

# NYIPT NewsLetter



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### A Letter From the Editor

*Karen Cadwalader, CSW*

*This is the first edition of the NYIPT Newsletter. Our goal is to provide a forum in which we, the administration, can share what is happening at NYIPT, and provide members of our community with an opportunity to share professional thoughts, activities and information.*

We hope to make this a meaningful way to communicate among ourselves and to enrich our mission of providing psychotherapy training to professionals who work with children in need.

We encourage each of you to join us in this venture. To participate, or for further information, please call Karen Cadwalader at (718) 998-2240.

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*As the founder and director of the newly chartered NYIPT (New York Institute for Psychotherapy Training), it gives me great pleasure to be launching this first edition of the NYIPT NEWS. Ever since the disaster of September 11<sup>th</sup> the world has changed for all of us. Not only did the events of that day result in significant losses, but we have all shared a collective experience of fear and trauma that has continued in the aftermath and beyond.*

Our program is needed more now than ever. I am constantly reminded of the fact that safety, healing, connection and mutual support are vital to our well being. Shortly after September 11<sup>th</sup>, I distributed a packet of materials on helping children and parents deal with trauma and how to recognize and treat the symptoms of Post Traumatic Stress Disorder. During the past year, many of our faculty, supervisors, candidates and graduates have volunteered to help others. (Dr. Serena Deutsch gives us one example in "Healing in the Aftermath of September 11" in this Newsletter). Many of us are still working on projects geared to helping people cope with their losses and the ongoing

threats of terror, and we feel privileged to be doing so.

At NYIPT we are dedicated to teaching mental health professionals how to reach out and help children and their parents in need. It is an unfortunate fact that almost a third of all children in our country have problems that call for intervention with a mental health professional.

*"...safety, healing, connection and mutual support are vital to our well being." - Dr. Cohen*

Many of these children suffer the effects of abandonment, loss, poverty, neglect or abuse, and they may exhibit behavioral difficulties or other symptoms such as an inability to concentrate, exaggerated fears, anxiety, or depression. Yet, for a variety of reasons, most of these children will not get the help they need and deserve.

The psychotherapy that we teach at NYIPT focuses on the child in the context of his or her family and culture. We reach out to the parents of the children in need, knowing full well that parent(s) also struggle when their child has difficulties. **Cont.on p. 3**

**THE NEW YORK INSTITUTE FOR PSYCHOTHERAPY TRAINING  
IN INFANCY, CHILDHOOD AND ADOLESCENCE**

3701 BEDFORD Avenue  
Brooklyn, New York 11229  
(718) 253-1295

**MISSION:**

The New York Institute for Psychotherapy Training (N.Y.I.P.T., Inc.) for Infants, Children and Adolescents, is dedicated to improving the quality of mental health services For needy children of all ages with their families who live in the New York area. We realize our mission by providing psychotherapy training for qualified mental health professionals.

Our three-year program has a psychoanalytic orientation that integrates contemporary neuro-psycho-social theory and research with clinical technique. We are committed to providing this training at a nominal cost to professionals who are interested in working with infants, children and adolescents, or are already working with this population.

**OFFICERS:**

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*Karen Cadwalader, MSW, Asst. Program Director*  
*Gloria Malter, MSW, Treasurer*  
*Mary Tirolo, MSW, Treasurer*  
*Carole Grand, Ph.D., Clinical Coordinator*

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*Maggie Brenner, NCPsyA*  
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*Teri Schwartz, Ph.D.*  
*Simone Sternberg, Ed.D.*  
*Mary Tirolo, CSW*  
*Jane Weiss, Ph.D.*  
*Agnes Wohl, CSW*  
*Other Invited Faculty*

***A BRIEF HISTORY OF NYIPT***  
***By Karen Cadwalader, CSW, Supervisor***

When thinking about writing a brief history of the New York Institute of Psychotherapy Training in Infancy, Childhood and Adolescence, I am struck by the tremendous accomplishments that we have achieved in the two years since our inception. We began in June of 2000, after more than 25 years of being associated with the New Hope Guild Centers. At that time it became clear that our goal of providing quality training for child therapists was no longer shared by the administration of the New Hope clinics. Under the leadership of Phyllis Cohen as Director, the faculty and supervisors joined together with Carole Grand as Associate Director, and myself as Assistant Program Director, to form NYITP.

