

THE NEW YORK INSTITUTE FOR PSYCHOTHERAPY TRAINING

NYIPT TODAY

Celebrating Our 5th Anniversary



FALL 2005

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As NYIPT celebrates its 5th anniversary, our director reflects on the accomplishments of our faculty and candidates

FROM YOUR DIRECTOR

PHYLLIS COHEN, PH.D.

It's been five years since NYIPT was conceived and began offering training in Child and Adolescent Psychotherapy. During this time we have provided specialized training to our therapists who have worked with over 500 needy children and their parents in 15,000 therapy sessions, and our graduates have gone on to supervise and train other therapists throughout their careers!

Each year our candidates have been more and more impressive as to their credentials and commitment to training, and this year we are proud to be graduating 7 child therapists!

We began with a mission to offer low cost training to mental health professionals to learn how to help needy children and their parents. We started with a tried and true curriculum, an experienced faculty and a few candidates. Each year we have successfully expanded our undertaking, and our accomplishments have continued to grow. We have been chartered by the New York State Department of Education, Board of Regents, and this year we achieved our not-for-profit status, an accomplishment that will open up many avenues for our continued expansion. Each year our candidates have been more and more impressive as to their credentials and commitment to training, and this year we are proud to be graduating 7 child therapists!

As the Director of the program, I am happy to announce that Dr. Tracy Simon will be joining our team as the new Associate Director of NYIPT. Dr. Simon brings many qualities of leadership and clinical knowledge. Her participation ensures the continued success of our program. Dr. Simon will also continue teaching third year candidates. To round out the

Executive Board of NYIPT, Dr. Carol Grand, our Clinical Coordinator will continue teaching third year candidates, Mary Tirolo, L.C.S.W. and Gloria Malter, L.C.S.W. will continue to teach, supervise and serve as Treasurers, Karen Cadwalader, L.C.S.W. will remain our Assistant Program Director and serve as our Clinic Liaison, and I will still be teaching first year candidates at NYIPT!

This edition of *NYIPT Today* covers a wide range of topics. It not only reflects the diversity of our *continued on pg. 3*

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THE NEW YORK INSTITUTE FOR PSYCHOTHERAPY TRAINING

IN INFANCY, CHILDHOOD AND ADOLESCENCE

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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 children in need of all ages and their families who live in the New York City 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

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FROM THE EDITOR KAREN CADWALADER, L.C.S.W.

This edition of NYIPT Today marks the fifth anniversary of the program. It is a time to acknowledge this wonderful achievement and to look forward and plan for our future as a Training Program. This edition has contributions from all segments of our community. Our goal is to share the various interests and talents of our members and to create a publication that marks the completion of another year.

Our hope is that more and more members of our community feel encouraged to participate in the next publication in any way, reflecting the accomplishments of our faculty and candidates. If you are interested in participating, please contact Karen Cadwalader at kcadwalader@stny.rr.com or (607) 547-1951.

Please keep us informed of your personal and professional happenings. If you are presenting at a workshop or conference, please send us the specifics to include in our newsletter and emails.

FROM YOUR DIRECTOR

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community, but I believe it showcases the warmth, commitment, intelligence and scholarly pursuits of our Faculty and Candidates. In a parallel manner to our curriculum, the articles cover topics in development from infancy through adolescence, and they cover news of our program as well as other contributions of people in our field.

The articles in this issue show how the faculty and supervisors of NYIPT have made a commitment to be up to date in our complex field

The articles in this issue show how the faculty and supervisors of NYIPT have all made a commitment to be up to date in a complex field, always searching for new and better ways to train therapists to help needy children and their parents.

We have an overview and history of the theory of object relations by Dr. Carole Grand, orienting the reader to what our candidates study while attending NYIPT – it describes a way of thinking about the children we see and their relationships with their significant, primary caregivers. Then, in thinking about the development of the child and how to intervene with little ones whose development has gone awry, we have an article by Ms. Karen Cadwalader on how therapists can work with parents to facilitate the intellectual, social and emotional growth of their children.

We will continue to train those who work on the front lines with children and their families and we hope to see you at all of our future events.

We have an essay by Dr. Fern Cohen about attachment that describes her personal reflections as a mother dealing with issues of separation from her son at a point in his life when he was ready to move on. This essay, incidentally, won a prize in a competition among psychoanalysts. We have a review of the book Gift from the Sea, written in a personal, introspective manner by Dr. Regina Monte.

We also have a wonderful recap of the presentation given by Mr. Lorenzo Munroe and Dr. Tracy Simon, at our Open House for prospective

candidates, about how to work with troubled adolescents. And, we have an article by Ms. Marilyn Rifkin, who reports on a presentation about the work and thoughts of an artist as seen through the eyes of a psychoanalyst.

Finally, two of the articles in this issue are written by NYIPT candidates, reflecting the outstanding work they are currently doing: Nneka Njideka writes about her advice to parents in a school setting, and Susan Caputo writes about her advancement from therapist to Acting Director of a major out-patient mental health center.

I hope you will enjoy reading this newsletter and that it will inspire you to join us and share our mission. We will continue to train those who work on the front lines with children and their families and we hope to see you at all of our future events. Our supporters are listed on the back page of this newsletter. We thank you for helping us achieve our goals.

Phyllis

CONGRATULATIONS TO DR. TRACY SIMON NEW ASSOCIATE DIRECTOR OF NYIPT!

As of September 2005, Dr. Tracy Simon assumed the position of Associate Director of NYIPT. Among the many tasks in her new position, she will be reviewing the NYIPT curriculum and ensuring that our training program includes an awareness of multicultural issues as well as an appreciation for cultural diversity.

Dr. Tracy Simon is a clinical psychologist, performing psychotherapy and neuropsychological testing for children and adolescents. Currently, she is the Director of "The September 11th Program, Surviving the Aftermath" at the Karen Horney Clinic, where she provides individual and group psychotherapy and lectures on the treatment issues of World Trade Center survivors. Dr. Simon has published reviews of scientific meetings in the American Journal for Psychoanalysis. Her special interests include examining intrapsychic conflicts in working mothers as well as exploring mother-daughter relational dynamics in adolescence.

Object relations is a way of thinking about the children we see and their relationships with their significant, primary caregivers. Here Dr. Grand gives an overview of how this theory informs our field.

A BRIEF HISTORY OF OBJECT RELATIONS THEORY FROM FREUD TO WINNICOTT CAROLE GRAND, PH.D.

Most of us forget that "object relations" is not a new concept. The "object" was present in 1895 in the writings of Freud when he discussed the object as the means through which the individual obtains instinctual gratification or frustration. Freud said that the object "provided the impetus for registering durable memories" (1895); however, he never attempted to describe a developmental progression of object relations independent of the drives and his emphasis was always on oedipal object relations. Freud described drives as initially pleasure-seeking but rapidly developing into object-seeking as memories of satisfaction or frustration accumulated in the development of the child. It was left to those who came after Freud to shine the theoretical spotlight on the object relationships of infancy and very early development that we refer to as pre-oedipal object relations.

One can think of object relations as the mental representation of the self and other, and the role of each in their interaction and internalization.

The concept of object relations differs from interpersonal relations in that it refers to internalized object relations, that is the intra-psychoic aspect of experience with others and not the actual interaction between people. One can think of object relations as the mental representation of the self and other, and the role of each in their interaction and internalization.

Since the child is helpless for a long period of time throughout infancy, the object also has the task of regulating anxiety until the child can do it for himself.

When Freud shifted his theory from the topographical model to the structural theory, he stressed the interaction of drives, ego, and superego and how this interaction evolved into the relationship of the individual and his or her environment. In 1923 when he developed the structural theory, Freud observed that

identifications with caretakers and other important people (objects) were central to ego and superego formation. Since the child is helpless for a long period of time throughout infancy, the object also has the task of regulating anxiety until the child can do it for himself. From Freud's observations, we can deduce that "later deficiencies in ego function are ultimately due to the influence of both the strength of the instinctual impulses and the object's lack of success in regulating the infant's state." Freud was aware that normal development of psychic structure was dependent on both object-related experiences as well as libidinal gratification and he theorized that optimal development and psychic structure formation were related either through being loved or through fear and anxiety.

The two earliest contributors to object-relations theory after Sigmund Freud were Melanie Klein and Anna Freud. Although Klein's theory is usually referred to as an object-relations theory, she acknowledges that the drives that are present at birth take precedence over the object in psychic development. The infant experiences the mother through the drives (mainly aggressive and hostile) and projects these early affects onto the mother which then becomes internalized as an object-relationship. However, Klein's focus on this earliest object-relationship did provide important insights into early development and facilitated analytic understanding of pre-oedipal object relations.

"The exploration of the unconscious is the main task of the psychoanalytic procedure and the analysis of the transference is the means of achieving this" (Klein).

Klein is known as an object-relations analyst because of her emphasis on early interpretation of the negative transference toward the analyst. She was guided by two tenets of psychoanalysis: "The exploration of the unconscious is the main task of the psychoanalytic procedure and the analysis of the transference is the means of achieving this". (Klein, in Schaefer, 1999).

During World War II, in war-torn England, Anna Freud began observing the effect of the disruption of the

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A BRIEF HISTORY OF OBJECT RELATIONS THEORY FROM FREUD TO WINNICOTT

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mother/child relationship in her Hampstead War Nurseries. Her astute observations remain remarkably contemporary in relation to the knowledge we have gained from infant research today and her observations eventually became the basis of her understanding of object relations development. She never departed from her father's developmental sequence of psycho-sexual stages as did Klein, but emphasized the effects of the early relationship with the mother on this sequence of stages. John Bowlby worked closely with Anna Freud in the war-time nurseries and his observations evolved into his infant attachment theory that has significantly influenced our current understanding of the mother/infant relationship. However, Bowlby's basic premise of attachment stands in opposition to the Freudian concept of libido as a driving force in significant relationships. The British School of Object Relations developed out of the disagreements between the followers of Melanie Klein and those of Anna Freud. As opposed to Klein and Freud, analysts such as Fairbairn, Guntrip, Balint, and Winnicott considered the drives as secondary with some even rejecting the concept of drives completely and instead substituted the object relationship as the foundation upon which psychic structures develop.

For Winnicott, there is a readiness in the baby for relatedness to the caregiver and what is crucial is the mother's "holding" function, her "mirroring" capacity and the absence of retaliation when the baby is aggressive or attempts separation.

For Winnicott, there is a readiness in the baby for relatedness to the caregiver and what is crucial is the mother's "holding" function, her "mirroring" capacity and the absence of retaliation when the baby is aggressive or attempts separation (Greenberg and Mitchell, 1983). In the United States, many of Winnicott's contributions to our understanding of the mother/infant relationship and psychic development including, "the good-enough mother" and the "transitional object" have quietly entered into our everyday psychoanalytic thinking and discourse.

To follow the path of the development of Object Relations Theory, one must continue to explore the work of the Ego Psychologists such as Hartmann, Loewald,

Jacobson, Erikson, Greenacre, and Sandler, as well as infant researchers such as Spitz, Mahler and Stern. Two excellent sources for reviewing these theorists and researchers are books by Tyson and Tyson (1990) and Greenberg and Mitchell (1983). Both of these references describe object relations theories and elaborate the controversies that divide the psychoanalytic world of object relations today.

