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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.

A Special thank you goes out to all of our members who have renewed or joined NJSCSW for 2016. For our members in either the Member or Fellow Categories we are offering aspecial promotion for 2016.

If you bring NJSCSW a new member (Fellow or Member Categories only), you will receive a 50% discount off your 2016 membership and your new member will also receive 50% off of their membership for 2016. This promotion has been made possible through OPEIU. Email Jan Alderisio, NJSCSW administrative assistantJana6@optonline.net for details.
Postcards will be mailed to all of our members announcing the promotion soon.

I encourage all guild members (Fellow and Member categories) to visit OPEIU.org and UnionPlus.org These websites are user friendly and offer many benefits including opportunities for scholarships for family members, a free phone consultation with an attorney and identity protection benefits. There is also consumer information and discounts for various products and services.

If you have any questions about membership please email Robin Bottino RobMarie24@icloud.com

INSIDE THIS ISSUE

Please submit articles to michelegweisman@gmail.com

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NJI SINCE 1972

NJI and NJSCSW Presents...
Dream Clinic
2016
(Back by popular demand)
Standing on the Shoulders of Freud

Presenters:
Suzanne Saldarini, MA, LPC, NCPsyA

Jodi Kosofsky, MA, LP, NCPsyA, State Certified NJ Psychoanalyst

Sunday, March 6th, 2016
2:30pm - 5:00pm

Ethical Culture Society
687 Larch Avenue
Teaneck, NJ 07666

Review: Sigmund Freud's Classic Theory and his method
Explore: Specimen Dreams in small groups with NJ Psychoanalysts

NEW for 2016
Learn how contemporary dream theory enriches traditional interpretation

General Fee: $55
NJI students: $35

To Register, please send your payment to:

The New Jersey Institute for Training in Psychoanalysis
121 Cedar Lane, Ste. 3-A
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Reigster online at:
www.njinstitute.com

2.5 CEU's for NJ LCSW, 2 CEU's for LPC, "NJI has been approved by **NBCC as an Approved Continuing Education Provider, ACEP No. 5822. Programs that do not qualify for NBCC credits are clearly identified. NJI is solely responsible for all aspects of the programs."**

Dream Clinic 2016 is designed for:

- Experienced clinicians wishing to sharpen their skills

- Newcomers to Psychoanalytic dream work

- 2015 Dream Clinic participants who lobbied for our return

Attendees will learn about the therapeutic use of dreams from contemporary dream theorists who have stood on the shoulders of Freud.

Richard Lanigan Named OPEIU President

By Luba Shagawat, LCSW F-NAP, Director of Legislative Affairs

New York, NY (December 15, 2015) -- The Office and Professional Employees International Union (OPEIU), AFL-CIO, CLC, Executive Board named Richard Lanigan to serve as president, effective December 15, 2015, following the resignation of Michael Goodwin. The appointment was made at the Executive Board's meeting in New York City. Lanigan has served as Secretary-Treasurer of OPEIU Local 153 and as an International vice president for Region II since 1994.

"I would like to thank the Executive Board for its decision to appoint me as president," said Lanigan when accepting the appointment. "I've dedicated my life to OPEIU and its members, and I'm excited to embark on this next phase of service to the working people of this union."

"Richard is the fifth person to occupy the position of OPEIU president, and the board could not have made a better choice," said Goodwin. "I know he will do a great job for the members of the union."

After working his way through college as a union member, Lanigan joined Local 153 as an organizer in 1980. Soon he was promoted to business representative, where he gained experience negotiating contracts. In 1987, he enrolled in law school as an evening student and upon admission to the bar served for a time as an assistant to the OPEIU general counsel and the president.

Dream Clinic 2016
(Back by popular demand)
Standing on the Shoulders of Freud

Attendees will learn about the therapeutic use of dreams from contemporary dream theorists who have stood on the shoulders of Freud.

