



Newsletter

Development through research, advocacy, education, affiliation and action.

Save the Date:



Sunday Morning Seminar (online)

Register: iscsw.simplertix.com - see pages 8-9

Lynn McIntyre, PhD, LCSW May 16th

*Integrating Thought and Action:
Social Justice in Our Practice*

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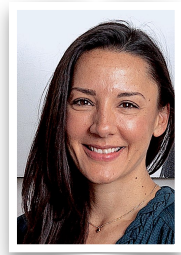
CEU Requirements Change

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President's Message

Spring is here, and brings with it the long-anticipated COVID-19 vaccine! Along with our clients, many of us have already received the vaccine or are anticipating receiving it in the coming weeks. I am aware of the collective weight we have all been carrying in the midst of this pandemic, and as the light comes into view at the end of the tunnel, I see the ways in which many of us are returning safely to more in-person connections and opportunities. While it is still very important that we continue to take measures to protect ourselves and one another, it somehow feels as though we are emerging from the hold this pandemic has had on our lives and the lives of our clients.

Spring is also the season of new beginnings, and with that I am delighted to announce the addition of four new members to the board of the Illinois Society for Clinical Social Work. Pictures and biographies are included in this newsletter (see page 14), but I would like to briefly name each of these talented and dedicated clinicians here. First, we welcome Pam Katz, LCSW, who is an ACT therapist working with adolescents, adults and families. Pam will be the new Membership Chair. Next, I would like to introduce Kevin Miller, PhD candidate, who is a professor at Loyola University. Kevin will be the new Chair of Legislation and Policy. Next is Ginny Nikiforos, LCSW. She is a Board Certified Behavior Analyst and the owner of Guiding Behavior Counseling, LLC, and will be the new Public Relations Chair. Finally, Heather Watson, who is currently finishing her PhD in Social Work at Loyola University, will serve as our New Professionals Chair. We welcome these four outstanding social workers to the board and are excited about the passion and energy they will bring. By staying tuned to our ISCSW newsletters, you'll find the latest updates on the new and exciting col-



Kristy Arditti

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President's Message

(continued)

laborations and endeavors these clinicians, along with all of our existing board members, will be undertaking on behalf of our Society.

We are hoping to add one additional board member in the very near future to serve as the Education Chair. This position does not require any previous experience in workshops or programming, just an interest and desire to collaborate. Several other positions are also vacant (see page 15). If you are interested or would like more information about it, please contact me directly.

In March, we were fortunate to have Georgia Jones, LCSW, present a Sunday Morning Seminar over Zoom entitled “*The Best Job in the World: How Evolving Along with Your Clients Changes Both You and Them.*” Her presentation focused on: exploring skills that increase growth personally and professionally within the therapeutic relationship, understanding the impact of this growth on the client and the process of therapy, and exploring possible pitfalls that occur when learning from clients.

On May 16, Lynn McIntyre, LCSW, will present a seminar on *Integrating Thought and Action: Social Justice in Our Practice*, again via Zoom. We hope many of you will join us for what is sure to be a dynamic and compelling CEU opportunity. See page 8 for more details, and keep an eye on our website and emails for information about our future seminars and workshops.

Many of you will have received an email that contains a brief Member Survey from ISCSW. If you haven't already done so, please take a few minutes to complete the survey. It is only six questions long, completely anonymous, and will greatly help us as we engage in planning how to maximize the value of your ISCSW membership benefits, and how to address the needs of our members more efficiently and comprehensively. Thank you in advance for your participation! If you have not yet filled it out, the Member Survey can be found at:

www.tinyurl.com/ISCSWsurvey

In closing, I would like to thank each of you for your continued participation in our educational presentations and networking events. We enjoy collaborating and networking with you, and we look forward to opportunities to connect virtually and in-person in the coming months.

Take good care of yourselves and each other!



Kristy Arditti
President, ISCSW

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Reflections

on Caring for Our Clients and Ourselves during the Pandemic

Frannie Goldwin, LCSW
School Social Worker and Private Practitioner

I am grateful that I have been able to actively and productively continue my work as a school social worker and private clinician throughout the COVID-19 pandemic. While my interactions with students and private clients have been different in many ways, I have been able to successfully grow relationships with existing clients and establish relationships with new ones. I have explored and utilized countless online resources that I did not know existed prior to March of 2020. I am grateful for the creative and innovative mental health professionals and speech-language pathologists from all over the world (with whom I have connected virtually) that have shared hundreds of amazing therapy ideas and tools they have created, many at no charge. I definitely have more files in google drive and more bookmarked websites than ever before, covering every possible topic in the realm of social-emotional functioning.

