



The New York Institute for Psychotherapy Training

**NYIPT
TODAY**

Fall 2009
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FROM YOUR EXECUTIVE CO-DIRECTOR PHYLLIS COHEN, PH.D.

*Dear Friends of NYIPT,
As I hear about the many people who are facing financial hardship, I realize that the services that NYIPT provides are needed in our communities now more than ever. Due to the financial pressures that are being felt by many in our struggling economy, for the first time, we have decided to forego our Annual Fall Fundraiser, known as "A Night of Play." We hope that things will continue to improve and that our Board of Directors will plan an event for the Spring of 2010. If we do, we would like to see each of you at that time. In the meantime, we are hoping that you will support our efforts by sending in a donation in the enclosed envelope. Your generosity enables us to continue to run and expand our programs.*

Much research has shown that early intervention with emerging emotional and behavioral problems in childhood can change the course of a child's life, and can prevent more serious problems down the road. The excellent faculty and supervisors of NYIPT are teaching those who come in contact with troubled children and parents how to help youth overcome their challenges, and how to treat and prevent serious emotional and behavioral problems in children.

Throughout this issue of NYIPT TODAY, you will read about the wonderful work that the professionals of NYIPT are doing to further our mission "to improve the mental health services of needy children of all ages throughout New York City." Over the past year, our candidates have helped hundreds of school-age children and adolescents, and our graduates and faculty have run countless workshops and trainings for the benefit of the mental health of children from different backgrounds and their families.

In this issue, you will read what our recent graduates have to say about how NYIPT training has helped them become effective therapists with mothers, infants, children and adolescents (See article "From the Graduates, 2009"). You will read

interesting case studies that give an in-depth view of what goes on in child therapy, from a recent graduate (Jamillah Brown), from a past graduate (Susan Bolles), and from a supervisor (Simone Sternberg). In an article by a faculty member [Kim Kleinman] you will get insight into what's going on in the minds of young people who harm themselves, important information for people who work with adolescents. And, you will learn about some of the many NYIPT initiatives that are going on - how we are reaching out to the community at-large by offering training at a Charter School in Harlem, at the Brooklyn DA's Domestic Violence Program, and at NYC's Administration for Children's Services (ACS), providing training for those dealing with abandoned and abused children in foster care. These stories all illustrate the valuable work of NYIPT.

During the past year we lost two members of our community: Jeanette Levitt and Fern Cohen. Each of these women made generous contributions to our program, and to the field. Their contributions exemplify the heart of NYIPT's mission - to offer specialized training to therapists who work with children-at-risk, as well as their parents, teachers and others. As our program grows in scope and practice, we strive to fulfill our mission, and Jeanette's vision, as we graduate more and more therapists who are helping troubled children.

Help us honor the memory of Jeanette and Fern, as well as that of Micki Mc Cabe (see article), to continue their work, by supporting the NYIPT Program. Your contributions are greatly appreciated and will help us achieve our goals. I thank you in advance for supporting us.

Phyllis

Dr. Phyllis Cohen, Executive Co-Director, NYIPT

THE NEW YORK INSTITUTE FOR PSYCHOTHERAPY TRAINING

IN INFANCY, CHILDHOOD AND ADOLESCENCE

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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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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. We feel privileged to offer these services.

NYIPT'S PARTNERSHIP WITH THE OPPORTUNITY CHARTER SCHOOL

We are nearing the end of our three year commitment to offer training to the Clinical Department at The Opportunity Charter School in Harlem. In the coming year, Social Workers Rebecca Dickinson and Karina Nunez will be graduating from NYIPT. As a result of the training they received, Rebecca and Karina have implemented workshops at the school for teachers, parents and students. In addition, their large case loads have benefitted from their immersion into psychoanalytic therapy and technique as they have applied their newly learned skills to working with the most at-risk youth within the school. Kudos to School Director Leonard Goldberg, for his vision in bringing our programs together and to Karina and Rebecca for continuing their excellent work!

GRADUATION 2009

This year our graduation and holiday party was held on January 18, 2009. What a warm feeling we all had just being at the Jason Mc Coy Gallery and celebrating together. It made all our hard work and effort feel definitely worth it!

Even though the winter weather was not in our favor, we had a wonderful turnout. Our 3 graduates, Jamillah Brown, Ramona Cummings and Donna Smith, made us proud!

A special thanks to Karen Cadwalader and Jason Mc Coy for the use of the beautiful gallery, and to Gloria Malter and her committee for coordinating the event and bringing delicious food. We especially enjoyed the music played by Jane Buckwalter, Michelle Des Roches and Martha Siegel. It was the perfect background to a great evening.

For remarks by our graduates, please, see back cover.

NYIPT OFFERS TRAINING TO ACS WORKERS

Drs. Tracy Simon, Bill Salton and Phyllis Cohen as authors, trainers and representatives of NYIPT, have been in communication with the Administration for Children's Services to implement the Six-Module Training Curriculum "Understanding and Working With Runaway Teens" that they recently created. We have discussed the continued partnership and collaboration with ACS and NYIPT. Unfortunately, due to budgetary restraints, they will not be able to proceed with the formal training program at this time. Plans for NYIPT to participate in conferences and workshops for Foster Child Care Workers will be planned in the future.

NYIPT COLLABORATES WITH BROOKLYN DA'S PROJECT ON DOMESTIC VIOLENCE SPECIAL VICTIMS UNIT

On June 4th, 2009, NYIPT Board Member Annette Mont, and Phyllis Cohen, met with Wanda Lucibello, Chief Prosecutor and Sara McGraths, Social Work Director, at the Brooklyn Family Center, Victim Services Unit, in the Office of the Brooklyn DA. We toured the comprehensive services facility for families affected by domestic abuse.

We were most impressed by the staff's recognition of the impact of the trauma of abuse on the victims as well as their attempts to reach out and help these families in such a multidisciplinary way. The creative energy of professionals from different disciplines working together was impressive.