Review: Sigmund Freud's Classic Theory and his Method
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NEW for 2016
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The Ethical Culture Society
687 Larch Street, Teaneck, NJ 07666
2.5 CEUs for NJ LCSW
2.5 NBCC clock hours (for NCC and LPC)
NJI has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5822. Programs that do not qualify for NBCC credits are clearly identified. NJI is solely responsible for all aspects of the programs.
register now

Somerset Hunterdon Psychological Association
Presents: David Kessler

From Grief to Healing, Coping with Various Types of Loss

David Kessler is the co-author of the book, "On Grief and Grieving" with Elisabeth-Kübler-Ross. They also co-authored, "Life Lessons." His first book, The Needs of the Dying, received praised by Mother Teresa. David Kessler has also co-authored "You can Heal Your Heart" with Louise L. Hay. This book discusses "How to heal when a relationship leaves you brokenhearted, a marriage ends in divorce, or a loved one dies." www.Grief.com

Objectives

Identify the common aspects of all loss.
Identify the 5 stages of grief and a possible 6th stage

- *Define anticipatory grief and provide 3 examples of how to respond to an individual experiencing anticipatory grief*
- *Identify 3 ways in which society impacts the experience and handling of loss*
- *Identify the characteristics of complicated grief and 2 ways of helping an individual to heal*
- *Identify 3 signs of compassion fatigue and 3 ways of managing it*

Event: Friday April 8, 2016 - Registration 8 -9:00, Conference 9-4:30
Twin Brooks Country Club, 600 Mountain Blvd., Watchung, NJ 07069
Fee includes Continental Breakfast (8-9:00), Lunch (12-1:00) & 6 hour conference

Early Bird Registration by March 8, 2016: SHPA Members $120, Non-Members $150, Students $100
Registration after March 8: SHPA Members $140, Nonmembers $170, Students $100

Walk-ins welcome. Please call Virginia Walters at (908) 439-3456 x8

6.0 CE Credits approved for Psychologists & Social Workers. This program is co-sponsored by the New Jersey Psychological Association (NJPA) and the Somerset Hunterdon Psychological Association (SHPA). NJPA is approved by the America Psychological Association to sponsor continuing education for psychologists. NJPA maintains responsibility for the program. Visit www.shpsych.com for detailed information on this conference

To reserve your space return this part of the form with a check payable to SHPA, by April 4, 2016, to Dr. Mark Aronson, 12 Quimby Lane, Bernardsville, NJ 07924.

Name _____ *Phone*_____ *email*_____

Target Audience: Mental Health Professionals, Nurses and other Health Professionals, Clergy, Professional Caregivers, Teachers.

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.

"Beyond Neurosis"-COnference Review
By Steven Gruntfest, PhD, JD, LCSW

On the first of November, 2015 Howard Levine, M.D., and Deborah Bunim, Ph.D, presented at a collaborative conference sponsored by The New Jersey Institute for Training in Psychoanalysis and The New Jersey Society for Clinical Social Work. The conference was held in University Hall, a great venue on the campus of Montclair State University, high on a hill and with a spectacular panoramic view of our area and of New York City. Dr. Levine presented an equally lofty paper, "Beyond Neurosis: Expanding Analytic Technique", and a case illustrative of the notion that there is a realm of experience that precedes or is outside what may be characterized as psychically represented, and is thus not reachable by what may be viewed as standard analytic technique. The registrations that are implicated in the psychoneuroses, and addressed clinically in the rooting out of the repressed unconscious, resolution of conflict, or alteration of pathological compromise formations, do not yet exist. As such, these (non)registrations are unreachable via traditional pathways such as the archeological digs suggested by topographical theory, or the conflict resolution of structural theory. They, in fact, have to be created in a collaboration, as much intersubjective/unconscious as intended/conscious, of patient and analyst. This "Beyond Neurosis" phenomenon is most obvious and prevalent in the cases we think of as trauma-based: those difficult, seeming-impossible cases in which our best analytic efforts, advice-giving, even our empathy and support, are stymied by unreachable (or so it appears) depths of despair and detachment. Dr. Bunim presented a case of her own, equally illustrative of and further expanding the ideas of the paper. More importantly, she rather courageously exposed and explored the complex and challenging transference/countertransference dance that inevitably accompanies and complicates the clinical maneuvering these difficult cases demand.

