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Summer 2016

President's Message

Janice Victor, LCSW, NCPsyA

I'm pleased to say Happy New Year to our entire membership and to continue our ongoing resolution to promote social work in general and our incredible society in particular. Since our strategic planning meeting last May, our Board has been focused on spreading the word about the great work we do and the manifold benefits of membership in the NJSCSW. We won't be satisfied until every social worker in the state of NJ has seen the wisdom of joining us.

Toward this end, with enormous assistance from Robin Bottino, we've created a clinical social worker directory. Under "find a clinical social worker" on our website the directory allows each member to create a profile, and to be exposed, both individually and as part of our organization. Another important marketing tool has been our newsletter, and I'm pleased to introduce Steven Gruntfest as our new editor and Michele Weisman as assistant editor. Steven and Michele have committed to the challenge of maintaining the level of excellence established and sustained over so many years by Jack Schwartz.

As always, we recognize the importance of our ongoing collaborations with other organizations, whether these be in co-sponsoring professional events and presentations, or in the legislative battles to advocate for the care of those in need and the professional dignity of those of us providing this care. There aren't enough "Thank Yous" for the efforts on almost a daily basis that Luba Shagawat makes to promote this care and dignity.

I'll close by welcoming your participation, whether by calling in to our board meetings or more concrete, hands-on involvement. In this regard I'll share what Steven and Michele said to me when approached about editing the Newsletter: "We couldn't possibly say no, as that would render pretty shallow past "thank yous" to those of you who do so much." No guilt, of course, just another Happy New Year, and looking forward to your continued interest and increasing involvement.

Robin M. Bottino, LCSW
Membership Chair
New Jersey Society For Clinical Social Work

A special thank you goes out to Renee Fagan, Michael Friedman, Steven Gruntfest, Robyn Schwartz and Lisa Sokoloff for bringing in new members during our 2 for 1 promotion. I would also like to thank my colleagues from Monmouth County for joining NJSCSW. Welcome to all new members!

There has been some discussion on the listServ regarding becoming more involved with NJSCSW. There are no words to describe the dedication and tireless efforts of the NJSCSW Board. There is truth to the statement "you get out of an organization what you put into it". The NJSCSW Board and our members have many great ideas. These ideas get tossed out there but we need the people power to make things happen. The NJSCSW Board welcomes your ideas and participation. We encourage you to carefully consider getting more involved in YOUR organization.

We will resume our board meetings in September. In the meantime if you would like to become more involved please contact Robin M. Bottino RobMarie24@icloud.com. We would love to hear from you.

I also want to encourage our Guild Members (Fellow and Member membership categories) to visit OPEIU.org andUnionPlus.org. There are many offers and discounts for summer activities for you and your family.

Have a happy summer.

INSIDE THIS ISSUE

Please submit articles to michelegweisman@gmail.com

Janice Victor and Luba Shagawat
presenting former OPEIU President Michael Goodwin with a plaque honoring his service.

COMMUNITY VISITING NURSE ASSOCIATION

Community Visiting Nurse Association, a Medicare certified home health care agency, is currently seeking an experienced MSW/LCSW. This per diem position will provide support services to our skilled nursing team for patients and their families living within Warren County. The ideal candidate will have experience in geriatric psychosocial needs, family dynamics and knowledge of available community resources. A current New Jersey MSW or LCSW license, strong clinical expertise & good critical thinking skills are required. Home care and/or Hospice experience is preferred.

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Thanks. Janice

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Letter from the Editors

Steven Gruntfest, PhD, JD, LCSW
Michele Weisman, PhD, LCSW

After several slides off the learning curve, here we go…our first Newsletter. Let's start with some thanks, foremost to Luba and Janice for concocting the idea that we would co-edit. After a plethora of "another fine mess" moments, voila!, the joys amidst the mess. The stimulation of creative and giving juices has been incredibly gratifying and professionally enriching. Adding actual participation as an extension of the many "thank yous" to those who do so much has proven to have its own rewards. We encourage everyone to consider ways to add their active participation to their membership in this great organization. One way to do this would be to contact Robin Bottino (see her membership update in this issue) regarding a newly-formed membership committee. This would involve a small commitment in time, and a large commitment toward expanding the reach of this society.

