



The New York Institute for
Psychotherapy Training

**NYIPT
TODAY**

Fall 2008
Volume 6, Number 1

FROM YOUR EXECUTIVE CO-DIRECTOR PHYLLIS COHEN, PH.D.

I'm writing this letter at a time when we all seem to be so busy in our lives, yet if we step back and take a look at how we spend our time, I'm wondering, are we all feeling fulfilled? Are we busy doing what we want to be doing?

Every day we make choices about how we spend our time, and those of us at NYIPT have spent much of our time helping as many children as possible. As I look back at the time passed since our last Newsletter, I am thinking of all the things that our dedicated NYIPT Faculty, Administration and Board of Directors have accomplished. In this Newsletter you will read about what has been done.

Our partnership with the Administration for Children's Services has grown, and we have completed a curriculum for training those who work with teen runaways. Many of these kids end up on the streets of New York City, involved in drugs, prostitution, and lives of crime. NYIPT is doing its part to try to help many of these kids (See article about NYIPT and Project Stay).

Our partnership with The Opportunity Charter School in Harlem continues, as we offer training to its social workers who work with many special needs children in grades 5-9. In addition, this year we are organizing workshops and trainings for teachers and parents in the school.

During the past year we have offered workshops, supervision and trainings for teachers, therapists and parents at various community mental health agencies and schools. These include Bronx Lebanon Child Study Center, Brooklyn Psychiatric Centers, the Victory Charter School and the Sisulu Charter School in Harlem.

Finally, we continue to fulfill our mission by providing training for mental health workers (including social workers, art therapists, and nurse practitioners). Since our program began we have trained mental health professionals who have conducted more than 26,000 supervised psychotherapy sessions with

children and parents! And our graduates go on to supervise and train countless other workers who see children and parents in a variety of settings.

You can learn about many of the things that we are doing to help needy children and their parents by reading the articles in this Newsletter. I know you will be as proud as I am to be part of the NYIPT Organization!

In closing, I would like to urge all of you to do things that will make you feel good. Short of offering direct service to children as we do, your support of NYIPT will do just that! Plans for our annual fundraiser are under way and you are invited to participate. We hope to see you there, but even if you can't make it, won't you help NYIPT achieve its goals by supporting us with a donation? By working together, we can do great things!

Sincerely yours,

Phyllis

Dr. Phyllis Cohen, Executive Co-Director, NYIPT

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THE NEW YORK INSTITUTE FOR PSYCHOTHERAPY TRAINING

IN INFANCY, CHILDHOOD AND ADOLESCENCE

3701 BEDFORD AVENUE

BROOKLYN, NEW YORK 11229

TELEPHONE: (718) 692-3252 EMAIL: info@nyipt.org

MISSION:

The New York Institute for Psychotherapy Training (NYIPT) for Infants, Children and Adolescents, is dedicated to improving the quality of mental health services for needy children of all ages and their families who live in the New York City area. We realize our mission by providing psychotherapy training to qualified mental health professionals, and by offering direct training services to parents, teachers and mental health workers at various agencies and schools in New York City. Our ultimate goal is to help children overcome feelings of anxiety, helplessness and depression in order to continue their development.

Our three-year training program has a psychoanalytic orientation that integrates contemporary psychotherapy theory and research with clinical technique. We are committed to providing 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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CONGRATULATIONS TRACY SIMON

Best of luck to Dr. Tracy Simon in her new position as Executive Co-Director of NYIPT. She will now be sharing the responsibilities of NYIPT with Dr. Phyllis Cohen, and helping to grow the program!

Save the Date

NOVEMBER 11, 2008

for

NYIPT's Annual Fundraiser

"Night of Play"

at the MARQUEE in New York City

You are invited to help NYIPT continue to
serve needy children and parents.

*Passed hors d'oeuvres, open bar,
dancing, raffle, and a silent auction.*

For additional information, tickets,
and/or to make a donation, please call
Dr. Phyllis Cohen at 718-253-1295

NYIPT NEWS

NYIPT seeks to help needy children and parents by offering trainings for mental health workers in addition to helping parents, teachers and others who affect the lives of children. NYIPT has many new and exciting programs on our agenda and we feel privileged to be in a position to offer these services.

NYIPT TEACHES THERAPIST STAFF AT THE BRONX LEBANON CHILD STUDY CENTER

During the past year NYIPT collaborated with Erin Orjuela, Program Administrator of the Child Study Center at Bronx Lebanon Hospital and NYIPT, to develop a series of workshops for the clinic staff at the Child Study Center.