Dr. Levine is part of a continuum of post-Freudian reexaminations of classical psychoanalytic notions of, not just the who and the how but now, the what of analyzability. The "who" challenges, better seen as expansions, have had to do with the analyzability of such as schizophrenics or those viewed as character-disordered. Schizophrenics have been seen as lacking the contact with reality, and thus the relatedness, required to form a transference neurosis. So with the character disordered with maladaptive traits so deeply entrenched in personality as to appear unreachable and unchangeable. The "who" along with the "how" of classical analysis has been challenged and changed by such as Ferenczi, Winnicott, Bion, and Kohut (Dr. Levine seems most devoted to and descended from Bion and Winnicott). My personal feeling (with which I would anticipate Dr. Levine's agreement) is that Ferenczi most dramatically exposed the fact that unanalyzability or incurability can attach as much to clinician limitation or misunderstanding as to any quality or characteristic inhering in the patient. Ferenczi confronted the abstinence and deprivation of the classical frame, suggesting that this could recreate the pathogenic environment that led to the original trauma, thus repeating rather than rectifying past failures. To this day, it can be argued that too many so-called difficult patients are maligned, even scape-goated, by what amounts to diagnostic name-calling, a form of victim-blaming that is the ultimate social work indignity. For too many, and thank goodness Dr. Bunim is not among them, it is so much easier to label, even dismiss, the patient than recognize our own limitations.

Dr. Levine is an astute observer and interpreter of both theory and the patient, in this case Ellen, before him. His writing (he was gracious enough to provide me a copy of his paper, not yet published, after the fact) and presenting reflect his many years of experience, and that necessary analytic curiosity and ability to tease significance, and then create meaning, from the seeming innocuous. In a process that is decidedly non-interpretive (beyond neurosis is also beyond interpretation, as Dr. Levine makes clear in his description of the first phase of Ellen's treatment), the analyst engages intersubjectively and co-creatively with the patient, for the most part out of the realm of conscious awareness. Dr. Levine allows himself to be both recipient and respondent in a "conversation" of unconsciouses. In this "conversation" words and interpretations follow, not precede, insight. What we think of as projective processes and induced feelings rise to the level of what we might characterize as induced or shared reverie. The analyst, following the patient's unconscious cues, allows himself to drift, associate, then share in this process of co-construction of meaning. Ellen asks impulsively, and seemingly disconnectedly, if Dr. Levine's eyes are blue. They are not, but Dr. Levine follows this visual parapraxis into his own recall of a mother telling him his eyes are hazel (not brown as he'd thought). He then, uncharacteristically, and without apparent conscious thought, self-discloses to Ellen about this recall. His recollection, reverie, and self-disclosure of "a deeply meaningful, warm and loving memory" brought calmness to Ellen, and then associations to her own blue-eyed, traumatizing mother. This allowed Ellen to distinguish the traumatizing mother of her past from the "caring and engaged analyst-mother" of the positive transference. It should be noted that a part of this reenactment belonged, by his own admission, to Dr. Levine alone: a retreat to the solace and comfort of his loving

"Confidentiality Alert
By Michele Weisman, PhD, LCSW

As we monitor the news and our own listserv, we're reminded of the import and ever-presence of confidentiality. In our next issue we will present what we hope to be a comprehensive review of the issues that practitioners need to be aware of, whether under the HIPPA umbrella or not. We hope to hear from many of you as we put this piece together. For now, let's all be reminded that confidentiality is a double-edged sword. It is critically important in the establishment of the trust and openness that is a sine qua non of the therapeutic frame. It is the very linchpin of the patient's ability to speak freely, and of the therapist's ability to understand and assist. When broken or breached, however, it can be the cause of immeasurable, and, at times, punishable or compensatable harm. When in doubt, err on the side of caution, and protection of the patient, especially in the face of the antagonisms that can, unfortunately, erupt in the course of a treatment. Utilize supervisors, our Code of Ethics, the listserv, and seek consultation via the union or liability insurance carrier if necessary. If you are using a billing service or a collections agent, know what they are doing, and make very sure that they know how you want them to treat the issue of confidentiality.