The training program at New Hope Guild was started in 1972 by Jeanette Levitt, and in the ensuing years, we followed her lead. All those involved in the new program have a deep commitment to the philosophy and mission of the original program which was to provide an outstanding three-year psychoanalytically informed child therapy program, training professionals to meet the psychological needs of children. The original program was excellent and we knew that our updated curriculum, our dedicated faculty and supervisors, and our model of substituting clinic hours for tuition could work well for our candidates. With this solid foundation, we began the New York Institute for Psychotherapy Training. In many practical and administrative ways we were naïve in the beginning, but after awhile it became clear that our faculty, who had previously only been involved in teaching a course or in supervising a candidate, were willing to contribute extra time and effort in many needed ways.

*cont.on p. 7*

**Director's Letter, cont. from p. 1**

Our aim is to help children of all backgrounds and socioeconomic groups to get back on track. With each child we create an empathic therapeutic relationship in which the child and the therapist can simultaneously affect and be affected, thus enhancing the child's sense of agency and experience of self. One of the ways we do this is through the medium of play, the primary vehicle through which children communicate their inner thoughts, feelings and experiences.

One of the most noteworthy and remarkable aspects of our program is broadly reflected in the word diversity. First, we provide training for therapists from diverse disciplines including art therapy, social work and psychology. Second, although our curriculum is based on a strong psychoanalytic foundation, it is enriched by diverse learnings from attachment theory as well as classical psychoanalytic, Kleinian and Object Relations Theory. We also cover techniques of play therapy, and other curricula including developmental theory of infants, children and adolescents. At NYIPT we advocate an eclectic approach that can be adapted to the needs of the diverse population of children we serve. And last, our candidates, faculty and supervisors also represent diversity of race and culture. We are a group of caring and concerned professionals all working together in the most supportive and non-judgmental way, sharing mutual respect and high personal regard for each other.

Since the inception of NYIPT, our faculty has demonstrated dedication and professionalism by their commitment to their teaching and supervising, even when there were no funds available from which to be paid. We are fortunate to be working with such an outstanding and competent group of professionals. My heartfelt thanks to all faculty, candidates, graduates and friends who have worked so hard to bring us to this point, especially our Clinical Coordinator Carole Grand, Assistant Program Director Karen Cadwalader, and Treasurers Gloria Malter, and Mary Tirolo. In addition, I would like to give special recognition to the following faculty members who have given of themselves and their time in various ways: Georgi Antar, Maggie Brenner, Kimberly Kleinman, Jeanette Levitt, Dolores Morris, Ruth Price, Annie Rech, Marilyn Rifkin, and Simone

Sternberg, and a special thanks to Fern Cohen, who has generously sponsored our graduations and other special events.

Finally, let me welcome the incoming class of 2002-2003 to NYIPT. You have been selected from the largest pool of applicants that we have ever had, and you are about to embark on a wonderful and exciting journey. Over the past year alone, the candidates of NYIPT have provided a wonderful experience of being heard and respected to over 100 children and their parents. This is something to be proud of. In three years you will complete the program and will be joining an elite society of trained child therapists. My best wishes to all of you.



***The following article describes difficulties facing many of the children being seen by candidates at NYIPT. It provides some guidelines for helping these children and their parents - Ed. Note.***

***Working with Adopted Children and Children in Foster Care***  
***By Carole Grand, Ph.D, Faculty and Supervisor***

Over one half a million children today are living away from their biological families. They are the children who have entered the welfare system and had to be placed in foster care (sometimes for the short term, but often for the remainder of their childhoods) or have been given up for adoption by their biological parent(s), sometimes at birth and sometimes later in their lives.

Foster children are in placement for many different reasons, but too often because of abuse and neglect at the hands of one or both parents. Some are placed because of the death or abandonment of a single parent; some because drugs have deprived parents of their ability to provide a safe environment for a child. A few lucky children enter foster families that are capable of understanding their needs (and so many of these children have special needs) and, when all goes well, they are adopted spending their childhoods and teenage years in the fold of one caring family.