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- Klein, M. (1999) The Psychoanalytic Play Technique. Chap 8, In: The Psychoanalytic Theory of Play. Ed: Charles Schaefer, N.J.: Aronson, pp.125-140.
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3 NEW SUPERVISORS ADDED TO OUR FACULTY

After a careful screening process, 3 new supervisors have joined the NYIPT Faculty, all graduates of the New Hope/NYIPT Program! We are proud of your accomplishments and are happy to have played an integral part in your becoming the wonderful child therapists you are. Phyllis

WINSLOW CARRINGTON, L.C.S.W., received advanced group psychotherapy training from the Eastern Group Psychotherapy Program and at the Training Institute of Mental Health. Currently he consults at a residential treatment center for children and adolescents, and maintains a private practice in Brooklyn.

GERI NESS, L.C.S.W., is presently in full time private practice in Park Slope Brooklyn and Howard Beach, Queens where she works with children and teenagers with a wide range of problems and backgrounds.

CATHY RYBAK L.C.S.W., has a private practice treating children and adults in Manhattan. She directed a Child Mental Health Program in the East Village for five years. At present she is a Clinical Supervisor at FECS in their Intensive Psychiatric Rehab Treatment program.

This paper presents diverse technical and relational information about infant specialists and other professionals who work with mothers and infants. Infant/mother research that supports early intervention is also discussed.

SUPPORTING THE SOCIAL AND EMOTIONAL GROWTH OF INFANTS

KAREN CADWALADER, L.C.S.W.

Current research supports the idea that the psychological well-being of the infant is affected by brain development, which is affected by the infant's exposure to interactions with the mother. Looking at the dyadic relationship as a way of understanding and helping an infant develop is useful because "Infancy can be considered a time of life when only the relationship has psychological meaning, when the individual taken alone has not yet reached the developmental 'achievement' of being capable of sustained emotional disorder." (Deem and Sameroff, 1989) By implication, the infant is not capable of sustained 'emotional health' outside the dyad. The Infant Specialist is in a unique position to observe the interaction in a mother/baby dyad, and when indicated, help the mother make changes in her style of relating.

A mother/infant dyad is a unique co-construction ... If a mother misreads the communication from her baby many problems can arise.

A mother/infant dyad is a unique co-construction. The patterns of interaction that emerge are reflected throughout the development of their relationship. If a mother misreads the communication from her baby many problems can arise. A minor intervention can dramatically alter the interaction of a mother/baby dyad, which in turn greatly affects the social and emotional well being of the baby.

The following vignette of work I did with a mother, Jamie, and her baby Joey, shows how intervention helped to change the way the mother and baby related within the dyad, which in turn affected Joey's social and emotional development.

Jamie is a 17-year-old woman who had been in individual psychodynamic treatment with me for 4 years when she had a baby boy, Joey.

Jamie originally presented in therapy with self-abusive behavior, suicidal ideation and

acting out behavior at home and in school. Her feelings of abandonment and rejection by both parents led her to act out to mask her intense anger, fear, loneliness and sadness. At the age of sixteen she was convinced that she could make herself feel better if she had a child to love, as she had never been.

From the time of birth, Jamie brought Joey to her psychotherapy sessions, because she had no one to take care of him. Initially I had intended that we would continue individual psychotherapy; however, with the baby in the room, the focus of treatment immediately shifted. Joey at three and one half months old cried a lot. Jamie would try to soothe him with a pacifier or bottle. When he continued to cry or whimper, Jamie became frustrated and angry and would ask, "What does he want? He doesn't like me. I just don't know what to do." She reported that this behavior was typical. She complained that he was a light sleeper and would awaken at any sound. She admitted that she would quickly lose her patience. Jamie pointed out that when she tried to play with Joey, he would look away and would not pay attention to her.

Jamie and I agreed that together we would try to figure out how we could help what was going on between them. My goal was to help the young mother learn how to soothe her baby, and explore ways to connect with him through play. In an early session, we put Joey in an infant seat. Jamie began to play with him by holding a toy next to his face and making rapid sounds. Joey turned his face away. I suggested that Jamie hold the toy at a distance, which might be more comfortable for Joey and to speak to him slowly and softly. At one point just as Joey's head turned to look at his mother, Jamie looked away and said, "See this doesn't attract his attention either." I encouraged her to keep trying and after several missed moments Joey looked at her and gave her a half smile. Jamie responded by

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joyfully tickling his stomach. With this, Joey turned away, arching his back. I wondered aloud why did she think he pulled away at that moment. Jamie responded that maybe Joey didn't like being tickled. She moved back. Joey rewarded her by looking at her and holding his gaze.

Over time through Jamie's increasing ability to slow down and speak softly to her baby, the dyad began to interact with each other in a more mutually satisfying manner. By the age of 8 months, Joey developed better sleep habits and Jamie reported that he no longer seemed irritable all the time. When Joey fussed Jamie now felt that she could soothe him. When they played together, both seemed to enjoy each other and understand when either one needed more space. Joey had become an engaging baby who looked to Jamie for comfort.

These interventions occurred in the context of a trusting relationship between the mother and her therapist. During the sessions, the mother was open to exploring her dynamics in relation to her baby. This intervention serves to highlight some of the issues that will be reviewed in this paper.

By the time an infant is two months old development is largely experience dependent.

Over the last three decades researchers have made amazing empirical discoveries about how the human brain develops. Recent literature on the brain sets the stage for understanding why early intervention is so valuable, and why the quality of the relationship between the infant and his/her mother is essential for the infant to reach his/her social and emotional potential. Palley (2000) writes that the pre-natal development of the human brain is influenced by genetics. The brain is born prematurely, and for the early months after a baby is born, genetics continue to influence the development of the brain. By the time an infant is two months old research supports the idea that further brain development is largely experience dependent. When positive interactions happen, the brain responds and the infant's social and emotional growth is enhanced. "Neuro-developmental plasticity varies inversely with

maturation. That is to say, there is more multi-potentiality (i.e., greater capacity for alternative developmental adaptations) in the early childhood period than in the later years." (Shonkoff and Phillips, ed., 2000)

Nature and nurture are inter-connected and determine how the brain becomes 'hard wired.' Shore (2001) supports the idea that the brain is genetic in origin and that the quality of the contact that a baby has with his/her mother profoundly affects the way an infant brain is organized. This in turn affects the baby's ability to relate to other people and to the environment. Steve Seligman (2002) explains that the infant brain has "assemblies of neurons, associating to form functional systems that are organized coherently so as to give rise to such mental phenomena as memory, and ultimately, consciousness. Thus, the physical physiological and psychological are conceived as interrelated and mutually influencing, as part of the unified systems of life process."

The dyadic systems model is a framework for observing and understanding the interaction that occurs between a mother and her infant and how both participate in mutual regulation.

Other infant research builds on this understanding of the importance of the brain. Beebe and Lachmann (1998) identify that one of the first tasks for the infant is to regulate his/her arousal. Self-regulation is a capacity that is made up of temperament and biological givens. It includes the concepts of "threshold for stimulation, intensity of affect and the regulation of arousal." Beebe and Lachmann (1998), and Beebe (2000) explain that interactions take shape in the spheres of time, space, affect and arousal. While observing infant interactions we need to notice the domains of "vocal, visual and kinesic exchanges, of moments of ongoing regulations, sequences of disruption and repair, and heightened affective moments." Beebe (2001) says that the baby will try to regulate his/her state by fingering such things as clothing, by putting things in his/her mouth, or by kicking feet and moving hands. Vocal distress is another way that an infant may attempt to regulate his/her stress. The baby is most comfortable in a mid-range arousal state and will signal when he/she is becoming over aroused. Problematic "early regulatory patterns

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can be viewed either as distinct disorders of early development, in the sense that they constitute maladaptive and often disruptive behavioral patterns, or as intermediary risk patterns for later symptoms and disorders.” (Greenspan (1993)

The dyadic systems model is a framework for observing and understanding the interaction that occurs between a mother and her infant and how both participate in mutual regulation. By participating in a dyadic interaction the infant learns self- and mutual regulation. A trained observer can informally evaluate the dyadic relationship between the infant and mother by observing their face-to-face interactions. Sensitive observation can provide the basis for choosing specific interventions, or deciding whether a referral to an infant mental health specialist is needed. Within the dyad the self-regulation of each and the mutual regulation that is co-constructed is of particular interest.

... early relational intervention with the mother and baby can dramatically alter the quality of the baby's social/emotional capacity as measured by the Ainsworth Attachment Test at age 12 months.

The mother/infant dyadic interaction is viewed as bi-directional in that one affects the other. The communication between the mother/infant is a continuous process. The mother influences the infant at the same time that the infant is influencing the mother. Interventions are created through the infant's relationship with the environment, which is continually re-organized, moment-to-moment, as each member of the dyad is involved in both self- and mutual regulation. Equal emphasis is placed on both sides of an interactive model. “The brain influences behavior but experience alters the brain,” (Beebe and Lachmann, 2002)

Recent research about dyadic interaction has suggested new ways to understand the pair. Researchers from various points of view have begun to look at the infant from neurological, developmental, and psychosocial perspectives. Research by Beebe and Lachmann (2002) has used micro-analysis to focus on facial expressions, eye gaze, touch, head and body movements toward and away from each other, and vocal rhythms, including pauses and switching that occurs between a 4-month-old infant and an adult during face-to-face play. The 4-month interaction results were

found to be predictive of the type of attachment and cognition that a baby would have at 12-months old. Computer analysis of rhythm, the timing of the interchanges, and the time of the pauses provides data to support the findings that the “capacity for rhythmic coordination is essential to cognition and bonding.”

Using the data from their vocal rhythm research, Beebe and Lachmann (2002) found that rhythm itself provides ongoing information necessary to predict and coordinate with one's partner so that each can anticipate how the other will proceed. These researchers found that the mid-range of such contingency is the most adaptive mode for vocal rhythms and their coordination. If the mother/infant 'talk' with each other in a very rapid or very slow pattern, if there are long gaps between the vocalization of the mother and baby, if there is little room for listening to the other because they are talking at the same time, or if the turn taking is infrequent, a problem may exist in the dyadic communication. Intervention by an Infant Mental Health Specialist can help the mother-infant pair communicate more effectively by helping them move more into a mid-range of communication.

The mother as the adult has the greater ability to set the tone of the interaction with her infant. She brings unconscious and conscious parts of herself to the relationship and her own verbal and non-verbal experiences are communicated to the baby.

In another research design, Beebe (2001), studied the relationship between a mother and her 4 month-old infant using face-to-face split-screen videotaping of the mother and infant and the infant and a stranger. These tapes are analyzed microsecond by microsecond to capture the interaction with the baby and the baby's responses. Research findings support the idea that early relational intervention with the mother and baby can dramatically alter the quality of the baby's social/emotional capacity as measured by the Ainsworth Attachment Test at age 12 months. Beebe posits that if a mother is able to relate in a responsive way to her 4-month-old infant, that baby at 12 months will have a secure attachment. If the mother relates in a non-responsive, withdrawn or intrusive way to her 4-month-old infant, that baby at 12 months, will have a

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disorganized or insecure attachment with the mother. (Beebe and Lachmann, 2002). Our Director, Phyllis Cohen and Beatrice Beebe (2004) wrote about a method of successfully intervening with a depressed mother and her 5 month old infant using videotape feedback.