NJSCSW is sponsoring the following workshops scheduled for Spring:

Sunday, April 17, 2016 - 11am-1pm
Mind and Body Integration In the Therapist and in Treatment
Presented by Lisa Sokoloff MSW, LCSW
--at Ramapo College in Mahwah, NJ

May 16, 2016 - 11am-1pm
"The Sliding Diagnosis: A Key to Ongoing Emotional Trauma in Childhood." Presented by Candace Orcutt, Ph.D.
- @ The Elks Club Bergenfield, NJ

June 12, 2016 - 11am-1pm
Eating Disorders Workshop
Presented by Judi Oshinsky MSW, LCSW, BCD, DCSW and Susan Gutwill MS, LCSW, PhD-ABD
- in Central, NJ, location TBA

Why We Created and Joined the Guild (Union)
By Luba Shagawat, LCSW F-NAP, Director of Legislative Affairs

Recently, there was an exchange on our list serve that suggested we join a union in order to address the frustrations incurred by changes to our professional lives. It was a surprise to read these emails because **we are members of a union**. Our union is referred to as the **Clinical Social Work Guild 49.**

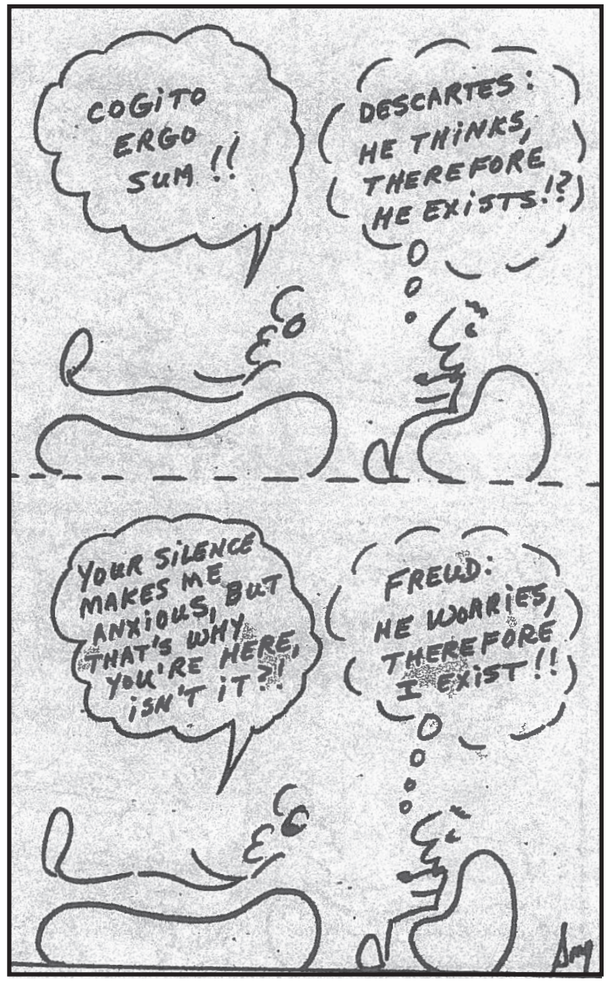
The reason for the term Guild is that we are not a collective bargaining unit, which means that we cannot bargain collectively since we are not employed by one entity. So, the next best thing was to organize independently, which facilitated the creation of the Guild in order to gain the support of the OPEIU and the AFL-CIO.

By ourselves, clinical social workers "aren't even on the radar screen" in Washington D.C. or in state legislatures. As members of the Guild we ARE on the radar screen. Members continue to be frustrated with intrusions into their professional practices, along with losing any ability about decisions that impact their patients. Furthermore, reimbursements are either denied or declining, while more and more administrative work is being transferred to clinicians.