Included in the series were workshops conducted by NYIPT Faculty. Dr. Bill Salton ran a workshop entitled: "Trouble With Parents, Parents With Trouble," Dr. Georgi Antar, ran a workshop entitled: "Effects of Trauma on Infants, Children and Adolescents: Identification of Behaviors and Symptoms," and Ms. Bonnie Allie conducted a workshop: "Art and Play Therapy: Responding to Patient's Material."

NYIPT PROVIDES "OFF-SITE" SUPERVISION AT THE BROOKLYN PSYCHIATRIC CENTERS

When the Brooklyn Psychiatric Centers were in need of additional supervision of their staff, they contacted NYIPT.

NYIPT Supervisor (and Graduate) Winslow Carrington became involved in the BCP Clinic, supervising new staff in work with highly vulnerable youth who were psychiatrically hospitalized at some point in their lives. Many of these children have had multiple hospitalizations and nearly all of them are on psychotropic medications. The Brooklyn Psychiatric Centers is an ACT facility (Assertive Community Treatment) for children and adolescents. This model treats children and adolescents in their homes and community instead of keeping them in hospitals. Although the primary patients are the children, much work is done with the parents who are often overwhelmed and lack understanding of their children's illnesses.

NYIPT HONORS THE MEMORY OF JIM RUNSDORF

When Jim Runsdorf, the son of NYIPT Board Member Lucette Runsdorf was lost in a boating accident in the waters of New York City, NYIPT's Board of Directors decided to honor Jim's memory by holding an Annual Memorial Lecture in his name. Jim was active in community and public service and interested in the well-being of children, in addition to being a loving husband, son and devoted father,

In 2007 our First Annual Jim Runsdorf Memorial Lecture was held on April 18th at the Cornell Club. We were fortunate to have Ann Murphy as our speaker. Ms. Murphy is a parenting contributor to "Good Morning America," and was the former editor of *PARENTS* magazine, and author of The 7 Stages of Motherhood: Loving Your Life Without Losing Your Mind. The name of the talk was "Saying No When You Can Afford To Say Yes: Learning How To Give Your Kids What They Need, Not What They Want," a topic that is quite relevant to many parents today.

For our Second Annual Jim Runsdorf Memorial Lecture Series in 2008, Dr. Dale Atkins graciously agreed to speak on the topic of her recent book, SANITY SAVERS: Tips For Parents To Live A Balanced Life. This meeting was held at the home of NYIPT Board Member Robin Ashman. Dr. Atkins gave an interesting talk, sharing ideas for everyone about juggling many different pulls, given the active lives we all lead. Dale Atkins is a licensed psychologist with more than 30 years experience as a relationship expert, focusing on families and parenting. She frequently appears on NBC's "Today Show," and she maintains a private practice in New York City.

Save the Date

NOVEMBER 11, 2008

for

NYIPT's Annual "Night of Play" Fundraiser

**COMMUNICATING WITH CHILDREN THROUGH
PLAY AND ART: NYIPT CONDUCTS WORKSHOP
AT BRONX LEBANON CHILD STUDY CENTER
BONNIE ALLIE, M.P.S, A.T.R.**

Play and art making provide natural avenues of self expression and mastery for children and adolescents. Playing is a way for children to explore internal conflicts, establish social connections, and develop self-esteem and awareness. In this experiential workshop we explored the function of play and art in the treatment of children and adolescents. Included was a brief review of child development as mirrored in child's play and art making. The basic art and toy materials for the therapists' therapeutic tool box were offered for discussion..

Clinical vignettes served to illustrate a variety of common dilemmas in work with aggressive, depressed and traumatized children. Play which decreases anxiety versus repetitive play, or acting out, of the post-traumatic child, which does not allay anxiety, were delineated. Workshop participants were invited to ask questions and discuss clinical vignettes of their own.

LUNCH WITH JEANETTE LEVITT

Once a year Jeanette hosts her original "supervisory group" for lunch. This time it was July 29, 2008.



From left to right: Serena Deutsch, Betty Eigen, Phyllis Cohen, Mary Tirolo, and, of course, Jeanette Levitt!

**SHOULD WE LEAVE COLICKY INFANTS CRYING, TO
LEARN HOW TO "SELF-SOOTHE?"**

In the October 1, 2007 edition of The New Yorker, NYIPT faculty member Hannah Hahn published an important response to an article by Jerome Groopman, entitled "Crybabies," (from September, 17, 2007). In this response, Dr. Hahn reminds us that you cannot spoil a young infant, and that children become securely attached to their caregivers by being responded to as young infants. Moreover, she points out that infants less than 3 months old do not have the capacity to learn to soothe themselves by being left to cry! (Ed.)