... when a mother's early needs have not been met, it is likely that her behavior with her baby will echo her own negative experiences

The dyadic relationship is not a symmetrical relationship. The mother as the adult has the greater ability to set the tone of the interaction with her infant. She brings unconscious and conscious parts of herself to the relationship and her own verbal and non-verbal experiences are communicated to the baby. Selma Fraiberg (1974) wrote that when a mother's early needs have not been met, it is likely that her behavior with her baby will echo her own negative experiences. If a mother is depressed or anxious she brings these mental states to the dyadic interaction. Weinberg and Tronick (1998) concluded: "Maternal depression and anxiety are related to compromises in maternal emotional responsivity and infant social emotional functioning."

The research of Tiffany Field (1995) suggests that infants with depressed mothers have "lower activity levels, they vocalize less, and show fewer positive faces and more negative faces during the interactions." In addition, the infants of depressed mothers showed greater resonance to their mothers' negative behavior." This suggests that "the infants may be mirroring or mimicking their mothers' predominant mood state." This information about the mother can help to inform the Infant Specialist. Weinberg and Tronick (1998) state "infants of mothers with mood and anxiety are at risk for socioemotional difficulties early in life.... Early intervention with both the mothers and infants may limit or prevent the development of psychopathology in these children."

Each baby has individual characteristics that are important for the adult to be aware of. Researchers have identified specific traits that help describe a child's individual way of approaching the world. These include: how intensely the child responds to things, how active the child is, how the child interacts with others, how the child responds to change, and how persistent or easily frustrated the child is." (Lerner and Dombro, 2000)

Each baby with his or her own needs will strive to have his/her needs met by the caregivers. The baby has very specific ways to communicate his or her range of states. For the Infant Specialist it is useful to be sensitive to various cues that a baby can show. In face-to-face playtime with the mother, the Infant Specialist has an opportunity to observe the baby's facial expressions, the mouth, the eyebrows and the eyes. Does the baby look too much at his or her mother (hypervigilant) or does he or she look too little (gaze avoidant), or is the baby appropriately related? Does the baby look at the mother just as she looks away? What does the baby do with his/her hands? Does he or she use them to regulate or soothe his or herself? Does the baby try to get away from the mother by arching to the side, looking away or collapsing? Do the vocal patterns between the mother and baby allow for give and take? Does the baby become physically still? These verbal and non-verbal indicators are ways to gage some of what is going on for the baby.

It is also important to be aware of how the mother relates to her baby. Is the mother empathic to the baby's state? Does the mother smile when the baby is crying? Mothers generally want to parent their baby in the best way that they know. Often a well-intentioned mother can physically and/or verbally intrude and impinge on her baby. Some may not read their baby's signals or may be aloof and withdrawn. The mother and baby co-construct this interaction. Of course the mother as the adult has a wider range of choice and of conscious intention. An example of this is when the mother initiates an interaction – the baby does not respond – the mother tries harder – the baby withdraws more – the mother tries harder and this miss-attunement continues to repeat itself, which can make the mother feel frustrated and rejected. This can lead to a cycle of poor communication, which will affect the baby's social and emotional development.

An example of this cycle is illustrated in the following vignette that I observed with a mother, Alice, and her baby Peter.

Alice was a thirty-three-year old woman who came to therapy because she had severe anxiety with underlying depression, which had worsened over the last year. She and her husband had not been able to conceive a baby and had decided to adopt a newborn

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infant.

Alice was in treatment for a year before the adoption took place. Her initial treatment issues focused on the intense anxiety that she felt. She would have an anxiety attack several times a week, and become unable to function. She discovered that these attacks were her way of paralyzing herself so that she would not act out her anger. As she learned alternate ways of expressing her anger her anxiety attacks subsided. She felt angry and sad that she could not become pregnant. After deciding to adopt she became excited at the prospect of a baby and eagerly awaited his birth.

The arrival of newborn Peter, created stress and ultimately anger toward the crying baby. Alice reported feeling helpless and as hard as she tried, she felt that she was failing as a mother. She was ashamed of her negative feelings and had a hard time acknowledging them. As her anger and disappointment increased, she withdrew from the baby. During the day, she would prop Peter's bottle and did not talk to him. She said that he really liked his father and hated her. She said that when her husband came home, Peter would light up and smile and 'talk' to him. I encouraged her to bring her baby to therapy. She did when Peter was four-and-one-half-months old.

Initially, Peter appeared to be somewhat withdrawn and remote. When Alice put him in an infant seat, facing her, he went limp. She tried to engage him with a toy but he was more interested in fingering the strap. She pulled back and started talking as if he were not there. He straightened, raised his head and looked at her. She did not seem to notice him. He began to whimper and she gave him a pacifier without looking at him. Soon he began to cry and she fed him a bottle while he was sitting in the infant seat. When Peter began to fuss with the bottle she picked him up and held him on her lap face out. It was clear that Alice and her baby were locked in a negative interaction.

Alice and I agreed that we would try together to see if we could find different ways to relate to Peter. Initially we agreed that Alice and I would meet alone on alternate weeks and

that she would bring Peter on the other week. I felt that Alice and I needed time to process her feelings away from Peter. I also knew that Alice was motivated to try new ways to communicate with Peter and would practice new ways to relate to him at home. This format gave us structure and a way of addressing the problems that existed in the dyad. In this first joint session I felt that Alice needed something positive to work on.

With Peter back in the infant seat, Alice and I experimented with different ways to relate to Peter. First Alice and I watched Peter. I encouraged her to talk about what she saw. She noticed that he fiddled and fingered his clothing. I explained to her that this was a way that Peter had of regulating his level of stimulation and that this behavior could mean that he was over stimulated.

I encouraged her to continue to watch how he would look away and finger something. She began to see that this was his way of soothing himself and not a rejection of her. As she waited and watched, Peter stopped looking away, and gave her a little smile. We talked about what she could do during the next week. I encouraged her to watch Peter and to be slow and easy with him when possible, and that we would talk about her experiences next week.

This approach was effective in helping Alice first to become a 'baby watcher' and then to connect with her baby, and feel that she as his mother was very important to him. Alice and Peter came for bi-weekly sessions until Peter was a year old. During this time she began to use a rhythmical voice. When she tried this she was surprised to see that he started to look at her. Again while looking at Peter, she saw that if she moved quickly toward him, he would move away. Slowly they developed a viable relationship that gave Peter space and allowed them to show and communicate warm, loving feelings. Individual sessions with Alice focused on her feelings and experiences with Peter; however, after about three months the therapy refocused on Alice

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and the dyadic sessions were self-contained. A year later Alice continues in therapy and reports that she and Peter get along well and that he is "the most wonderful child in the world."

"Whatever the overarching theoretical perspective, the therapist-parent relationship is viewed as the 'envelope' within which the various therapeutic actions of infant-parent intervention emerge" (Seligman).

This vignette shows how problematic interactions may start and how they may be difficult for a mother to untangle, resulting in a relationship that may be disturbed for both a mother and her baby. The relationship between Alice and the therapist helped in the process of intervention since Alice was able to hear a lot of what the therapist was saying without feeling criticized. In turn, this changed the quality of the foundation that they were creating. Although some relational difficulties may continue, this dyad has now had the experience of changing a mutually unsatisfactory relationship to one that provides more positive comfort and communication, which will help the baby's social and emotional development.

In order to make interventions within the dyadic relationship the Infant Specialist must first establish a relationship with the mother. "Whatever the overarching theoretical perspective, the therapist-parent relationship is viewed as the 'envelope' within which the various therapeutic actions of infant-parent intervention emerge" (Seligman, 1994). Careful observation of the dyad and analyzing what is observed is the next step. Susan McDonough (1991, 1992) developed the idea of 'interactive guidance', which she defines as "interventions to modify problematic behavior or to promote healthy patterns of inter-actional behavior". Interactive guidance is a good description of what an Infant Specialist can do with a dyad that is not deeply troubled.

The following points of intervention have been compiled from the works of Beatrice Beebe, Susan McDonough, Stephen Seligman and others:

- ◆ Develop a relationship with the mother.
- ◆ Never undermine the mother, but rather keep the focus on positive reinforcement and shared

observations.

- ◆ Model different behavior for the mother such as slow down and wait for the baby.
- ◆ Give the baby the opportunity to lead in the interaction
- ◆ Encourage the mother to watch and wait for cues from her baby. Teach the mother to control her intrusiveness with the baby, both physically and vocally.
- ◆ Help the mother take turns with her baby, giving the baby space to react and initiate
- ◆ Together with the mother, learn to recognize the meaning of the baby's communication with his/her vocalizing, body language, and gaze.

In doing work with mothers and babies it is important to respect and support the mother in her efforts to relate to her baby. It is also important to remember that it is most adaptive for the mother and infant to be in a mid-range of relating. This means that there is room for each to be less than perfect. It is necessary for a baby to look away and to have pauses. It is beneficial for the members of the dyad to take turns when they vocalize with each other. A positive relationship that the Infant Specialist has with the mother and baby is a wonderful starting place to begin to evaluate and explore the quality of a dyadic interaction. In conclusion, if a mother seems over-anxious or depressed, or there appears to be a lot of distress in the dyad, then bringing in an infant mental health professional would be in the best interest of the dyad and of course for the social and emotional well-being of the baby.

REFERENCES AVAILABLE UPON REQUEST

CONGRATULATIONS TO DENISE SANCHEZ!

We would like to welcome a new baby to our community. On June 1, 2005 Victoria Grace Sanchez arrived into this world, weighing in at 6 lbs. 8 oz. While our second year candidate Denise is currently on maternity leave, we look forward to her rejoining the program in September of 2006!

ACCESSING THE INTERNAL WORLDS OF ADOLESCENTS AT "HIGH RISK"

LORENZO COLÓN MUNROE, L.C.S.W. AND TRACY SIMON, PSY.D.

On Sunday, April 3, 2005, NYIPT held an Open House where prospective students had the opportunity to meet our faculty, graduates and candidates and to hear a presentation and discussion by two of our Program's faculty. Mr. Lorenzo Munroe presented a paper entitled, "Accessing the Internal Worlds of Adolescents at High Risk," which included a case illustration, and Dr. Tracy Simon discussed clinical and theoretical aspects of the paper.

Often these teens enter relationships with mistrust, disappointment, anger, fear of abandonment, and self-doubt, which makes it a challenge to establish a therapeutic collaboration and commitment.

The presentation highlighted the difficulties clinicians face when establishing a basic trust relationship with "high risk adolescents." "High risk" is when a person has experienced multiple life stressors such as violence, neglect, substance abuse, parental mental illness, discrimination and/or financial strain that may impact the home, family, school and/or community. These stressors have a chronic and cumulative impact on the internal and external state of the adolescent. Often these teens enter relationships with mistrust, disappointment, anger, fear of abandonment, and self-doubt, which makes it a challenge to establish a therapeutic collaboration and commitment.

The therapist must be particularly aware of imposing his or her own agenda on the treatment, and instead must allow a genuine relationship to develop, allowing the adolescent to take the lead.