On Oct. 13, 2009, NYIPT will present a workshop on how to help children and families who have been impacted by trauma and abuse, for professionals from probation, NYPD, clergy, lawyers, counselors, social workers, and others). We hope that this will be the beginning of a longstanding collaboration between NYIPT and the Brooklyn DA's office.

FERN COHEN, *IN MEMORIAM*

On May 16, 2009 NYIPT lost a valued teacher and supervisor. When Dr. Fern Cohen was well, everyone who had the good fortune to have had her as a supervisor or teacher loved her and learned a great deal from her. She was an active and generous participant in helping develop our program during her years with us.

Dr. Cohen's 2007 memoir, From Both Sides of the Couch, is a testament to her intense love of her family, her love of music, tennis, her analyst, Freud and psychoanalysis. She also shared with us her beautifully written, award-winning essay, "Attachment Is Where You Find It," which was published in our NYIPT TODAY Newsletter. You can find this well-worth-reading piece on our website at www.nyipt.org/newsletter.html (go to 2005, p. 23 -scroll down to view the page).

Fern's passing reminds us that we cannot take life for granted, and we MUST make a special effort to keep in touch with and visit those who have been stricken with serious health issues or other losses.

Fern was lovely and smart, and we will miss her very much. Fern struggled with cancer for many years. She leaves behind a grieving husband, children and grandchildren. Life is so fragile.

NYIPT RECEIVES GIFT IN MEMORY OF MICKI McCABE

Our thanks go to Allan Friedman, husband of the late Frances "Micki" McCabe, for naming NYIPT among the beneficiaries of funds donated in memory of his wife.

Micki McCabe was a psychoanalyst and psychotherapist who had a strong and long-standing commitment to the training of young professionals, especially those working in programs serving underprivileged children. She was a graduate of and an adjunct at Fordham University's social work program and she graduated from Psychoanalytical Institute for Clinical Social Work. Until her death in October, 2008, she was in private practice in New York City.

Micki's connection to NYIPT came through her commitment to lifelong learning and professional development. She was a highly valued member of an ongoing clinical seminar with Dr. Fred Pine, a group that included NYIPT Board member, Robin Ashman, and Dean of Students, Mary Tirolo. Micki was a skilled

clinician, and a person of intelligence and compassion. Our condolences go to her family and friends, as well as our thanks for their generosity. She will be deeply missed.

NEWS FROM OUR GRADUATE SOCIETY

On April 26, 2009 the NYIPT/New Hope Graduate Society sponsored a workshop by NYIPT faculty member, Kim Kleinman, entitled, "Self Harming Behaviors: How To Shift An Adolescent Towards 'Making It Better,'" She described the dynamics of grandiose and magical thinking that underlie self-harming behavior, and underscored the need for the therapist to pay extra attention to the therapeutic alliance.

Ms. Kleinman spoke about how self destructive behaviors are a sadomasochistic response to inner conflict. She addressed the difference between an "open and closed system" of self-regulation, an idea put forth by the Novicks. Understanding how to promote an open system, as well as how sadomasochism develops are important concepts for therapists who work with teens who harm themselves.

Kleinman discussed how self-destructive behavior is triggered when an adolescent fails to establish peer relationships. This is particularly dangerous for adolescents who have been abused, because they need to have friends while they are coping with the feeling of loss that the work of adolescent development engenders.

Everyone who attended this workshop came away from it with a better understanding of how to work with very troubled adolescents (and their parents), both in a clinic setting as well as in private practice.

THOUGHTS AND REACTIONS TO FERN'S PASSING FROM SOME FORMER NYIPT STUDENTS

FERN COHEN:

...an intelligent teacher who made learning fun.

...she had a calmness that seemed to transcend time.

...I'm thankful to have learned with her.

...I will remember her gentle way of being.

...I'm grateful for those wonderful classes from 2001-2002, learning from her solid wisdom.

WHEN TRAUMA IS TRANSMITTED ACROSS GENERATIONS THE 2009 JIM RUNSDORF MEMORIAL LECTURE PHYLLIS COHEN, PH.D.

This year our Annual Jim Runsdorf Memorial Lecture was held on April 23 2009 at The Gateway School. The lecture, "When Trauma Is Transmitted Across Generations," was very well attended. Two authors reflected on how they were affected by their parents' experience of trauma, and a psychologist and trauma specialist responded.

Our speakers were: Carol Ascher, the American-born daughter of parents who fled Nazi anti-Semitism from Germany and Austria. Carol spoke about her book: *Afterimages: A Family Memoir*; and, Marnie Mueller, who was born during World War II in the Tule Lake Japanese-American Segregation Camp. Marnie recalled memories from her childhood, as described in her novel, *Climate of the Country*. Dr. Robert Broad, a psychologist, reflected on Carol and Marnie's remarks. Dr. Robert Broad is a training analyst at the Training Institute for Mental Health and practices psychoanalysis and psychotherapy in New York City and Westport, CT. He is certified in EMDR, a treatment for trauma. Dr. Broad is an expert in the treatment of trauma and spoke about the multigenerational transmission of trauma.

All those who attended the lecture gained an understanding of how one generation's trauma can be passed onto the next generation. We were happy to welcome therapists as well as non-therapists to our meeting!



Marnie Mueller, Dr. Robert Broad, Carol Ascher
Photo by Diane Tepper, Fine Art Photographer

EXCERPTS FROM CAROL ASCHER

Carol Ascher explained that much of her fiction and nonfiction has explored both the trauma of the refugee experience and aspects of the psychoanalytic movement. Her Viennese father, Paul Bergmann, had entered the Vienna Psychoanalytic Institute to become a psychoanalytic pedagogue, a little known movement of the interwar years. Having fled Austria soon after the Anschluss, he was in England, acting as a counselor for children arriving on the Kindertransport when he met her mother, Ellen Ascher, a refugee from Berlin. After four years of wandering, the family settled in Topeka, Kansas, where her father and other Jewish refugees from Central Europe found work as analysts and therapists at the Menninger Foundation.