"DON'T CRY"

The New Yorker, October 1, 2007.

HANNAH HAHN, PH.D.

Jerome Groopman, in his article on new theories of the origins of colic and ways to treat it, writes that at the colic clinic in Providence, Rhode Island, a mother of an eight-week-old was told that she needed to "teach" her baby "how to calm herself," later, Pamela High, a professor of pediatrics at Brown University and the medical director of the clinic, states, "One of the key things we teach moms with colicky babies is that this unhealthy symbiosis must be broken. The baby must learn self-soothing" ("Crybabies," September 17th). This advice reinforces a commonly held belief that attending to children's cries leads to spoiling. But, as a clinical psychologist who works with new mothers, I advise them that eight-week-old infants are not yet able to soothe themselves and that, as research has shown, the best way to produce a securely attached child is to be responsive to the infant's cries. While it is perhaps true that putting a colicky eight-week-old baby down to allow it to cry for five-to-ten minutes may be helpful, and while it will not hurt a normal baby to cry on occasion for a short period of time, eight-week-old infants do not yet have the cognitive capacities necessary to soothe themselves when left to cry: these cognitive capacities begin to develop at three-to-six months.

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

RECALLING A CHILD THERAPY "SUCCESS" CASE

JEANETTE G. LEVITT, M. A.

Our 98-year-old mentor, Jeanette Levitt never fails to amaze us. Here is her article describing how a child therapy intervention by Donald Winnicott can help children.

In response to a request for a successful child therapy case, it occurred to me to turn to none-other than D. W. Winnicott. For it is he, a former pediatrician, later trained as a psychoanalyst, who has been the pioneer in understanding the nuances of the inner life of the child.

In following Winnicott's ideas about "transitional phenomena," we come across a dramatic description of the "string boy," a 7-year-old child brought to D.W.W. for consultation by their family doctor. His initial diagnosis was a "character disorder," due to the boy's lapses in toilet training, a tendency to lick things and people, and to make compulsive throat noises.

Understanding the common "string" theme in the drawings as a "tying together," or a denial of separateness or separation, the therapist approached the mother to find out under what circumstances she had left the child.

In the first visit with the boy, the child's therapist (D.W.W.) engaged him in a picture drawing game. The child drew a lasso, a whip, a crop, a yo-yo string, a string-in-a-knot, another crop, and another whip. Understanding the common "string" theme in the drawings as a "tying together," or a denial of separateness or separation, the therapist approached the mother to find out under what circumstances she had left the child.

The mother reported that the first separation had occurred with the birth of her next child, when the patient was almost 4, and shortly after that, there were several more separations. Most noteworthy was when the mother was hospitalized for 2 months for depression about a year-and-a-half later, during which time her sister took care of the family. The child's therapist then explained to the mother that the denial of these separations seemed to point to the boy's preoccupation with string. The mother immediately confirmed the "string" play at home, as she described the child frequently tying together the chairs and tables in their house, and even tying a cushion to the

fireplace..

Although she thought it was a silly explanation, the mother continued to cooperate with the therapist's recommendation that she talk openly to the child about all the separations he had experienced during her absences in the past. Also, any absences contemplated in the future would need to be carefully explained to him in detail before the occurrence.

Because of geography, the family was not seen again until six months later. In the second visit, the mother informed the child's therapist that the "string" play had stopped; however, despite this seemingly favorable outcome, the child's therapist could not envision a symptom-free future for the boy. The therapist had recognized this mother's depression as a deep personality problem, one that would complicate her son's fears of abandonment and separation experiences in the future. He thought that there was an inescapable deficit in the child's "facilitating environment," which is so important for the growing child.

Regardless of D.W.W.'s prognosis, we can stipulate that this two-session child therapy case was a two-way success:

1. in the short term, as a resolution of the "string" preoccupation, presumably because of a decreased need to deny separation anxiety once it could be talked about with the mother; and,
2. in the long term, as an opening-up of communication on a psychic level between the mother and the child.

Reference: Winnicott, D.W. 1971 "Playing and Reality", New York. Basic Books Inc.

Addendum: It is of interest to note here that our esteemed colleague, Dr. Michael Eigen, in all his prolific writings on psychoanalysis, stresses the potential for therapeutic success inherent in the opening-up process between the patient and the therapist. - J.L.