It's in the legislative arena that we have been most successful when it comes to addressing concerns for our Guild members. In fact, S-2180 (that would only allow the treating practitioner to determine "medical necessity") began with a coalition of several unions in 2012. After a reorganization of that original coalition, and continued efforts to the newly organized group, it passed the Senate Commerce Committee. We continue to work with other mental health organizations to further this legislation.

So, we are members of a union which was created to accommodate the needs of independent practitioners who are not necessarily employed at an agency or another entity.

SIG SPEAK'S
By Steven Gruntfest, PhD, JD, LCSW



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mother in the face of a relationship with Ellen that often felt hostile and barren.

Dr. Bunim's patient, Marilyn, shares, not unexpectedly, the same types of traumatic antecedents as Ellen. As alluded to earlier, one does not have to be a Freudian rocket scientist to know that severe dysregulation as Ellen's and Marilyn's is predictive of such traumatic antecedents. Dr Bunim was also gracious in providing a copy of her case presentation, though I hasten to emphasize that the aspects discussed here were painful and touching enough to be reconstructed from memory and experience alone. First, to the nature of the colloquium itself, and having to follow such a distinguished individual who already had the floor for hours in giving both paper and case. This has never seemed to me an ideal, or even fair, set-up. My own associations and reveries have to do with attending Rutgers University for a J.D. and then an MSW. Most of these associations were of being in a dramatically subordinate position, both in law school (think "The Paper Chase") and in Social Work (think a program so anti-clinical at that time that a professor, head of department in fact, told us that, if offered a cup of tea while doing a home visit, we had to accept). The reverie, however, and I thank Deborah for this, more than makes up for the not-so-positive associations. I recalled, as I pondered the sense of Deborah's extraordinary handling of the presentation inequities and Marilyn's ongoing criticism, the island of clinical sanity, and, in a very real sense, my salvation as a clinical social worker, that Herb Strean represented at Rutgers and beyond. Herb, island of clinical sanity that he was, introduced us to the dynamic unconscious, and the critical insight that the real case is always happening below the surface. All of a sudden the "what the hell do I do now?" of being a social work intern seemed to have potential answers. More to the point of this discussion, Herb also told us that the most effective therapists for psychotic patients are first year social work students. Why? Because they don't know what they are doing, and, therefore, are more likely to resort to being real.

Dr. Bunim is, clearly, not a first year social work student, but has, just as clearly, carried that empathy and authenticity into her current work. She's withstood Marilyn's ongoing criticism (about most everything, from the physical to the financial to the therapeutic of Deborah's provision of care), and, in the truest Winnicottian fashion, has done the most important thing that being an analyst demands of us. She's survived! Winnicott, in describing the commonalities of parenting and analyzing, and citing his work with delinquent children, tells us, "your job is not to cure the symptoms or to preach morality or to offer bribes. Your job is to survive" (Deprivation and Delinquency, 1990). It is survival that keeps the hope for love alive. Dr. Bunim tells us that, per Yalom, she keeps looking for something to love in Marilyn. Dr. Levine suggests that Deborah, perhaps, needs to be able to hate her. Both are misguided, in my estimation, though Deborah is much closer to a critical truth than Dr. Levine: she needs to survive Marilyn's hatred, as she's been doing, and rather than try to gratify her, or find something to love in her, slowly expose Marilyn's need (masked by layers of anguished disappointment and hatred) to love her! The unavoidable truth is that love and hate are always part of the clinical picture, and that it is the co-existence and integration of these (ambivalence, in fact) that makes objects (and, impliedly, relationships) real (see Winnicott's "Transitional Objects and Transitional Phenomena" 1953). Further proof of the loving part of Marilyn's ambivalence comes in the form of overt expressions of her love for her greatniece, Sophie Grace, and in a dream in which she is the nurturing protector of her greatnephew. More evidence, I would suggest, that Deborah was much closer than Dr. Levine to what Marilyn needed: not to be loved or hated, but to be told that direct expressions of her love for Deborah are ok, and need not be couched in dreams or expressions of love for others.