What seemed to matter in her parents' home were desperate efforts at survival and their heroic attempts to make the world a safer and more just place.

Carol offered several anecdotes to illustrate the transmission of trauma in her family home. She described her parents' connection to German thinking in their private longing and high culture that were evident in her home. What seemed to matter in her parents' home were desperate efforts at survival and their heroic attempts to make the world a safer and more just place. Carol had difficulty recognizing her own needs and in taking satisfaction in small pleasures and successes.

Carol read segments from *Afterimages* and from another of her books, *The Flood* (which fictionalizes her childhood in Topeka), to show moments when she and her protagonist, ten-year-old Eva, resisted their parents' past from swamping their childhood. For example, in *The Flood*, while Eva's mother brings clothing and sheets to families who have lost their homes to flooding, Eva senses her mother's over-identification and tries helplessly

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WHEN TRAUMA IS TRANSMITTED ACROSS GENERATIONS

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to distinguish between the flooding river in Kansas and the situation with the Nazis. Similarly, Carol read a scene from *Afterimages* that depicts a painful moment when she and her sister present to their parents airline tickets to Europe, purchased especially so that their parents can return to visit their native cities. Their father, still too traumatized, tells them to return the tickets.

EXCERPTS FROM MARNIE MUELLER

*Marnie Mueller used the story of writing her novel, *The Climate of the Country*, as a device to illustrate the transmission of trauma and psychological repercussions of being born in the Tule Lake Japanese American Segregation Camp during World War II. She became the first Caucasian born in the camp because her father, a declared conscientious objector, and her mother, a teacher, had elected to work there, as they said, "to make an intolerable situation tolerable" for the incarcerated Japanese Americans.*

Marnie described being met by an incredulous silence, as a child, after leaving the camp, when she told people where she had been born. This silence continued through high school and the university where she found that there was never a mention of the camps in any history book or course that she took.

The silence and disbelief of individuals and of her country about a crucial fact of her early life caused Marnie deep shame and humiliation, and she developed a need to create a more palatable "all American" persona to present to the world.

The writing of her novel, which loosely told the story of her parents' experience working in the Tule Lake Camp, was Marnie's effort to discover her long denied self and history. It was an arduous and painful journey, but one that uncovered, through extensive research in the National Archives and at the University of California, Berkeley, the fact that her father was seen as a hero to many in the camp, and as one correspondent wrote, "the one Caucasian in the camp that we can trust."

Marnie learned that there were fissures in her parent's marriage that were exacerbated by the volatility and violence in Tule Lake. It was this latter revelation — the illustration of the convergence of

political/historical tragedy and individual/familial fragilities—that helped her to see the complex impact of traumatic history on the human psyche, and how her own parents' choices and actions, no matter how valiant, were passed on to her with unintended consequences.

COMMENTS FROM DR. ROBERT BROAD

After hearing the interesting presentations by Carol Ascher and Marnie Mueller, Dr. Broad spoke about how early trauma gets frozen in the right hemisphere of the brain. He said people need to learn skills to bear even a single traumatic event, let alone multiple repetitions of trauma. Also, he explained, when someone who has suffered trauma encounters a later experience that has an analogous element, it will throw the person back to experiencing the feelings associated with the original trauma.

in both families, there was a conspiracy of silence...it blocks the processing of the difficult memories and makes it very difficult for a child to make sense of what happened.

Dr. Broad discussed how their developmental histories got processed within their family units. In both families, there was a conspiracy of silence. Dr. Broad explained how silence blocks the processing of the painful memories, and this makes it very difficult for a child to make sense of what happened.

Dr. Broad spoke about trauma and how therapy can help people who have suffered from transmitted trauma as well as direct trauma. If a person is in a state of disorganization and cannot regulate their emotions, they need a holding environment which can be provided by a supportive and connected relationship with a therapist. In cases of severe trauma, some patients first need "affect management" or "anger management," before psychoanalysis or insight therapy can help. Once their emotions are being worked with, then the deeper, analytic work can begin. Dr. Broad said he does EMDR with people who have suffered different types of traumas to help them with self-regulation and other affect management.

OPEN HOUSE 2009

JAMILLAH BROWN AND TRACY SIMON PSY.D.

On May 4, 2009, NYIPT recent graduate Jamillah Brown presented a child therapy case at an Open House to recruit new candidates to the NYIPT Program.

Dr. Tracy Simon offered live supervision from a psychoanalytic perspective.

Ms. Brown was engaging, insightful, humorous and incredibly intelligent. Everyone in the audience was impressed and had a chance to admire what a wonderful clinician she has become.

The Client:

M is a 10-year old biracial boy with long dusty hair. He was referred to play therapy by his pediatrician due to hyperactivity and difficulty managing his anger. M is an only child, from an intact, middle income family. M is a lively, friendly, likable child who is easy to engage and eager to play. When asked why he was coming to therapy he said because his anger was like a volcano that explodes in ways he cannot control.

Presenting Problem:

M was exhibiting increasingly explosive temper tantrums at home for two years. He had difficulty sleeping at nights and would get into conflicts with his mother over waking up, dressing, eating and getting to school on time. M was described as being irritable, argumentative, and combative at home. In school he was easily distracted and unable to focus. Despite his distractibility, M was capable of establishing friendships in school.

M's parents have a long history of explosive arguments and outbursts that M has overheard and witnessed. M would make attempts to be the go-between his parents. M would scold and reprimand his father and he'd often advise his mother on how she should act.

M's parents were keenly aware that their ongoing conflicted relationship was negatively impacting M.

Family History:

There is a history of alcoholism on both sides, and one of M's grandparents committed suicide a few years after losing a spouse. M's father had been informally diagnosed with Intermittent Explosive disorder. His mother has been on disability for seventeen years due to fibromyalgia. She suffers from chronic depression and has had two psychiatric hospitalizations. In 1995, she was diagnosed with bipolar disorder has been stabilized on medication. Neither parent attends

therapy. M's dad resents that his wife is unable to work, and M's mom feels unsupported by her husband for not being actively involved in parenting his son.