“NEVER HAS A MOTHER BEEN SO HAPPY TO SEE HER CHILD CRY”

AN ASPERGER STORY

MARTHA HERMAN, PH.D.

NYIPT faculty member Dr. Martha Herman teaches our candidates about “organic conditions,” including Asperger’s Syndrome, that afflict many children. Here she explains how she skillfully helped a young boy identify and express feelings of sadness and loss, a great accomplishment that was recognized by this child’s mother.

I was seeing a 5-year-old Asperger child I’ll call John, in therapy at a therapeutic nursery school. He was a serious, shy, and anxious child, who related cautiously but did form genuine relationships with me and other school staff, and he was receptive to our input. John had 5-year-old twin cousins whose mother died of cancer that year, and his mother frequently had the twins at their home. One day one of his cousins, without thinking, called John’s mother “Mommy.” John chillingly responded, “She’s not your mother. Your mother is dead.” This was said with no malice. To John it was just a factual, literal statement. Yet it greatly upset his cousins and all the adults present, and John’s mother wept as she told me the story.

Both in therapy and at home we worked on understanding feelings, his and others, which this sweet but confused child had in abundance, but did not understand intuitively as typical children do.

John’s mother and I decided to try to help him understand what his cousins felt about losing their mother and how they felt about his comment. Both in therapy and at home we worked on understanding feelings, his and others, which this sweet but confused child had in abundance, but did not understand intuitively as typical children do. This involved direct discussion about death and loss and missing people. In our sessions I kept the focus on feelings and motives. I brought up emotional incidents in class, and at home, and those that occurred in the moment between us, helping him understand what he and others felt and how they reacted, and I suggested more adaptive alternatives: for example, that the Elmo that had sent him into a panic at a birthday party, was just an adult in a costume who could safely be approached; or that the classmate, who was screaming when his mother left, did not mean to

hurt John’s ears, but needed reassurance that his mother, like John’s, would return.

I often had symbolic toys on the table when he arrived... I initiated fantasy and pretending through role play. Gradually, he increasingly participated and initiated this play on his own.

The play in our sessions was a mixture of his spontaneous behavior and my frequent interventions, elaborations, and additions. He preferred, especially in the beginning, activities that were concrete and objective. He liked to push the buttons on a calculator and watch the numbers change, and he liked to practice writing letters, or pushing cars and school buses repetitively on the floor. I would add more symbolic toys (for example, adding children to the school bus, with a parent and teacher at the beginning and end of their route, while I enacted a little drama with dialogue and sound effects). I often had symbolic toys on the table when he arrived, (little people, animal families, a doctor’s kit, as well as a cradle and a baby doll who looked like his little sister), and I encouraged him to use them. I initiated fantasy and pretending through role play. For example, I suggested we could pretend to be rabbits like the one in the pop-up toy, a prospect that initially frightened him (“But I am not a rabbit, I am John,” he said with a hint of panic). Gradually, he increasingly participated and initiated this play on his own, and thus was helped to imagine experiences from the perspective of others.

Then about six months later, his mother came in and told me that she and John were talking about his aunt, and he burst into tears and cried about his aunt’s death. It was his tears that especially affected her, because rote statements can be easily learned without emotion. She said, “Never has a mother been so happy to see her child cry.”

NOTES FROM AN NYIPT CANDIDATE

REBECCA DICKINSON

In this article we learn how a social worker, 10 years in the field, participated in the training at NYIPT, and became more competent in her position and in her capacity to help children.

As a second year student in the NYIPT program, I cannot begin to say how much my involvement with the program has informed my practice. I had been working in the field of social work for 10 years and had established, what I believed to be, a comfortable niche.

When I made the decision to join the NYIPT program, I was ready to begin the next phase of my professional career, hoping to gain a deeper understanding of my clients and a greater insight into what made me a clinician. The program gave me the opportunity to further my understanding and development, as well as the opportunity to better service the children and families I work with.

I have become more confident and comfortable when delivering services and truly enjoy those "aha" moments, when the theory I study in classes can be directly related to my practice.

I can confidently say that the program has met these expectations and beyond. I am particularly grateful to have had the experience of working with knowledgeable clinicians and supervisors who have taken the time to guide and support me in my work with adolescents and their families. I have become more confident and comfortable when delivering services and truly enjoy those "aha" moments, when the theory I study in classes can be directly related to my practice.

I was expected to help a child who, in spite of her academic successes, coped with overwhelming stress by physical aggression towards herself and others.