Since the 1970's we've seen a large number of foreign adoptions as a solution to infertility in couples who have given up the hope of having a

***cont. on p. 4***

***Adopted and Foster Children, con't. from p. 3***

biological child. While the reasons for foreign adoptions are complex, it is easier for some couples to accept a child being given up under the difficult conditions prevailing in a foreign country than to accept the neglect or abuse of a child in this country.

For foster families or couples who adopt a child, the outcome is frequently not what they had hoped for and dreamt about. Without professional help, the best intentions can be defeated and the already vulnerable children can be further traumatized. Here at NYIPT we are providing training so that child therapists can offer the psychological support that improves the chances for a successful outcome. Too often, in the first visit we see a family in crisis.

Most of the candidates at NYIPT are already working in clinics with foster children and their families. Some of our faculty and supervisors are also seeing these children. In my experience, about one third of the children I currently work with, particularly those who stay in treatment for more than a year and a half or two years, are children who have been adopted.

The following are some guidelines that can be helpful to child therapists working with foster children or children who have been adopted. Some of these guidelines are meant to facilitate the adjustment and development of the children. Others are necessary to support the parents in their difficult task of making the new relationships work and assist them in coping with their own complex reactions.

While children who were placed in infancy may avoid some of the problems that are obstacles for those placed at a later age, all of these children have psychological hurdles to surmount. One hurdle for the parent as well as the child is the child's inevitable quest for knowledge of the biological parent. "Who gave me up?" "Why was I given away?" "Who are my "real" parents?" "Who do I look like, act like, take after, and eventually, who do I identify with?" These children, even if the placement took place shortly after birth, have the emotional experience of having been rejected or abandoned by their birth parents. They will need opportunities to express their feelings to a therapist who can hear and accept the thoughts without becoming competitive with the birth parents or feeling rejected themselves (as the foster or adoptive parents are likely to feel).

Many adopted or foster children develop a core fantasy about where they came from, what the birth parent does for a living, and whether there are other siblings in the family. A fantasy parent can remain the idealized one who is perpetually understanding, kind, loving and giving, never punishing, rejecting or withholding. When anger arises between the child and the adoptive or foster parent these fantasies may provide a way of finding relief from the intensity of the feelings and, at the same time they may serve as a vehicle for expressing anger covertly and without danger of rejection or retaliation. A therapist who is aware of the likelihood that children are living with such a fantasy will be open to hearing about it, will provide a safe place for the child to express the anger, and provide the emotional support and reality testing that will be necessary before a child can give up the fantasy.

An important aspect of the psychological work to be done is to allow the child to mourn for the loss of the birth parent (fantasized or real). All phases of mourning must be addressed when a child has lost a parent, including searching for the lost object, rage at the abandoning parent, depression and finally, acceptance. Therapists need to be sensitive to the fact that these feelings can give rise to a loyalty conflict in the child's feelings toward the birth parent or adoptive parent, even in cases of severe abuse by the birth parent. As a result of such conflicts, some children may try to suppress thoughts or feelings in relation to the adoption or placement, and they may never address these conflicts in the therapy sessions. In this situation, a therapist can work with the parent to bring up the topic at home, or after discussing it with the parents, may raise it directly with the child during individual sessions. During play therapy, a therapist can bring it into the treatment by introducing the conflictual thoughts within the metaphor of the play that the child has established. In any case, early as well as later adopted and foster children will not only need a safe place to express their feelings, but also honest answers to their questions (provided the parents have the facts) should be given gradually at the child's developmental level.

When a child is adopted because of infertility, the adoptive and foster parents also have to work through feelings of their own. These parents

***cont. on p. 5***

***Adopted and Foster Children, cont. from p. 4***

need time and a safe place to mourn for the child they never had. Parent collaterals can provide this opportunity once a relationship with the parent(s) is established. Adoptive and foster parents often feel that the child is a stranger in the family, not only because the child does not bear a resemblance to the adoptive parents but because the child may have personality characteristics that are not familiar to either parent. He or she may have temperamental characteristics opposite from the adoptive or foster parent(s) that make living with the child difficult. These issues should also be dealt with openly by the therapist in the parent sessions, once again, keeping in mind that it may be too painful for the parents to raise these thoughts themselves.