The Therapy:

Ms. Brown described the course of her three year treatment with M. In the beginning of treatment, she was most concerned about M's relationship with his parents and his unhealthy role in the family. In parent collateral sessions, Ms. Brown helped M's mother understand how her conflicts of being separated from her son often undermined her attempts to set limits with him and often resulted in the battles she found so anxiety-provoking. Ms. Brown helped M's father see that he was modeling hostile-aggressive behavior as an unhealthy means of coping with conflict. Ms. Brown worked on providing support to M's mother by delicately acknowledging and giving a voice to some of her fears. The collateral parent relationship was developed by frequent individual and joint sessions with both parents.

M's playing style demonstrated that he was smart, strategic, witty and quite savvy. [In play] he would mostly win "at all costs,"

By the end of M's therapy, his father was able to recognize that his support and involvement was needed and, from time to time, he began to assist in the mornings which helped to reduce his wife's anxiety and the frequency of the morning frenzy. The parents' communication improved over time and this eventually resulted in them advocating for their. M went through extensive evaluations, and collaborative team teaching classes were recommended for the next year in a new school.

Throughout most of M's play therapy, he played board games. His playing style demonstrated that he

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OPEN HOUSE 2009

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was smart, strategic, witty and quite savvy. He would mostly win “at all costs,” and he celebrated his victories with excitement; however, the times in which it appeared that he was losing, he displayed a pervasive need to win and he “cheated” incessantly without remorse. He needed to maintain the fantasy of always being the victor. To not win seemed to completely deflate his self-esteem to the point of tears.

Ms. Brown came to understand that M was working through his conflicts through his “cheating,” and that it was important for her to allow it. She participated in this process by telling M how she had been made to feel in the play, modeling for M a more effective, healthy means of communicating feelings of fear, insecurity and sadness without anger, hostility or cheating. Over time, Ms. Brown was able to help M strengthen his frail self-esteem and also to help the family lessen the inappropriate role-reversal of M negotiating his parent’s conflicts. She helped them advocate and protect their son. By the end of the three year treatment, M was less distractible and angry, and he was better able to verbalize his feelings.

Live Supervision with Tracy Simon, Psy.D.

Following Ms. Brown’s child therapy case presentation, Dr. Simon praised Ms. Brown’s thoughtful and insightful work with M. Dr. Simon discussed the impact on M of the family’s history of trauma, alcoholism and mental illness. Both of M’s parents had coped with their anxieties via alcoholism, learned and passed down by their own parents, thereby not allowing either parent to develop healthy, effective means of communicating or coping with negative emotions.

M’s initial reason for referral of tantrums, distractibility and conflict at home highlighted his protest against the unfortunate role his parents had thrust him into of having to manage the emotions that each parent could not.

Although M’s parents became sober when he was born, they were ill-equipped to manage the struggles and anxieties of raising a child, and eventually the couple deteriorated into blame and resentment. M’s father became withdrawn and angry,

and his mother became ill and unable to separate from her son. M’s initial reason for referral: of tantrums, distractibility and conflict at home, highlighted his protest against the role his parents had thrust him into of having to manage the emotions that each parent could not. This was an inappropriate role for a 7-year-old and led the whole family to pursue getting help.

Over the course of M’s therapy, Ms. Brown did excellent work helping the mother manage her anxiety around allowing M to separate, and to realign with his father as a solid parental figure, allowing M’s father to take on a more involved, parental role, in contrast to his withdrawal or response with anger. As M’s parents developed confidence, security and support as co-parents, the parental unit strengthened, and the parents were able to see the negative impact of their long-standing parental discord on M and improve it.

Via the treatment, it also became clear that M was struggling academically and needed more resources and support. The emotional and academic shifts that occurred for M over the three years of therapy illustrate Ms. Brown’s clinical skills. As M’s confidence increased, his tantrums and distractibility decreased. He was placed in an appropriate school setting and was able to focus on school and friends, instead of mediating between his parents. The parent’s marital relationship improved and so did their confidence and capacity to advocate for their son.



Jamillah Brown, Dr. Tracy Simon, and NYIPT candidate, Rachel Randolf

THE MAGIC YEARS AND THE MYTHIC CHILD

SIMONE STERNBERG, ED.D.

The following article is written by NYIPT faculty and supervisor, Dr. Simone Sternberg, and is dedicated to Jeanette Levitt who would have loved it.

Clinicians have long written about magic, myth, fantasy and reality and how they pertain to childhood. I will refer to several important concepts, and then I will describe a case that will serve as an example.

Selma Fraiberg, in *"The Magic Years,"* viewed a child's first six years as the magic ones for the child who is nurtured, loved, sheltered, and able to give free reign to imagination, play and fantasy. The advent of school and societal expectations can rudely intervene, as the child needs to cope with realities imposed by others. Unfortunately some children don't have the luxury of magic years, sometimes raised in the cauldrons of poverty, drug and alcohol addiction, imprisoned parents, absent fathers, abuse and death.

Some of our master teachers have given us ways to think about what children go through. Ernst Kris wrote how a "Personal Myth" can be erected defensively, grandiosely, and at times, pathologically. Annie Reich wrote about how children learn to evaluate their potentialities and accept their limitations, and how they sometimes develop pathologic self-esteem regulation. Joyce McDougall, in *"Plea for a Measure of Abnormality"* and *"Theatres of the Mind,"* looks at the non-normal, the paranormal and the creative potentials of the self in contradistinction to the "normal" status quo. Charlotte Schwartz wrote about grandiosity and reality in *"Oedipal Myths and Fantasies,"* and I have examined some of these issues in my paper, "The Fairy Godmother and the Wicked Witch of the West."

D.W. Winnicott wrote about the "True Self" and "False Self," and the idea of "Transitional Space," in *"Playing and Reality."* In the transitional space, play and therapeutic actions and interactions enable various parts of the self to come to the fore. The child is the playwright, director and actor in his play.

