MSW programs in the Rochester area. We were pleased by the response of faculty members who nominated students for the scholarships, demonstrating a commitment to promoting the clinical social work interests of MSW students.

- Scholarship winner Riley O'Shea, nominated by Meena Lall, LCSW, Nazareth University
- Scholarship winner Lydia McCarthy, nominated by Elizabeth (Beth) Russell, Ph.D., LCSW, SUNY Brockport.

CSWA NATIONAL MEETING The second notable achievement was the result of attendance at the National Clinical Social Work Association (CSWA) Summit in Washington, D.C. in April, made possible with the Society's support. It was very rewarding for me to represent the State Clinical Society and the Rochester Chapter as I met with fellow social workers and presidents of other societies throughout the country. And I was fortunate to be teamed up with Shelley Berven, LCSW, President of Minnesota Society for Clinical Social Work, as we walked around Capitol Hill meeting with representatives from both the House and the Senate. Most notably, we were able to meet face-to-face with Senator Tina Smith (D-MN) to discuss legislation to meet mental health needs. We emphasized the need for a deeper understanding of the role of clinical social work in meeting the rising demands for services to address the present mental health crisis.

VISIONING PROCESS We have begun a "visioning process" focused on where we see the Rochester Chapter headed in the next few years. Charlie Cote, LCSW-R, one of our founding members, developed a model/draft vision and facilitated a lively discussion at our last chapter meeting. This generated a lot of enthusiasm, ideas, and possible directions for the chapter to take.

We look forward to creating more networking opportunities and experiences, paying close attention to identifying the needs and concerns of clinical social workers in our community, and contributing to the collective voice of the profession across the state.

Lastly, I would like to take this opportunity to thank the leaders of the New York State Society for Clinical Social Work for their support and encouragement in helping us launch the Rochester Chapter.

✉ Peter Navratil: pknavratil@gmail.com

Rockland Chapter

Orsolya Clifford, LCSW, President

The Rockland Chapter is pleased to be coming together again for in-person programming at St. Thomas Aquinas College. We are featuring a chapter member as our presenter this fall, Ian Laidlaw, LCSW-R (see below). Please follow us on the listserv and through the ACE Foundation for more info to come.

Creating Your Ideal Private Practice

SUNDAY SEPTEMBER 22, 2024

Facilitated by Ian Laidlaw, LCSW-R from Engage Psychotherapy Group Practice. Calling practitioners at all levels to engage in discussion on various topics from practical to ethical, managed care and supervision. We will send you a follow up email for you to share topics you are most interested in learning about.
Free to Members, $10 non members

3-hr CEU program: ***Developing Narratives of Childhood: Clinical Work with Patients Who Lack Memories Due to Adverse Experiences***

SUNDAY OCTOBER 20, 2024

Presented by Ian Laidlaw, LCSW-R.

Please feel to contact Orsolya D. Clifford, President at 845-664-3820 or Kevin Melendy, Education Chair at kvmel@optonline.net for more details!

Congratulations to all the 2024 Social Work Graduates!

We are pleased to offer a scholarship to Jessica Castillo (NYU School of Social Work, Rockland Campus) who was chosen as the Student of the Year! And we are delighted to congratulate Natalie Kinoian (NYU), an MSW Student Scholarship Winner, one of ten chosen by the Society this year (see article in this issue). Good luck to all the MSWs!

Orsolya Clifford: **ovadasz@optonline.net**

Westchester Chapter

Mindy Levine, LCSW, President

Vicissitudes

In writing the Westchester Chapter report and thinking about what our chapter has offered its members this past year, I realized our work is reflective of the overall focus of this issue of *The Clinician: The Vicissitudes of a Clinical Career from Self Discovery to Profound Impact*.

IN-PERSON MEETINGS After more than two years without an in-person membership meeting, we held our first one in the fall of 2023. After suffering the vicissitudes of the pandemic, reconnecting has brought an intensified air of excitement and connection when we are together. The first few in-person meetings offered members the much-appreciated space to discuss experiences of practicing during the pandemic, and our hopes, wishes, and concerns moving forward.

Under the leadership of Ruthie Kalai, LCSW, our Education Chairperson, we have continued to offer CEU presentations four times a year, in January, April, June and October. Our in-person membership meetings are planned for March, May, September, and November.

HONORING ANDREA KOCSIS In December 2023, our festive Annual Holiday Party in White Plains had an impressive turnout. We took the opportunity to honor Andrea Kocsis, LCSW, who served as the President of the Westchester Chapter for the past seven years. Andrea's dedication, insightfulness, calmness, and expertise was the guiding force for our chapter during her tenure. The director of a large mental health agency, she has great organizational skills. To my extraordinary benefit, I have gained a personal and collegial relationship as she has mentored me as the new president. I deeply appreciate Andrea for all she has done and is continuing to do in her new position as Secretary of our chapter. The holiday party, arranged by Susan Jocelyn, Ph.D., set the tone for what has thus far been a productive and exciting 2024.

VICISSITUDES The meetings offered by our chapter bring the word vicissitudes again to mind. The definition of vicissitudes is: "changes that happen at different times, during the life or development of someone or something, especially that result in the condition becoming worse. The human condition unfortunately involves, sickness, loss, and unwelcome change."

Working with and addressing the struggles that people experience is also the reason our Society is crucial to the emotional, social, and professional well-being of its members. Individually, we all experience the vicissitudes we are each dealt. However, choosing to do this as our life's work can offer both a daunting and life-enriching path. In light of the complex work we perform as clinicians our chapter has developed new offerings to support our members.

In January 2024, Roberta Omin, LCSW, presented a workshop on *The Professional Will* that drew 50 participants who responded by requesting that Roberta present another session—a "Part 2"—on this important topic. Roberta has been writing a much-anticipated book on the professional will, which will be an essential read for all clinicians. Participants were struck by the importance of incorporating this tool into their practices.

On April 6, 2024, we offered a virtual CEU presentation, *Sibling Abuse as Complex Trauma: Understanding the Family Structure and its Residual Dynamics*, presented by Amy Meyers, Ph.D., LCSW. It was another well-attended meeting on an eye-opening and critical clinical issue.

FIRST CHAPTER TO HOLD HYBRID MEETINGS The exciting news is that we became the first chapter to hold hybrid (in-person and online) membership and CEU meetings. Our first hybrid membership meeting in March 2024 was an open meeting to discuss how clinicians connect with the individuals they see in the first session. There were lots of preparations and trial run-throughs as we embarked on this hybrid format. It was a wonderful experience to see our colleagues up on the screen as we sat together. There was never a shortage of interesting, useful ideas, and personal experiences in sharing in this new format.

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Roberta Schaffer, LCSW spoke about her clinical work in animal assisted therapy, sparking the group's interest and she graciously offered to speak on this topic in our May hybrid membership meeting. Her presentation provided a fascinating overview of yet another modality to heal those we work with. It was an informal, welcoming atmosphere where members received new information and knowledge.

Our first hybrid CEU event was presented in June by Georgeann "Gae" Savino, MPA, LCSW, CT on *Loss/Grief: Understanding the Impact of a Clinician's Personal Death Awareness on Grief Counseling*. It was a huge success. Gae's expertise, combined with slides and lots of information, inspired us to offer more of these hybrid meetings going forward. Gae demonstrated comprehensive knowledge of the subject while engaging wonderful interaction among the attendees.

We greatly appreciate the positive feedback we received about the Society's first hybrid CEU meeting. Feedback helps us to continue to move forward in ways that meet our member needs. October 5 will be our final chapter-sponsored CEU presentation of 2024. The topic will be perinatal loss, and spousal loss with young children.

In other happenings, our Group Therapy Practice Group continues under the guidance of Michael Altschuller, LCSW. Our Peer Consultation meeting has been on hiatus since the sad passing of our longtime esteemed member, Michael Kamen, LCSW, a devoted member and leader for many years. We are planning to resume Peer Consultation meetings under the guidance of Diane Jaulus, LCSW-R, and I sometime in the fall.

MEMBERSHIP As Chapter President for less than one year, I have set my sights on increasing the membership, particularly bringing in recent graduates and others who are newer to the profession. When I took office, Fenesha Blanchard was our LMSW Representative on the board, and Jennifer Lev, MSW, was our Student Representative fresh out of graduate school. In my brief experience, reaching out personally to individuals to encourage them to come to a meeting goes a long way. It was rewarding to see people at some of our meetings whom I personally invited.

Last, but by far not least, I hope that we put efforts into working on a more diverse chapter membership. Many colleagues would feel welcomed by our outreach efforts, as I know it would certainly help us to better reflect the needs of those we serve.

Mindy Levine: mindyglevine@gmail.com

IN MEMORIAM: Sheila Guston

Sheila Guston, President and Founder of Total Management Systems (TMS), passed away on June 10, 2024. TMS is the management company of the New York State Society for Clinical Social Work.

"Sheila's passing is indeed a great loss," said Helen Hinckley Krackow, past president of the Society and current Met Chapter President. "I had the pleasure of working closely with her during the days when TMS began to manage our affairs. She was capable, tough, and a great business manager, which we needed in the worst way. She helped us function on a professional level as we never had before."

Sheila was born in Paterson, NJ in 1936. A graduate of Fairleigh Dickinson University, She earned her Masters' degree in Communications from William Paterson University. Before entering the non-profit world, Sheila's volunteer work with B'nai B'rith Women led her to becoming an Association Executive, working for B'nai B'rith International, Alpha Omega International Dental Fraternity, and Na'amat USA.

Sheila founded TMS in 2000, an organization dedicated to management, strategic planning, and member services for professional and non-profit organizations.

"Sheila helped us 'think big,'" Helen Krackow said. "For example, she scaled up our annual education conferences, booking large hotels instead of the small venues we were used to, and planning the day's activities with precision and flair. Our conferences drew hundreds of enthusiastic attendees for the first time in our history.

"We would not be the organization we are today without Sheila and her staff," Helen continued. "I particularly want to express my sorrow for this loss to Debra, Sheila's daughter, and the staff at TMS. We are all behind you."

Sheila leaves a dedicated team of professionals at TMS: Kristin, Sandy, Debbie, and Alexandra who will continue to serve TMS's clients along with Deb Guston, who has been an advisor and participant in TMS's work since its inception.

Sheila is survived by her husband of 67 years, Herbert M. Guston; her children, Debra E. Guston and partner Patricia Nixon, Judith M. Guston and David H. Guston and his spouse, Kristin Marks and her grandson, Samuel Jack Guston.

Donations may be made in Sheila's memory to Temple Emanuel of North Jersey [tenjfl.org] or the Ovarian Cancer Research Alliance [ocrahope.org].

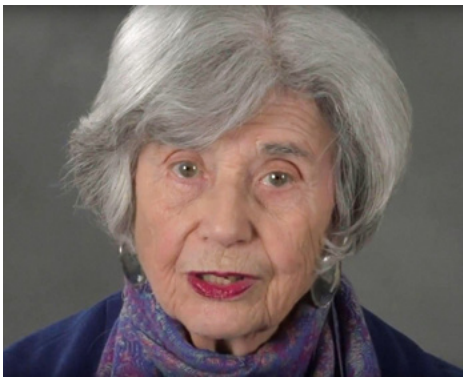
IN MEMORIAM: Joyce Edward

Joyce Edward was an extraordinary clinician, scholar, teacher, advocate, and a generous colleague and friend. Her career—from self-discovery to profound impact—exemplified the theme of this issue. An outpouring of tributes followed her passing in February. Below are just a few, with links to more reminiscences, videos, and interviews. Hers was truly a life well lived.

Excerpt from *The New York Times*, Feb. 8, 2024:

"Joyce Ann Levy Edward passed away on Feb. 4, 2024, just a few weeks after celebrating her 100th birthday. She dedicated her life to helping those struggling with issues of mental health. She was a beacon for social justice and a generous supporter of those who sought peace and equality. Joyce Edward brought her kindness, grace and style into the world in so many ways. She was a thoughtful friend who will be missed by many. She will be remembered for her love, generosity, and intense spirit to keep striving for a better world.

Joyce received degrees from Antioch College and Northwestern University, beginning a career in social work that transitioned to a career as a psychotherapist and psychoanalyst, following study at the Institute for the Study of Psychotherapy. Her professional life included writing valued texts and articles on psychoanalytic theory and its applications to studying human nature. She taught at Smith College, Hunter College and Adelphi University, and within various psychoanalytic institutes. Well into her later years, she continued to be a learner and a teacher."



The American Association for Psychoanalysis in Clinical Social Work (AAPCSW), www.aapcsw.org:

"[Joyce Edward] was humble and wise, with a noble, elegant presence wherever she appeared. Her contributions to AAPCSW and the wider psychoanalysis field through her publications, presentations, and teachings will remain with us."

Excerpted from the AAPCSW Newsletter (2024, Issue 1) By colleagues Sue Fairbanks, Sheila Felberbaum, Karen Redding, Penny Rosen, and Golnar Simpson.