A final thought on gratification and perceived over-gratification, as I again think about Winnicott, and, more so, Ferenczi. It's admirable and clinically significant that Deborah wondered, through each challenge Marilyn presented, about the whys and whethers of her gratifications. Yet, we must consider that one of these gratifications, the offer of a phone session when Marilyn panicked on the way to the session following that in which she'd been advised of Dr. Bunim's non-Medicare provider status, was a seeming turning point in the treatment. Many would eschew out of hand, as Dr. Levine did ("I don't do that", if I recall correctly) the idea of a phone session. The phone session, however, seems to have had dramatically positive effects (the scheduling of long delayed medical appointments, an inquiry regarding relaxation techniques that seems indicative of a much increased trust). This moment had very much the same feel as resulted from Dr. Levine's self-disclosure regarding the color of his eyes. I wish this moment of commonality, and the need for non-classical gratifications in these tough cases, had been better latched onto and explored. But, at the end of the day, with many thanks to Dr. Levine and Dr. Bunim, much to think about…and quite a lot to learn.

Review of Plenary Address,
Transmission of Slavery's Traumas Past and Present
By Donna DiStefano LCSW, LCADC

This Plenary Address was given by Janice Gump, Ph.D. on October 11th, 2015 at the Psychology and the Other Conference in Cambridge, MA. Dr. Gump spoke about the intergenerational transmission of trauma and how this can be connected to present-day dissociative conditions and trauma-associated symptomatology among African Americans.

Dr. Gump posited that the emotional sequelae of the traumas of slavery (which were plentiful and horrific) have been generationally transmitted through voids and absences of parental responsiveness to emotions that are created as part of the organisms defenses against trauma. In these voids the stunted emotional capacities of previously traumatized generations are not up to the challenge of responding to or containing the emotional states and unbearable affects of the child. As a result, the child, as the parent, ends up with a loss of the capacity for integrated affect. The child can not modulate his or her own affect, and then passes this inability and absence to his or her own children via the void that is now being passed from generation to generation.

One can only imagine the grief, loss and devastation, not to mention the courage and strength, of those who endured and survived the conditions of slavery. Dr. Gump spoke, in particular, to the inconceivably cruel practices designed to break (the wills and spirits of) slaves: the selling of mothers away from their children; the selling and separating of fathers from their families; the separating of siblings. Further brutalities included beatings, abandonment, starvation, and overwork, at times to the point of death, all in the service of this dehumanization and breaking of the spirits of those enslaved. Outside the plantations, roaming bands of pattyrollers (slave vigilantes) furthered the dehumanization and devaluation of African-American life, and the rule of fear and hopelessness (little to no hope of escape) designed to hold those in bondage. Gump cites the enormity of loss, some 40 to 60 million African lives, many during the Middle Passage as a result of being held in compartments only 18 inches high. One of the most dehumanizing aspects of the slave trade was the complete erasure of significance and identity due to the abundance and replaceability of those enslaved. These horrific and destructive conditions and acts indelibly and traumatically impacted bonding, attachment, and caretaking, then and into future generations.

Dr. Gump finds psychological support for her thesis in Atwood and Stolorow's Intersubjective Systems Theory. According to Atwood and Stolorow, traumatic experiences are centered around unbearable affect states that are not met by a regulating and containing response. This unresponded-to and unregulated part of the self experience is then split off, and results in an ongoing state of disorganization, emotional conflict, vulnerability, and proneness to further victimization and trauma. She then cites Bernard Branchaft's (collaborator of both Kohut and also Atwood and Stolorow) systems of pathological accommodation as explaining the idea that self-disturbance and disorders, once established, can and will be transmitted generationally. Acts of cruelty and dehumanization rob victims of the critically important sense of agency, and so the sense of self becomes organized around the views, needs, wishes, and even fears of the "masters". Once robbed of agency and self-definition, trauma victims, especially children, are subject to the unavoidable correlates of depression and hopelessness, and a belief in their own badness.