In his presentation, Mr. Munroe illustrated how he forges relationships with high-risk adolescents on their own terms. He warned that the therapist must be particularly aware of imposing his or her own agenda on the treatment, and instead must allow a genuine relationship to develop, allowing the adolescent to take the lead. He pointed out that in some cases the teen

may want to play countless games of Uno and that he would play over and over in a nonjudgmental way to learn about the inner world of the adolescent Mr. Munroe explained, "I play Colombo. I let them know I need their help and I say 'help me understand you.' Many systems in the lives of these adolescents have broken down from family to school to community. Let the adolescent teach us how to help him or her."

Dr. Simon highlighted the importance of using the adolescent's own language to allow the adolescent to feel a sense of agency and control. She said each treatment develops its own language, rhythm and pace. She also emphasized the use of humor with adolescents to engage them and to make them curious about their internal life.

Mr. Munroe highlighted the importance of consistency, reliability and honesty in the therapeutic relationship. Often, the adolescent who is already suspicious will view the therapist as a "phony" or "as a non-caring person just doing her or his job". Dr. Simon concurred that many high-risk adolescents have experienced abandonment, betrayal and abused trust and will be particularly sensitive to these dynamics in the relationship with the therapist. Therapists must therefore be especially conscious of the explicit and implicit promises made to these teens and must strive to maintain the frame of the treatment.

The task becomes one that allows feelings of anger and hurt from prior betrayals to enter the therapeutic relationship to be explored and processed without these feelings threatening to unhinge the whole therapy.

Mr. Munroe stated that, "betrayal often leads to the death of the therapeutic relationship." He discussed the importance of safeguarding confidentiality except in situations of imminent danger, which must be outlined clearly to the adolescent at the beginning of treatment to avoid unpleasant surprises. Dr. Simon discussed how, dynamically, these adolescents will experience a repetition of betrayal in most relationships because it is often their earliest experience. The task becomes one that allows feelings of anger and hurt from prior betrayals to enter the therapeutic relationship to be

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ACCESSING THE INTERNAL WORLDS OF ADOLESCENTS AT "HIGH RISK"

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explored and processed without these feelings threatening to unhinge the whole therapy, which would only repeat the prior betrayals and abandonments in the adolescent's life.

To illustrate the complex treatment challenges and successes with high-risk adolescents, Mr. Munroe presented the case of T. Mr. Munroe stated that this teenaged boy was "nurtured by violence, abuse and aggression in his home." T recalled how his father beat his mother and his mother in turn would beat him with sticks, brooms or 'whatever she could get her hands on.' T. also witnessed his father sexually molesting his sister. Now, T. can express the conflict and guilt between intense love and hate for his father, how he both despises him and longs for him. Mr. Munroe highlighted how this boy grew up and how he now lives what he learned, including a life in the streets, involvement in the juvenile justice system as a ward of the state, and facing adult incarceration due to his past aggressive and violent behaviors toward others.

"Working with adolescents at 'high risk' is often like throwing a lifesaver to a drowning person—they are so busy flailing about in the water that they can not think to stop and grab what could save or help them."

Mr. Munroe has worked with this youth for almost a year, and although T. continues to struggle to control his impulses, the treatment has helped this high-risk teenager develop the capacity for reflection and insight. For example, when T. realized that if he'd break a staff member's car window in a moment of intense anger, there would be a serious consequence, he was able to contain himself. In one session, Mr. Munroe explored with T. the type of boyfriend his girlfriend would really like. In yet another session, T. said, "you know Lorenzo, I was thinking...Today is Monday and Lorenzo comes to see me. And I thought to myself, I'm like the Brooklyn Bridge and Lorenzo comes with wires and bricks and metal and he knows just what to do to help fix me."

Mr. Munroe discussed how the therapy not only allowed this boy born of violence to admit feeling "damaged" but to also have a sense that he can be "repaired". Over time, T. began to rely on his therapist and often told people, "I have a therapist. I can talk to him." This streetwise youth was eventually able to

express vulnerability and loving feelings by telling his therapist, "You're my uncle. You're my papi (daddy)." T. also said, "Lorenzo, I wish my family could see me the way you see me." Mr. Munroe answered, "T., I wish you could see yourself the way I see you."

Via this case illustration, Mr. Munroe highlighted the therapeutic goals of chiseling away at negative self-images and beliefs and helping high risk adolescents, through patience, acceptance, and positive regard, to develop a sense of self-worth, importance, and love. Mr. Munroe is informed by the developmental schema of Erik Erikson as he helps these adolescents develop from the stage of role confusion to identity awareness. Mr. Munroe stated, "Working with adolescents at 'high risk' is often like throwing a lifesaver to a drowning person—they are so busy flailing about in the water that they can not think to stop and grab what could save or help them." It then becomes our job as therapists to provide that safety net and to teach the adolescent how to use it.

In her discussion, Dr. Simon emphasized the importance of Mr. Munroe's willingness to become a part of this adolescent's internal world in order to help the adolescent process and mourn past tragedies and losses. T. was able to make use of his therapist in a necessary way that allowed a new deeply connected relationship to emerge; one that was built on safety, trust, reliability and acceptance. Dr. Simon discussed the difficult pulls these adolescents exert on clinicians who often find themselves involved in complicated enactments with transference and countertransference dynamics that often evoke in the therapist the adolescent's own feelings of helplessness, despair, anger, and/or excitement. She emphasized the importance of allowing the adolescent to use the therapist as a vehicle of expression, identification and disidentification in order to know him or herself more fully.

Mr. Munroe concluded his presentation by stating:

*Let there be stories,
Let there be tales of the worlds of adolescents,
Let there be assessments and examinations of
those worlds,
Let there be life-giving interventions,
And, let there always be hope!*

HONORING DR. ANNI BERGMAN AT THE NYIPT BENEFIT PHYLLIS COHEN, PH.D.

On Sunday, June 12, 2005 from 6:30-9:30 PM at the private art gallery of Jason Mc Coy, NYIPT honored DR. ANNI BERGMAN, a world-renowned clinician and researcher on mothers and infants, for her contribution to the field of child therapy. We enjoyed an evening of wonderful chamber music played by NYIPT supervisor, Jane Buckwalter on the cello, accompanied by James Eng and Amy Leffert.

Dr. Anni Bergman began her professional career in 1959 as part of a research team with Drs. Margaret Mahler and Fred Pine, studying the process of normal separation-individuation, culminating in a seminal book, The Psychological Birth of the Human Infant, of which she is a co-author. Dr. Bergman has also treated psychotic autistic children using the tripartite therapy method. Dr. Bergman's collected papers have been published in a book entitled Ours, Yours, Mine. Currently, Dr. Bergman is the founder and co-director of a training program in Infant Studies and Parent/Infant Psychotherapy at the New York Freudian Society.

I have observed first-hand, Anni's extraordinary sensitivity in relating to the widowed mothers and children of 9/11, as well as her brilliant contribution to the understanding of how infants experience grief and mourning and how trauma gets transmitted across generations.

Since 9/11, I have been working closely with Drs. Anni Bergman and Beatrice Beebe and a wonderful group of talented therapists in the World Trade Center Project. During this time I have observed first-hand, Anni's extraordinary sensitivity in relating to the widowed mothers and children of 9/11, as well as her brilliant contribution to the understanding of how infants experience grief and mourning and how trauma gets transmitted across generations.

At the NYIPT fund-raiser we showed a 30 minute video excerpt from a film entitled: The Power of the Relationship: A Film Portrait of Dr. Anni Bergman. In the film, we see Dr. Bergman establish a relationship with an autistic two-and-a-half year old child, Rosie. At that age the child only related to inanimate objects, although she was extremely talented musically and artistically. Rosie did not speak until the age of 8, and it was very

difficult to relate to her.

In the film we also see Rosie as a 15 year-old reading from her journal about her recollections of seeing Dr. Bergman when she was a young child. Then we see Rosie as an adult, married with 2 children, visiting Dr. Bergman and talking about her memories of being a child "with mental illness."

Dr. Bergman maintains the belief that anyone can be helped and that there is always a person within each of us who seeks contact with an "other."

The film is a remarkable tribute to Dr. Bergman's work. It shows the value of building a therapeutic relationship and meeting a child where the child is. Dr. Bergman maintains the belief that anyone can be helped and that there is always a person within each of us who seeks contact with an "other."

Everyone was riveted to the screen as we watched Rosie's treatment unfold. We were all thrilled to be in a position of honoring such an extraordinary pioneer in the field of child therapy. After viewing the film, Dr. Bergman discussed her work and was available to answer questions from the audience.

I would like to sincerely thank all those who attended this event as well as those who contributed to our program in the past year. Your help is greatly appreciated and I'd like to encourage you to continue to participate and support our endeavors in the future.



Guest of Honor Dr. Anni Bergman

This article originally appeared in Currents, and is reprinted with permission of the author.

GETTING PARENTS INVOLVED

NNEKA NJIDEKA, LMSW

School Social Worker at P.S. 213, member NYIPT 2005 graduating class

School social workers are an asset to the Department of Education, particularly when it comes to parent involvement. Their role with parents should include advocacy, empowerment and overall support to parents as well as staff. It is imperative for the school social worker to build a rapport with the Parent Coordinator and the Parent Association President. This relationship informally introduces the social worker to several parents on a regular basis and fosters parental involvement.

School social workers often put their clinical skills and knowledge to use in facing the challenge of engaging parents who are unsure how to navigate the New York City Department of Education system. To this end, some parents are ambivalent about initiating contact with their children's teacher unless a crisis occurs.

It is the proactive role of the school social worker that is critical in today's environment.

Parents MUST be encouraged to be a partner in their children's education. I have intervened with parents and facilitated the necessary partnership by conducting parent workshops. This forum provides parents, guardians and foster parents an opportunity to converse informally with the social worker. Various problems are discussed including: questions about family court, the purpose and content of school counseling, and the difference between it and out-of-school counseling; and the meaning and content of special education evaluations.

Additionally some parents have expressed an interest in after school programs for girls. As a result, I served as a liaison between the school and the Girl Scout Council of Greater New York, which offered programs to register over 40 Girl Scouts at the school.

During the after-school Girl Scout Program I conducted the Kid - Ability Program (a sexual abuse prevention program developed by Girls, Inc. for girls between the ages of 6 - 8).

School social workers' visibility is extremely important. When parents regularly see the school

social worker, and understand the social worker's vital role with the multidisciplinary team, they are inclined to have more contact with the social worker. It is the school social worker who is often familiar with other social service agencies/systems and can best assist families with a variety of community referrals which can include mental health, tutorials, learning disability/testing centers, and information about behavior modification. It is the proactive role of the school social worker that is critical in today's environment.

NEW NYIPT BOARD OF DIRECTORS ASSEMBLED

After receiving our Not-for-Profit status from the IRS, the officers of NYIPT have put together a new Board of Directors consisting of people dedicated to the mission of NYIPT. Our heartfelt thanks to the following people who have been meeting on a monthly basis, since March, 2005, to create an agenda for NYIPT: Robin Ashman L.C.S.W., Phyllis Cohen Ph.D., Serena Deutsch Ph.D., Deborah Hirsch Ph.D., Nyla Kamlet L.C.S.W., Jeanette Levitt M.A., Annette Mont L.C.S.W., Judith Pearson Ph.D., Lucette Runsdorf L.C.S.W., Norma Simon Ed.D., and Mary Tirolo L.C.S.W.