Tributes to Joyce Edward (AAPCSW):
https://www.aapcsw.org/news/2024/joyce_edward_02-04-2024.html

A Life Well Lived: Video Conversation with Joyce Edward at 99:
https://www.youtube.com/watch?v=OFDtq-5NaJs8&ab_channel=AmericanAssociationforPsychoanalysisinClinicalSocialWork

AAPCSW Inspiration Series (2017):
https://youtu.be/3YHDZyBhoK0

An Interview with Joyce Edward: Exemplary Clinician, Advocate, and Scholar (2002), *Clinical Social Work Journal* 30(3):311-328:
https://www.researchgate.net/publication/225538361_An_Interview_with_Joyce_Edward_Exemplary_Clinician_Advocate_and_Scholar

NYSSCSW Student Scholarship Winners 2024

We are pleased to announce the winners of the 2024 NYSSCSW Student Essay Scholarship. We called upon professors at New York's social work schools to submit outstanding papers by MSW students that demonstrate their understanding and application of clinical skills. With the help of NYSSCSW chapter presidents, these ten students were chosen to represent their schools and were awarded a scholarship and membership in the Society. [Note: Student bios and paper synopses have been edited for conciseness.]

LONG ISLAND CHAPTER

Aleksander Sidjimovski

Stony Brook School of Social Welfare

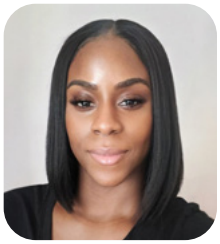
Aleksandar, an advanced-standing MSW student, graduated in May 2024. His clinical practicum was at the Upper Manhattan Mental Health Center, and he also served as a Behavioral Health Provider at Mantra Health. He has had experience in case management, care coordination, and crisis support across diverse populations. He worked with unhoused adults, college students, and pediatric populations.

Paper Synopsis: [I wrote] a case conceptualization of a client I worked with during my practicum through individual psychotherapy sessions... This case ... introduced me to the complexities of working directly with an individual experiencing multiple long-term conditions. It prompted me to explore evidence-based practices tailored to the nuanced needs of an individual with (psychosis) symptoms... Case consultation helped me enrich my understanding of the client's presenting situation, and it allowed me to refine my intervention strategies... I have come to appreciate the significance of adopting a holistic approach to mental health services.

MET CHAPTER

Kayan Brown

Silberman School of Social Work at Hunter College



I was born and raised in Jamaica, and immigrated to the U.S. in September 2000 at the age of 10... arriving mere days before the tragic events of 9/11. My experiences as a young immigrant navigating unfamiliar terrain have shaped my identity and fueled my desire to make a difference in the world around me. I carry with me the values of my Jamaican heritage—strength, perseverance, and a deep appreciation for community.

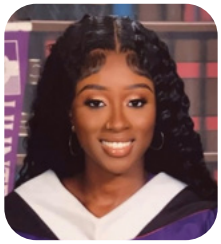
My current role as an ICU technician at New York Presbyterian Hospital has provided me with first-hand insights into the struggles individuals endure with substance use disorder. This ... ignites my determination to enhance healthcare access and treatment options, particularly for minority communities.

Paper Synopsis: My paper focusses... on the case of a 52-year-old male with a substance use disorder. The paper integrates theories such as Drive Theory, Ego Psychology, Object Relation, Self-psychology, and Interpersonal theory to gain a deep understanding of the client's inner world and develop effective interventions. It highlights the importance of considering clients' histories, attachment styles, and states of consciousness to create a supportive therapeutic environment. It also addresses managing countertransference issues and maintaining professional boundaries in the therapeutic relationship.

MET CHAPTER

Nikea Johnney

Silberman School of Social Work at Hunter College



I am a first-generation student of two immigrant parents from the West Indies. As a 23-year-old Black woman who grew up in East Flatbush and Bedford Stuyvesant, ... [I have] a heightened social awareness to individuals of multiple social demographics. Over the course of my educational career, I have thrived best in settings where I am challenged and prompted to consider opposing perspectives. This has strengthened my skills as both a life-long learner and student activist. ... I am looking forward to working with middle school/high school students or collaborating with organizations to implement best practices and provide students with safe spaces to exist without the policing of their emotions. Additionally, I aim to incorporate holistic wellness in therapy.

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Paper Synopsis: My paper depicts an integrative case analysis, drawing from theories of contemporary social work which include but are not limited to ego psychology, interpersonal theory, and object relations. I discuss an eight-year-old student who identifies as a young African-American male. I explore how the impact of intergenerational trauma and current family dynamics impact their functionality in school, self-view, and interpersonal relationships through the theories mentioned above. The narcissistic failures that occur as a result from traumatic emotional experiences in early childhood drastically shapes the therapeutic experience, and I highlight the presence of various forms of enactments that occur in the transference/countertransference.

MET CHAPTER

Joanna Thomas

Silberman School of Social Work at Hunter College

Joanna is an MSW student in the Clinical Method; her area of focus includes psychodynamic theories and the intersection of spirituality and mental health.

Paper Synopsis: Joanna's paper describes resistance in the helping process, its connection to ego defenses and functions, and the ways transference and countertransference can promote or reduce resistance. The paper also describes how sociocultural issues and a worker's use of self impacts clients' resistance.

MET CHAPTER

Benjamin Tien

Silberman School of Social Work at Hunter College, 2025

Ben has worked in the global health and humanitarian fields and hopes to provide therapy for immigrants, refugees, and their descendants. In his free time, he enjoys playing music and chess, reading, running, and hiking.

Paper Synopsis: This paper discusses resistance and its different manifestations, including ego defenses, transference, and countertransference. It further investigates how awareness and understanding of resistance can contribute to key insights that lead to client growth. Specifically, three forms of transference and countertransference are examined as potential avenues... to facilitate client growth.

MID-HUDSON CHAPTER

Daniel Witt

Adelphi University Master of Social Work Program

I am a 29-year-old queer student at Adelphi. I have wanted to be a licensed therapist since 2014 and am so excited to be one step closer to achieving that [goal]. I enjoy cooking, taking care of my pets, video games, and tabletop role-playing games.

Paper Synopsis: This paper is a case study of one of my clients ... who has seen immense growth in the years I have worked with him. The paper provides insight into intergenerational trauma, developed resilience, queer identity, the impacts of poverty in modern America, and how to handle countertransference as a mental health provider.

ROCHESTER CHAPTER

Riley O'Shea

Nazareth University Master of Social Work Program

Riley is a full time first-year social work graduate student. She has completed her internship ... at the York Wellness and Rehabilitation Institute in both the Youth Anxiety Center and the Play Therapy Center for Children and Families. She has discovered a ... passion for working with children of all ages who have experienced trauma and their families. She also has an interest in working with LGBTQ+ youth. Riley will return to the Play Therapy Center in the fall and intern at Tree of Hope Counseling. She hopes to become a certified play therapist.

Paper Synopsis: This paper follows the entire social work process—engagement, assessment, planning, intervention, evaluation, and termination—with a simulated client. The client is a 16-year-old girl who was referred ... by her hospital case manager after donating bone marrow to her 20-year-old brother as part of his cancer treatment. Since [undergoing] surgery, the client has missed school and has exhibited behaviors of anxiety and depression, including difficulty sleeping and avoiding leaving the house. [The paper explores] ... working with this client through each phase of the process ... and ethical considerations, such as informed consent and cultural humility.

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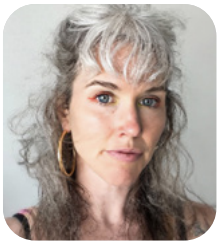
ROCHESTER CHAPTER

Lydia McCarthy

SUNY Brockport MSW Program



Lydia is a social worker, artist, and educator. She earned an MSW in 2024 and an MFA from the University of North Carolina at Chapel Hill in 2011. [Previously] she was Division Chair and an Associate Professor of Photography in the School of Art and Design at Alfred University.

Lydia's clinical interests include gender identity and sexuality, creativity, mindfulness, and psychedelic assisted therapy. She held internships at the Rochester Public Library and at the University of Rochester Counseling Center and has had training from the Insight Meditation Society. This summer, Lydia will begin a training position at the Greene Clinic in Brooklyn.

Paper Synopsis: Psilocybin-assisted therapy shows significant promise in treating anxiety and depression. Research conducted over the past two decades indicates that it could be an effective alternative to antidepressants, with few serious adverse effects known at this time. There is significant data to rationalize further research, but it should include larger, more diverse populations, with consistent follow-up. Since all studies up to this point have been phase 2 trials, meant to investigate efficacy and side effects, research in its use would need to progress to phase 3 and 4 before it can be approved for regular use. Given the limited number of studies and relatively recent interest in studying psilocybin again, more research is needed before it can become an evidence-based practice used in social work.

ROCKLAND CHAPTER

Natalie Kinoian

New York University Silver School of Social Work

Natalie's passions are in community development, social and economic justice, as well as providing support in empowering individuals and families through anti-oppressive practice. For her second-year practicum placement, Natalie interned as a clinical psychotherapist at Equality Mental Health, a private practice specializing in psychotherapy for LGBTQ+ and straight ally individuals, located in River Edge, New Jersey... She provided services to ... individuals, families, and couples of various needs, backgrounds, and identities.

Prior to pursuing her MSW, Natalie graduated Magna Cum Laude from the University of Scranton with a Bachelor of Science in Counseling and Human Services.

Paper Synopsis: The paper illustrates the importance of developing and maintaining a strong therapeutic relationship, described through Natalie's work with David, a client at Equality Mental Health. Natalie [provides] ... an overview of his intake information, presenting problem, initial session, and therapeutic goals, as well as her theoretical understandings and approaches in practice. She also discusses her understanding of client-therapist positionality and how her positionality may have helped or hindered the therapeutic relationship and overall treatment efficacy.

WESTCHESTER CHAPTER

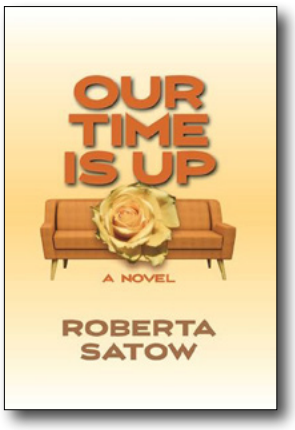
Arianna Morturano

Long Island University Master of Social Work Program

Arianna graduated the MSW Program in May 2024 with a Master's degree concentrated in child and family welfare. She worked with diverse populations, [including] formerly incarcerated individuals, navigating the complexities of the criminal justice system and subsequent mental health challenges. [She also worked] with at-risk youth and young adults with mental illness... and special education students in public school settings...

Arianna aspires to obtain her clinical license and open a private practice.

Paper Synopsis: Arianna's paper... is titled *Assessing the Impact of Screen Time on Youth's Behavioral, Psychological, and Social Functioning*. [It] is a comprehensive exploratory study [that] delves into the prevalence of technology and the catalysts of increased screen time, such as unrestricted access, and potential dangers. It ... examines the impact of screen time on various aspects of youth's lives, including anxiety, depression, aggression, bullying, communication skills, and social isolation...[and]... investigates the physiological impacts of screen time on the brain and its effects on psychological functioning. It explores the correlation between screen time and various negative behavioral outcomes ... as well as the influence of socioeconomic status on these outcomes. The thesis concludes with recommendations for mitigating the negative impacts of screen time ... emphasizing the need for further research.



Our Time Is Up

A Novel by Roberta Satow, Ph. D.

International Psychoanalytic Books, March 4, 2024

Reviewed by **Hanna Turken, LCSW, BCD, LPsyA**

On Sunday, April 7, Roberta Satow, Ph.D. gave a presentation on love and the development of a trusting therapeutic relationship. The program was sponsored by the National Psychological Association for Psychoanalysis (NPAP). The discussion centered on the transformative aspects of negative to positive feelings in therapy, ideas that are at the core of Dr. Satow's novel, *Our Time Is Up*.

The novel is a fictionalized memoir based on Dr. Satow's experiences. It is a story about becoming a successful analyst as a result of a successful analysis, and a tribute to a revered psychoanalyst. It depicts five years in the life of Rose Winer in the late 1960s, capturing the ethos of that period.

After completing her studies at Berkeley, Rose was not feeling emotionally safe. She believed she did not fit into the student body because of being too "Brooklyn Jewish," and thought that returning to New York would normalize her life.

Her first job was at a yeshiva teaching English, but the rabbi disapproved of her choice of literature, and she was fired. She then taught sociology as an adjunct at Brooklyn College while attending a sociology program at NYU at night. In June 1968, she began psychoanalytic training at the National Psychological Association for Psychoanalysis and soon was assigned her first patients.

As part of her training, Rose entered three-times-a-week analysis filled with fear and apprehension about self-esteem and sexual conflicts. The analysis involved working through the earlier dysfunctional relationship with her mother in order to accept the "good therapist" mother. This, in turn, helped her actualize her sexual desires and self-esteem. During analysis, Rose engaged in several sexual love relationships, and finally met the man she would marry.

The deep connection between Rose and her analyst fostered her transformation from a wounded, angry girl to a fulfilled adult who became an accomplished psychoanalyst and professor in her own right.

The novel is about beginnings and endings, and letting go of that which is unproductive. It explores the nuances of therapeutic relationships—between Rose and her therapist, and Rose and her patients—with humor and compassion. It is an acknowledgement of the reciprocity of love and the ability to sustain love without the restraint of past fears and hurts.

"It is the story of becoming a successful analyst as a result of a successful analysis, and a tribute to a revered psychoanalyst."

The title, *Our Time is Up*, is a phrase sometimes spoken at the end of an analytic session, and it can also refer to the termination of therapy. Beyond that, it signals the finality of death. Rose suffers profound losses—of her mother, her beloved analyst, and one of her patients—just as new phases of her life begin to unfold.