Historically, fairy tales, folk tales and myths would aid and abet the fantasy lives of children through literature, but in modern culture, this happens through film, television and video games.

To illustrate some of these ideas, I'll write about Johnny, a nine-year-old boy, in therapy with a talented, empathic therapist who is in supervision with me.

Case Example:

Johnny is a tall, good looking 9-year-old boy who was born in this country. He comes from a Central American family who are very attached to their culture, language and values. His maternal grandmother lives in the "old country," and expects him to come back to choose a bride. He is already anticipating the search for this chosen one to whom he will teach English. Johnny was mandated for therapy due to problems at school, including, distractibility, ADHD, and panic attacks.

Johnny is the middle child from an intact family, with an older and younger sister. While his father is caring and attentive to his son, he is often not around, and when he is, he has a macho persona and appearance. There is always an implicit pressure on Johnny to be the "man" of the family, the macho son.

In some ways Johnny lives in a clash of cultures – from a close-knit Hispanic family at home, and an American on the street and at school. There are many differences between these cultures, with differing expectations, styles of child rearing, family dynamics, and social milieu that all impact this family. Johnny is in the midst of forming his identity, gender-wise and self. He has recently been preoccupied with bad things that can happen, having fallen on ice a few months ago, breaking an arm and a leg.

Johnny is a gifted artist and produces intricate and evocative drawings in comic book style, with himself as Super Hero. In his art, Johnny works through many of his conflicts. He is sometimes identified as "Johnny Spectro," (short for Inspector with perhaps a link to his Spanish language), and as "Johnny Lightening." [Of note: in Navajo myth, the Warrior is often depicted with bolts of Lightening in his hands. Lightening can destroy the enemy, but can also enlighten and throw some light on the subject.]

Johnny's sisters and friends appear in his drawings with special powers. One friend becomes "Firefly," so she can have the power of fire and to fly, perhaps akin to his "Lightening" persona. Another

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THE MAGIC YEARS AND THE MYTHIC CHILD

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becomes "TeleTiff" with telepathic powers who can read people's minds. The TeleTiff uses these gifts to fight crime and to help people. [This is a way that he depicts his therapist].

Johnny brings some of his drawings to therapy and the therapist asks him to tell stories about the pictures which the therapist writes down and discusses with Johnny. In these drawings and stories he has created different worlds, differing "realities." Through the stories, drawings, and their work together, Johnny has become better able to understand some of his aggression, conflicts, fears and dreams. This work in play therapy is akin to dream interpretation; it elicits much creativity on the parts of both the child and his therapist.

Through this work in therapy, Johnny is learning to take pleasure in his talent. Over time he has become

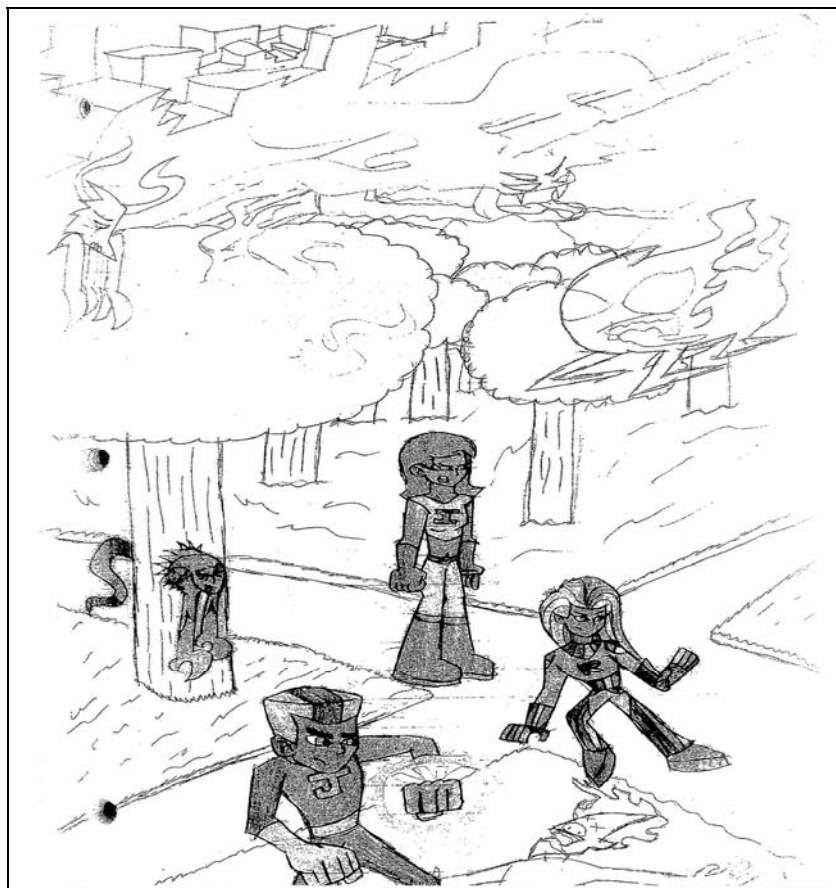
a very accomplished artist, particularly for a child of nine. Johnny is learning that by sharing his fantasies, stories and creativity with his therapist, he can come to know what is in his mind, and this will not only enrich his life but will also give him new choices. Johnny has learned that the different Johnny personas can work together as a team to enhance himself and not be destructive. Through working in his therapy, Johnny has become more at ease in his different worlds and is becoming a more intact self.

My special thanks to Melba Vilar, my supervisee who is working so effectively and caringly with Johnny.

Simone Sternberg, Ed.D

NOTE: References for this article may be found on our website www.nyipt.org

In the drawing below, we can see fierce Johnny, two female teammates, a vanquished foe underfoot, and another in a tree. There is a whole world in the sky, with buildings, clouds, and airborne entities.



CHILD THERAPY AND DIVORCE

SUSAN BOLLES, L.C.S.W.