SUSAN CAPUTO NAMED ACTING DIRECTOR OF PARK SLOPE CENTER FOR MENTAL HEALTH

We are proud to trace the career path of one of our graduates, Susan Caputo. Susan began as a therapist at Park Slope. As she became involved in the NYIPT Program, she quickly became Director of the Child Program at Park Slope, expanding from a handful of patients to over 150 children being seen each week! Recently, Susan has been promoted to Acting Director of the agency, taking over for Dr. Rita Seiden, who as it's founder still maintains a case load. Congratulations to Susan. We look forward to our continued collaboration in the future!

On December 5, 2004, Marilyn Rifkin attended a meeting at IPTAR in which Laurie Wilson, Ph.D. discussed the artist Alberto Giacometti. Janice Lieberman, Ph.D., and David Salvage, M.D. commented on her discussion. Here are some of her recollections of the meeting,

"THE POWER OF VISUAL MEMORY: THE EARLIEST REMEMBERED DRAWING OF ALBERTO GIACOMETTI: *SNOW WHITE IN HER COFFIN AND THE SEVEN DWARFS*"

REPORTED BY MARILYN RIFKIN, L.C.S.W.

Alberto Giacometti (1901 – 1966) was an Italian-Swiss sculptor, painter and surrealist, best known for his elongated sculptures of human figures. In a well-researched and highly evocative presentation, Dr. Laurie Wilson (who is the author of the book, Alberto Giacometti: Myth, Magic and the Man) expanded on her vast knowledge of the artist's life and works by discussing the idea that Giacometti's earliest remembered drawing, like a screen memory, represents a condensation of external and internal events in the artist's life and "serves as a marker of important unconscious fantasies."

"works of art do not simply reflect projections of the artist's conflicts but rather sketch the solution" (Salvage).

Aided by a series of slides of Giacometti's sculptures and paintings, Dr. Wilson convincingly demonstrated how Giacometti's first remembered drawing—of Snow White in a glass coffin surrounded by the dwarfs—is significant in the understanding of the later development of both his life and his art. In response to Wilson's detailed examination, Dr. Salvage offered that "works of art do not simply reflect projections of the artist's conflicts but rather sketch the solution", while Dr. Lieberman compared Wilson's analysis of the memory of the first drawing to the analysis of dream material. The presentation itself, as well as the insights from both commentators, generated a great deal of fascinating and informed discussion by the audience.

Wilson began by tracing the evolution of the psychoanalytic concept of screen memory. In Freud's 1899 essay, 'Screen Memories' he developed the idea that these memories are recollections of seemingly ordinary childhood events involving intense conflict, having both a defensive and substitutive function and characterized by an *intense visual* quality as well as the impression that the individual concerned is both a participant and an observer. Freud stressed that the

value of a screen memory 'lies in the fact that it represents...memory impressions and thoughts of a later date'. Freud's conclusion was that 'our childhood memories show us our earliest years not as they were but as they appeared at the later periods when the memories were aroused. In these periods of arousal...memories did not emerge; they were *formed* at that time.'

'our childhood memories show us our earliest years not as they were but as they appeared at the later periods when the memories were aroused' (Freud).

In his writings on da Vinci and Goethe, Freud expanded on his ideas about screen memories, arguing that they be understood as paradigms of unconscious wishes and the compromise the mind makes when those wishes are symbolically transformed. During the first half of the twentieth century, the idea that the earliest memory was significant gained momentum and various analysts generated the conviction that earliest memories, like the first dream in analysis, often provide valuable insights into an individual personality and are therefore clinically meaningful and potentially predictive. In his classic 1969 paper, "Fantasy, Memory and Reality Testing." Arlow asserted that the screen memory represents 'an exquisite example of the mingling of fantasy with perception and memory...originating from many periods of the individual's life disguised and rearranged in keeping with the defensive needs of the ego'. Since the 1970s, the screen memory, it seems, has received little attention in psychoanalytic literature.

What is especially relevant for Dr. Wilson is the idea that earliest memories are invariably visually coded. For the remainder of her paper, Wilson treated Giacometti's earliest remembered drawing as a screen memory containing clues to key elements of his psychic life. Giacometti first described the drawing when he was 17 in a letter to a friend. He referred to it as one of the first drawings he ever did. Forty three years

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THE POWER OF VISUAL MEMORY

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later, he referred to the drawing again in an interview with an art writer—this time calling it “the oldest drawing I remember.” For Wilson, Giacometti’s memory of “Little Dwarfs Around the Glass Coffin of the Dead Princess” (a drawing no longer extant) represents the core of Giacometti’s life-long thematic preoccupation with the tension between life and death—the tension, in other words, between presence and absence.

Death certainly seems to have been a predominant theme in Giacometti’s childhood. Giacometti, the eldest of four children, came from an artistic background. His father, Giovanni, was a well-known post-Impressionist painter and was described as warm, optimistic and openly affectionate. His mother, on the other hand, was described as strict, religious and moralistic—cool, distant and severe.

Mother’s own childhood was fraught with many losses including the death of her own mother when she was four. When Giacometti was born his godfather’s child was stillborn. When he was less than three, his paternal grandmother, Otilia, died—a week after his sister, Otilia was born. When Giacometti was nearly ten, his mother contracted typhoid fever was comatose for several months and nearly died. Two years later, his paternal grandfather died. Giacometti himself exclaimed the he “never grew” beyond his 12th year. At that time, he discovered Egyptian art and culture, which he admired for the rest of his life. Its focus on magic and ritual with themes of death and rebirth fit with his superstitious nature.

From childhood on, Giacometti was apparently tormented by doubt and unusually severe toward himself. His siblings teased him about his phobias, superstitions and obsessional rituals. After the unexpected death of his father in 1933 and his sister in 1937, Giacometti — for a period of about ten years — miniaturized his work and destroyed almost everything he made. It was only in 1946, after he spent the war years near his ambivalently loved mother, that Giacometti developed his signature style of elongated figures and heads, producing an extensive body of paintings, drawings and sculpture. Nevertheless, he continued to destroy a large portion of his work.

Wilson pointed out that Giacometti’s recollection of his early depiction of the moment in the story of Snow White when she is in her glass coffin looking “as if she were living and still had her pretty red cheeks” seems to

to have its links to significant trauma—most notably, perhaps, to his mother’s prolonged illness. Wilson noted further “that Giacometti, the adult artist, would eventually make images—paintings and sculptures—of women standing absolutely still, on the edge between death and life, sometimes in coffin shaped cages, seems to be foretold by this ‘earliest remembered drawing.’” One of Giacometti’s earliest surrealist sculptures, *Palace at 4 AM*, depicted a figure of his mother wearing a long dress—a phallic woman, solid, stable, yet rigid, perhaps ascetic. Giacometti, himself, connected this figure to an early, frightening memory of his mother wearing the customary costume of mourning. It is significant that, after WWII, Giacometti’s female figures lost their minimal capacity to move and they became emaciated. At that time, Giacometti had been inundated with images of corpses and barely living survivors of death camps.

the work of art goes ahead of the artist; it is a prospective symbol of his personal synthesis and of man's future, rather than a regressive symbol of his unresolved conflicts

It is also significant that Snow White was the pet family name of Giacometti’s sister Otilia who was the subject of several drawings and a painting by the father. Thus, Dr. Wilson asserted, Giacometti’s memory of the Snow White in the drawing represented a condensation of his ambivalently held mother and sister, encapsulating feelings of guilt around sexual feelings and/or death wishes toward both. Yet, Wilson also stressed that Giacometti, himself, identified with the passivity in the recumbent Snow White figure, and this was linked to his being used as a subject of his father’s art, where he was forced into long sessions holding a pose, often naked. These early experiences, Wilson noted, foreshadowed Giacometti’s sadomasochistic sense of himself, where he saw himself as victim or victimizer. It also foreshadowed his treatment of women in his adult life, as well as his treatment of the models he used for his art—and the art-work itself. All, it seems, were ambivalently held.

For Dr. Wilson, then, Giacometti’s Snow White drawing represented the seeds of his personality style as an adult male as well as an artist—sadomasochistic,

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NYIPT GRADUATE NEWS

Graduating candidates Susan Bolles, Susan Caputo, Lana Grintsvayg, and Priscilla Neeley contacted our graduates from the past five years for updates on their careers and feedback on their experiences in the program. They received information from the following graduates:

SABRINA REINHART, 2000, is working in private practice and at a private school with developmentally delayed children. She is now in training at IPTAR and feels that the experience at NYIPT was critical to her personal learning and experience as a clinician.

CECELIA PAPALAS, 2000, is working with children and adolescents who are in foster care and group homes and has started a small private practice. Her experience in the program helped to prepare her for her last two jobs.

KEN VALE, 2001, works in a hospital setting with developmentally disabled people and has a private practice. He had a positive experience in the program and feels that he gained confidence as a professional.

CARMEN VASQUEZ-RODRIGUEZ, 2001, works with the Department of Education and Early Intervention and believes that the program gave her a good understanding of child development.

JOSEE GROLEAU, 2002, is working in a private clinic in Brooklyn and has had two promotions, now she is the Director of the clinic and feels that her training at NYIPT helped her to qualify for her job.

ANGELA PEREZ, 2002, is a social worker with a school based team and uses her knowledge and experience from the program to help her in her work.

SHARON KETTRELS, 2003, is working in a public school in a Partnership for Caring program, and uses the clinical knowledge and skill that she gained from NYIPT to supervise other social workers.

GLORIA BURTH, 2004, continues to work in the airline industry and also at a clinic. She feels that NYIPT has given her a deeper understanding of children.

Most of the graduates are interested in having a graduate society. It is our hope that the NYIPT graduates will continue the New Hope Graduate Society and move forward. With our five-year anniversary we have a nucleus of people to grow a graduate organization that would be a welcome addition to NYIPT.

THE POWER OF VISUAL MEMORY

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phobic and passive aggressive. Subsumed in it were the contents of Giacometti's need to transform frightening and confusing experiences into art. Wilson ended her presentation by noting that Giacometti's "postwar style epitomizes the final transformation of that need into masterworks that stand as monuments to the world's need to deal with the frightening sights of the war and Holocaust".

Dr. Salvage's response to Dr. Wilson stressed the idea that it's too easy to pathologize an artist and that "what generates the power of the creative artist's creation is not purely defensive." In other words, artists transcend defensive structure in order to create. Salvage noted that Giacometti's obsessional doing and undoing, while "resulting from layers of guilt surrounding his aggression and sexuality in relation to the woman in his family, also contains an element of non-neurotic play and exploration which allows for the development of an artistic product which is not specifically 'finished'...[but] rather exists in a permanent state of flux." Salvage noted further that "Giacometti allows his viewers a glimpse of something beautiful but ephemeral, a moment of crystallized time with an implied history that we have seen at one specific instance of its overall evolution and lifespan." Salvage also asserted that while screen memories and dreams look backward, toward infancy, "the work of art goes ahead of the artist; it is a prospective symbol of his personal synthesis and of man's future, rather than a regressive symbol of his unresolved conflicts".