I recommend this book to therapists as a deeper look at the healing connections between patient and psychoanalyst. For me, having lived in Brooklyn and having attended Brooklyn College and NPAP, it had an added connective component.

ROBERTA SATOW, Ph.D. a practicing psychoanalyst for 35 years, is a senior member of the faculty at the National Psychological Association for Psychoanalysis (NPAP). Her other books are *Doing the Right Thing: Taking Care of Your Elderly Parents Even if They Didn't Take Care of You* (Tarcher/Penguin, 2006), and the novel *Two Sisters of Coyoacan*. Formerly on the Editorial Board of *The Psychoanalytic Review*, she is the author of articles on hysteria, narcissism, penis envy, work inhibitions, the function of humor in group therapy, and the relationship between cultural and individual intrapsychic factors in psychopathology.

The Vicissitudes of a Clinical Career: From Self-Discovery to Profound Impact

Phases of a Meaningful Clinical Career

Presented by Sandra Buechler, Ph.D. | Reviewed by Susan Klett, Ph.D., Psy.D., LCSW-R

Sandra Buechler, a prolific writer, psychologist, and psychoanalyst opened this year's conference titled, "Vicissitudes of A Clinical Career: From Self Discovery to Profound Impact" on April 20, 2024. She immediately captured our attention as she swept us into her internal world, sharing thoughts, intense emotions, and techniques that helped her survive and thrive in a diverse, challenging, and meaningful fifty-year clinical career.

Dr. Buechler is a training and Supervising Analyst at the William Alanson White Institute. She has won the Gradiva Award of the National Association for the Advancement of Psychoanalysis for her book *Making a Difference in Patients' Lives* (2008). Throughout this lecture, she referred to many of her publications, including *Empathy with Strangers: Personal Reflections* (2021); *Psychoanalytic Approaches to Problems in Living: Addressing Life's Challenges in Clinical Practice* (2019); *Psychoanalytic Reflections: Training and Practice and Still Practicing* (2017); and *The Heartaches and Joys of a Clinical Career* (2012).

Self-Discovery – Early Career

Keeping with the theme of this conference, Dr. Buechler invited us back to the beginning of her journey when she was twenty four years old and unprepared for the harsh realities of the world she entered. We accompanied her on her assignment to the "hemiplegic/paraplegic ward of a Veteran's Hospital—a ward full of young and old men missing limbs, some attempting to adapt and seeking purpose while others lost in states of dissociation. Dr. Buechler admits that she could not bear witness to the unbearable. She was in need of the holding and support of good supervision which was sorely missing. She tells us of a brave, determined man without limbs with a fierce fighting spirit who was learning to paint by holding a brush between his teeth. And she wonders aloud, "Why was this the sight that put me over the edge? It was the only time I quit a job."

Still haunted by this experience fifty years later, she discloses, "I must have identified most with him and been unable to bear looking at someone facing such fierce odds. I could imagine myself into him. He was a kind of exaggerated picture of an extreme of my own determination," a determination evidenced by her continued work in two other in-hospital settings; an inpatient psychiatric ward, and a unit for abandoned infants, born with physical defects and a prognosis of a few weeks to possibly one month to live. Once again, Dr. Buechler found herself unable to look at the human beings beyond their mental and physical illnesses, to bear witness to their immense suffering. She is self-reflective and aware of the protection her defenses provided; they enabled her to function and to appear confident in these assignments. Searching for a means to accept and make sense of her self-states, she turned to psychoanalytic literature and shared her interpretation of defenses by Anna Freud (1936), "To understand someone we must weigh the balance between the strength of their defenses and the magnitude of what they must defend against."

Dr. Buechler recognizes how her early difficult experiences shaped her as a clinician and taught her how challenging life can be. She turns her attention to what it takes to be a clinician and her presentation takes on the feel of an intimate letter to a young clinician and/or analyst. Dr. Buechler speaks in a direct, clear personal tone without the use of clinical or theoretical jargon. She lists significant core values that motivate and sustain long term involvement in clinical practice, including a sense of purpose, integrity, curiosity, courage, hope, patience, perseverance, playfulness, stamina, love, kindness, honesty, wisdom, and knowledge. Throughout her presentation, all these values shine through Dr. Buechler as she shares what she has learned from decades of training, clinical work, life experience, her supervisors, and from her training analyst.

Mid-Career

In mid-career, Dr. Buechler begins psychoanalytic training. Her training supervisor and psychoanalysts have been excellent role models who inspired her. In analysis she came to uncover and face many different aspects of herself which increased her capacity for empathy. She describes and expresses an appreciation of how her supervisor helped to bring forth her potential and influenced who she has become, not only as a clinician but as a supervisor. She compares this style of supervision to the art of sculpture. Sculptors, she claims, "find the sculpture in the stone...Rather than impose a design on the sculpture, they mine the stone and bring forth its potential shape... Similarly, a good supervisor works with the supervisee to 'find'the clinician in the trainee." This entails, she states, "bringing your whole self to their work, your life experiences, personal strengths, talents, and theoretical expertise." Dr. Buechler credits her analytic training as helping her develop her unique "signature style."

In this field, we are always growing and developing, as it is important that we can use ourselves as "therapeutic instruments" to fine-tune to a patient's needs. Dr. Buechler speaks of the necessity of support and focuses on the importance of accumulating nurturing resources that foster resilience. She speaks of a clinician's "internal chorus," the internalized voices that consist of our supervisors, teachers, colleagues, analysts, patients, and phrases that speak to us or a situation from writers, poets, and theorists. An example of one phrase that captures an idea that resonates with her comes from Sullivan, H.S. (1953), "We are all much more simply human than otherwise."

> "Dr. Buechler pulls from her 'internal chorus' the voice of the poet Elizabeth Bishop. She ends by reciting *One Art* on 'the art of losing.'"

Later Career and Retirement

Dr. Buechler arrives at the later stage of her career and another rite of passage, that of retirement.She shares her lived response and tells us this is the first time she made a decision that affected her patients without their input, and the first time she acted on behalf of herself. She realized that she and her patients seemed to be under the illusion of endless time, possibly even growing old together or having complete closure on all of their problems. Although she left many months for termination and transfers, each session felt like an ending because of the realization that it was the beginning of the separation process. Dr. Buechler refers to it as both "liberating and bizarre." In attempting to describe the sense of ending a fifty-year clinical career, she seeks company and pulls from her "internal chorus" the voice of the poet Elizabeth Bishop. She ends by reciting *One Art* on "the art of losing."

Dr. Buechler presented a moving and powerful presentation sharing her self-discovery and demonstrating her profound impact. Two members of the audience were past supervisees and thanked her for the impact she had made on their lives. She shared with the audience the fact that she has been writing since the age of six and is presently devoting her time to writing a book on Erich Fromm. In responding to an audience member who questioned how she may have changed since her retirement in June 2019, she stated that she was uncertain whether the changes had to do with retirement or aging and claimed an awareness of the preciousness of time and the desire to strengthen and deepen relationships.

Susan Klett, Ph.D., Psy.D., LCSW-R is faculty and training and supervising analyst, ICPLA; faculty and training and supervising analyst at various institutes in New York City. She is co-author with Arnold Rachman of *Analysis of the Incest Trauma: Retrieval, Recovery, Renewal* (Karnac, 2015) and has published articles and reviews on trauma, eating disorders, couple treatment, and the psychoanalytic process. Dr. Klett maintains a private practice in Manhattan working with individuals, couples, groups, and provides education consultations and supervision to clinicians.

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Healing Disconnection/S:

What Therapists Might Expect and Provide for in Treating the Partners & Friends of Childhood Trauma Survivors (CTS)

Presented by **Johanna Dobrich, LCSW-R, M.A.** | ***Reviewed by*** **Hanna Turken, LCSW, BCD, LPsyA**

We are living at a time in which exposure to trauma has been increased by the Covid pandemic, foreign wars, and the political divide. How these events are affecting children, the next generation of adults, and their loved ones is the focus of Johanna Dobrich's important work. She maintains that we should not ignore the experience of people engaged in relationships with the survivors of childhood trauma. However, schools of psychotherapy are not addressing sufficiently, nor preparing their students to understand, the effect of adult childhood trauma that presents itself in survivors' relationships with others, particularly with their loved ones.

For Ms. Dobrich, it is not enough to be taught how to listen to survivors of trauma. Therapists need to learn how to listen to family and friends and help them understand how early trauma shapes the adult with whom they are now relating. Loved ones have a need for psychoeducation, emotional connection, and communication skills to use with those who have been traumatized.

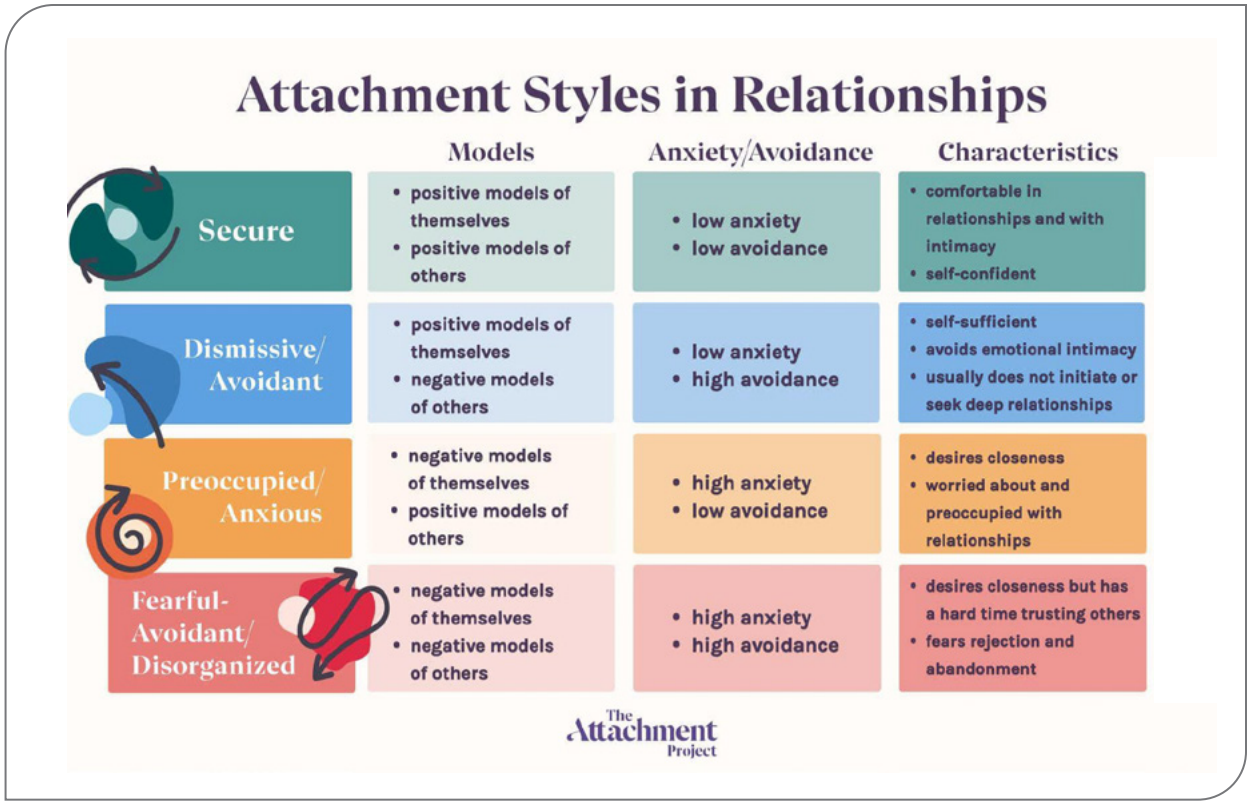
Ms. Dobrich's presentation was motivating, informative, and a necessary reminder that all relationships are intersubjective. Nothing happens in a vacuum. Interacting with others inevitably will bring a response from the subject as well as the object. These reactions might be inaccurately perceived or misinterpreted. In the case of survivors of childhood trauma, their communications can provoke reactions from those closest to them. This may be detrimental to their relationships and, more often than not, lead to detachment by the loved ones in order for them to retain their mental health.

As I was writing this review, a dream my patient had a few days earlier came to mind. *She is outside her old high school with her nine-year-old daughter. They miss the bus to get home and there will not be another for hours. She does not know what to do with her phone as it seems unusable. She has another phone, but she is confused about where it is or if it is lost. She borrows a phone from someone. She calls her husband to come and get them, but he tells her to wait for the next bus or find another. He is not coming to get them.*

"Loved ones have a need for psychoeducation, emotional connection, and communication skills to use with those who have been traumatized."

As I followed the chart on attachment styles in relationships (see illustration) that Ms. Dobrich provided, I was able to interpret that my patient is fearful, avoidant, and disorganized, even though she is high functioning. She is bringing to my attention the degree of her high anxiety and high avoidance. She desires closeness but has a hard time trusting others and fears rejection and abandonment. It is possible that when she is communicating with her husband, asking for help has a double meaning: *Help but don't help me*. In the dream, her husband chooses not to help.

Ms. Dobrich would tell us, I think, that the husband needs to come to understand what triggers this response in his wife, and what would enable him to be more supportive and engage in a dyadic process. This would increase his capacity for building the relationship instead of engaging in a cyclical pattern of miscommunication and disconnection.



Some of the self-defeating behaviors that the childhood trauma survivor presents include contradictions of the self (multiple self-states), dissociative defenses, little recognition of what is internal and what is external, and difficulty in building resourcefulness.