Forming a therapeutic alliance with a child who has a history of loss or abuse is hard to achieve. In many later adoptions or foster placements the problems are compounded by feelings of both loyalty to the birth parent as well as the sense of betrayal a child feels who has been abused, given up or taken away. The therapist as well as the parent will experience the child's distrust within their relationship. Children who have loved and lost a parent will be slow in forming new attachments and be distrustful of all new relationships for a long time.

Therapists as well as parents need patience and perseverance with children who have gone through such a difficult life event. If a parent is prepared and expects some of these feelings, the child will have an easier adjustment and will be given sufficient time to mourn before he or she is pressured into forming a new bond, even in a loving family. With parent guidance and empathic therapy throughout this process, an adopted or foster child will have a greater opportunity to grow and develop and form new attachments within a stable world not threatened by repeated losses.

At NYIPT we address all of these issues in seminars, workshops, case presentations, and in individual supervision with the therapists who are treating adopted children and children in foster care.

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*In the following article, NYIPT faculty member Mary Tirolo shares her notes from a conference on adoption and foster care. This conference was organized Dr. Carole Grand, as program chair at the Institute for Psychoanalytic Training and Research (IPTAR - Ed. Note.*

***On "Connections Lost and Found:  
The Psychology of Adoption  
and Foster Care"***

**By Mary Tirolo, CSW, Faculty and Supervisor**

Several major themes emerged in the well attended and well received November 17, 2001 conference, "Connections Lost and Found: The Psychology of Adoption and Foster Care". The conference was sponsored by the IPTAR Child and Adolescent Training Program. The speakers each delineated difficulties a child faces in finding new attachments after his/her primary attachments have been disrupted or severed and lost. There were multiple examples of ways a new adult is tested by the child before he/she dares to engage. The child of lost connections wants desperately to be wanted but the risks are formidable. Internal relationships are not enough; children need actual relationships with real people. Yet the prospect of intimacy presents real peril for the child: he/she may face rejection, or the unimaginable danger of further loss; and the child may experience ambivalence because his/her own internal rage is seen by him as destructive to others (including those lost).

It was pointed out that it is very difficult for the abandoned child to be comforted because the child unconsciously thinks of him/herself as a dangerous killer. The feelings of being dangerous coexist with the underlying state of total and actual helplessness. There is another major dilemma for the child who enters treatment after having been given away. What the abandoned child gains with new attachments carries the unconscious fantasy of further displacing and thus destroying the ones that are lost. The child needs to become able to mobilize his/her powers. It can be very risky for the child, who experiences himself as a murderer, to mobilize his/herself to learn and to be appropriately self assertive and persevere in attaining goals.

The unsettling and difficult reality of our Foster Care and Adoption agencies is that the children in care most often do not experience

*cont. on p 6.*

*Connections Lost and Found, cont. from p. 5.* continuity in treatment nor in home placements. Those attending the conference were reminded that short of the ideal of long term continuous treatment, we cannot underestimate the benefit to the child of having an interaction with someone whose comprehending mind can address the particulars of the child's experience in the moment. *con't. on p. 7*

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### **KUDOS TO Dr. Teri Schwartz**

*Dr. Schwartz supervises candidates at NYIPT.*

Dr. Teri Schwartz has published a book entitled: The Day America Cried. She says it is written primarily for children 7-9 years old, although it is also interesting to younger children, older children and teachers and parents as well. Dr. Schwartz was inspired to write a book about the tragic events of September 11<sup>th</sup> when she became aware of how difficult and traumatic what happened was for the children. The book not only tells the story of the events of September 11<sup>th</sup> as they unfolded, but it also inspires courage and hope in the children who read it. Through the narration of a spunky little cat who appears on every page, the child is helped to understand what happened, in an experiential and enjoyable way. The book tells what happened to the American people on that fateful day and afterwards, without instilling fear in the young reader.

Dr. Schwartz reminds us that children typically manage their fears with the use of imaginary or magical characters, whether through books, movies, toys, or especially in psychotherapy. This book provides children with a way of coping with unthinkable and unspeakable trauma.

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#### **ANNOUNCEMENT:**

A reading group for recent graduates is being organized by Nyla Kamlet. If you are interested, please call for details: 212-799-5234.