Additional thanks to all those who've contributed to our first Newsletter, and to those who, hopefully, will find their way to contributing in the future. We would like the Newsletter to be a vital and interactive part of our Society, and we welcome your contributions and ideas. Please feel free to critique what we've done, and suggest new things we might do. We are considering a column called "Psychoanecdotes" in which members share personally meaningful stories from the overlap of life and practice. These stories should be told, shared, and allowed to enhance, educate, touch, and amuse. Caroline's summary of "Kids and Screen Time" would seem a ready jumping off point for many such stories. Those of us with kids, grandkids, patients of a certain age are witness to both the wonders and the challenges of this age of electronics. How great to share the many stories, theories, not to mention the lessons we think we've learned! Thanks to Caroline for posting the article on our listserv, and then summarizing for the Newsletter when asked. Any ideas/correspondence can be forwarded to michelegweisman@gmail.com.

A special thanks to Donna for bringing Janice Gump's critically important work to our attention. The subject of intergenerational transmission of trauma should be of interest to all of us, and be subtext to any conversation about, not just the lasting impact of American slavery but, any of history's holocausts. Several mentions here, first of Joy DeGruy who teaches and lectures on, and has written a book about, "Post Traumatic Slave Syndrome". Spend some time reading her work, or listening to her lectures on YouTube, and let us know what you think. Next to Bryan Stevenson, the founder of the Equal Justice Initiative, who devotes his life to redressing the inequities, born of generations of traumatic subjugation, in the criminal justice system. Listen to his Ted Talk and go from there. Closer to home is Hilde Goldberg, Teaneck resident, who died at 90 this past December. Hilde survived the Holocaust heroically, as she resisted and rescued others, even when she herself was in hiding. Both her parents perished. Hilde grew up in Amsterdam, where she was best friends with Margot Frank, Anne's older sister. Otto Frank became the godfather of Rita, Hilde's daughter. Rita has written "Motherland: Growing Up with theHolocaust", a memoir about trauma and the transgenerational struggles that ensue. As alluded to previously, there are so many stories, and it's the telling that brings these stories to life, is the antidote to forgetting, and the prelude to healing.

There is an interesting overlap (or underlap, if you will) between the Gump and the Levine/Bunim summaries. Gump relies heavily on Atwood, Stolorow, and then Branchaft in her intersubjectivist approach. She also turns to and depends on Jessica Benjamin, who brings social and political forces into the battle for recognition, a sine qua non determinant of psychological health. The impact of recognitional failure, the failure to be recognized, is a trauma unto itself, as the developing self and identity is critically dependent on recognition by the other. When the other is subjugating, cruel, demeaning, hell-bent on the removal of identity and efficacy, much, if not all, is lost. Levine, interestingly, identifies himself as something of an intersubjectivist, yet makes no mention of Benjamin or, for that matter, any of the New York relational/intersubjectivists (Mitchell, Aron, Stern, Beebe, Benjamin, just to name a few). Branchaft, cited by Gump for transgenerational transmitions, was acutely interested in the intergenerational transmission of biases in psychoanalytic training institutes. These biases, and the internecine battles that accompany them, can be traced from Freud/Ferenczi to the current day, perhaps between competing schools in Boston and New York, it might be argued. The seemingly naïve question was asked of Dr. Levine, during Q&A, as to what his theorizing about "Beyond Neurosis" adds to what we already know. Our answer would be, "A lot, especially if you disagree with things that were said!" We'd like that to be a governing principle for our work on this newsletter.

Continuation of
Mind and Body Integration in Ourselves and in Treatment

lost memories through the body, soothing the self, becoming more mindful and re-integrated so as to enjoy a more **embodied** (healthy and joyful) life experience.