In therapy, areas of disappointment need to be acknowledged, reflection rather than reaction needs to take place, and what triggers the loved one needs to be explored. The capacity for building resourcefulness, dyadic processing, and the ability to consolidate skills and gains are therapeutically supported. Ms. Dobrich's presentation will be included in her forthcoming book

Johanna Dobrich, LCSW, is a licensed clinical social worker and psychoanalyst with a private practice specializing in the treatment of dissociative disorders. She is the winner of the 2023 Sandor Ferenczi Award from the International Association for the Study of Trauma & Dissociation for her book, *Working with Survivor Siblings in Psychoanalysis*, which explores the developmental impact of growing up alongside a severely disabled and medically complex sibling. In addition to clinical practice, Johanna teaches courses and supervises therapists in training at the Psychoanalytic Psychotherapy Study Center (PPSC), National Institutes for Psychotherapies (NIP) and ICP.

Hanna Turken LCSW, BCD, LPsyA, is a past Board member of the NYSSCSW Queens Chapter; Continuing Education Committee and Senior Member of NPAP; Research Associate at the Psycho-history Forum; and member of many other organizations. A published author, she has presented her clinical papers widely on topics of culture, sexuality, female development, culture, fathers, trauma, and psycho-history, among others. She has maintained a bilingual (Spanish) private practice in Queens and Manhattan.
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How a Child Analyst Helps Change Society Through Litigation

Presented by **Gilbert Kliman, MD** | ***Reviewed by*** **Kathryn Sedgwick, LCSW, Gender & Sexuality Committee Chair**

A spry, wiry ninety-something, Dr. Gilbert Kliman has had quite the life, to put it mildly, filled with opportunities and setbacks alike. His parents, émigré survivors of the early twentieth-century Ukrainian pogroms (his grandparents didn't make it), made no secret of their ambitions for their son, treating him as a "little man" who was expected to be "wonderful" and accomplish great things. He duly obliged, though not without misgivings, which later surfaced in the course of his three (!) psychoanalyses. Yet, as he said, at each stage in his clinical journey he somehow managed to become "more myself" by meeting and surmounting every new external challenge that came his way.

> "Reflective Network Therapy (RNT) is a . . . synergistic combination of preschool education with in-classroom psychological treatment for emotionally and developmentally disordered young children. [It] has been used successfully to minimize the number of foster home transfers for children in the foster care system."

These were many, beginning in early childhood. His first memory is of being anesthetized in a hospital crib, where he thought he was being strangled. He spent a lot of time in hospitals as a child, enduring multiple skull surgeries. In his telling, these and similar experiences ultimately made him "a risk taker, someone who challenged the high-walled crib-cages of scientific orthodoxy."

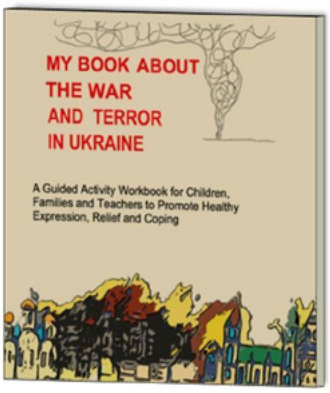
It also imbued him with a lifelong curiosity about the inner lives of children, particularly children's responses to bereavement, beginning with the Kennedy assassination and continuing through the *Challenger* disaster (he appeared on ABC-TV's popular *20/20* show to discuss this), Hurricanes Katrina and Rita, and many others.

After graduating from Harvard Medical School and training in child psychiatry, Dr. Kliman and colleagues pioneered the development of Reflective Network Therapy (RNT), a modality he describes as:

> [A] deliberately synergistic combination of preschool education with in-classroom psychological treatment for emotionally and developmentally disordered young children. Its techniques include: individualized psychodynamic psychotherapy sessions for each child right in the classroom; briefings before each therapy session and debriefings after each therapy session, shared with the child; parent involvement and intensive parent guidance. Everything takes place within an early childhood educational process and classroom group.

He also began rigorously testing the intelligence quotients of autistic and PTSD children, many of whose IQs were previously thought unmeasurable. What he found astonished him: In combination with RNT, not only was he able to chart steady upward cognitive progress (to IQ 140, if I heard him right); he was also, in a number of cases, able to unblock the clinical development of his young charges. A YouTube video presented a compelling example wherein Kliman's patient ministrations enable an anti-social, avoidant child to uncover an interest in other kids as a result of his positive transference to the good doctor.

The treatment has been used successfully to minimize the number of foster home transfers for children in the foster care system. More than 60,000 copies of Guided Activity Workbooks (GAWs), developed by Team Kliman with titles like *My Pandemic Story* and *My Personal Story About Hurricanes Katrina and Rita*, have been used throughout the world by children, families, and teachers, with measurably positive results.



Psychoanalytically informed activity workbooks by children traumatized by school shootings, natural disasters, war and more. They are derivative of Reflective Network Therapy.

***My Book About the War and Terror in Ukraine* offers psychological first aid to displaced and traumatized children and families during the war in Ukraine.**

https://harlemfamilyinstitute.org/wordpress/tag/guided-activity-workbook/

Complications of Lynch's Disease, hereditary colorectal cancer that also plagued his grandparents, father, and children, led Kliman to a mid-career relocation to California. Yet, in another compelling example of his alchemical ability to transform into something positive the kind of adversity that might have ended another practitioner's career, he managed a successful reinvention as a forensic child psychiatrist. He has testified as an expert witness at some 400 of the nation's most important institutional neglect and child psychological trauma cases. As he said, analysts make good listeners—they can hear and respond clinically to the many horrible things that arise in child-related court cases—and are also useful in pointing up institutional iniquities and abuses of power.

> "Dr. Kliman has testified as an expert witness at some 400 of the nation's most important institutional neglect and child psychological trauma cases. His cases set legal precedents: *loss of parental services* as a reason to compensate a child is now admissible psychiatric testimony."

His cases set legal precedents: "loss of parental services" as a reason to compensate a child is now admissible psychiatric testimony. He also inaugurated the Harlem Family Services Forensic Seminar Series, which has trained over 1,000 forensically informed investigators. Dr. Kliman estimates he has been responsible for over $3 billion in jury awards to date. But perhaps more significantly, he feels his body of work has made a substantial contribution to the more respectful, humane way in which children are viewed and treated in today's society, a fact of which he is duly proud.

Did I mention he also flies planes?

In closing, Dr. Kliman stated that he attributes his resilience throughout a long life to being "very smart." Kids with a high IQ can better protect themselves from trauma, he finds. His particular path led him to learn about medicine, psychiatry, and bereavement; he also found, importantly, that *interactive processes* help us to defy helplessness. In learning to hear his own voice, he concluded, "I helped others to speak up."

Gilbert Kliman, MD, is Medical Director of Preventive Psychiatry Associates Medical Group, Inc., Medical Director of Children's Psychological Health Center, Inc., Chairperson of Harlem Family Institute, Co-Chair of Harlem Family Services, Distinguished Life Fellow and Diplomate of The American Psychiatric Association, Senior Life Fellow and Diplomate of American Academy Child & Adolescent Psychiatry, Certified Psychoanalyst for Children, Adolescents and Adults and Member of The American Psychoanalytic Association. Dr. Kliman also founded three nonprofit organizations; all are derived from the Reflective Network Therapy Method. He also founded the Foster Care Study Unit at Columbia University College of Medicine and Surgery, Department of Child Psychiatry.

Kathryn Sedgwick, LCSW, is a psychotherapist in private practice in Riverdale. She serves as Chair of the Met Chapter's Committee on Gender and Sexuality. She was formerly a therapist at the Ali Forney Center in Harlem, and earlier, an editor at Moseley Road Books and executive vice president at Vantage Press.

Whistle While You Work: Work, Identity, and its Vicissitudes

Presented by **Samoan Barish, Ph.D., DSW, LCSW** | ***Reviewed by*** **Helen Goldberg, LCSW**

Simoan Barish offered participants a fresh and lively presentation she called, *Whistle While You Work: Work, Identity, and its Vicissitudes*. Her message: If there is "good work" and it suits you, working can be one of the pleasures of living. Speaking about the many and varied functions work provides for an individual, she shared aspects of her own life experience in coming to recognize what she wanted to work at and how she constructed her life-long career. Dr. Barish encouraged us to think about the meanings that working has or has had for us and, by extension, for those we work with as clients or patients.

Dr. Barish described attending college at a time when cultural values, as translated by her family, strongly indicated that a woman's aim was to receive an "Mrs. Degree." This seemed to be of paramount importance. Somehow, her impulses drove her to seek "something else." At the time, it was not clear to her what that might be, but she knew she wanted a field of study she could "master" and through which she could "make a contribution." Taking courses in psychology turned out to be her path forward. Hearing case material presented by a professor was galvanizing and she knew what she wanted to do. "I found my calling," she said.

Later, while attending a graduate school of social work, she had to confront situations that highlighted the differences between her ideals and the realities she encountered in school and field placements. This was a challenge, but she persevered in her studies.

Dr. Barish spoke about the potential of work to help people develop their identity, feelings of self-worth, and meaning in living. She quoted Dr. Jill Biden who defined her work as, "Not what I do, but who I am." Dr. Barish cited writers, popular writers, for example, Stephen King, who said, "Work is what defines us as people." Stolorow and Atwood stressed the intersubjective nature of work in our culture. She noted Freud's famous dictum expressing the idea that a "healthy" adult is a person who has satisfying love relationships and satisfying work. Erickson spoke of work as important for identity formation and pointed to the late adolescent period as a time when there is usually an integration of talents and capacities with possible careers. Kohut, Lichtenberg and others were also mentioned.

"Dr. Barish spoke about the potential of work to help people develop their identity, feelings of self-worth, and meaning in living. She quoted Dr. Jill Biden who defined her work as, 'Not what I do, but who I am.'"

A recent *New York Times* article (April 17,2024) echoed Dr. Barish's very positive view of work. It featured interviews with people over 70 years of age: Joan Collins (90), Martha Stewart(82), Georgio Armani (89), and Bettye Saar (97). They presented a view of work as enlivening, personally fulfilling, and giving meaning to living, and saw no reason to retire.

Dr. Barish offered a case example of a woman she worked with who encountered difficulties in her younger years in finding herself in a work life. But somehow, later in life, she was able to construct meaningful work experiences.

WHISTLE WHILE YOU WORK Continued

Dr. Barish reported highlights of a study (authors Lucy Bumenfeld and Merle Updike Davies) of the career reflections of older social workers, ages 75–90. The themes that emerged from interviews with them included: doing something "worthwhile," "helping others," and concern for the future of the field of social work.

Also seen as important was the potential for personal growth through one's work, and the importance of "keeping involved" with others after retirement from a formal work setting, sometimes in a voluntary capacity. Study participants expressed satisfaction with their careers and the involvement with others that they offered.

Along with her work as a clinician in private practice, Dr. Barish has engaged in many other professional roles. She is a Past President of AAPCSW, a former Dean and a current faculty member of the Sanville Institute, and she has practiced in and consulted with numerous agencies and hospitals. She was also a Social Service Commissioner in Santa Monica, CA.

From her early years as a college student through graduate school, through her many years of clinical and supervisory work, teaching, publishing, and leadership roles, Dr. Barish has maintained a view of work as positive and personally fulfilling. She has been able, truly, to whistle while she worked.

Samoan Barish, Ph.D., has an MSW from UC Berkeley, a DSW from Univ. of Southern California, and a Ph.D. in Psychoanalysis from the New Center (formerly So. Calif Psychoanalytic Institute). She is a member and past president of AAPCSW. She is the former Dean and Faculty member at the Sanville Institute and has practiced and consulted in numerous agency and hospital settings and social service agencies. She maintains an independent practice in Santa Monica. Her publications have appeared many journals, and she is a frequent presenter.

Helen Goldberg, LCSW, is in private practice in New York City. She is a supervisor and has taught courses in psychoanalytic technique. For many years, she was the facilitator of a reading group focused on attachment theory.

Neuroscience and the Practice of Psychotherapy

By Roger Keizerstein, LCSW

Roger Keizerstein, LCSW, is a pediatric clinical social worker, certified trauma professional and public speaker. He is a frequent contributor to The Science of Psychotherapy Magazine. He has been in private practice in East Setauket, Long Island for 41 years. He will be conducting workshops on how recent discoveries in neuroscience have impacted the practice of psychotherapy at Stony Brook University on September 20 and at New York University on Jan 10, 2025.

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On May 5, 2024, I conducted at three-hour workshop at Molloy College on how recent discoveries in neuroscience have impacted the practice of psychotherapy. The workshop was sponsored by the Long Island Chapter of the New York State Society of Clinical Social Workers in coordination with the ACE Foundation.

There were a multitude of theorists and practitioners to choose from; the field has recently been flooded with articles and books on the subject, especially those practicing various forms of trauma treatment. Ultimately, I chose the figures in the mental health field that have had a positive and profound impact on the way psychotherapy is practiced and how this has changed the way in which therapists presently conceive of themselves.

JOHN ARDEN'S THEORY OF MIND

Dr. John Arden, a world-renowned proponent of the integrative approach to psychotherapy, (*Mind-Brain-Gene: Toward Psychotherapy Integration*, 2019), led off the workshop. A presentation and discussion of Dr. Arden's theory of mind (TOM), Epigenetics (*Adverse Childhood Experiences (ACE) Study for CDC and Kaiser Permanente*, 2006) and his mental health acronym, SEEDS, which assesses a client's Sleep, Exercise, Education, Diet, and Social Life, followed.