Throughout the past 15 months, I have learned to be more open-minded, patient, attentive, creative and flexible in my thinking. I have been able to work with clients virtually and in person, on a front stoop and in a backyard, sitting at a desk in my home and sitting in a kid-sized chair in a classroom. While the past 15 months have not been easy, I can honestly say I have grown and evolved professionally and am proud of the work I have done.



Jackie Mallinger, LCSW
Family Service Clinical Social Worker
and Private Practitioner

This has been a turbulent and very challenging year for me as a psychotherapist during the COVID-19 pandemic. I have struggled with multiple challenges since the pandemic began a year ago. The initial challenge was to find ways to manage my own anxiety about protecting myself from infection and possible death while, at the same time, providing a calm holding environment for my panicked clients via video or by phone. This was difficult enough for my ongoing clients but even more difficult for new clients with whom I had never met in the office.

My second major challenge was to learn how to navigate the technology, which has never been my strong suit, in order to offer video sessions to those clients who opted for them. I pride myself on having been able to learn how to schedule and host sessions on Zoom and even to facilitate a long-term psychotherapy group on that platform. Believe it or not, I can practically schedule a Zoom session in my sleep! Since I have had to work from home for the past year, I am pleased about my choice to outfit my home office with a large computer monitor, now connected to my lap top, which has been much easier on my screen-weary eyes.

A third key challenge was to cope with the social isolation imposed by the pandemic, while at the same time, trying to provide optimal support to my clients whose social isolation was often even more severe than my own due to their living alone. Through it all, I have continued to emphasize the importance of self-care to my clients during the pandemic to counteract the increased stress level they are all under during this terrible Coronavirus pandemic.

Margaret Grau, LCSW
Private Practitioner

A year ago, I was turning away new referrals as I was quite heavily booked six days a week. Then, overnight, a third of my clients cancelled indefinitely as the Shelter-in-Place orders hit. I was like a deer in headlights, wondering what was going to become of my practice, or worse yet my health—or even my life, picturing myself on a ventilator in an ICU with my loved ones wringing their hands from afar.

My clever son came to the rescue, quickly setting me up with doxy.me to work virtually, and helping me send an email to all of my clients explaining the new protocols. The concept of parallel process certainly applied as I thoroughly read the free online *Coronavirus Anxiety Workbook* and implemented its helpful strategies before recommending it for various clients.

Since I was paying rent anyway and only halfway through a three-year office lease, I continued to get dressed and drive to work. This helped me to feel grounded, while not being underfoot at home where my husband has been working. My office colleague Tony and I became "Battle Buddies," sharing ideas on how to get in and out of the building without touching anything, how to improve a mask with masking tape, etc.

I have never felt more relevant and useful than this past year. Various clients experienced the gamut of sometimes tragic pandemic-related complications in their lives, and I was so glad to continue to be able to be available thanks to modern technology. At some point, I became just as busy as I was before the pandemic, once

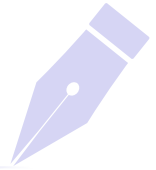
again having to refer out numerous requests for services. However, now I work Tuesdays through Saturdays, taking Mondays off to give myself two days off per week to prioritize self-care.

As the days, weeks and months have slid by, I have tried to redirect my focus on what is still possible. It helps that my pre-pandemic lifestyle already included crowd-free fun activities. I continued my rituals of avid reading and daily walks in the bucolic neighborhoods surrounding my office building. I made friends with the delightful 4- and 5-year-old sisters who live next door to my office, and the urban farmer who harvests and sells honey across the street. I also opened a Little Free Library in my waiting room and enjoy how books come and go out of it. Every day, I reach out to at least one person I care about for at least 15 minutes. I have also been cooking and cleaning a bit more.

Now, I am fully vaccinated and developing re-entry protocols for clients who would like to resume in-person sessions. I try to make the most of each day, savoring things like yardwork and shoveling, and try to avoid ruminating about the future. It certainly helps to participate in the ISCSW Sunday Morning (now on Zoom) Seminars! While I miss that in-person coffee cake, I always feel renewed and replenished after each presentation.