The seminar concluded with a group Qi-gong exercise to demonstrate the felt sense of using mindfulness and movement to induce calm and well-being. This and other mindfulness techniques can be helpful to all, regardless of the severity of trauma one experiences by the mere fact of being human. Qi-gong is the discipline Lisa chose to help her find her way back, through the pain, to her body and a fulfilling life experience (both personally and professionally). In a touching moment she asked her (chronologically old yet spiritually youthful) Qi-gong teacher to lead the exercise at the end of her presentation, and he politely demurred, seeming to sense that this was Lisa's presentation, and she did not need any help from him to lead it to a very fulfilling conclusion. He was right.

Medical Qi Gong Enhances Psychotherapy:
Considering the Benefits of an Energetic Mind/Body Therapy
arlene Goldschmidt Ph

Psychotherapists who have a comfort level with mind/body methods are more and more employing somatic and energy therapies, as well as meditative/-contemplative techniques, when conducting therapy. While some therapists apply these methods when treating more difficult cases, other psychotherapists are interested in these alternative approaches for a broader range of clients who are receptive to their benefits. The integration of psychotherapy with mind/body methods enhances personal growth, as well as alleviating psychological and physical suffering. Medical Gong is emerging as an effective mind/body energy based practice that helps people to make profound personal adjustments as regards the problems in living.

Qi Gong developed as a self-regulating health care practice over 5,000 years ago in China. There are written references to Qi Gong in ancient Chinese texts as early as 210 BCE. Qi (pronounced chee) is considered to be an essential vital life force that energizes the mind and body. Gong refers to disciplined work done with integrity and perseverance. Qui Gong is an excellent, and readily integrated, approach for psychotherapists. The therapist practitioner does not physically touch the person, thus allowing, well within the perameters of his/her practice, unique therapeutic interventions designed for individualized therapeutic effects.

The healing principles of medical Qi gong are those that "underpin" the practice of acupuncture. These two healing methods, acupuncture & medical Qi gong, both address energy flow within the body as it can alleviate problems both physical and emotional. The methods differ in that acupuncture uses needles for opening, redirecting, and balancing energy, whereas Qi Gong uses meditation, self-massage and gentle movements to better re-regulate emotional and other imbalances. While the applicability of medical Qi Gong is relatively new to most psychotherapists, Qi Gong practices are being used regularly for a wide variety of patient populations as complementary treatment in many mainstream and well regarded integrative medical departments in hospitals and other clinical settings.

In Qi Gong a person is assessed, treated, and reassessed in order to improve energy flow throughout the body. Using an energetic awareness in the therapist's palms, excess energy is removed and depleted areas are given energy. It is important for our discipline to reiterate that this rebalancing of energy is done without physical contact with the patient. The Qi Gong practitioner is trained to sense and correct energy flow through heightened awareness in the palms and consciousness. Only with appropriate Qi Gong training should the psychotherapist even consider the applicability of this technique.

In Chinese culture balancing energies of yin and yang is a central organizing principle. This holds true for medical Qi Gong practice where the more expansive yang energies are put in balance with the inwardly focused, receptive yin energies. Creating meditations for patients involves sensitivity to emotional experiences in addition to the awareness of energy imbalances. Basic meditations for self-regulation focus on acupoints that naturally gather, store, refine, circulate, and balance energy (Qi) throughout the body. To support and increase self-regulation, higher level meditations may be learned and mastered. Mastery of these techniques involves working with the "3 treasures" of body, mind, and breath. As part of medical Qi gong training therapists are taught methods and acupoints to regulate a range of emotions including anger, worry, fear, stress and sadness. Specific meditations are selected for individuals to address their particular emotional issues. These Qi Gong methods may be included in therapy sessions, as well as taught to patients as part of a self-care practice. These methods are most effective in helping clients learn more about their dysfunctional emotional and relational patterns. Combining energy awareness with insight can help to optimize growth, emotional balance, and overall well-being. Often this awareness and its benefits impels people to adopt a regular Qi gong "heart/mind" meditative practice.

To eparate or To plit:
Ps chotherap with the cting Out orderline lient
Presented b andace Orcutt M . Ph. .