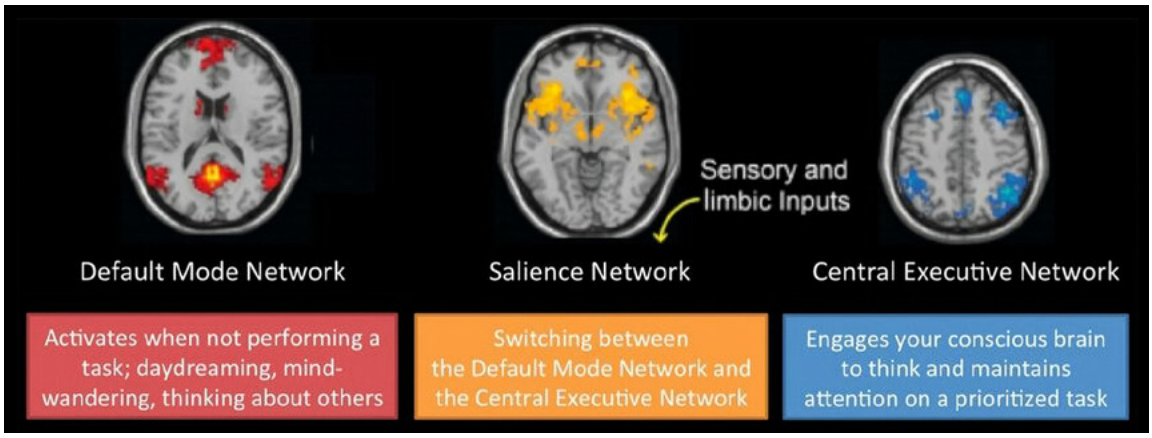
Dr. Arden theorizes that the mind in made up of three distinct operating systems: the Executive Network; the Default Mode Network; and the Salience Network. He asserts that significant imbalances in the three operating systems—the lack of cultivation and utilization of one of the systems—can lead to mental health maladies and even mental illness.

The Executive Network is responsible for the "moment to moment monitoring of experience, a working memory that select, orient, and maintain an object in the mind and the selection, planning and decision-making towards goals." The Executive Network is primarily associated with task-oriented activities.

The Default Mode network, much in vogue these days among the proponents of meditation to temper the stress response, (see Sam Harris's *Waking Up* app), allows for "reflecting, spontaneous thoughts and mind wandering and activities during tasks of mentalizing, projecting oneself into the future or past and when reflecting on social relationships. The Default Mode Network can lead to pleasant daydreams or anxiety producing ruminations on past painful experiences.

The Salience Network often "referred to as the "salient self" (the material "me"), "detects emotional and reward saliency and orients toward external events in a bottom-up (emotional to cerebral) fashion." The Salience Network helps us determine what is emotionally relevant preceding our interactions with others and, on a "gut level," prioritize our responses in a nuanced way. The Salience Network also accounts for the way that we organize ourselves and interface with the external environment.

According to Dr. Arden, these three operating systems communicate with each other through various neurobiological feedback loops that bring the human organism to life.



SOURCE: https://www.researchgate.net/figure/Central-Executive-Network-the-Default-Mode-Network-and-the-Salience-Network_fig2_352492508

Clinical Implications Imbalances in the three operating systems cause emotional distress.

Aaron—Dr. Arden received a referral of a 32-year-old client, Aaron, who was in great distress. He had just received a negative job review by his supervisor. Aaron was a highly successful computer engineer. The review actually pointed out that his technical know-how was excellent, but asserted that his poor social skills, his inability to cooperate, *get along with and anticipate the needs of others,* was undermining the workplace environment. Aaron's coworkers coped with his apparent social inadequacies by avoiding him.

After interviewing Aaron, Dr. Arden determined that he had a significant imbalance in the cultivation and subsequent utilization of his salience and default mode brain networks, resulting from the overuse of his executive network. Being a computer engineer, Aaron spent most of his time analyzing and organizing data, completing software related tasks. Aaron admitted to hardly ever thinking about people or his relationships with them, which explained why he was so surprised by his evaluation. Thinking about them is a brain activity that takes place in the Salience and Default Mode networks. Dr. Arden encouraged Aaron to practice thinking about coworkers, friends, and family members on a daily basis, to cultivate the parts of his brain that lacked stimulation.

Epigenetics: The theory of epigenetics asserts that environmental factors, such as high levels of stress, impact the "turning on and off" of genes in one's DNA, the genetic program.

Although genes are expressed in a myriad of ways, the ultimate transcription of genes works as follows: DNA is expressed by RNA (ribonucleic acid), but the unique way in which RNA expresses genes depends upon the environment, including stress levels, family stability vs. instability, economic turmoil, and sudden changes in climate. In other words, the neurobiological manifestation of one's genotype is not preordained.

Gina—A great example of the epigenetic phenomenon is the fascinating case of identical twins who were separated at birth and adopted by different families. When Gina, 28, became Dr. Arden's client, she was suffering from many medical and mental health maladies: depression, anxiety, Type 2 diabetes, chronic inflammation. Gina believed that her birth family had passed their defective genes to her and attributed her miserable condition to that. She felt helpless.

A previous therapist had encouraged Gina to seek out her birth parents to see if her present poor health was actually genetically based, determined. She could not locate them, but in the process she did find her identical twin, Sara. To Gina's surprise, Sara was healthy in body and mind, and flourishing.

A review of Gina's childhood and adolescence revealed an endless cycle of neglect and abuse at the hands of the couple who adopted her. They were refugees from war-ravaged Bosnia and had "witnessed and experienced horrific violence." They were too damaged and preoccupied with the past to be present enough to nurture themselves, no less a baby. Dr. Arden speculated that the gene for self-care had been turned off in Gina's genotype by her hostile, cruel and abusive homelife. (As of this reading, the gene for self-care has not be identified by geneticists.)

Conversely, Gina's identical twin Sara, who was raised in a warm, nurturing, loving, and stable home, was healthy and thriving. Based on the evidence, Dr. Arden was able to persuade Gina that her present condition was not the result of defective inherited genes but was actually the result of the adverse experiences that marked her childhood and the maladaptive way she learned to cope.

CONTINUED ON PAGE 28

For the first time in years, Gina was hopeful of being able to make positive changes that would improve her life. She no longer believed that her destiny was written in genetic code.

SEEDS: A Mental Health Check List

SEEDS is Dr. Arden's acronym for: Sleep, Exercise, Education, Diet, and Socializing. He uses it as a mental health check list. Similar to his theory that significant imbalances in our three brain systems lead to adverse mental health outcomes, he also believes that poor sleep, diet, lack of exercise, social isolation, and not learning anything new, can lead to poor mental health.

In the case of Aaron, the computer scientist who received a poor work review, he would have been encouraged to develop an interest independent of computer science and technology, and if Aaron could pursue this new interest with other people, even better. As for Gina, her anxiety, depression and her chronic inflammation, a common manifestation of too many adverse childhood experiences (see the Ace Survey), would have been addressed through an anti-inflammatory diet and exercise program, along with cognitive behavioral therapy to address and reverse some of her maladaptive coping habits. Dr. Arden's integrative approach to the practice of psychotherapy seeks to enhance, not distract from more conventional approaches to the treatment of mental health.

ERIC GENTRY: FORWARD FACING TRAUMA THERAPY

Through his book, *Forward>Facing Trauma Therapy* (2016), Dr. Eric Gentry illustrates the profound changes in the theoretical understanding and treatment of trauma and posttraumatic stress that have taken place in the past two decades. His program of recovery is predicated on the belief that trauma and the symptoms of posttraumatic stress are the result of an injury to the autonomic nervous system (ANS), which is responsible for the processing and resolution of stress during our waking and sleeping hours.

This new theoretical understanding of traumatic injury and its implications for treatment could not be more profound. It has meant the difference between helping a patient heal or retraumatizing them over and over again through outmoded, ineffective, and often harmful treatments (*Abreaction Re-Evaluated*, Ono van der Hart, Ph.D., Paul Brown, M.D, 1992.)

At the center of this sea change in trauma therapy was the departure from the psychoanalytical treatment model of *abreaction* (*Studies on Hysteria*, Sigmund Freud, 1893), in favor of *interoception*. Abreaction (from the German *Abreagieren*) presumes that a patient can discharge pent up emotions associated with trauma by reliving the experience, a catharsis. This treatment model did not include any form of psychoeducation for the patient, nor did it prepare the patient cognitively or emotionally for the intervention. It would be similar to a physical therapist encouraging a patient with a fractured leg to run before he could walk.

Interoception, the ability to be aware of internal states in the body and successfully monitor and respond appropriately to them, is at the core of modern-day trauma treatment because injury to the autonomic nervous system results in significant impairment of interoceptive functioning. A trauma patient's ability to process stress successfully and achieve a modicum of emotional equilibrium is not only hampered by an association to the traumatic event, but to all stressors, mild and intense. Thus, it is imperative for a therapist to help a patient reduce the intensity of their symptoms before more extensive therapeutic work can be attempted. This more compassionate approach lays the groundwork upon which the goal of all trauma treatment depends: the decoupling of the traumatic energy bound up in the body from the traumatic memory.

Gentry's Treatment Model

1. Psychoeducation of trauma and posttraumatic stress.
2. Exploration of intensity of symptoms and their triggers.
3. Reprocessing of misinterpretations (distorted takeaways cognitively and emotionally) arising from the traumatic experience.
4. Reduction of intensity of symptoms of posttraumatic stress through various relaxation techniques first demonstrated by the therapist and chosen by the patient.
5. Discussion of titration therapeutic approach which attempts to diffuse and ultimately, decouple the traumatic energy from the traumatic memory.
6. Titration interventions are usually three- to-five minutes in duration, depending on a patient's tolerance. First, the therapist helps the patient achieve a relaxed, calm state. Second, the patient is asked to think of an association to the traumatic event to trigger the energy still bound up, unresolved, in the nervous system. Patient uses the relaxation techniques they have mastered to diffuse the energy that inevitably rises up in association to the memory that they have chosen. This process can also be facilitated through writing or drawing pictures, especially when working with traumatized children.

MATTHEW DAHLITZ and RICHARD HILL: *The Science of Psychotherapy*

One cannot speak of how recent discoveries in neuroscience have impacted the practice of psychotherapy without mentioning the influence of Matthew Dahlitz and Richard Hill, both of whom practice and promote the healing arts from their offices in Sydney and Melbourne, Australia, respectively.

Both men came to the study and practice of psychotherapy later in life. Mr. Dahlitz was a composer of musical scores; Mr. Hill, an actor, and TV presenter. Both men bring an artistic touch to the creation of their monthly online magazine, *The Science of Psychotherapy*. Mr. Dahlitz is the founder and publisher; Mr. Hill, is the editor. Since 2013, the magazine has distinguished itself by publishing coherent, well written and handsomely illustrated articles on a vast array of mental health subjects from a neuroscientific perspective. The magazine also publishes interviews with the field's top scientists, theorists, and practitioners, such as Dr. Joseph Deloux, Dr. John Arden, Dr. Brian Quinn, Dr. Oliver Morgan, and Bruce Ecker.

The Science of Psychotherapy magazine also produces a podcast, continuing education courses, and compelling documentaries on loss and grief, autism, schizophrenia, and the gut-brain axis.

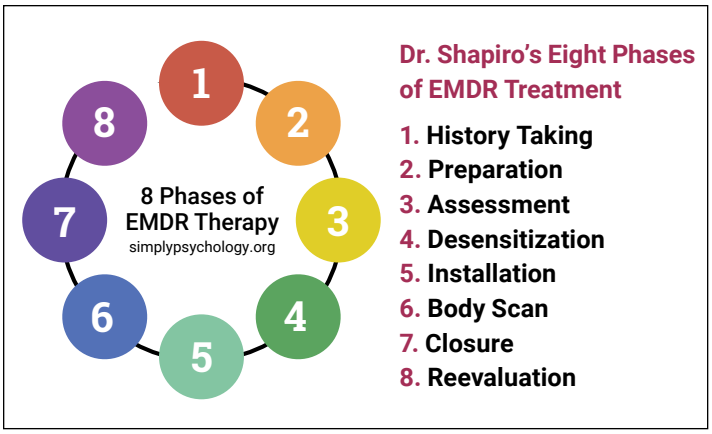
During their illustrious second careers, they have published several books, including Mr. Dahlitz's indispensable *The Psychotherapists Essential Guild To The Brain* (2017), and, as co-authors, *The Practitioner's Guide To The Science Of Psychotherapy* (2022). Mr. Dahlitz composes musical scores for mental health and philosophy themed documentaries.

Mr. Hill is the author of *A Practitioner's Guide To Mirroring Hands* (2017), serves as the director of the Mind Science Institute, and conducts workshops and lectures on a wide range of mental health subjects worldwide.

FRANCINE SHAPIRO: EMDR TRAUMA THERAPY

One day in 1987, a 39-year-old Brooklyn-born psychologist, Dr. Francine Shapiro, was experiencing disturbing thoughts, as a result of receiving a frightening medical diagnosis. She began to move her eyes from left to right, right to left, perhaps a spontaneous tic-like movement of the eyes to calm—*regulate*—a highly agitated nervous system. It seemed to work, that is, the prolonged rapid eye movement appeared to diffuse the emotions associated with the disturbing thoughts until they ceased. EMDR, Eye Movement Desensitization Reprocessing therapy, was born.