Susan Bolles is a graduate of NYIPT

Parents who feel frustrated and helpless with their children come to therapy for all kinds of reasons. It may be that the child's behavior is upsetting to his/her parents or teachers, or that he/she is having difficulty in interactions with other children. Frequently, parents in the midst of conflict and divorce find their child acting out with behaviors they have not seen before. They are grappling with feelings of loss and betrayal, financial concerns and the uprooting of the family, and when their children begin to show signs of distress, it can feel overwhelming. When they bring their child to therapy, they may not have an idea of how or why child therapy works, especially the use of play.

Since graduating from the NYIPT program four years ago, I have had the opportunity to work with many families in the midst of marital conflict and divorce. While it has been extremely challenging at times, it has pushed me to examine my own countertransference and biases, and to try to step into the shoes of each parent as well as the inner world of the child, all of which can be done as a play therapist.

When children are dealing with change and the loss of their family as they have known it; they need space, time, acceptance and reassurance. They need to know that what they are thinking and feeling will be tolerated, understood, and valued within a caring relationship.

People new to child therapy may ask, how can play therapy help? How can anything help if the children don't talk about what they are feeling? When children are dealing with change and the loss of their family as they have known it; they need space, time, acceptance and reassurance, They need to know that what they are thinking and feeling will be tolerated, understood, and valued within a caring relationship, and that they will not be used by one parent to hurt the other. The child therapy room can be a safe place at a time when nothing else is predictable.

As a child therapist, my challenge has been to maintain balance between two parents who are usually so hurt and angry that they cannot see or control their

behavior that is having a damaging impact on their child. Because communication has usually broken down, the child often becomes the direct or indirect target of frustration and anger by the other parent. Inflexibility around daily scheduling and special events, decisions around schooling, vacations and camp all become points of conflict. Children often feel they are to blame and become terrified by the fear that they can hurt one or the other parent with their feelings of desire and anger.

Children who are going through upset and conflict leading up to divorce may see their parents' inability to maintain their relationship as a signal that their parents might also give up on them. A child can often feel he or she is to blame for the parents' troubled relationship, and in an attempt to defend against these feelings can fantasize about "parental greatness" in one parent or other, or imagine that one day the parents will be reunited.

Case Example:

Seven-year-old Jack was brought to therapy during an extremely turbulent time. His parents were in the midst of a difficult separation. They were still living together in one house, the tension was thick, and it was clear this child was absorbing it all.

Jack very rarely spoke during the many months I worked with him. He worked intensely, however, in my sand tray, meticulously arranging battle scenes with rigid plastic army figures representing the two sides, "black" and "gray." The only time Jack would talk to me during our early work together was to direct me to hand him the correct color soldiers for the battle he was enacting. At first, Jack was not willing to let me engage in interactive play with him; he needed to tightly control the whole battle scene.

At this time Jack's behavior was deteriorating. He could barely stay in his seat in school, and his teachers reported quacking noises and odd behavior that alienated him from the other children. As the parental battles raged and intensified with a court date announced, Jack became almost like a Jack-in-the-Box. He could not be contained in his small classroom and

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CHILD THERAPY AND DIVORCE

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had to remain home since he was at risk of hurting himself or someone else with his sudden, impulsive moves

In Jack's therapy session, week after week he played out his parent' battle, with a rigid battle script. His soldiers never stopped to rest, eat or play, and there was no mercy as both sides dodged the others' explosive fire. While the play continued, I met with the parents, separately, as neither was willing to be in the company of the other. Each parent was determined to show they were the better parent. I was bombarded with documentation of every move this child made in the service of each parent's story. I was feeling overwhelmed, and I had no doubt about what Jack was defending against and why he needed complete control of his battle-play in his sessions.

Gradually, as Jack began to trust me, he would instruct me to set up one side or the other, correcting my placement each time but allowing me into his space. If I would try to comment on the play or ask a question, I was still met with silence. Jack continued to battle intently, He began to banter with the soldiers while playing the General. He also started giving me instructions on how to survive in this treacherous environment.

After almost two years, it was as if Jack came up for air after being immersed in his parents' battle and his own internal battleground and devastated minefield.

Jack's play has been a vehicle, as well as a reflection of, his emotional growth. As the battle scenes came and went, there began to appear other expanded signs of life. The sand tray opened up to water and trees, and the rigid clone-like plastic soldiers were replaced with individualized characters. After almost two years, it was as if Jack came up for air after being immersed in his parents' battle and his own internal battleground and devastated minefield. Soon Jack began to move out of the sand tray and onto the table, using the whole playroom, building with Lego's that reflected the building of his ego and renewed growth and development. He began to function better in a new school, and he began to make friends.

Today, Jack has progressed from being a boy

walled off in his internal world of battle, to being more present in the larger world and in relationships with others. He has become more accessible for learning. Recently, as he was playing with the sand tray, I told him I thought that his play must really feel good to him because here he can control everything, not like the battle that continues to rage between his mom and dad (still ongoing after many years). "Maybe sometimes it's just too painful to talk about things," I said. Jack shared with me that at times he didn't know how to talk about what he felt, but then he told me how angry he was feeling at his Dad for pressuring him, and he spoke about his worry over what would happen if he told his Dad his feelings and then Dad's feelings would be hurt. I knew we had come a long way.

...non verbal play in the context of a therapeutic relationship allowed him to release anger, express sadness and conflict, explore possibilities and try out new behaviors

For Jack, non verbal play in the context of a therapeutic relationship allowed him to release anger, express sadness and conflict, explore possibilities and try out new behaviors without fear that either parent would retaliate or be destroyed by what he felt or imagined. For children of families in the midst of conflict, trust and safety can take time to establish. As a therapist I have found that I must be patient, steady, and open to seeing and hearing whatever the child brings to the play. I trust that by providing an open, accepting environment, the child will let his feelings and needs unfold in his own time.