Luba Shagawat L S

Dr. Candace Orcutt began her presentation on May 15th by expressing her personal pride in being a social worker. She reminded us all of the challenges we face, the efforts we make, and how, at times, during the course of our hard work, it can feel like we either sink or swim! She very poignantly and passionately described how our work requires us to be innovators, synthesizers of information, and that courage is always a part of the clinical picture. She was, to say the least, an inspiration to listen to.

Dr. Orcutt speaks to the understanding and treatment of the borderline personality with a good deal of compassion and critical insight. She comes to this via an impressive background that includes her work with Dr. James Masterson who developed at the Payne Whitney Institute in the 60's and 70's an often misunderstood confrontational approach to the treatment of borderlines. This approach grew out of the recognition of the pivotal role that the process of separation and individuation has on development. Dr. Orcutt beautifully articulated the tentative nature and delicate balancin the early years, faces the conflicting experiences and emotions as growth and individuation alternate with dependence. When a child has not been able to manage the emotional balance between these two conflicting experiences, the child and then adult has difficulty handling conflict, and so resorts to splitting, which becomes the major defense for borderline personalities. In treatment this manifests as the patient shifting rapidly between dependence (clinging to the therapist and wanting and asking for help) and the flight to imagined independence (separation/individuation) by resisting and rejecting that help. This sets up a pattern of wanting but also rejecting treatment which mirrors the wanting/rejecting of all other relationships. Confrontation becomes the key modality for helping the borderline to observe and understand, and then tolerate and integrate, these conflicts. An example of this would be the patient's missing sessions. Rather than 'analyze' or guess at the patient's resistance (anger, perhaps), Dr. Orcutt suggests confronting the conflict between wish and actual behavior: "You tell me how important it is to be here and make things work, but you've missed the last two sessions." This is, in essence, an attempt to identify and then synthesize the conflicting feelings and behaviors of the patient.

Although splitting is the major defense used by the borderline patient, Dr. Orcutt notes that dissociation, splitting, and repression are all combined and are not easily compartmentalized within the borderline personality. Her breadth of knowledge, and openness to competing theories, appears extensive, as she described and allowed that other theoreticians have even suggested that people are born with this personality, and thus cannot be treated. But many others have stated clearly their belief that help is possible and available. She shared ideas as far back as Janet and Freud, and follows these through Kernberg, Mahler, McWilliams, Knight, and then her mentor, Masterson, nicely demonstrating the evolutionary aspects of our understanding and then the way we practice with this population.

Mahler addresses the developmental phase of separation and individuation in which the child begins to explore the world beyond mother, but also still needs to maintain the attachment to her (for protectection, nurture, and support). Masterson takes Mahler's picture of the rapprochement sub-phase (the child alternately exploring the world and returning to mother), and sees this as the child's growing sense of "something else out there", accompanied by a growing ability to bridge this gap with words. As the child moves away, mom's encouragement is accompanied by the setting of limits, and so the child can both explore and also know that the security of mom as a kind of home base remains. Mom is there, and the limits are necessary, even as, in this reciprocal process, the child's sense of self and independence continues to grow. Breakdowns in this reciprocal process can lead to complications in the mother-child attachment, and then produce the dilemmas we see in extremis in the borderline personality.

The difference between transference in a borderline patient and a neurotic patient is that the borderline, due to the splitting defense, distorts, much more than the neurotic, relationships into all good and all bad.The borderline has developed a "belief system" in which relationships are seen in stark black and white terms. This belief system sets up a process in which love and attachment alternate dramatically with abandonment fears and anxiety (about the loss of love) so intense that there is potential for suicide. Challenging these thoughts and feelings (about the inevitable threat of losing mother's/therapist's love), so frightening to the borderline, is a major challenge in navigating our way through these difficult cases.