Dr. Shapiro's serendipitous discovery of a novel method of trauma treatment brings to mind Sigmund Freud's own unintentional discovery of the emotional roots of hysteria, what he later termed "hysteria conversion." Limited by the more primitive diagnostic instruments at his disposal in the 1880s as a neurologist, Dr. Freud began to talk to his patients about their lives. The patients revealed a history of sexual molestation by their fathers, uncles, and siblings. As they spoke to Dr. Freud of their molestation, their various forms of paralysis and other neurological impairments went into remission. These talks—what turned out to be therapy sessions—formed the basis for the psychoanalytical process.



It took Dr. Shapiro several years to standardize her EMDR treatment model by conducting various randomized controlled studies with trauma victims. Her book, *Eye Movement Desensitization and Reprocessing (EMDR) Therapy* (1995), had an immediate impact on the emerging field of neuroscientific research regarding the practice of psychotherapy. Her hypothesis was that rapid eye movement therapy could be a creative way of manipulating and tempering certain areas of the brain to reprocess traumatic memories, as opposed to abreaction, the older talk therapy method. It put her at the forefront of an emerging scientific revolution, along with Peter Levine, the author of *Waking The Tiger, Healing Trauma* (1997), and nearly 20 years ahead of Bessel A. van der Kolk's heralded work, *The Body Keeps The Score: Brain, Mind, and Body In The Healing of Trauma* (2015). EMDR therapy is presently practiced by mental health professionals throughout the Western world.

CONTINUED ON PAGE 30

FRANK BOURKE: RECONSOLIDATION OF TRAUMATIC MEMORIES THERAPY

In the aftermath of the attack on the Twin Towers at the World Trade Center on September 11, 2001, Dr. Frank Bourke, a psychologist based in Corning, New York, was tasked with developing a treatment for 850 survivors of the attack who had worked above the tower's 100th floor.

What was a psychologist to do? People were suffering; lives were likely hanging in the balance. The existing long-term, mostly ineffective models of trauma treatment wouldn't do. Time was of the essence. He had to act quickly, careful to do no further harm to the people in his care.

Dr. Bourke was already an adherent of the theory of memory reconsolidation, a process by which a memory, even a traumatic one, can be revived and the emotions associated with it can not only be drained of their somatic power, but eventually decoupled from them. It was all about the timing: the process of reconsolidation of a memory, its manipulation, and its lability period, is just one-to-six hours. With this challenge in mind, Dr. Bourke and his colleagues went to work.

RTM THERAPY for PTSD

"I've been sleeping better. Before doing Protocol treatment, nightmares would wake me up every night. Now I am sleeping through the night. I stopped driving three years ago after returning from Afghanistan because of what happened there. Now I am driving around town and am not even thinking about it. It's like how I was driving before deployed. I'm getting out more often in public. I'm less quick to jump to anger with my son. Prior to doing this treatment, I was very irritable. Now I'm doing things I like to do and more relaxed." Source: https://randrproject.org/testimonials.html

THE SEVEN STEPS OF RTM THERAPY

1. The clinician asks the patient to imagine that he or she is sitting in a movie theater watching a black-and-white still picture of themselves before the traumatic experience began.
2. The patient is asked to imagine watching themselves, watching the black-and-white movie of the traumatic experience, from a safe position ("dissociated") behind the self, sitting in the movie theater.
3. After the black-and-white is completed comfortably, the patient is asked to watch the movie rewind itself in color, two seconds, backwards.
4. Both visualizations are repeated until they are completely comfortable.
5. When both visualizations are repeated, the client is asked questions about their trauma that would have previously triggered uncomfortable feelings related to the traumatic memory. When the patient is comfortable talking about the traumatic experience and shows no sign of agitation, the first stage is complete.
6. The patient is then invited to invent and mentally visualize themselves walking through several alternative, non-traumatizing versions of the memory.
7. After practicing the new scenarios, the patient is again asked to retell the trauma narrative, and previous memory triggers are probed. When the traumatic feelings cannot be aroused and the narrative can be told without significant tension or fear, the procedure is completed.

When I spoke to Dr. Bourke by phone a few years ago, I asked him if RTM therapy was a process by which one memory was replaced by another. He said *no*, RTM is a creative, imaginary way of decoupling, "severing." the traumatic energy (causing the symptoms of posttraumatic stress) from the traumatic memory, not unlike the goal of other modern trauma treatments.

Dr. Bourke is Executive Director of The Research and Recognition Nonprofit Project. He and his colleagues have treated thousands of victims of trauma at success rates as high as 90%. He and his team recently traveled to war-torn Ukraine and trained 30 therapists to use the RTM model to treat trauma.

WELCOME NEW MEMBERS OF NYSSCSW!

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Young, Jeffrey, LCSW-R	ROC
Young, Loraine, LCSW-R	ROC

CHAPTER KEY: LI–Long Island; MET–Metropolitan; MID–Mid-Hudson; ROC–Rochester; ROK–Rockland County; SI–Staten Island; WES–Westchester County.

Online Psychotherapy—It's More than Meets the Eye

We've learned a lot about telehealth. What have we overlooked?

By Terry Nathanson, LCSW

Terry Nathanson, LCSW, brings over 35 years of experience to his practice. With a foundation as a licensed bodyworker, he is certified in Gestalt Therapy and trained in DBR (Deep Brain Reorienting), EMDR, Somatic approaches to Internal Family Systems, trauma-informed mindfulness, and nondual Kabbalistic healing. Terry is an Adjunct Assistant Professor at NYU's Silver School of Social Work Masters program, where he teaches emotional regulation, neurobiology, and mindfulness courses. As the founder of Virtually Here Now, Terry guides therapists beyond traditional mindsets and models, highlighting online therapy's unique spatial and relational challenges and opportunities.

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"Our relationship lives in the space between us—it doesn't live in me or in you or even in the dialogue between the two of us—it lives in the space we live together, and that space is sacred space." —MARTIN BUBER

BUBER'S PROFOUND INSIGHT offers us a new understanding of online psychotherapy. His perspective provides a spatial framework for exploring the uncharted depths of human connection within virtual space, illuminating a fuller scope for psychotherapy in the digital realm.

Navigating the Screen as a Portal

It's April 2020. The world is very dark. I'm on Zoom with my client, Carly. It had been a couple of months since I last saw her in my office. Carly was the first person I knew who had COVID-19; she was in bad shape medically. As we talked, she sneezed—my body panicked. I couldn't think straight. I reacted as if she were a few feet from me in my room. Part of me was certain I was infected. The experience showed me how intensely interactive meeting online can be. At that moment, my brain did not discern between real and virtual. In our brains, it is all virtual.

Spatial Ambiguity and Coherence

July 2020. A few months later, I had another surprise. I was teaching my online NYU class on Mindfulness and Emotional Regulation in Social Work Practice. We were all scared and anxious. Several students were experiencing significant losses. After making time to discuss the pandemic, I invited the class to explore a mindfulness-based practice to help them orient to our shared virtual space. I asked, "How do you know you are here now?" As eyes closed, one student, Tom, broke the silence, asking, "*Whose here?* Mine or yours, professor?"

The brilliance of the question struck me. It illuminated the spatial ambiguity of meeting online. I acknowledged the inherent paradox of connecting nonlocally. "Exactly," I said. "*Your here*, for right now." The class relaxed back into their mindfulness practice. When we returned to social awareness, we explored the richness of Tom's question and the collective experience of *whose here?* when there was a screen between us. By naming the spatial ambiguity, the group moved into the spatial coherence of *our here*.

The Puzzle

After my class, I began considering online work as a Buddhist riddle, a Zen koan. It went like this: *If I am on my side of the screen, and my client is on their side, where are we?* What did it mean for our perceptual systems to see each other as present and absent from different locations? Since we can't physically be in two places simultaneously, how was the holding environment impacted? Wrestling with this puzzle brought me into a deeper awareness of my body in space, allowing me to orient in my room and extend my presence across the screen to my client.

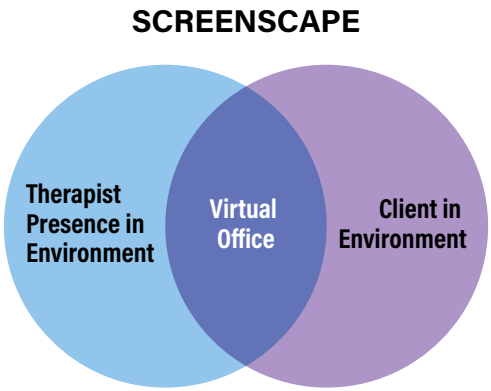
The Screenscape's Hidden Treasures

How does our attachment style impact what we experience across screens? What happens to our connection to ourselves when working across screens? Has how we see, hear, and sense bodies and energy fields been affected? What is the

effect of attuning to our clients in a resonant field of digitalized information? What is the neuroplastic impact on our brains?

The *screenscape*, as I call it, is the online environment encompassing the therapist's and client's physical settings, the virtual space between them, and the resonant field—the dynamic, energetic space created between therapist and client during online therapy, encompassing vast collective fields of information.

Spatially Informed Online Holding Environment



In my Online Engagement Workshops with hundreds of therapists, they have spoken about their online challenges and positive experiences. Some therapists find that the screenscape has enhanced their intuition, insight, listening skills, and the capacity for connection both online and onsite. Others described feeling fatigued, frustrated, less spontaneity, and missing the energy of physical connection.

Hidden treasures are buried within the online experience, waiting to be unearthed. The online environment offers opportunities to deepen our relational presence and attune to neural pathways established early in life. It allows us to explore dimensions of the therapeutic experience that are different than when we are onsite with a client.

The People-Place Relationship

Think about the significant events in your life, and you will likely picture them in a specific location, a physical place. People-place relationships occur everywhere. We are always in a place, whether it is a significant event or everyday life. When sitting in a chair, walking in a park, or petting our dog or cat, "place" is indivisible from experience. We are inseparable from "place." Being in a place gives shape to our life experiences, contexts, resources, and memories. It's existential.

The therapist's onsite office is a walk-through-the-door place, a safe and familiar environment. It is constructed with basic, rudimentary objects of constancy—four walls, floor, chairs, pictures, ambient air, sights, and sounds—that the therapist and client experience together.

Online therapy occurs in the in-between space that Buber writes about, in the person-to-person-place—the sacred space. While this happens onsite, the virtual office occurs in a different milieu. Bookmarked between the therapist's and client's spaces, the atmospheric feel of online work involves "inhabiting" the places we are in, individually and together. This spatial reorientation challenges us to rethink a fundamental part of human development: the people-place relationship. The implications of the particularities of online treatment are vast.

Co-Locating—The ABCs of Virtual Engagement

The following is a perceptual practice with nuanced transitional layers to support the nervous system for work in the screenscape.

A. Ground and Orient Yourself: Before you click the *admit* button, take a moment to "arrive" into your environment on your side of the screen. Look around your room. Invite your back to find the chair and your feet to find the floor. Soften the muscles around your eyes as you take in your space.

B. Presence and Attunement: Continue bringing a relaxed awareness to your eyes as you click the *admit* button. Notice your body and your breath as you see your client in their environment. How might you titrate your presence and attunement?

C. Ambient Connection: Hold A and B in your body awareness while feeling into the in-between space. Bring your awareness to any internal reactions and qualities of "atmosphere" between you and the screen.

I recommend starting slowly, exploring one of the ABCs at a time. By simultaneously inhabiting these three spatial-somatic perspectives (the ABCs), we open our therapeutic engagement beyond the constraints of physical proximity. This process of spatially orienting and co-locating establishes a foundational, embodied sense of shared space between us.

Our practice with the ABCs is an alchemical process that is, over time, sensed and felt rather than being conceptual and intellectually observed.

Embodying the ABCs, we activate within ourselves a field of connection with our client—*our place* in the screenscape. This practice allows our consciousness to include the medium's restrictions while transcending them, creating a rich and dynamic therapeutic environmental interplay.

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Brief Case: Sarah

September 2022. The first year of Covid-19 deepened my exploration of "place." I was between clients and sitting on my sofa, engrossed in my iPhone. I felt Boots, my cat, rub against my feet in the background of my awareness. I invited him into my space with me. Immediately, he leaped onto the sofa and snuggled by my side.

A few minutes later, I clicked *admit* to start a session. Instantly, Sarah is here! It was just Boots and me, then suddenly Sarah. We're face-to-face, making eye contact. For a moment, I'm jolted and ungrounded. My nervous system needs to adjust to the abrupt transition.

If I had seen Sarah onsite that day, she would have rung the doorbell. I would have walked to the door to welcome her in. If someone is sitting in your waiting room, you come out of your office, greet them, and lead them in. These "rules of engagement" and social rituals are performed at entrances, exits, and everything between in onsite transitional spaces. The online experience doesn't lend itself well to temporal comings and goings.

I reoriented myself by feeling the floor under my feet and finding my breath after Sarah's sudden appearance. I wondered about the sequence of approach, arrival, greeting, and leaving being defined by time, proximity, and distance and what new rules of engagement are needed online.

Sarah's parents were not very responsive to her needs growing up. She had to be the one to reach out to establish a connection. One of the issues she had been working on was her difficulty feeling she belonged and often feeling stuck, waiting to be acknowledged in social activities.