Calling All Writers!



The Illinois Society for Clinical Social Work is looking for contributing writers! Regardless of your level of experience with writing, we believe that if you are a clinician in the field, you have something worthwhile to say... and our Newsletter is an excellent place to say it!

If writing a full Clinical Article is not your preference, we invite you to submit a review of a book or professional journal article, or to express your opinion on cultural competence issues.

We also plan to continue our **Reflections** column as a regular part of our ISCSW Newsletters, so members of our social work community can share thoughts about their work. These brief and informal essays can be related to the hardship of the pandemic, the transition back to in-person treatment, or any other issues relevant to our work. Many of our members have shared how much they appreciate hearing about colleagues' experiences. We welcome essays varying in length from two paragraphs to two pages. Short or long, we will always find them of interest.

In addition to the satisfaction of sharing your knowledge and opinions, you will have the opportunity to work with seasoned editors to facilitate your writing process, and to see your work featured in our striking new Newsletter design.

Please get in touch at icswcontact@gmail.com
for more information about submitting your writing.

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Original Clinical Article

Why Psychoanalysis in a CBT World?

by Barbara Berger, PhD

“Why psychoanalysis?” is the question and, perhaps, the answer is “Why not?” There is room for different perspectives, different theories and methodologies in our broad field. After all, the world of therapy is not a one-size-fits-all, one-stop shop. Shouldn't we welcome the availability of multiple options, different approaches for different issues, and the embracing of folks who need or want different things from therapy? Attachment disorders or the treatment of those suffering from long-term effects after trauma are not issues that are necessarily responsive to strategic or short-term approaches. How about the inclusion in educational curricula access for those who might wish to learn about and provide psychoanalytic theoretical and clinical skills? Isn't the inclusion of difference a core value of clinical social work? Doesn't the question speak to the recognition of a kind of diversity that is nowadays under-appreciated?

For sure, CBT and other strategic, behavioral approaches have much to contribute. These thoughts, which I will share with you, are in no way an attempt to discredit, or even minimize the contributions of other psychotherapeutic techniques. In some situations, psychodynamic psychotherapy works well in tandem with the strategies offered by CBT and others.

But in-depth, insight-oriented approaches have something else, something other to offer. Psychoanalytic therapies bring to bear a kind of thoughtfulness, mentalization, if you will, that brings the patient a new perspective. This perspective includes not only an expanded awareness of one's own internal process, but also it brings a consciousness about the social environment, an understanding of a person's impact on others, and the other's impact on oneself.

For the therapist, the knowledge that a psychoanalytic background carries with it enables a clinician to enter a relationship with a breadth of knowledge applicable in short- or long-term relationships. One comes to the table with so much to offer if they understand the conscious and unconscious, development, defenses, repetition, resistance, and more.

The following illustrations are from my practice, which tends to be a longer-term private practice. Regardless, it is in large part what the therapist brings in his/her understanding that makes the rapport happen, the therapeutic alliance. The patient or client who feels understood will use more of whatever technique a therapist employs.

For example, *Lynne*, a middle-aged woman of Asian descent, came to therapy because her adult daughters were angry with her. They confronted her about hovering, overprotective behaviors throughout their lives making them feel restricted and controlled. They told her she needed therapy. So, she came for them.

Lynne told me she was a black and white person who needed some advice on how to make her daughters less upset. She wondered if she was the worst mother in the world. We talked for several weeks, trying to understand what had happened, when her “closest” relationships had taken a turn, her children now distancing themselves. I worked with her to understand that the decision to change a behavior is different than an internal shift that results in behavioral change. After a while, she expressed surprise that her daughters were pleased that she seemed to be growing enthusiastic about her interest in therapy. They were encouraging her to continue.

Then, in one session, she asked me how or why she was the way she was. This was the door cracking open, a suggestion that a new and different thought process had begun in my patient. We could begin to THINK, to explore and generate meaning in the connections that might now be revealed. I suggested that people are the sum total of their biological givens and life experience, DNA plus family history, social, academic, and all life experience. It resulted in this interchange:

Lynne: But nothing remarkable ever happened to me, she laughed and exclaimed, really nothing—I had a great childhood

Me: I'm sure you had a wonderful childhood, good parents who did their best and loved you and your siblings. But I wonder if anyone can say their histories are completely unremarkable.