Case presentation:
X was referred for treatment after her 6th hospitalization in five years and after all her relationships with men seemed to dissolve when she asserted herself. She was dependent on her parents, because she couldn't hold a job. She was a veteran of psychotherapy, and warned Dr. Orcutt that she'd defeated all her other therapists. She warned Dr. Orcutt, "don't let me con you!" Dr. Orcutt, it was clear, was neither one to be conned, nor was she one to shy from such challenges as X presented. X came to sessions and, even as she dumped responsibility on Dr. Orcutt, worried that Dr. Orcutt could not handle her. Dr. Orcutt, maintaining her calm as she confronted each challenge, demonstrated that she was up to the task. When X arrived at an early session dressed inappropriately and with an ice cream cone, Dr. Orcutt wondered if this mode of dress and behavior conformed with X's professed desire to be grown up and taken seriously. X, not untypically, pulled herself together. That weekend, in fact, she was able to better control her drinking, and, thus, the tone seemed to be set for the first year of treatment.

X found, as she got better, that she got bored and actually felt uncomfortable being "normal". She dreamt, as she curtailed her acting out, that all her relatives were calling her schizophrenic, not as criticism but as statement of fact. She then expressed great sadness over the time lost with therapists who'd bought her act and been conned by her. She found herself feeling lost and creating yet other dramas in order to feel comfortable. Slowly, her resistance and these conflicts became focused in the sessions and on the therapist, rather than on others in her life. This created a heightened attention to internal, as opposed to external, forces, and this wavering between the two caused enough distress that she needed, yet again, to be hospitalized. During this time, interestingly enough, X was moved by the care and compassion of her co-workers, even as she transferred her rage onto Dr. Orcutt. Dr. Orcutt stayed the course, wouldn't buy into X's attempt to get her to treat her as her family had. She knew how hard it was for X to grow, separate, and get rid of her family's ("crazy") version of herself. Dr. Orcutt knew that separation was so scary that it was easier to be crazy than to feel her feelings. As Dr. Orcutt set firm limits and consistently, patiently, lovingly confronted these contradictions and conflicts, X saw the price she paid for dependency, and the avoidance of the craziness, self-loathing, and overwhelming responsibility of growing up. As X's frustration tolerance improved, and she could handle her anger, she expressed positive feelings for Dr. Orcutt. "You aren't my friend, you're more than a friend!", she told her. She could both hate and love, not have to split and overdramatize each in a never-ending and self-destructive cycle. She continued to do better at work, reported getting a raise, and asked, in a quite adult and humorous way, "How's that for a loony?". X also, in a confirmatory act of independence, left her problematic boyfriend and took a vacation out of the country. She came back to therapy, and, in a moment of pure rapprochement, shared with Dr. Orcutt the photos of her trip.

Mind and Body Integration in Ourselves and in Treatment
Presented b Lisa So oloff L S

Susan . Gerstle L S M

On April 17, 2016 Lisa Sokoloff gave a riveting presentation on Mind/Body Integration. It was a well attended and extremely well received event, in no small part due to Lisa's understanding and use of her own experience. As her body betrayed her, Lisa analyzed, researched, and came to see the connection between these bodily experiences and her work with difficult patients. "The body holds it all", she explained, as she fully engaged the audience in an exploration of the emotional underpinnings of bodily experience. She shared with the group the notion that emotions originate in the body and are directly tied to early attachment history as it interacts with current experience. Through case examples and theory she illustrated how the 3 defense systems: fight, flight and freeze evolved as a system to regulate affect which is essential for survival. When these systems go awry due to traumatic events, a person can experience a variety of symptoms, even dissociation as an escape from overwhelming stress. Being dis-embodied causes enormous feelings of un-ease.

Discussion included the physical impact on the body when someone is in a constant state of stress. The fear center resides in the primitive part of the brain, the amygdala, which has been shown to double in size in people under extreme duress. Not only do we suffer the consequences of too-frequent release of stress hormones, but the new field of epigenetics is proving that this can even affect gene expression, further expanding our vulnerability to illness. The good news is that, as neuroscience is teaching us and Lisa herself experienced, we can have a positive impact on our physical/emotional responses to stress, even change the way our brains are wired, and thus improve our overall health in ways not previously imagined. Body based therapies are being used to aid patients who cannot access their feelings due to trauma. The essential element in these therapies is to create safety, a critical biological and psychological need that is so compromised in traumatic experiences. When done successfully, clinicians can assist clients in re-discovering their

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