For the past 4 years I have been working with a 17-year-old female student whom I will call "May." May has faced many obstacles in her life, having struggled through the traumas of the death of a parent, living in foster care, substance abuse and the continued obstacles and challenges of becoming the first in her family to finish high school and go to college.

When I began working with May I was terrified. I was expected to help a child who, in spite of her academic successes, coped with overwhelming stress by physical aggression towards herself and others. I was also dealing with my awareness of feeling pulled into her world of chaos, and at times I thought I was losing the battle of trying to establish some sense of stability and consistency.

The requirements of weekly supervision and my own therapy had an immediate positive impact on my work with May. Her grades started going up, she began to gain some insight into herself, and she stopped injuring herself.

There were some limited advances in the beginning of my work with May. As she became aware that her life was not "just fine," she began to ask for help, but her way of coping was totally overwhelming. After two years of floundering with May, I became a candidate at NYIPT. The requirements of weekly supervision and my own therapy had an immediate positive impact on my work with May. Her grades started going up, she began to gain some insight into herself, and she stopped injuring herself.

In addition, she has been able to respect the boundaries I have learned to create for our therapeutic relationship, and she has also learned to set some of her own healthy boundaries. May is now better able to communicate her own needs in some of the more serious relationships she establishes with peers.

I might take some credit for helping May achieve these behavioral improvements, but I would not be doing justice to what NYIPT has truly taught me. Currently, May and I are working through her anger towards me as her therapist, as well as other transference issues that have come up in treatment. Specifically, we are in the process of addressing how she is behaving towards me, seeing me as the mother she currently despises yet cannot live without.

GRADUATION 2007

FACULTY SPEECH TO THE GRADUATES BONNIE ALLIE, M.P.S., A.T.R.

It is my pleasure to speak on behalf of the faculty of NYIPT on the occasion of your graduation, and to celebrate this day with you, your families and friends.

The work of becoming a child therapist is a courageous undertaking, one that requires dedication to authenticity, self-reflection, study and listening in the broadest possible way, to children and their families. In our overwhelmed, multitasking society, influenced by the climate of terrorism and war, securing time for the concerns of children is no small task.

For three years you've traveled to weekly classes and supervision not to mention numerous weekend workshops. You've sacrificed time with family and friends and perhaps your own solitude to develop your therapeutic tools and skills.

Most importantly you've given children and adolescents a space within yourselves to explore their concerns and conflicts. This space, unique to each of you, is a place of potential, creativity, and reparation. It is a space that seeks to hold the deepest pains and tragedies of the human condition while seeking the possibility of new stories and the restoration of hope.

Keeping your faith and belief in the child's capacity to grow is often the greatest challenge. Weeks and months may go by with little sign of change as your stamina and resilience is tested again and again. At times, you may feel you want to toss in the towel at your choice of profession. But all of you have persevered in trying to be with, and to understand the painful experiences of the children you've worked with. You have often felt the suffering that the children feel as you have helped them find their potential for living and loving, along with their fears, anxiety and hostility.

Today you have met the rigors and expectations of your training and it is exciting to include you in our ever-expanding family at NYIPT. Each of you has made a unique contribution to the richness of our community. We invite you to join the NYIPT Graduate Society, to continue to participate in a discourse about the lives of children. We are confident that the foundation you've received at NYIPT will enrich the next phase of your professional life.

CANDIDATE SPEECH POLINA MARIANI, L.M.S.W.

I look at all of you today and I think back to when I started my first year at NYIPT in September of 2004. I was very excited about beginning a program that I thought would teach me to become a "perfect child psychotherapist," a real expert – someone who would know everything about children, their development, the origin and sources of their problems, the most effective child therapy approaches, and the best ways to help my young clients and their often difficult parents. Let me tell you how hard I tried to achieve my goal to become "perfect" and to know everything that I wanted to know.

If I was assigned an article to read, I would read it and highlight all the ideas describing the best techniques, the most effective interventions and the most successful interpretations that I thought would be a "perfect" a way to help the children and parents with whom I was working. During my supervision, I would try to write down word for word, whatever my supervisor would recommend, and I would often say to myself, "Gee! This is really a "perfect" way to help this child."

But nothing important, or meaningful, or beautiful, or interesting ever comes out of imitations. The thing that was really hard, but really amazing, was for me to give up trying to be "perfect" and begin the hard work of becoming myself. In fact, as I was following my strong ambition to find the best solution, the best interpretation, or the best approach, I gradually began to realize that in working with children, there is no "perfect" way to help, and there is no way to know everything. What I learned is that it is more important to be able to develop a mind of your own, and to tolerate the possibility of not knowing, of being frustrated, and of being lost at times. When I gave up trying to be "perfect" I could then begin to become creative and open-minded, and to work on finding my own style in working with children and their parents. A big part of this learning was to learn how to be myself.