While the stability of Jack's inner and outer world has exploded in the session battles, he is now seeking new ground, reformulating his inner world, and discovering how to live in newly changed, unfamiliar terrain. By attending play therapy and within a therapeutic relationship, this may be one of the few places a child who is in the midst of conflict can eventually come to feel safe, and have his own emotional space to within which to grow and flourish.

NOTE: References for this article may be found on our website www.nyipt.org

SOME THOUGHTS ON WORKING WITH SELF-DESTRUCTIVE ADOLESCENTS

KIMBERLY KLEINMAN, L.C.S.W.

Kim Kleinman is an NYIPT faculty member and supervisor

As helping professionals we want to be empathic and helpful. But we often wind up feeling so powerless with some patients, perhaps invisible, especially with patients who seem to be self-destructive. Why is that?

People who are attracted to painful, self-destructive behaviors live in a foreign world, and when they come into therapy with us, there is no platform for exchange. We can only build a platform by finding a common language in which to communicate.

As therapists we want to understand and find ways to think about what's going on in our patients' minds. This seems meaningless to some of the people who come to us. They want solutions, answers, unquestioning agreement, or they need to act-out and make us feel some of what they may be feeling. .

The sadomasochistic person hears pain, feels pain, thinks pain. Or nothingness. They come to us to get rid of all the bad feelings they have. They want a place to dump their bad feelings. Our efforts to empathize and talk seem weak and ineffective. They want to experience something powerful, like the powerful, albeit negative, experiences they had as children, that evoked big feelings. I can imagine that coming to a therapist after years of family sado-masochistic interactions is a little like walking into a normally lit room after being in the blinding sun. It seems dark, but only because the sun was so bright.

We have ample evidence that adolescents who hurt themselves, through whatever method, were involved with parents who related to their children in a primitive manner. Picture a mother who deliberately provokes a child to be scared by saying she's going to leave, and she justifies her behavior by saying it feels good to feel wanted. Picture a scenario where a parent provokes a big feeling, like anger, or sadness, and then laughs. This parent seeks the child's reaction because it helps the parent feel real, connected and (falsely) effectual. The insecure parent's laugh may be an indication of relief, like, "Thank God, I must really exist, because I can cause this big reaction."

Now picture this same parent being either turned off, or turning away from a toddler's budding

independence or competence. This parent cannot imagine enjoying the child's competence or feeling empathy at the child's struggles and frustration. These parents connect through intrusive care, criticism, or dramatic enactments of their own abuse. In this scenario, there is pain related to connection, or loneliness and deadness.

A number of years ago I worked in a school, in special education. At first I wondered why so many teachers screamed in the classroom, and why they said so many harsh things to their students. I worked with a large number of boys in groups. The boys would find extraordinary ways of finding the wrong thing to do. Climbing up on chairs, throwing things around, running around the school when I was escorting them to the consultation room, making lots of noise, talking about sexual matters in a way that was meant to provoke or embarrass me. In the first couple of years I, too, became hoarse in the first month of every year, raising my voice while telling the boys what they already knew: "It's time to sit, time to talk, time to keep it down..."

In order to achieve a dialogue in treatment, it is crucial that therapist and patient speak the same language. The first part of treatment with people who are self-destructive consists of demonstrating the differences between the language of being hurt and hurting someone and the language of mutuality.

As I got to know the boys, I learned to wait for them to notice me. I would silently walk them down the hallway, ignoring their provocations, quietly preventing them from piling three chairs up so that they could get a paper airplane off a ceiling light fixture. There would usually be a lull, as if they were peeking at me and asking what did I think of all of this? I developed a speech to say to them. "I know how to yell. Did they like it when their teachers yelled? Did their parents yell? Did they like it? Would they like me to yell?" If someone joked, "Yes," I would demonstrate that I knew

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SOME THOUGHTS ON WORKING WITH SELF-DESTRUCTIVE ADOLESCENTS

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how. That usually got a laugh. I said, "I don't want to yell at you." I wanted to see if there was some way I could help them to reach some positive goals. What did they want? What did they want to do? Become a baseball player? Get out of school? How could we reach any of their goals by working together?

People who are living in a primitive or archaic relational matrix are living in a jungle. They live with the thought, kill or be killed, attack or be attacked. If you aren't attacking, you must be weak. Your "niceness" can be thought of as weakness. In a way, niceness *is* an acceptance of human weakness. Allowing oneself to be receptive and open comes not only from a sense of safety, but from an acceptance that there are dangers in the world that cannot be defended against or controlled. A constant defensive position not only does not work to prevent danger, it prevents true connection and the possibility for mature competent functioning.

The special ed boys I worked with would cheat at Uno games, and they'd laugh when I lost. I would say "I must seem so stupid to you. When I let myself lose, I must seem so weak to you. But, you must be afraid to find out if you will really win or lose, so that's why you have to cheat. Losing feels terrible, as if there is something wrong with you if you lose." You can probably imagine that it caused a lot of cognitive dissonance for these boys to hear that they were afraid. This was something that they had never considered.

In order to achieve a dialogue in treatment, it is crucial that therapist and patient speak the same language. The first part of treatment with people who are self-destructive consists of demonstrating the differences between the language of being hurt and hurting someone and the language of mutuality.

One of the clinicians who attended my talk at the Graduate Society gave a great example of a young woman who wanted to be someone special. When her therapist asked what steps she was taking to reach her goals' she felt attacked. Helping this young woman understand that she and her therapist were on the same side would require a shift towards speaking the same language. Once a common language can be developed, the dialogue can begin.

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DONNA SMITH

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understand that she needed to tell her story in her own words, that I did not want to know her from what was written about her on paper from previous therapists. Once I relayed this to her, we made eye contact and began to smile together, and after that we had many very good sessions.

One time this same client was having difficulty telling me her story and we were able to utilize chess pieces to help identify characters and their positions in relation to each other. Who would imagine that chess pieces would be helpful to give me a better understanding of what Sharon had to say?