*Following the events of September 11<sup>th</sup> many people in the helping professions were in a position to help out in numerous settings. Dr. Serena Deutsch, supervisor at NYIPT, writes about her experiences after 9/11. - Ed. Note*

### **Healing in the Aftermath of September 11.**

*By Serena Deutsch, Ph.D., Supervisor*

In the days and weeks following September 11, I reflected on the message of this horrific and unspeakable tragedy. I explored the many opportunities to help people through this crisis, to find ways to deal with the grief, fear, pain and terror that New Yorkers were all facing. We were all experiencing a tragedy of epic proportions and were now challenged to find a way to cope with this tragedy, not only for ourselves, but also for our family members, friends, colleagues and students. People were at a loss and in search of some guidance and support, whether they experienced this event directly or indirectly, whether they lived downtown or uptown, and regardless of whether or not they resided in New York. This tragedy affected our entire Nation.

I was challenged by this tragedy to help out (along with many others). I felt fortunate that I was in a position to use my training, experience and expertise to be of support and assistance at one of the most critical times in our lives. As I looked around I was moved by the compassion and support that surrounded me. It was a time that we all joined together. Our priorities and values were never clearer.

All around me New Yorkers were offering their support and assistance in whatever ways they could. As a psychologist, within days of the tragedy, I began a series of talks to assemblies of students, families and teachers in schools around Manhattan to help people cope with the disaster. I was asked to speak at numerous town meetings, and churches and synagogues throughout Manhattan. Corporate offices and law firms in the Wall Street area were in need of support and guidance as well, and I gave a number of talks downtown, the area most directly affected by this tragedy. In addition to the talks and workshops with groups of children and adults, I

*cont. on p. 7*

**Healing in the Aftermath, cont. from p. 6**

also worked on an individual basis with many grieving children and family members who lost loved ones.

The pain and grief that I experienced while meeting with people, particularly during the workshops with children and adolescents, was reflected in the faces of the youngest children who revealed a look of lost innocence. One could see fear, terror and sadness, feelings I had never noticed in the years of conducting workshops with children prior to 9/11. We were all so unprepared. Many of the lives that were lost were so young, healthy and vital. They said "good-bye" in the morning and they never came home to their loved ones that night.

Initially, I addressed the immediate impact of 9/11 and how the loss, grief and terror will never be forgotten. In Phase 2, the needs of New Yorkers changed, and I began to address the terror and fear that people were then facing, including the continuing threat of terrorism, and our concerns about Anthrax. Our protected bubble had been shattered forever, and we now had to live with the recognition that our lives would no longer be the same.

In some of my more recent talks I addressed groups of firefighters and recovery workers at ground zero. Most recently, on August 12, 2002, I spoke at a press conference held at Battery Park addressing a "September of Healing". I concluded my remarks with: "We will continue to stand strong and loving, not alone as strangers. We have all grieved together and now we must all find a way to heal."

We will use what this tragedy has shown us about ourselves to make our worlds richer, better and stronger, filled with hope and optimism for our generation and future generations to come." I know that I speak for many of the faculty, supervisors, graduates and candidates at NYIPT as well as myself, when I say that we will all be continuing the work that was begun after September 11 for as long as we are still needed to do so. We will continue to reach out and respond to those who are still struggling in the aftermath of the day that our world was shattered. As we all heal, we need to remind ourselves that we will be healing to something new - we will never be who we were prior to the events of September 11<sup>th</sup>.

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**History, cont. from page 2.**

Over the past two years we have already reached the following milestones:

1. In June 2002 we were granted a 5-year provisional Charter as a Training Institute, issued by the New York State Department of Education, Board of Regents.

2. We have had 2 benefits and we continue to make plans for the future.

3. We have already graduated two classes and we maintain a strong and active Graduate Society.

4. This year our first, second and third year classes are concurrently being held with thirteen new candidates in our first year class.

5. We have published this first edition of our newsletter and we're working on our Website.

6. And, our biggest accomplishment is that the individuals who make up our program, the administrators, faculty, supervisors, candidates and graduates, all feel a strong commitment to our program.