While Dr. Salvage stressed that one of the objects of psychoanalysis is "to accept the difference between the dream and the creativity of art," Dr. Lieberman's thoughtful comments brought the discussion back to the notion of the dream itself. The way we analyze dreams, she stated, has direct relevance to Wilson's analysis of the artist's first remembered drawing. Indeed, Giacometti's first remembered drawing could be likened to a patient's retelling of a dream. Dr. Lieberman underscored the notion that Giacometti's memory of the drawing was a condensation of later events and that memory, just as the recounting of a dream's manifest content, represents a revision. Memory, Dr. Lieberman stressed, gets revised over time.

A chance find at an old bookstore on Cape Cod allows Regina Monti to relate to sea shells in a whole new way.

A PERSONAL ENCOUNTER INTO THE PSYCHOLOGY OF SHELLS IN REACTION TO THE BOOK GIFT FROM THE SEA REGINA MONTI, PSY.D.

For me, one of the most exciting features of our work as analysts/therapists is the fact that as practitioners in the field of human behavior, we must of necessity be perennial students. There is always more to learn, more perspectives to be considered. I think about how we come to understand who we are and what we are doing. How and in what ways do we understand our responses to our clients' often conflicting needs for dependence or autonomy? The primary tools of our trade are words (and their absence), and the spaces between, during and after words including body language and tone of voice. What are our own words and images as we sit in session? How are our clients' experiences represented imagistically and linguistically for them, and for us? What is their unique language of experience? What evokes the imagery that springs forth consciously or unconsciously as we sit across from another person sifting together through our lives?

Last summer, I entered an old book store in the town of Wellfleet on Cape Cod. Old and new books, magazines from the 1950's, musky smell, no coffee or biscotti, just a maze of bookshelves to the ceiling, one of those book stores you go to with happy anticipation. Walking up and down the aisles, looking through the shelves, I became intrigued by the title of a book, Gift from the Sea. It was an original edition with watercolor illustrations of the beach. Various pastel colored shells. A window opened to a seaside beach, curtains flowing in the wind. Perfect for a summer week at the shore. This is pretty light reading, or so I thought.

*Solitude, she reflects, has become a lost art.
Yet ... it is a means of "finding the center,"
keeping one's "inner flame" and one's "soul"
from fragmentation and imbalance,*

Gift from the Sea by Anne Murrow Lindbergh was published in 1955. Ms. Lindbergh begins the book by telling us she had not intended to write a book at all, but rather to keep a journal of her days during a vacation

alone at the shore (without her husband and 5 children). In her own words, by keeping a journal, she hoped to "think out my own particular pattern of living, my own individual balance of life, work and human relationships." She hoped that by writing a journal while in solitude she might reclaim a more "natural rhythm" to her life, different from the fast, intense pace of her day-to-day living. As she began to share her experience with others, she came to realize that she was not alone in this search for a "simpler life," a slower, more deliberate rhythm. She therefore decided to publish the journal

In Gift from the Sea, Ms. Lindbergh shares with us her associations to shells found at the shore during her week of solitude. Each chapter is devoted to a particular shell. As she examines the details of each shell, she associates the intricate, complex, and mysterious aspects of human experience with the shell's structure and purpose. This imagery is transformed into a deep analysis and insightful discussion of human behavior, particularly with regard to the stages of our lives. For example, in the chapter titled "Channeled Whelk" Lindbergh observes that the whelk, as she has found it, has been deserted first by its original inhabitant and then by a hermit crab who has "run away." She reflects upon her own need for separation, to "run away" for a while from her family in order to discover who she was at that point in time. She perceives the shell as a supportive, protective, and also conflicting structure, as is family life and home.

In 1955 Lindbergh writes that while she sees the inability to lead a simple life as a problem for both men and women, she believes that women are particularly challenged to feel the more "simple" and therefore satisfying rhythms of their lives, especially when in addition to family life, they aspire to a career, a vocation, or artistic calling "outside of the home." Liberation has its price, bringing a more complex daily life. While sitting at the shore gazing at a "Moon Shell," Lindbergh is inspired to write a meditation on the value of planning and scheduling in daily moments of solitude. She sees this as an antidote to the many forces (in her life in the US in 1955, as in our lives today) clamoring for our attention which distract us from our selves, and from our inner lives. Solitude, she reflects, has become a lost

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A PERSONAL ENCOUNTER INTO THE PSYCHOLOGY OF SHELLS

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art. Yet, in her words, it is a means of "finding the center," keeping one's "inner flame" and one's "soul" from fragmentation and imbalance.

Other shells appear to teach us about the stages of life in relationships. In a chapter called "Double-Sunrise," a shell composed of two identical halves, Lindberg sees the image of the "pure relationship" that exists between two people early in love - - their myopic mirroring, their reflection of one another in each others' eyes. New lovers. Mother and infant, attuned, attached. No clear boundary where one begins and the other ends. The beautiful psychosis of early love, yet un-lived, and unformulated.

"Oyster Shell" becomes a metaphor for understanding the evolution of relationship after the phase of "Double-Sunrise." Lindberg is struck by the tenacity of a bed of oysters clinging to a rock, holding on to form roots and a "firm base" from which to grow. She likens this natural phenomena to the period of marriage when "most couples in the growing years of marriage struggle to achieve a place in their particular society. In the midst of such a life," she writes, "there is not much time to sit facing one another over a breakfast table. They are both looking outward, rather than at each other."

In the chapter entitled "Argonauta," Lindberg considers what happens later in mid-life when the tenacity of holding on to family and home as the children grow is no longer required in the marriage. The "Argonauta" shell was once "a cradle for the young," held in the arms of the parent "who floats to the surface where the eggs hatch and the young swim away." But the Argonauta has something to teach us not only about children separating from their parents, but also about mid-life separation in adulthood. After the home has been established, and the children are raised and "swimming away," the argonaut, rather than remaining in the "empty nest," leaves the shell and starts another life. In the natural process of the argonaut's "releasing" the young and swimming to a new life, Lindberg sees the opportunity for "a new freedom for growth" for each partner in marriage, for each parent to move beyond their previous roles. According to Lindbergh, rather than creating distance, this mutual recognition of "freedom for growth" can provide a means of a further "coming of age" in mid-life, and paradoxically, a deeper intimacy either within the self or in a relationship.

Upon leaving her week of solitude at the seashore, Lindbergh, perhaps surprised by the direction and richness of her experience, considers the sea and its offerings. She writes that in order to receive the gifts from the sea, you cannot actively seek them. In her words: "That would defeat one's purpose. The sea does not reward those who are too anxious, too greedy, or too impatient. To dig for treasures shows not only impatience and greed, but lack of faith. Patience, patience, is what the sea teaches. Patience and faith. One should lie empty, open, choiceless as a beach-waiting for a gift from the sea." Another reference to our therapeutic work.

Creative imagery appeals to the psyche, to the body/mind, and both hemispheres of the brain, and it lights up the soul so that learning becomes lively, immediate, and felt.

Serendipitously finding this book felt like "a gift." Perhaps, as Jung would say, it was a moment of synchronicity. I love our work as therapists. I love the sea. I love to learn in this way. Creative imagery appeals to the psyche, to the body/mind, and both hemispheres of the brain, and it lights up the soul so that learning becomes lively, immediate, and felt. This resonance throughout the psyche gives otherwise well-trodden concepts a freshness of form and presentation. There are so many ways to observe and understand our lives. As seen through the experience and imagination of a gifted writer, they provide us with a new understanding, a new vision. Through such artistic imaginings, we enter another realm of encountering and processing what we already know. Through creative imagery, we *experience* and *feel* our humanity and our connection to other living creatures, even shells.

SUPERVISION GROUP FORMED

At the request of her former supervisees, NYIPT supervisor Regina Monte, Psy.D. is running an ongoing supervision group for Graduates of NYIPT, at a low fee, in Brooklyn. Her office is conveniently located near subways. Call her for details at 718-434-1511.

A member of the graduating class writes about the impact the program has had on her career

FROM TRAINING TO TRAINING WHEELS TO TWO-WHEELERS NEW BEGINNINGS, NEW PERSPECTIVES

SUSAN CAPUTO, L.C.S.W.

Acting Director, Park Slope Center for Mental Health, member NYIPT 2005 graduating class

When I began the NYIPT training program in 2002, Dr. Phyllis Cohen said to me, "This program is the foundation for working with everyone. If you can learn to work with children, your work with adults will be enriched". I had no idea that three years later, her comment would remain with me, and open up a world of possibilities.

In 1998 I entered social work school, and my dream was to work with children. I began working at Park Slope Center for Mental Health in July of 2001, right out of social work school. For one year I worked with one child, and I felt completely lost.

When I started the NYIPT program, the Park Slope Agency had no trained child therapists, and very few children in treatment, because working with children requires specialized training and skills. It requires supervision by trained child therapists, of the caliber that the NYIPT program offers. At the time, Dr. Rita Seiden, then executive director of the agency, told me that if I wanted to foster an affiliation with NYIPT, I could begin building the child program at the agency. I didn't realize back then what a gift I was given. Three years later, the child program at Park Slope continues to grow. We now receive referrals from all over the city and currently, we have almost 150 children being seen at the clinic. In the past year, we have received referrals from school counselors who have heard of our child program from our children who attend their schools. Each week we receive referrals from hospitals, insurance companies, adults in treatment at the clinic, foster care agencies, ACS, pediatricians, and other sources. Increasingly, I have become aware of NYIPT's mission to help children in need, as it becomes more apparent that this city needs more services for children.

As I look back on these three years, I realize that the classes, my therapy, and my supervision have not only helped me understand child development, but some of the core issues that adults need to work on in therapy. The NYIPT program has also given me an understanding of my own development as a therapist. Working with children is at times rewarding, scary, discouraging and hopeful. The children I began working with when I started the program, continue in their

therapy. I have watched them grow not only physically, but emotionally as well. In turn, the NYIPT program and these children have helped me grow professionally in ways I could not imagine.

I have been the director of the child program at Park Slope for three years now. I have watched it grow, and have seen the services we provide enriched. It has been scary, exciting and challenging as I have moved up to supervising my fellow candidates, and my own classmates. Each candidate has brought her own special knowledge and expertise, and each seems to have that "special" quality so important to working with children in need.

Our NYIPT training has given us the skills to work with children of all ages. The youngest child at the clinic is two-years-old. The clinical supervision, classes and therapy that we receive has prepared us for some of the most heart-wrenching cases. The candidates at NYIPT are working with children who have experienced traumas of abuse, neglect and abandonment and loss. These situations have resulted in conditions of depression, ADHD, developmental delays, learning disabilities, trichotillomania, self-mutilation, suicidality and schizophrenia.

This year as the new candidates came to the agency, I recognized the eagerness and excitement I felt when I started. These are the candidates who start out with training wheels and soon will be trading them in for a 2-wheeler.