During the college application process and at the time of Sharon's actual departure, I really needed help to process what was going on. My supervisor explained that because we had become so close, I was feeling like I needed to go help Sharon pack up and even take her to the airport! We each had to learn to let go, and I know that this was a personal growth experience for both of us.

Throughout the program I have had great supervisors who have all helped me process what was going on with my clients. I think it is an excellent idea to have different supervisors each year because each one gives you a different perspective. I had the pleasure of having the late Jeanette Levitt as my first supervisor. She was extremely knowledgeable and she knew the work of therapy very well. For those who did not have the opportunity to have had Jeanette as a supervisor, you truly missed out on a wonderful experience.

All in all, NYIPT has been a wonderful experience, even though I went through many challenges while going through the program. Travelling to classes and getting to the clinic was a bit difficult for me, and the fact that my primary job was very demanding made it difficult as well. But the biggest challenge that I overcame was in developing the ability to change hats from being an ACS Administrative employee to that of being in the role of a child therapist.

My future plans include continuing with the practice of therapy in a clinic setting, and eventually venturing into my own practice, working with adolescents as my primary focus. My training at NYIPT has prepared me to reach my goal.

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JAMILLAH BROWN *(continued)*

yet looking into my future... In my challenging and obscure clinical moments, I hear Dr. Ring saying "J, you're a great clinician, you just don't know it yet."

To my Second-Year Supervisor, Marilyn Rifkin: You pushed me beyond my comfort zone. It was uncomfortable, and in the moment it was difficult, but today I say "Thank-you." You challenged me to look beyond the concrete and the obvious. As a more experienced clinician, I like to say that I developed a "third-eye," especially in my full-time work.

To Mary Tirolo: Although you are my current supervisor, I refuse to let go of you. I have to admit that I had my eye on you since the initial workshop you taught in our first year. I consider myself privileged to have had you as a supervisor. You have a way of taking the most complicated, challenging case, and opening my understanding to the psychoanalytical underpinnings, and then handing it back to me to process and proceed. I know that with Mary as my ongoing supervisor I'll be able to take-on the most difficult assignments.

To Mr. Nolan Marks: Thank-you for your unconditional support throughout the program. Thanks for fitting me into your schedule and making yourself available to take me and pick me up from Park Slope Clinic; thank-you for those personally prepared meals on those very hectic days.

And finally, to Susan Caputo, the Director at my clinical placement. Thanks, for your tireless and continued support. You're always reaching out to assist and help in any way you can. I remember when I needed additional help with treatment planning, and you made an effort to personally provide me with that support.

Thank you all, for your help and encouragement in getting me to this wonderful place.

RAMONA CUMMINGS

I'm happy to be in this position, to thank everyone who helped me get here. I enrolled in NYIPT as a social worker with no experience working with children. The

program laid a strong foundation for me.

The NYIPT faculty and supervisors have a wealth of experience, and they are inspiring and passionate about helping children and parents. Being surrounded by faculty and colleagues who share a similar interest and have passion for the work has been infectious- it made me want to learn more. As a result of the program, I feel like I have become a more confident and experienced child therapist. It hasn't been easy along the way, but I'm really glad that I did it! Thank you NYIPT!

DONNA SMITH

When I think about NYIPT, I realize that I had a remarkable and rewarding experience going through the program. NYIPT offered me the opportunity to be in a learning environment with kind, caring and concerned instructors. The faculty's consistent involvement helped me stay focused and on track, and the classes were all rewarding with great readings, even though they were a lot!

My favorite class was Dr. Grand's on "Psychopathology of Childhood." She taught me how to do an assessment, incorporating many factors of the client's development into it. I also loved Ms. Kleinman's class on adolescent development. It was very helpful to learn about the different phases of development, and where the kids I work with should be.

While I was in the program I had a great experience working at Park Slope Center For Mental Health, as a therapist in training. It gave me the opportunity to incorporate theory into my practice.

One of my most interesting cases while I was in the program was a 17-year-old girl, Sharon, whom I worked with for 2 years, until she eventually went off to college. In our initial meeting it was rough because I was probably her 3rd or 4th therapist. When Sharon came into the session, she wouldn't talk. When I asked her questions, she just shrugged her shoulders and said, "I don't know, I don't know." I asked myself, "What in the world am I supposed to do with this child?" I went to my supervisor and she helped me approach Sharon in a non-threatening way. I finally got her to

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GRADUATION 2009 – THE GRADUATES SPEAK

JAMILLAH BROWN

First and foremost, I want to thank God who is the author of my life and the one who gives me the Grace and strength to do the special work that I do. As I reflect upon my NYIPT journey, I thought of a principle that a great man has taught me. He says, "Everything begins in seed form and grows into an experience." With that principle in mind, I must start with thanking my wonderful parents who spent quality time playing with me when I was a child, and for so lovingly sowing in me the seeds of early childhood play. Thank-you for the birthday celebrations that we had for my favorite doll, Tasha, and for the countless interactive games that we've played together. I believe that those seeds of play have shaped the course of my life and explain why I have pursued my life's work to help children express their inner conflicts through play.

This three year journey at NYIPT has been priceless and invaluable.

To Dr. Cohen: You're an extraordinary person whose passion for this work has been a great encouragement to me to finish, when I had considered quitting. To you, I say, "Thank you."

To my colleagues: We started out a class of six and here we are, the "Three Musketeers" as I so like to call us. I thank both of you because I truly would not have made it without you.

To all of my supervisors:

Dr. Abraham Ring: I thank-you for laying one of the greatest foundations that I received in my first year. When I scrambled trying to figure out exactly what on earth I was doing, you reminded me that I didn't have to rush the process and that, in time, things would unfold. Thank-you for the greatest gift... Recognizing my insecurities as a beginning therapist,

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On January 18, 2009, NYIPT 2009 Graduates and Officers: Jamillah Brown, Ramona Cummings, Dr. Tracy Simon, Dr. Carole Grand, Dr. Phyllis Cohen, Donna Smith, Mary Tirolo, Gloria Malter