We feel a wonderful sense of pride in our accomplishments thus far, and a renewed sense of energy and excitement when we think about the future of the New York Institute for Psychotherapy Training Program.

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**Connections Lost and Found, cont. from p 6.**

These points were tackled from differing perspectives by each of the presenters. Nick Scopetta, The Commissioner, Administration for Children's Services, NYC discussed the changes he has introduced in accountability, policy initiatives, reduced caseloads, increased training for staff as well as many improvements in the physical environment of the agency's office space. Commissioner Scopetta also established "Circles of Support" to recruit and maintain foster families.

Jenny Kendrick, Senior Tutor and Psychotherapist, Tavistock Centre, London spoke of "Remembering and Forgetting." She emphasized the negative impact of the cumulative trauma of compounded failures of maternal containment, the experience of abuse and being witness to violence. The children have no awareness that experience can be processed.

**con't. on p.8**

***Connections Lost and Found, con't. from p.7***

Ms. Kendrick sees it as imperative that a reliable and robust person who can hold the narrative of the child's story be available. Ms Kendrick presented rich and moving case material of two Eastern European girls. One traumatized girl was so immersed in her memories that she needed help to contain it and to put it aside for a latter time when she would be ready and able to look at what was involved. By contrast, the other traumatized girl remembered little to nothing but she developed serious behavioral problems. The encapsulated "forgotten" memories of abuse are subject to explosive eruptions when triggered. This girl needed help making the connections.

Catherine Mathelin, Psychotherapist, Child Psychiatry and Neonatology Units St-Denis Hospitals, France, described the subtle ways trauma in the parents life is transmitted to their children. Ms Mathelin presented clinical material concerning mothers who had themselves been adopted as babies. She stated that adopted children explore the epistemophilic drive through the lens of the issues of adoption. Even though the child can not speak of it there is a registered trauma in the loss at birth of the birth-mother. Adoption is often only presented as an act of choice and love. If it is to succeed the relationship must also contain and process the loss and hate.

Martin Silverman, President Association for Child Psychoanalysis presented clinical material of an adopted girl with extreme insecurity and fear of attachment. Dr Silverman stated in a straightforward and simple way that what a child needs to feel secure is to be loved, to be cherished, and to be wanted. In life, parents and children need to recover from disruptions, and their upsurges of rage and hatred. When the bonds of attachment are strong enough, anger can be encompassed and attachments are strengthened. The wonderfully sensitive and attuned work that Dr Silverman did with this child included an evolving play narrative based on the story of Peter Pan. Wendy, John and the little girl Hannah leave their parents in Boston and go to Never Never Land.

Francine Cournos, Author of *City of One*, described her isolation and desolation at the death of her father at age three, her grandfather, and then her mother at age eleven. She and her younger sister spent two years with her maternal grandmother who began to decline in health. Dr Cournos states that her major trauma among all these major traumas was her placement into foster care. "My maternal aunts and uncle made a decision to abandon me". She eloquently described her experience as a child as compared to what the agency professionals thought they were conveying to the child. At the intersection of bereavement and trauma she became numb, dissociated and detached.

There were two additional excellent clinical presentations. Sujatha Subramanian discussed her work with a seven-year-old foster child whose mother died when she was ten months old. She later lost her grandmother and her father was in rehab due to injuries he received in a major car accident. As they developed, the child's play themes helped her to express and work through the issues. She would sit at the table and demand that items be brought to her. She would then summarily reject them. ("That's stupid" "No one wants that") As the play evolved, the child drew and worked on mazes. This gave the therapist the opportunity to say "How hard it is to reach Eileen and how tricky it is to find a way".

Neal Vorus presented three years of his work with an eleven-year-old adopted boy who was placed at birth. As the work progressed, the therapeutic issues were creatively and sensitively expressed and developed through the metaphor of sports figures involved in "trades". The therapist was able to talk out loud about the pro and con of each trade. The therapist and patient were able to think about the feelings of the traded player, the team that was left behind and the team to which the traded player moved.

Laura Kleinerman underlined the importance of our understanding the difficulties facing a difficult child to help us deepen our empathic grasp of the caregivers experience in attempting to parent an abandoned child. The presentations at this conference did much to help us all connect with the experience of loss that interfaces the path of being found.