In the first year of the program, we learn about play and art therapy, and how children express their innermost feelings and conflicts through their creativity. I remember feeling so relieved and grateful to Bonnie Allie, who held several workshops on art therapy. A little more than a year after 9/11, the boy I began working with one year prior to beginning the program, spent an entire session drawing the collapse of the twin towers; from people jumping off the building, to ambulances, firemen, policemen and dead bodies. The session was riveting, and stirred up so many feelings for the two of

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FROM TRAINING TO TRAINING WHEELS TO TWO-WHEELERS

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us. Creative expression is amazingly powerful, and I remember feeling so grateful that I could discuss this powerful session in supervision and in class.

The children and families who come to the agency, feel comfortable and safe. Each day when I walk through the waiting area, our staff and clinicians are greeted by children and parents with smiles and gratitude. Our child program is now a major asset of our agency, and as it continues to grow, my hope is that the candidates and graduates from the program will get more involved. We now have 5 graduates from the NYIPT program, including me, working with children, and 9 other NYIPT candidates.

Throughout the NYIPT program I have felt my own growth as a clinician, and as an administrator. I have also had the opportunity to watch my fellow candidates grow, and become more confident in their work. Their growth and confidence has allowed them to accept the challenges of some very at-risk children. Graduates and candidates like Eleanor Cheatham, Debra Harris, Marilyn Ippolito, Susan Stark and Poliina Volyanskaya have been working with more and more children, as the need arises.

This year as the new candidates came to the agency, I recognized the eagerness and excitement I felt when I started. These are the candidates who start out with training wheels and soon will be trading them in for a 2-wheeler. It is wonderful to see therapists grow along with the children with whom they are working.

The NYIPT program, along with my excellent supervisors, my therapy and mentors like Karen Cadwalader and Rita Seiden, have all given me the confidence to build the child program at Park Slope. I have watched it grow, and I have begun the process of turning it over to other child therapists who share my love for the agency as I put my training wheels back on for my new role as Acting Director of the clinic.

Soon after finishing the program in June 2005, I felt confident and ready to begin my private practice. I feel self-assured about my clinical skills, and feel comfortable (can you imagine?) working with children, adults and families. I believe that at the root of continued growth and learning is continued supervision and therapy. I am grateful that I am able to continue my supervision with Karen Cadwalader, and that I helped create a supervision group that is being run by Regina Monte.

In August 2005, I was promoted to Acting Director

of the Park Slope Center. I believe that I can continue to build the agency, and follow through on Rita Seiden's dream of providing quality services to the community, the families, and the individuals young and old. It is wonderful to watch the day unfold, and to see generations of people come for therapy. It is a wonderful experience to start the day with my adult clients, and to end the day drawing a picture, or playing a game with a child. As I leave at night, I see the candidates coming in hopeful and excited to see their children.

As I begin anew, I look back and realize what a wonderful experience it has been to share three years with my classmates and teachers. The support I have received has been invaluable. I know that as I begin my new role, I will continue to grow, take on new challenges, and like the children we work with, I feel hopeful that one day the training wheels will come off again, and I will ride my two-wheeler with confidence, and the freedom to face new challenges.

HONORING JEANETTE LEVITT'S 95TH BIRTHDAY



At the Board of Director's meeting in June of 2005, we celebrated Jeanette's 95th birthday. Jeanette reminisced about how she started at the New Hope Guild Community Mental Health Center in the 1960's, when Abe Ring was the Director. She developed and implemented a Child and Adolescent Therapy Training Program in 1970 and NYIPT has based its model on this original program. As always, we are in awe of Jeanette's incredible drive to improve the mental health services that children in New York City receive. Jeanette continues to inspire us and serves as a wonderful role model!

KUDOS TO ALLISON GOLDSTEIN

Many thanks to Allison for putting together a Student Manual for NYIPT. It's filled with important information that candidates at NYIPT need to know and a faculty committee are working on expanding it! Thank you Allison, for a job well-done!

*This essay won 2nd prize in the Section V, Morton Schillinger Essay Contest (2003-2004)
Living as a Psychoanalytic Psychotherapist and is reprinted here with permission of the author*

ATTACHMENT IS WHERE YOU FIND IT FERN W. COHEN, PH.D.

Some time in the fall, our youngest child Josh came home for his first weekend since we had left him, somewhat forlorn (both he and we), a freshman at college. For me, his departure had been the most poignant and difficult of three, heralding as it did an end to the period of mothering that had given me such a strong sense of self and fulfillment. Now Josh was back, casually dragging along a monstrous duffle stuffed with a two-week accumulation of laundry as he entered the apartment. This was not, he said, an unusual time span but one that he had determined would be manageable between washes, an idea he had floated the previous summer when he and I had shopped for clothing and necessities for school. That he had even thought about that aspect of life away from home was quite in character with this most organized of our children, although I thought I might have detected a touch of sheepishness when he said it was quite by chance that the opportunity to do the wash had coincided with his first trip home.

At least seventy five pounds worth of opportunity.
For me.

I found myself hoping that any omniscient feminist conscience-keepers would be involved with more serious matters than whether or not I did the laundry since I was sure that I was violating some major code, and with considerable glee at that.

And why did my heart surge with joy on this glorious Saturday morning at the prospect of beginning what looked like seven loads of laundry, possibly eight, if one carefully sorted the lights from the darks and kept the shirts separate from the rest? Certainly not because I had won out over our housekeeper whose responsibility the laundry usually was. Josh had not, in fact, asked me to do it. Yet it was mine for the choosing and I was shameless in seeking it out. Just the same, I found myself hoping that any omniscient feminist conscience-keepers would be involved with more serious matters

than whether or not I did the laundry since I was sure that I was violating some major code, and with considerable glee at that.

Of course, our other two still occasionally brought their laundry home, most recently, our oldest Elizabeth. Several weekends before, she had brought four full shopping bags to our country home, while Seth, off to travel before starting law school, had left a mountain of clothing on the floor of his room that definitely was not suitable for Africa. He had pointed it out while packing and said he'd "get to it sometime in the late spring or early summer," whenever he returned. However, Elizabeth and Seth were then at different stages and we had dealt with their comings and goings around other matters and in other ways. Josh's duffle of laundry clearly had ancient roots.

To me, it was unmistakably a contemporary version of the soft, pink pillow that had originated with a purple velour bathrobe I had worn when Josh was small. A memory is vivid and poignant: Josh and I are in his room, he, a pudgy eighteen-month tornado suddenly run out of steam; he moves next to me, takes a fold of my robe, strokes it, puts his fingers in his mouth (always the two middle ones) and tugs me towards the crib, signaling that he is ready for a nap. This was a welcome moment, for with the other two children I had often had difficulty deciphering fatigue. But Josh's signals were unmistakable, and when I made him a small velvet pillow in lieu of my bathrobe, he adopted it immediately with intensity and devotion, labeling it at once his *nice 'n' soft*. And it was.

He used it sparingly and specifically, only when he was ready to take a nap, for from the moment he had learned to crawl, trucks and blocks and motion and noise had been Josh's style. Before that he had been a quiet and easy child whose first year had been a gentle settling in to the orchestration of a quite active and contrapuntal family where the older two had always fought sleep. But now when he became tired, Josh would stand solemnly and quietly by his crib, holding the bars with one hand, the nice 'n' soft between thumb and forefinger of the other, sucking the middle fingers until I came to lift him in. It was a feat of coordination, those hands and fingers signaling me, and impelling him to

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sleep.

Soon Josh fought it as well, quickly joining the other two in their night time rituals of books, back-tickles and drinks of water – a team of sleep dodgers with the goal of staving off the end of day. Even then, Josh retained his nice 'n' soft. The original had long since been worn to shreds, but, surprisingly, he had accepted replacements as long as they were more or less the same size and soft, pink velvet. Of that there was plenty, a remnant from the matching long skirts I had made for Elizabeth and me to wear at a party soon after Josh's birth, hardly offering the same comfort for her that his nice 'n' soft would give him. Perhaps there could be little or no comfort on the arrival of yet another sibling in her life.

Once, he and I, crossing a street, were holding hands in a moment of companionship. Seemingly from nowhere, he, a six- or seven-year-old asked, "Do you think the reason I love you just a little more than I love Daddy is because I grew inside you for nine months?" What to answer when I was blown away by a kaleidoscope of thought and feeling.

I don't remember when Josh relinquished his nice 'n' soft, but it must have been when toddlerhood yielded to boyhood. Of course, bedtime rituals remained, with each child retaining some unique form of protest. Josh's was (after the last book was read and the absolutely last tuck-in had occurred), "Come and check in fifteen minutes." Check what, I sometimes wondered: that he was still there and hadn't disappeared? show him that / hadn't? say one last good night? At odd moments, it seemed that "checking," though never defined, might be another expression of his developmental push and pull.

As Josh got older, I continued to find vestiges of his nice 'n' soft as well as other signs and verbalizations of his increasingly complex feelings about me and our relationship. While our other two had gone through similar stages, with Josh the signs were more apparent. He may have been more articulate or perhaps I was more attuned to his attachment and separation because he was, after all, the last of the three. He had been the child I had had to have, a surprising and insistent need despite my husband's practical concerns

and reminders that we already had a girl and a boy in whom we delighted. But my wish for another had been beyond reason.

Thus it seems likely that my attunement to Josh's comings and goings was more acute or perhaps I looked for signs that confirmed the rightness and inevitability of having him. There are moments that "flash," stunningly accurate reflections of his developmental milestones. Had Josh read the book, I wondered, that told him how and what he was supposed to be going through? Once, he and I, crossing a street, were holding hands in a moment of companionship. Seemingly from nowhere, he, a six- or seven-year-old asked, "Do you think the reason I love you just a little more than I love Daddy is because I grew inside you for nine months?" What to answer when I was blown away by a kaleidoscope of thought and feeling. Delight that he loved me even a little more, guilt that I was delighted, regret that he had become a rival to his father whom he also loved, knowledge that he would have to relinquish me for someone else. . .

And the sheer diplomacy of the little bit more love that he felt for me.

Along with my joy, it reminded me that I couldn't hold on to him, that I couldn't fix him in that place of loving me "just a little more than Daddy," for already entwined with expressions of closeness were his growing assertions of separation and independence.

I can't remember what I said for it seemed impossible to articulate anything as succinct as his question that condensed the weighty theme and the issue of a small boy's place in the triangle with his Mother and father. The nice 'n' soft was easy; that had to do with Josh and me; his question was complex and bittersweet. Along with my joy, it reminded me that I couldn't hold on to him, that I couldn't *fix* him in that place of loving me "just a little more than Daddy," for already entwined with expressions of closeness were his growing assertions of separation and independence.

One day, when I was taking him to school on the subway, we had started by sitting together. At the first stop however, Josh had moved to the far end of the car, clearly relegating me behind. I watched his serious face as he stood, holding a pole for balance, nouncing with

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his entire body that he was an independent person traveling on his own, a person unaccompanied by anyone who might resemble a mother. But not quite. At eight years (more or less), the independence lasted for six stops. By then, the car had become crowded and I was lost to Josh's sight; he began, ever so slightly, to panic. So I moved just enough for him to notice me, a visual touch, and he, reassured, continued alone to our stop where we again became traveling companions, walking and talking our way to school.