How many clients are still waiting to be invited in, carrying this unmet need from their early life? Online therapy's "two-in-one" location often makes this dynamic more visible. With "one location" onsite, it may not be as apparent.

Over several sessions, I developed new "rules of engagement" to explicitly welcome Sarah. "Welcome to my office," I said. It sounded corny, but she got it. Her eyes brightened, and she smiled. She said, "That is so cool. I feel like you invited me to where you are."

This work helped Sarah feel more grounded and oriented in her body. I encouraged her to take small steps to invite herself into situations outside her therapy. Eventually, she practiced permitting herself to go back and forth to our respective sides of the screen. Sarah found the "just right" feeling of having a self-directed choice to belong in our space together. This opened significant exploration around disowned feelings in younger parts of herself.

Our experience of placement and displacement was organized spatially early in life. Whether implicitly or explicitly expressed, the online "welcome" engages the rhythms of spatial coherence and dissonance embedded in attachment. It evokes themes of existence, belonging, safety, and connection—crucial in screenscape dynamics.

Working in the In-Between Space: The Eyes Have It and Don't

Televisual platforms such as Zoom over-emphasize our visual focus at the expense of our other senses. The moment we click *admit*, we whoosh across a threshold and enter a new context of meaning-making. The immediacy of this ocular engagement can be organizing and disorganizing in one's sensory, nervous, and attachment systems.

When the frame changes as someone enters your space, that millisecond is flowing with information shaped by our internal responses exchanged between both sides of the screen. My experience with George, below, highlights a few of these moments.

Brief Case: George

George, age 52, was working with an ongoing anxiety connected to the pain of never feeling he was good enough. He described his mother as borderline, forever criticizing and often hitting him. His dad was a passive bystander in the family, spending most of his time downstairs drinking and sleeping, never intervening on George's behalf.

As we were working online, George's eyes narrowed with an intense, reaching, and pushing quality from his side of the screen. He was tracking the slightest changes in my expressions. I experienced him as desperate and grasping. My body tightened as a part of me felt caught in his hypervigilant gaze. As George talked about a difficult visit to his mother, I felt his grasp on me intensify. I detected a tightening in his chest, slightly labored breathing, and a feeling of suffocation in his body.

Reconnecting with myself, I brought focus back to my side of the screen and grounded myself. As I internally acknowledged my flight response, the "virtual squeeze" between us was released. The field opened, and I could feel George's desperation and struggle in my heart.

"What is it like in your body as you describe the visit with your mother?" I asked him. George's eyes welled up, and the atmosphere seemed to become lighter. I no longer felt George was "in my face." I could see that he settled into his body on his side of the screen. His eyes moved cautiously, lingering behind his side of the screen and a brief moment on mine as he met my eyes.

George never had a witness at home as a child. None of the emotional or physical abuse in the family was

ever named. Nothing felt real to him. I gently nodded to acknowledge his pain and aloneness.

George's attachment conflict—needing connection and needing to get away—manifested in what felt to me like staccato bursts of energy pushing at me between our screens. Exploring the start-stop quality of his anxiety through many sessions, he tenuously began to find the rhythm of being in "our space." This was integrated with actively noticing objects in his living room on his side of the screen and then gradually extending his reach to see the physical structure of the walls and ceiling in our respective places. These embodied practices were helping George to experience his body and orient into a real-time, here-and-now experience with us. Creating a sense of spatial safety made room for connection and disconnection with me. I held our space throughout and supported George as he practiced having a place to be seen with a boundary.

Crossing Screens as an Embodied Practice

Exploring the ABCs of virtual engagement allows the screen to become a portal for deepening energetic, somatic, cognitive, and psychodynamic work. This perceptual shift is at the core of realizing online therapy's potential as an energetic-spatial field, central to the formative experiences underlying psychodynamics.

From this spatial perspective, we can create shared spaces that support our relational presence and clients' processes, acknowledging and transcending many limitations of virtual space. By entering the screenscape as a gateway, therapists can educate clients on their therapeutic options, cultivate new resources, and find ways to enrich their online experience.

We cannot raise a baby on Zoom. We must get physical, play together in the mud, look up at the sun, and feel ourselves coming and going with one another. Humans are designed to feel energy fields and connect and separate through bodies. From a spatial and somatic context, our sense of self, identity, and relationships are situated within "place" dynamics.

Intimacy and Vulnerability Across Screens

Before the pandemic, the "gold standard" belief was that "good work can only be done in the office." Initially, out of necessity, we grappled with the frustrating limitations, ambiguities, practicalities, and unexpected gifts of working across screens. We faced numerous challenges in being online during the pandemic. Our nervous systems, attachment systems, and imaginal capacities for virtually-based relational presence traversed radical learning curves.

The adage "so close and yet so far" and the paradoxical nature of proximity and intimacy come to mind. Physical distance across screens does not necessarily mean emotional distance. For many clinicians, it does, and for many others, it does not. Of course, online work is not for every therapist or client. It shouldn't be. We need balance in our lives to make room for our self-care and self-awareness regarding what informs and motivates our decisions to work online and onsite with clinical discernment.

Working with clients in the virtually in-between space challenges our notions of transference, countertransference, and intimacy. For many, the spatial properties of Zoom take us back to our earliest unconscious adaptations and strategies involving existence, safety, and belonging. How do we teach clients to explore the opportunities these spaces and places offer us?

Connecting on a screen has felt more intimate and more vulnerable for some, while it can lead to a sense of being too close or overwhelmed for others. Conversely, some have found it more challenging to feel connected online, leading to feeling underwhelmed, disorganized, and a sense of "not-enoughness."

The spatial aspects of working online impact our systems wholistically. These encoded systems may or may not work well in translating the direct experience of interacting with someone on a screen. However, they can be effectively resourced, and our capacities supported and enriched by understanding the impacts of spatially informed therapeutic environments on our systems.

When working online, we are immersed in intense fields of energy. By entering into the subtleties of nonlocal relational space, we can engage in transformative and supportive experiences that acknowledge and transcend the physical limitations of online settings.

Drawing on Buber's idea of sacred space, our relationship with clients lives in the space between us, not just within each individual or the dialogue. This sacred space is where connection and healing occur. Whether online or onsite, this luminous space allows us to co-create a shared, co-located, co-regulating resonant field that nurtures and supports therapist and client journeys.

Group Psychotherapy

Sea Turtles Don't Need Group Psychotherapy. People Often Do.

By Robert S. Pepper, LCSW, Ph.D., CGP, F-AGPA

Robert S. Pepper is the Director of Training and Education at the Long Island Institute of Mental Health in Rego Park, New York, an adjunct Professor of Behavioral Science at the New York Institute of Technology in Manhattan and author of two books and over 30 published articles on group psychotherapy. He has a private practice in Forest Hills, running four weekly psychotherapy groups and also treating couples and individuals.

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Group therapy is for people seeking help with relationships. It helps repair the damaged child ego and replace it with a healthier one through the interactions between group members, strangers known to each other only by first names. Relationships between members are "as if" in nature; the feelings that members have for each other are genuine and real, both positive and negative ones.

Group therapy helps people with maladaptive ways of relating to others by examining their resistance to change, even if the change is for the best. Some therapists and researchers have called group psychotherapy a form of reeducation for the healing of the soul.

The sociologist, Charles Cooley, called the phenomena of seeing ourselves through the eyes of significant others as the *looking glass* self. We get our identities, in part, from the way other people perceive us, incorporating those perceptions into our own self-image. The most influential self-image develops in the formative years (or the deformative years, as Dr. Jamie Turndoff, my friend and colleague, refers to them) through interactions with those we are closest to, our families.

Our family of origin provides our earliest group experiences. It is where we learn to be fully human, able to take our place in society. But families are not always benign forces in our lives. As children, a negative self-image develops when we are consistently told that we are *not _X_ enough* (fill in the blank: *good-looking, thin, athletic, coordinated, organized, likable, religious,* etc.) Unfavorable comparisons are sometimes made: *Why can't you be more like your _X_* (*sister, brother, cousin, friend*)?

As a thought experiment, consider the lives of sea turtles, one of the most asocial creatures on earth. Every year, the female sea turtle digs her nest on shore, lays her eggs, and returns to the sea. Weeks later, the hatchlings break out of the eggs and make their way to the sea without guidance, all on their own. Except during brief mating seasons, sea turtles have no family relationships at all.

If sea turtles were like humans, what effect would this have "psychologically?"

For one thing, unlike humans, sea turtles would have no destructive or self-destructive interactions with one another. Unlike us, they would be unencumbered by *toxic introjects*, those harmful voices of the past that live in our heads and influence how we see ourselves throughout our lives. Without an observing ego, the turtles wouldn't form the neurotic patterns of relating that we humans do.

Sea turtles would not need group psychotherapy. But people often do!

Freud said that the unconscious mind is timeless, and I believe him. And so, I am led to conclude that anyone who has had parents is a good candidate for spending some time in group psychotherapy, where they can participate in a process known as *progressive emotional communication*.

Progressive Emotional Communication

Progressive emotional communication is the method some analytic group therapists employ. It is a *progressive* process that moves people toward more authentic ways of relating. It is *emotional* in that the exchanges are infused with genuine feelings. And it is *communication* because it's interactive; there is give-and-take between the group members.

In my groups, a "contract" is made between members. They agree to: *Say how you feel toward others and why you feel that way.* In committing to this principle in our sessions, they begin to reveal their unique patterns of mismanaging relationships in their real lives.

The group leader's role is to study members' interactions, seeking to understand their unconscious motivations and the underlying feelings behind their actions. After months, sometimes years, of repeating the same behaviors during group interactions, members may learn about their unconscious investment in maintaining destructive patterns. The leader can facilitate this with the help of pointed questions: *What are you getting out of the situation just as it is?* or *What is your part in maintaining the status quo?* Group members' objections to personality change, in other words, their own resistances to achieving the very things that they say they want in life, are slowly revealed.

It is only then that group members are in a conscious position to learn how to turn their behavior around and in doing so lead healthier lives, using more adaptive ways of having emotionally intimate relationships.

When group members ask me, *When will I be ready to leave group therapy?* I answer, *The more you put into it, the more you get out of it. You're ready to leave the group when you can do for yourself what the group does for you*.

Oliver Burkeman's article, "Therapy Wars: the Revenge of Freud" (*Guardian*, 2016) presents research which has shown that cognitive interventions alone are rather limited in their capacity to affect long-term personality change. Further, while gains made through cognitive means tend to dissipate over time, gains through analytic treatment tend to last.

Common Misconceptions

One common misconception is that group therapy is only for "crazy people." While group therapy has been successfully used for the treatment of the mentally ill in the confined settings of hospitals and clinics, it has also been shown to be successful for "normal crazy people," if you will, who seek help with relationship problems.

Another misconception is that group therapy is only for people who cannot afford individual psychotherapy. While group therapy is generally less costly, research has shown that it is an effective complement to individual therapy in helping people resolve issues around dependency in relationships.

Some research seems to imply, mistakenly, that good friends and family relationships alone can heal mental disorders. In Oprah Winfrey's book with Bruce D. Perry, *What Happened to You?*, the authors acknowledge the importance of the love and support of family and community in maintaining mental health. They suggest that an individual therapist may also be helpful in this regard, for those who can afford it. They never mention the healing power of group therapy as a possible avenue to achieving healthy relationships.

Similarly, the famous Harvard longitudinal study (Waldinger and Schulz, 2023) shows that people with healthy relationships tend to be physically healthier than those without them.

Neither the Harvard study nor Oprah's book consider the complicated road to attaining healthy relationships. Both offer simple-minded bromides like, *stay positive*, or *surround yourself with happy people*, without addressing the stressfulness, complexity, and the duality of all emotions and attitudes toward change.

However, personal relationships are not designed to absorb the full impact of our more powerful feelings. In group therapy, the directive to members is to *say everything*. That is clearly not a wise thing to do in non-therapy relationships. Some powerful, "dark" feelings are better left unsaid in close, intense, personal relationships. They are better expressed in the safe context of a secure group. To share every thought and feeling with a loved one can be hurtful and damaging to the relationship.

One group member's experience provides a cautionary tale. He reported to the group that he told his wife about his murderous feelings and maniacal dreams of mass murder of a hated co-worker's family. Even though he had enough ego strength to say to her that he would never act on those feelings, the results of his "sharing" were disastrous for his marriage. He scared his poor wife half to death! She called him a psychopath and threatened him with divorce.

If he had presented these intense feelings in the safety of a secure group therapy environment, they would have been tolerated, no matter how dark. In fact, the ability to make oneself vulnerable through the verbalization of negative but genuine emotion in group therapy is valued and respected for its honesty.

The restrictions prohibiting outside contact and physical contact among members help prevent adverse real-life consequences to group interactions. The group is a safe place where members' words can't come back to haunt them in their personal or professional relationships.

Some prospective group members claim to be "private people," that is, they don't want to share too much of their personal lives. Ironically, sharing one's life with strangers is often the safest way to do it, but under the condition that members don't have outside contact. Group members are known by their first names only in order to maintain anonymity.

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Within secure boundaries nothing leaves the room. Under these conditions, members naturally and organically share their outside lives, even if they were reluctant to do so at the start of the group therapy treatment. They provide support and understanding for the normalization of all feelings. The "kindness of strangers" goes a long way in resolving resistances to emotional intimacy in members' personal lives.

Transference Groups

My groups are known as *transference groups* in which members develop "as if" relationships. This means that members see each other as significant people in their lives and react as they would toward the actual people in their lives. Their perceptions of each other are often distorted, skewed by past emotional history.