In the treatment, healing, repair of such catastrophic injuries Dr. Gump emphasizes the importance of the therapist's "capability of being heartbroken". In a form of bearing witness, the therapist shows and shares her own vulnerability, and allows this to be utilized by the patient in order to give context to her own grief. This understanding and validation is critical in the restoration of identity and self.

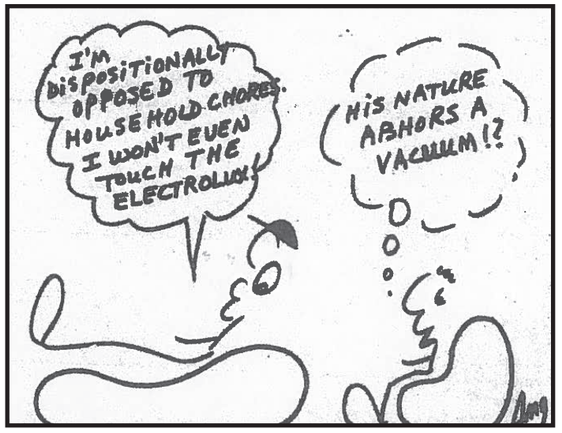
Sand Play Gets Good Reviews
By Keara Reilly, LCSW, PsyA

On January 10, 2016, NJI's Winter Symposium featured an exciting presentation "Have You Played in the Sandbox Recently" by Inna Danieli, LCSW. Ms. Danieli, a candidate at NJI, is also an enthusiastic practitioner of Sand Tray Therapy. This workshop demonstrated how appealing to the right brain can become an integral part of therapy for children, adults, and couples.

Ms Danieli gave a brief history of Sand Tray Therapy, beginning with Carl Jung and describing its world-wide use in modern times. Sand Tray Therapy can be a window to the unconscious, and like psychoanalysis, it facilitates the patient's ability to heal. This mode of therapy is largely non-verbal . The patient builds a scenario through the use of figures and objects and sculptures. The patient builds, the therapist silently observes from a close, empathic position. Ms. Danieli described how many times a patient who has been unable to verbalize feelings, is able , through his/her choices, manifests and acts out trauma and abuse. In the relaxed safe environment, the unconscious can be made visible. The patient may not realize what he/she is expressing. The therapist carefully processes what is being expressed.

Ms. Danieli provided her own objects and figures and different types of sand. She explained how and why each might be used. Clinicians who were present were invited to walk to the case and choose an object or figure and then return to his/her seat. As Ms. Danieli continued her lecture, we were asked to hold our figure or object. Then we were asked to return them to the case and pick a different one and place that one in the sandbox, being mindful of where we placed it. This was followed by a fascinating discussion, with participants describing feelings that we experienced regarding our objects and describing how and where we placed our second choice. Ms. Danieli gave us an introduction to Sand Tray therapy and how it could enrich our psychoanalytic practices. She also provided us with a most enjoyable afternoon.

SIG SPEAK'S
By Steven Gruntfest, PhD, JD, LCSW



Kids And Screen Time: A Peek At Upcoming Guidance
By Anya Kamenetz for NPR
A summary by Caroline Grossmann, PhD, LCSW

Tweens spend 4.5 hours and teens nearly 7 hours a day on digital devices according to Common Sense Media. This does not include time spent using devices for school or in school. The proper role of electronic media is one of the hottest issues today for parents and educators.

The author cites findings and recommendations about children and screen time provided by David Hill, chairman of the American Academy of Pediatrics Council on Communications and Media. Included were the need to carefully regulate the content of children's media exposure, the need for parents to model choice and limitation of media usage (e.g., putting down the phone during meals or whenever children need their attention). To help them focus on the joys of the "real world" he suggested giving appreciation to children for other activities, talking to them about what they did and why they enjoyed it. They should be involved in making rules about media and what consequences should follow breaking the rules.

The Council will present updated guidelines in October 2016.

(http://www.npr.org/sections/ed/2016/01/06/461920593/kids-and-screen-time-a-peek-at-upcoming-guidance)