Today I want to tell you how grateful I feel to all the people I've met in this program during the past three

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NEWS FROM THE NYIPT GRADUATE SOCIETY

GERI NESS, L.C.S.W.

NYIPT Faculty Liason and New Hope Graduate

I'm pleased to report that the NYIPT/New Hope Graduate Society is up and running. Recently, the Graduate Society has been running workshops, talks and peer supervision groups.

The Graduate Society is open to all graduates of the child and adolescent therapy training programs. All first year NYIPT graduates are invited to join without paying dues.

Here is a synopsis of some of our activities:

On February 4, 2007 our director, Dr. Phyllis Cohen, gave a seminar for the Graduate Society. The presentation was entitled "The Use of Videotape-Feedback in Mother-Infant Psychotherapy," held at the Montauk Club in Park Slope. Phyllis has worked with Dr. Beatrice Beebe over the years, applying infant research to clinical practice with infants. She explained how the mother and infant are filmed in a video lab at the New York State Psychiatric Institute, and then how the therapist works with the mother, giving feedback while watching the tape, looking at the smallest details of the verbal and non-verbal interactions of the mother with her baby.

From Dr. Beebe's research it has been observed that many mothers overwhelm their babies with too much stimulation. Many mothers feel rejected when their babies look away, when the babies are actually turning away to regulate their heart rate! This can trigger a negative spiral if the mother shows her disappointment and the baby sees that in her face, and then the baby feels disappointed, each triggering the other.

Phyllis showed a videotape of her and Beatrice Beebe working with a mother and her infant. Beatrice also interacted with the preverbal infant by using facial expressions and mirroring, following his lead, and matching his vocal rhythms. In the case presented, the baby showed his profound sadness at one point by remaining silent for several minutes, something highly unusual for a child of his age. In the beginning of the therapy the child's developmental progress had been delayed, and the work with the mother and baby by Drs. Cohen and Beebe helped get him back on track.

An audience of 20 people enjoyed this talk, asked lots of follow-up questions, and expressed a great deal of excitement about this type of work.

In April of 2008, our Graduate Society lecture featured one of the NYIPT faculty, Dr. Jacqueline Simon, on the subject of "Shame, Guilt and Empathy." Dr. Simon's presentation was excellent, even riveting at times as she defined the differences between these three affects and explained how derailments in a child's relationships with key people can influence the development of pathological shame. Dr. Simon wrote her doctoral dissertation on this subject and has a great expertise and knowledge of relevant studies pertinent to those who work with children.

All the feedback I received about the presentation was positive and we hope to invite her back someday.

The Graduate Society has also been running an ongoing peer supervision group, for the past two years with participants involved in case presentations and discussing selected readings. We are open to any and all suggestions to better serve our child therapy community, including starting another peer group. If you want to receive email notice of our future events, or would like to join our planning committee, please send your email address to NessGeri@msn.com.

PARTNERSHIP WITH THE OPPORTUNITY CHARTER SCHOOL CONTINUES

NYIPT continues to offer training to social workers in the school to improve their skills in providing mental health services to many of the school's special needs children. With the skills of candidates Karina Nunez and Rebecca Dickinson, this year we plan to institute groups with parents and teachers.

BOARD OF DIRECTORS HELPS NYIPT ACHIEVE ITS GOALS

NYIPT's Board of Directors meets on a monthly basis, offering encouragement and ideas to fulfill our mission of helping needy children and parents in New York City. They have begun a campaign to introduce NYIPT, and share information about mental health for children and parents. Our Board's support is greatly appreciated!

NYIPT GETS GRANT FROM NEW YORKERS FOR CHILDREN AND ACS PROJECT STAY TRACY SIMON, PSY.D. AND BILL SALTON, PH.D.

NYIPT's Partnership Continues With ACS and Project Stay

In December of 2007, Drs. William Salton, Tracy Simon and Phyllis Cohen completed the development of a Training Curriculum entitled Understanding and Working with Teen Runaways. This curriculum addresses the training needs of those who work with Teen Runaways in Project Stay at the Administration for Children's Services (ACS) in New York City. The curriculum will be taught in a series of six training modules. It is the result of a grant issued to NYIPT by the New Yorkers for Children Foundation.