They transfer feelings from their real-life relationships to other group members and to the group leader. The nature of the transference isn't necessarily determined by any physical resemblance between the actual person and the "chosen" group member. Similarly, demographic variables such as age, status in life and gender are not necessarily part of the equation.

There are both positive and negative transferences. In the early stages of group treatment, the honeymoon phase of therapy, the transference is often positive; but over time, the negative transference emerges. This is actually a good thing. It allows the leader, other members, and the individual to see *in vivo* how they come across in their emotionally intimate relationships.

At first, usually the "acting-in" phase (in the sense that members' behavior is taking place in the group rather than acting-out in their real lives), members do not see the impact of their behavior on others. When the negative transference plays out often enough, and the leader is skilled enough to maintain a safe environment of progressive emotional communication, the acting-in member can use the group as a laboratory to explore new ways of managing negative feelings. This can have a positive and constructive impact on the person's relationships with group members which in turn can translate into improvements in their outside relationships.

The rule of thumb in analytic group psychotherapy is that if the transference is positive, it is not analyzed, unless it goes on for too long. If the transference is negative, however, unless it is analyzed *promptly*, there is a good chance the group member will quit.

The following vignette describes this work with Melinda, a group member who announced that she was leaving for good because I was a "cold and uncaring person."

Melinda: A Case of Mistaken Identity

Melinda's individual therapist had referred her to a group because she spent nearly all of her time alone. Unemployed, with no family, children, significant others, or friends to speak of, or even pets, Melinda was an isolate; her life was emotionally impoverished.

When she came for a consultation, my first impression was how much older she appeared than she actually was. Although Melinda was in her mid-40s, bright and articulate, she looked worn and haggard. With hair unkempt, clothes disheveled, she shuffled into the room. It was as if she wore her chronic depression as a mask.

"How do you spend your days?" I asked. Melinda gave me a blank stare and shrugged her shoulders.

"Is there anything in your life that you look forward to?" I asked.

"No. My life is so empty," she said. "I have no reason to wake up in the morning."

Her answer alarmed me. The prognosis was poor. But there was something strong that I sensed in her. As depressed as she was, she wasn't suicidal, and she clung to life. I agreed to see her in a group.

To my pleasant surprise, she seemed to enjoy the company of the group members. She liked them, and the feeling was clearly mutual. Melinda seemed to relish the contact; she was more often than not focused on the give-and-take, even as an observer. Like a starving person, she devoured the group interactions. Just the same, she was very guarded, angry, and suspicious, particularly of me, which would have been all right had she been willing to talk about it. She wasn't. Attempts to engage her in a discussion of her feelings toward me were met with a back-handed wave.

I asked Marilyn, another group member, "What's the unspoken message to me when Melinda gives me that wave?"

She replied, "It's a brush-off. You're being dismissed."

After several months of keeping me at arm's length, Melinda complained bitterly at the end of one group meeting.

"You care about the others, but you don't care at all about me. If you really cared you wouldn't charge me for these sessions."

I turned to the group and asked, "What feeling does Melinda want me to have right now?"

Sherry said, "She wants you to feel guilty."

Sherry turned to Melinda and said, "You're being totally unrealistic. This is Dr. Pepper's livelihood."

I asked Sherry, "Why can't Melinda have her distortions?"

Then I turned to Melinda and said, "Let's talk about that first thing next time."

At the start of the next group meeting, Melinda said to me, "I'm considering leaving the group because of you."

"How come?"

"Because you're cold and uncaring," she said.

"What's your feeling toward me?"

"I'm indifferent to you," she said.

"In what way am I cold and uncaring?"

"When I talk about my problems, you just don't seem at all interested. You seem bored with me," Melinda said.

"Are you a boring person?"

"I worry that am I. You never ask me questions; maybe that's because I'm boring," she said. At this point Steve chimed in.

"You're not at all boring," Steve said. "I thoroughly enjoy your insight and intellect. I would miss you terribly if you left the group. I look forward to seeing you every week. I've grown to like you very much. You're the only one here who really understands me. Please don't leave me."

Melinda turned away from him, not responding, and said to me, "You never ask me a question."

"Here's a question," I said. "Why do you ignore Steve, who clearly cares for you, and turn to me, who you claim gives you nothing?"

Melinda looked confused; she didn't seem to understand my question.

She said, "What are you talking about?"

I turned to the group and asked, "Can someone else explain it? Perhaps I'm not being clear."

Barney said, "Steve was wonderfully warm and supportive of you. You could see it in his eyes and hear it in his voice, but you dismissed him and went back to Dr. Pepper. You often speak about your problems here but never really ask for anything. I don't know what you want from us."

I asked the group, "What does Melinda need from the group, and is she getting it?"

Carol said, "She needs to feel loved."

I asked Melinda, "Is Carol right?"

Melinda nodded her head in agreement, looked at Steve and said, "I felt your positivity."

I asked Steve, "When was the last time you had your positivity felt?"

He smiled and said, "It's been quite a while."

Everyone, including Melinda, laughed.

I said to her, "Steve loves you." But this was too much for Steve to admit, even to himself. Admitting he loved her would have made him feel too vulnerable.

He squirmed around a bit. "Let's just say that I'm very fond of her," Steve said.

It occurred to me that Melinda was capable of engendering loving feelings toward her, so I asked her a pointed question.

"Who in your life loved you?"

She smiled and responded immediately. "My grandmother. She loved me unconditionally. She lived upstairs from us. When my mother was mean to me, I'd run to her apartment, and she could comfort me and tell me that she loved me. I know it sounds dramatic, but I believe my grandmother saved my life."

The other group members shared memories of a loving relative who they could run to when their home life was intolerable. Melinda had created a warm, peaceful feeling in the room, but she couldn't sustain it. Her mood and tone suddenly shifted back to anger and hostility. She looked sternly at me and resumed her diatribe.

"I don't ask for anything because I don't expect you to respond to me," Melinda said.

"Why not check out your perception of me?" I said. "I can't read your mind. If you want something from me, ask."

Melinda turned to the group. "See what I mean? He gives me that psychobabble double-talk. Talking to him is like talking to a wall. I might as well talk to the wall!"

Feeling pushed away and beginning to question my own resolve to help her, I turned to the group. "What feeling does Melinda want me to have right now?" I asked them.

"She wants you to feel guilty," was the resounding group response.

Melinda was livid. She turned to the group again and said, "See! He's a wise guy, mocking me….I want to feel loved, not hated."

Turning to me she yelled, "I know you hate me."

"Why would I hate you? … Why wouldn't I care about you?" I asked.

"How the hell should I know? I'm not inside your head," Melinda said.

"I know you don't know. Speculate. You're cordially invited to enter my unconscious," I said.

"Maybe you're cold and uncaring because our mother breast fed you on falsies."

Everyone laughed.

Ali said, "That's an old Woody Allen line."

After the laughter died down, Greg said to Melinda, "Did you hear what you said?"

"No, what did I say?" she asked.

Dora answered for Greg, "You made a Freudian slip and said, 'our mother' instead of your mother."

"I don't know if you're right, but I like the way you're thinking," I said to Greg and Dora,

"Don't give me any of that Freudian crap," Melinda said.

Then I turned to Melinda and asked directly, "Who in your family do I remind you of?"

"You're just like my younger brother," Melinda said. "My mother babied him. He was her favorite and he was cold and uncaring to me. But so, what of it? You are cold and uncaring; I feel so unloved in your group. You never pay any attention to me."

I said softly, intently, looking her in the eye, "You have my full attention right now."

Melinda said, "Yeah, but how do I know you're sincerely concerned about me?"

Janice spoke up. "Could you talk to your brother this way? Would Dr. Pepper devote all this attention to you if he didn't care?"

Melinda gave a faint smile and said, "Hmmm. Maybe."

I said, "Ok, you hate me, but why take it out on the others in the group that you like, and they like you? You're not just leaving me."

It was as if she had an epiphany. "I'll think about it," she said.

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And indeed, she did think about it. I had given her permission to hate me and still maintain a relationship with the group, in a way that did not happen for her in her family. For Melinda, her group experience was an emotionally corrective one and it made all the difference.

At the next meeting, Melinda bounced into the room like a changed person. Even before she spoke, there was something about her countenance that signaled a transformation. As soon as she began speaking, there was positive energy and a willingness to see me differently.

When Jason asked her about this "new" Melinda, she said that the cloud had lifted. After the last group, she went home and thought about the discussion. The memory of her grandmother reminded her that someone in her life loved her. It seemed so simple to her now. That exchange gave her a new perspective on our relationship.

Equally important, the kindness of a stranger had rekindled a loving memory of her

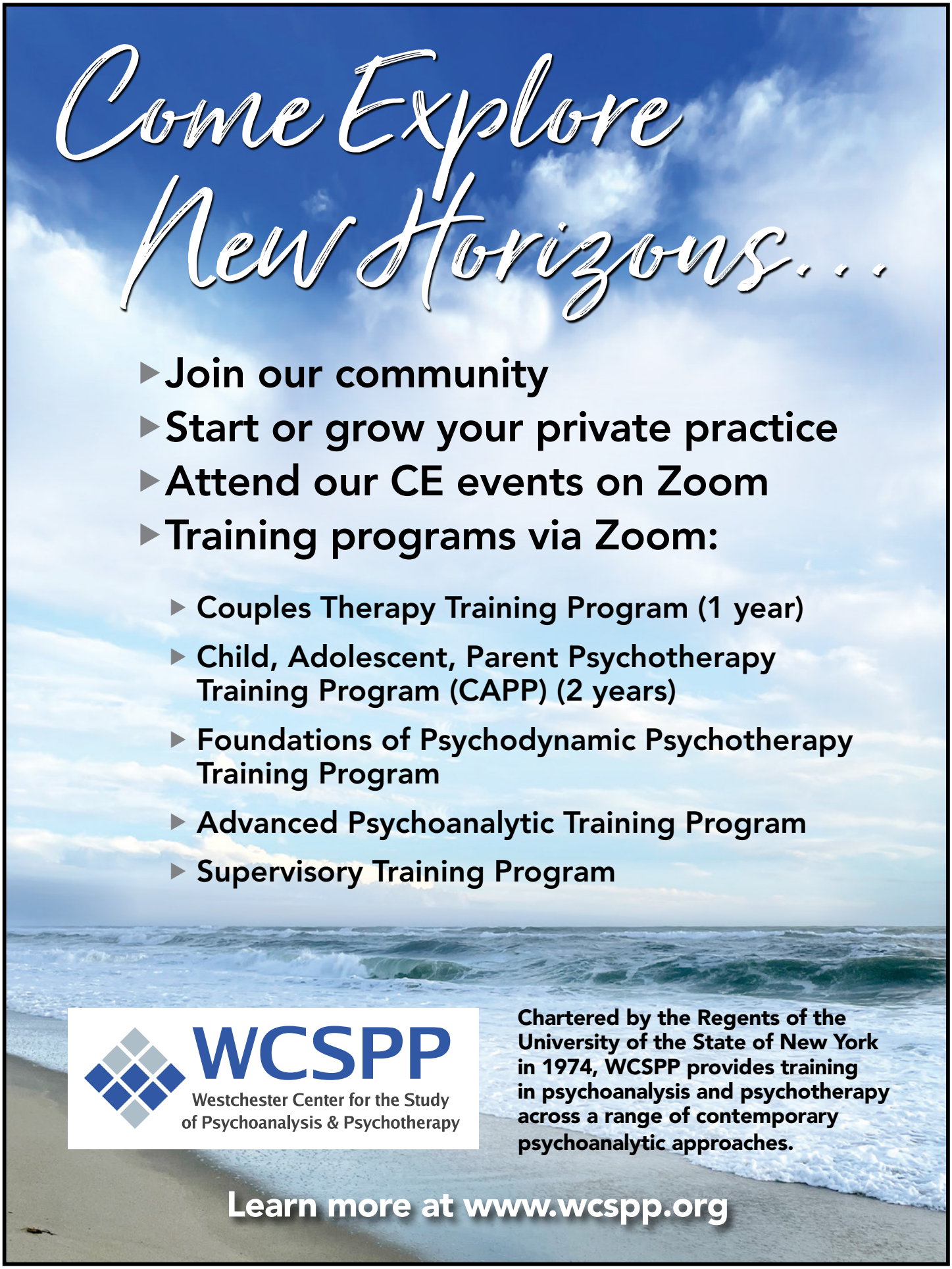
grandmother. She put the two experiences together, and that seemed to have given her the emotional freedom she needed to turn things around.

Conjoint Therapy

When I work with people in group therapy who have individual therapists, I get permission to talk with the therapists on a regular basis. Quite often, a therapist will refer a patient to me for a group therapy screening when the treatment has reached an impasse and the patient has become stalled in the effort to achieve the primary goals of treatment: to love and be loved, to work and to play.

This collaboration is called conjoint therapy, in which the individual therapist and the group therapist can compare notes, so to speak, and coordinate the treatment. In group, the patient acts-in their ambivalence about relationships and then has the opportunity to debrief that experience with their individual therapist. To my mind, that's psychotherapy at its best.

This essay is derived from Dr. Pepper's upcoming book, *The Unconscious Rules of Love*, to be published in the Fall 2024. His book about the healing process of group therapy is, *Some People Don't Want What They Say They Want—100 Unconventional Interventions in Group Therapy* (2017).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