For me, immersed in these moments, there was often the rueful awareness that they would become less frequent, more buried in the underground of Josh's passage through boyhood. By adolescence, I expected the vestiges of attachment to be well concealed, obscured by denial and declarations of independence along with assertions of difference. Indeed, despite the combined objections of my husband and me, Josh had determined to play football in high school. I, particularly, had no use for football, seeing in it a barbaric acting-out of aggression through brutal body contact, although, admittedly, it was in milder moments also a bonding of brothers in some odd mix of tenderness. Camaraderie notwithstanding, I particularly tried to take a firm stand because I feared its dangers. But Josh had been passionate and articulate in pleading his case and I could not, actually did not, have the courage to say no. After all, he was dedicated to it, willing to arrive early at school, to stay late and to cope with the pressures of juggling academics with the rigors of practice.

Still, amidst the disconcerting role reversals with a deep-voiced, bearded, six-foot quarterback virtually but not quite tucking us in, there were traces of the toddler who had waited for me to lift him into his crib, holding his nice 'n' soft.

And he was very good. So good that weekends found us all cheering and wincing at Josh's and the team's progress or failure to win. In theory, I hated football; in practice, it had become that year's link in our relation to Josh who by now was well away from the gravitational pull of a pink velvet pillow and his mother as his favorite woman. He had a serious girlfriend and a life of his own that included withdrawal to his room after dinner or homework and talking on the phone away from

the confines of family life. By high school, he was virtually an only child but at an age when that might have few or none of the advantages of parental availability. And that, Josh clearly kept at a minimum. Besides, we had long since passed the stage of tucking children into bed, and most evenings now found my husband and me nodding off by ten or ten thirty, at which time Josh might come in to say good night to us.

Still, amidst the disconcerting role reversals with a deep-voiced, bearded, six-foot quarterback virtually but not quite tucking us in, there were traces of the toddler who had waited for me to lift him into his crib, holding his nice 'n' soft. Or were they merely routines to which I wistfully attached my own resonant memories of the velvet pillow and my subway companion?

Sometimes, for example, Josh would appear late on a Sunday evening when I had just settled down to read with some task that required my time and efforts as well as his: a paper, barely started, due on Monday after the weekend crush. Among all the other activities, he simply hadn't had enough time. These usually included sleeping late on Sunday and waking up to a brunch of fresh orange juice, a concoction of scrambled eggs with bits of Swiss cheese and a hint of Parmesan, toasted bagels with cream cheese, all accompanied by the Sports section of *The Times*. The brunch had become a ritual, jokingly acknowledged by Josh and me as a vestige of *things that mothers do for their children*. We both relished this, he, the familiar comfort and I, feeling important and needed, especially since the balance of my life had so obviously shifted away from availability and doing-for. Finding the elusive mean between not-too-little and not-too-much was sometimes tricky, for instance when Josh would implore me to fine-tune those papers he had scarcely begun. His requirements for my editorial role were so exacting: I might make specific corrections or general suggestions but not the kinds that might require a major rewrite – certainly not the night before the paper was due.

Then there was the matter of the football uniforms that had lain sweaty and muddy on the floor of his room where he had dropped them after the game the previous day. It seemed quite straightforward: washing them was Josh's responsibility, for this pertained to his schedule of games and was not part of the family laundry.

So how come, when he was the starting
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ATTACHMENT IS WHERE YOU FIND IT

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quarterback on the high school team, Josh appeared at least two evenings a week and asked me to come check his laundry? Check what, I'd wonder? The amount of detergent or water, or the temperature? That he had mastered the art of measuring soap, turning knobs and pushing buttons I was certain since I had taught him myself several years before. Why did he persist in worrying about the heat of the water and which cycle of the dryer would best suit the various fabrics of his uniforms? This was the child, man really, who daily learned and executed complex football plays as Coach decreed, who could analyze subtle literary differences, who had rescued me countless times from the intricacies of the computer we shared. Under the circumstances, ordinary logic seemed irrelevant and the only logic I could bring to bear was that of bedtimes, our companionship and Josh's nice 'n' soft. So, it was mostly with pleasure and only mild annoyance that I would put down my reading and accompany Josh to "check," reassuring him that the permutations of water, soap and temperature were appropriate to the amounts of mud and sweat and the number of hours the uniforms had lain on the floor of his room. It was no small feat, all that checking, which I for one, would have been loath to pass up. Indeed, it was enough to make me wonder whether Josh's asking me to check was also his way of taking care of me.

Now Josh was grounded and confident while I felt on the periphery of his world. Even an afternoon of watching football and having Josh patiently explain the plays did little to alleviate the dislocation and sense of loss that at times threatened to overwhelm me.

Sometime in the fall of his sophomore year, we visited Josh in his new quarters, a spacious suite in which he and his college friends had proudly built a loft, a home away from home. What a far cry from the crowded double he had shared the first year with two strange freshmen, no traces of that forlorn child we had left then. Now Josh was grounded and confident while I felt on the periphery of his world. Even an afternoon of watching football and having Josh patiently explain the plays did little to alleviate the dislocation and sense of loss that at times threatened to overwhelm me.

Still, there was Sunday brunch. Before our

homeward flight, my husband and I had arrived early at the popular campus restaurant where we had arranged to meet, Josh having forewarned us that we would undoubtedly have to wait on line. But ever the diplomat, he had taken care of that. When he showed up a few minutes later, it was with Sunday's *New York Times* under his arm. After handing the paper to my husband, Josh turned toward me, and with a somewhat sheepish smile, unfolded a faded blue wad. Taking care not to drop the small sewing kit and bandanna he had carefully tucked inside, he held up a pair of extremely torn and faded dungarees. "Would it be possible for you to patch these while we're waiting? They don't have to be perfect but it will take me at least six months to break in my new pair." He hadn't brought a thimble, he added apologetically, but would I mind and could I manage? Any halfway decent patch would do.

Mind what, I thought? patching his dungarees? checking his laundry? accepting this newest version of his nice 'n' soft in the increasing distance as our last child was launched into his universe? No, I wouldn't mind and I did, sew on the patch, that is. When had I ever minded, except perhaps on a Sunday night?

Coda

It is now over ten years since Josh asked me to patch his dungarees or check his laundry, and while he still does occasionally bring a duffle of laundry to the country with his wife Ruth, clearly those days are long gone. Happily for me, in the intervening years, there have been three grandchildren and even a grand-dog to pick up the some of the slack. Attachments, it seems, are where you find them. They may be neither the same as the originals nor as vivid or unique, but if we are lucky, resonant enough.

NYIPT Co-Sponsors NASW-NYC CHAPTER CONFERENCE

The NYC Chapter of NASW held a conference: 2005/Generations Connected honoring it's 50th Anniversary. NYIPT contributed \$500.00 and became a co-sponsor. We were listed in the CURRENTS Newsletter, and will be listed on their web page visited by 9,000 people a month with a link to our web site.

NYIPT PROCESS: THE GROWTH OF A PROGRAM THROUGH THE EYES OF SOME OF ITS STUDENTS

NYIPT has exceeded my expectations. I was looking for a program that would train me to have a private psychotherapy practice; NYIPT has provided me just that. There are many components that mesh together so very well! The Tuesday night classes are given by passionate instructors who know their craft and are able to teach it with a creative flair. I enjoy visiting the different teaching faculty at their offices to get an inside look at the places in which quality psychotherapy happens throughout the city. My supervisor helps me understand the intricacies of the therapeutic process. Having a place to discuss my counseling cases with someone who's goal is to make me a more aware and competent counselor is invaluable. Since I work in a school setting there are few people with a counseling perspective. I have not had adequate supervision since graduate school. The career path of a therapist is an ongoing process. I am happy to be a part of this program and in an entering class with 4 other professional women sharing similar goals.

DANIELLE SALVATO, Ed.M., 1ST Year

As a first year student, I find the program to be very rewarding, exciting and supportive. The program is an extraordinary one, insofar as classes are not held in a traditional setting. Faculty holds classes in the comfort of their homes, or offices, which make the learning process relaxed and enjoyable. Placement in an actual setting gives candidates an opportunity to put theory into practice. Settings provide a warm atmosphere with an excellent support system. I am truly excited, and would recommend the program to all Social Workers interested in Child and Adolescent Therapy.

DONNA SMITH, 1st Year

So far the program has been very positive and rewarding. The weekly classes and workshops are being taught by highly experienced, dedicated and very insightful Psychoanalytic Psychotherapists who maintain their own private practices specializing in infants, children and adolescents and their families. I am very impressed by the faculty's commitment to the field and by their combined clinical knowledge and experience. Their collective experiences are helping me become a more effective and confident therapist. The reading materials and the organization of topics seems to create a balance and facilitate open discussions for our

own case examples. My supervision has stimulated me, challenged me, guided me and increased my feelings of confidence in working within this population.

ELISSA GRUNWALD, 2nd Year

NYIPT's combination of individual supervision by highly trained professionals and a very comprehensive curriculum is giving me the tools I need to work effectively with children and parents. The program's partnership with the Park Slope Center for Mental Health offers a wonderful opportunity to work with children and adults on a long-term basis in a supportive environment. I am so thankful to Program Director Phyllis Cohen and my supervisors and teachers for providing me with this wonderful learning experience.

DEBRA J. HARRIS, 3rd Year

The NYIPT program was an incredible experience. The support, intellect and expertise of the teachers and supervisors is of the highest caliber. I learned from my classmates and enjoyed getting to know them over the past 3 years. I definitely have grown personally and professionally as a result. Thanks to Phyllis and all the NYIPT staff for creating such a great learning experience!

SUSAN BOLLES, 3rd year

The NYIPT instructors and supervisors have provided a warm and caring environment in which to learn and grow. Their dedication to the candidates' professional development, and to helping children in need is felt throughout the training. They have modeled for us "a good holding environment" and "good enough mothering." They have shown us how to grow and to separate and individuate, and feel confident and self-assured. I am grateful to my supervisors, teachers, candidates and the Director for providing me with the skills to work with children, and for helping me fulfill my dream of becoming a child therapist.

SUSAN CAPUTO, Graduating Class

NYIPT has helped me to become an effective child therapist. I definitely see a difference in my practice. The training program was comprehensive, interesting, and worthwhile.

ALLISON GOLDSTEIN, Graduating Class

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The faculty, supervisors, candidates (and especially the children we work with) would like to thank the people who contributed goods or services to this year's fund raiser:

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*Our sincere apologies to anyone who may have been omitted from this list.
Please contact Dr. Phyllis Cohen at 718-253-1295 for future listings.*

NYIPT PROCESS

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When I first began studying at NYIPT I knew it was a good program as I had worked with a couple of people who were former students in the program and I respected their work. However, I did not imagine how enriching this program would be for me on so many different levels. Without a doubt, the teachers are knowledgeable and the curriculum carefully chosen to give us a good grounding in the basics needed, i.e., readings from traditional children's theorists, instructions in working with family members, play

therapy techniques, etc. But more than that, the comfort and inspiration I found in working with instructors and supervisors who are such genuinely caring people cannot be measured. It has helped me not only in the program but in all areas of my life. Mothers have to "be there to be left" and these good mothers were definitely there for us!

PRISCILLA NEELEY, Graduating Class

One of the aspects of the NYIPT program that was invaluable to me was the exceptional supervision. The flexibility of the supervisors allowed me to feel more comfortable and flexible with my patients.

NNEKA NJIDEKA, Graduating Class

CELEBRATING OUR 5TH ANNIVERSARY