Each year many of New York City's teens who are in foster care end up on the streets after running away from their foster homes. They are sometimes referred to as "AWOL" or "throwaway youth" - terms that indicate how difficult they are to reach. Our curriculum is designed to help those working with teen runaways increase their understanding, empathy and clinical skills when working with these youth. This six-module training program offers a comprehensive look at the hearts, minds and behaviors of teen runaways.

Participants in the program will gain a greater understanding of the reasons teens run, where they run and what risks they face. We examine teenage developmental struggles, as well as the impact of trauma on teens and the ways it is manifested in common teenage disorders. Helpful clinical and behavioral interventions are included to increase competence for the ACS workers. We expect that, by the end of the program, trainees will have developed the tools needed to protect the safety and wellbeing of the teens who runaway from foster care, in accordance with the mandate at ACS.

In the first training module, the specific types of runaway populations are explored, along with the major risk factors that lead to running away, such as sexual abuse, violence, drugs and alcohol, neglect, school, step-parents/alternative families, sexual orientation and teen pregnancy. Exploring teens' histories and environmental experiences will help workers gain a greater understanding of the circumstances that lead up to and sustain running away behavior.

The second module examines the impact and

risks of running away. We provide an in-depth exploration of life on the streets and its effects, such as malnutrition, psychological disorders, HIV infection and other sexually transmitted diseases, unwanted pregnancies, drug and alcohol abuse, robbery, crime, sexual and physical assault, and prostitution. We aim to increase workers' understanding of the problems teens face, and the bind for youth who experience trauma in their placement homes and feel compelled to leave, or are attracted to the lure of their perceived "freedom" on the streets.

In Module III we review normal adolescent development and problems that many of our youth experience. We discuss the primary stages and tasks of teen development to increase understanding of the physical, cognitive and psychological challenges facing adolescents. The impact of trauma on healthy teenage development, and the emotional and psychological consequences as seen in common disorders of adolescence and typical behavioral patterns are also examined.

Module IV is designed to help workers gain a greater understanding of common teen disorders that may be an outcome of trauma. We look at the ways these disorders are manifest; both psychologically and behaviorally, while also examining both healthy and unhealthy coping mechanisms commonly used by teenagers.

In Module V, we turn our attention to the needs of caregivers - both parents and caseworkers - as well as the various pitfalls to anticipate while working with runaway youth.

And finally, in Module VI, we apply a comprehensive awareness of teen runaways as we provide the ACS workers the opportunity to practice interventions and develop clinical skills they can use to more effectively engage teen runaways. Interactive exercises are offered to participants throughout the training program to enhance the participants' development of casework skills.

NYIPT looks forward to our continued partnership with ACS using our new curriculum.

NYIPT PROCESS

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brain tumor, now 18 years old, attend her session on her own for the very first time. Continuing supervision with Karen Cadwalader, who helped me through the most difficult and scary times with this case, has helped me feel confident and excited every time I start working with a new child. I especially want to thank my supervisors, Karen Cadwalader and Regina Monti, teachers, fellow candidates who heard so much about my patient, and, of course, Dr. Phyllis Cohen who helped me untangle the confusion related to "gift giving" when my client was having brain surgery.

Susan Caputo, L.C.S.W., class of 2005

My NYIPT education has helped me grow as a clinician in many ways. I have gained confidence as a child therapist. As a clinician, I am able to stay with the child and work with their timetable instead of that of an agency or the parents. In my experience, often clinicians are placed in the role of a child therapist despite limited understanding of child development and psychotherapy. My NYIPT education has helped me in both of those areas. Additionally, I still continue to work with a number of classmates. My colleagues continue to provide me with peer supervision and support that I hope will be available for years to come. In my present role at Park Slope Center for Mental Health, I now work with some of the NYIPT candidates. It is great to see them grow as clinicians and be a part of their education.

Allison Goldstein-Winoker, L.C.S.W., class of 2005

The NYIPT program has provided me with psychotherapeutic skills that allow me to work more effectively with children and their caregivers. The workshops and seminars reinforced clinical techniques and prepared me to work as a confident child therapist. The supervision I received for the duration of the program was a tremendous source of guidance and support.

Nneka Njideka, L.M.S.W., class of 2005

As an NYIPT graduate, I have been able to shift the focus of my social work career from community organizing to clinical social work. It has given me the tools and knowledge I need to work with children of all

ages. I learned so much from the wonderful and supportive faculty (including terrific supervisors). NYIPT's model of using mental health agencies for clinical hours has enabled me to qualify for the L.C.S.W. I am forever grateful to NYIPT director Dr. Phyllis Cohen for her never-ending commitment to making NYIPT the highest quality program possible.

Debra Harris, L.C.S.W., JD, class of 2006

NYIPT is an extraordinary program. Candidates are provided with a wealth of knowledge and experience working in the field, putting the theories into practice. Candidates are also provided with experienced supervisors who offer guidance, knowledge, and understanding of the work. I would definitely recommend the program to others.

Donna Smith, L.M.S.W., 2008 graduating class

My first year at NYIPT was eventful, filled with manifold frustrations at the beginning and ultimately it came to a wonderful rewarding end. Working through my frustrations, struggling with believing that I made the right choice in my mission to become a child clinician was in itself part of my learning process. I am thankful to Mary Tirola and Ruth Price for being unfalteringly supportive, generous and understanding. I have learnt a tremendous amount from both and it is with their help that I can celebrate and reap the rewards of my 1st year's learning while already waiting impatiently for the learning to come in the next two years.

Irena Kenny, L.C.A.T., 1st Year Candidate

CANDIDATE SPEECH

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years – to my supervisors, my therapist, my teachers, my colleagues and my dear friends – the candidates - who have all helped me to begin to learn how to trust myself and develop a mind of my own. I wish all the new candidates and all those already in the program a rewarding path. Thank you very much.

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

I am forever grateful for the knowledge, and confidence I gained as a psychotherapist from my involvement in New Hope Guild, now NYIPT child program. None of it is more endearing to me than the guidance and mentoring I received from my third year supervisor, the late Dr Carol Brod. She was my third supervisor and I remained in supervision with her for several years after that. Through her I got my first private patient. She guided me through the process of what to do and say when you have a patient and no office space. She had such optimism about people, change, and life in general that she infected it into all those who came in contact with her. I was so anxious and confused about what to do at the time that I am quite positive it would not have happened at that time without her. That was thirteen years ago, and I have remained in private practice since then, still infected with her enthusiasm and her belief that there is a solution for every problem.

Winslow Carrington, L.C.S.W., class of 1994

In thinking about how the program has helped me grow as a child therapist the first thing that comes to mind are the many mentors whose voices I internalized over the years and continue to carry with me to my office every day. Even after so many years of practicing I often pause when I am working on a difficult case and wonder how Phyllis would respond in this type of situation, or Carole, or Maggie... My teachers and supervisors throughout my training were the cream of the crop, and I am forever indebted to them and to the program for allowing me to take from their wisdom and experience and hopefully apply it in the work I continue to do today with all my wonderful patients. I am proud to say I am a child therapist and that I graduated from the former New Hope Guild Training Program, now NYIPT.

Carrie Rappaport-Zaken, L.C.S.W., class of 1994

I am pleased to have the opportunity to express my appreciation for the excellent clinical training I received at NYIPT. My career has blossomed in ways I could never have imagined. I have specialized in working with children with severe trauma histories at a large city hospital in NYC. I have been afforded the opportunity

to train other clinicians and to be recognized by my supervisors as a valued resource regarding the clinical treatment of children and their families. I sincerely feel that NYIPT helped set me apart in terms of providing me with a sub-specialty that has served my career well. Thank you NYIPT! And thank you to all my teachers and colleagues as well!

Amy Weinstein, L.C.S.W., class of 2001

The study and practice of psychotherapy is a journey that never ends. The challenges to personal development and integrity are immense and the "good enough" mentoring that is a necessary part of that process is the most important aspect of what NYIPT does. If it were not for the wise, experienced and encouraging nature of the people who are the program, I would have not taken those first baby steps towards the practice of being a child therapist that continues today.

Edward Gold, L.M.S.W., class of 2003

After I graduated from the program, I was better able to handle children's problems. I was not guessing or trying to figure out what was going on in the child's mind. The program also helped me get in touch with my own feelings, and to understand myself and others. I am able to care for children better and therapy is becoming part of me in my daily interaction with others. I am always trying to help other professionals to get into the program to better the quality of service to our needy populations.

Guadalupe Avila, L.C.S.W., class of 2004

I was reminded very recently of the significance of being trained by a community of therapists whose passion for helping children and sharing their wealth of knowledge is uppermost in their hearts. Developing as a child therapist while working with a growing child is an amazing journey. When you continue to work with a child who was a training case, well beyond graduation, it is powerful and enriching. Only one month ago, all the supervision, teaching, workshops, and collaboration with fellow candidates came flooding back, as I watched the young 13-year-old girl with a

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