The next week she returned and told me she had an amazing story she needed to tell me. The family was traveling through the town where Lynne grew up. Driving around showing her daughters where she lived and went to school, she began to describe an experience with a teacher from her elementary school. She remembered being fondled in a closet while she was looking for art supplies. Her children expressed shock that she hadn't remembered it before, that she had

never told me, and that she didn't seem to think it was a big deal.

They encouraged her to talk about it in therapy, which she was now doing. She still had no idea why this was an issue, she just sort of knew she should think it was an issue. She laughed at herself but began to see the dissociative process preventing her from "getting it". Something was amiss. It then became possible to think about and explore her splitting off and dissociative defenses.

She's expressed fear that if she changed too much it would ruin her work performance, after all her success had been contingent on being sure-footed and directive. In response, I talked about having more control, but a different kind of control, one in which she has conscious choice. She would not be on automatic, but would know why she makes decisions, why others might respond positively or negatively, and so on.

This was the beginning of working on the process of mentalization. The wondering about not only one's own thoughts and feelings, but those of others. Understanding the impact of the interactions that then occur, is core to psychodynamic work. Susan Bordo suggests, that to focus only on objective and rational thought is a defensive attempt to control anxiety. Exploring the deeper aspects may be more difficult, anxiety may be the result, but not knowing does not mean it's not there. Ignoring these dynamics invites a game of "psychological whackamo" in which a purposeful control of one behavior generates another disguised version of the same issue.

It is exciting to me that Lynne can make this kind of progress. How useful for her to begin deep change, change that is about growth and understanding. My enthusiasm is another dynamic that works in the relationship, because her transference is intensified by my responses to her. And, as she becomes increasingly invested, so does my own commitment to the process. My countertransference becomes a useful tool, motivating the both of us forward as we explore and generate deeper understanding. Her excitement with each new connection, with little discoveries, is reciprocally gratifying. The process of thinking, exploring and associating is so much a part of our work. The strategies and manualized techniques of the CBT world would not be so useful, not so meaningful, in the context of this psychodynamic practice.

The first time I left for vacation, Lynne was concerned. She said, "Oh, my gosh, what will I do while you're gone, I think about this all the time." And, when I returned, her husband and one son not already in therapy, wanted referrals. This is what I call the ripple effect of therapy. Others who feel the enthusiasm and become aware of changes based on new understanding are stimulated and often want it for themselves, as well. People become curious, they want to understand, to "get it" once they see the possibilities.

In the words of Kofi Annan, "Knowledge is power. Information is liberating. Education is the premise of progress, in every society, in every family." Learning about oneself has the power to open the mind and bring a wider understanding to life. For Lynne, it very quickly, over just a few months, began a process of change that not only created insight for herself, but she was also able to share it with her family. Her new awareness not only facilitated change in herself, but also made others curious enough to think about seeking it out for themselves. Of course, this is the kind of process that is exciting for both patient and therapist. Not everyone, maybe even a minority of people, responds in such an overtly inspiring way, because change is an evolution. It changes at its own pace, unique to any individual.

Most people need more time. People, in general, are defended against change; they can be uncomfortable with a different way of thinking. But it is the growth of understanding that makes deeper, more abiding change possible. Psychodynamic treatment potentiates the power to evoke awareness and, therefore, facilitate a natural growth leading to genuine and abiding changes in perception, thought and action. It is the special, unique benefit of insight-oriented work to the patient and, simultaneously, it is also that which gratifies the therapist and makes the work mutually meaningful.

Psychodynamic work accomplishes this through the vehicle of relationship. According to Jonathan Shedler (2010), there are certain features that distinguish a psychodynamic treatment. These include a focus on affects and expressions of emotion, the exploration of attempts to avoid distressing thoughts and feelings, as well as a person's fantasy life, and the identification of recurring themes and patterns. Significant features also include an exploration of past experiences and development as well as an examination of interpersonal relationships. Perhaps most unique to psychodynamic therapeutic work is the focus on the therapeutic relationship itself as a tool for understanding. These concepts are the foundational principles of psychodynamic theory and technique. Each person has his/her own set of defenses; everyone has an unconscious. To not acknowledge this in therapy is to operate in the dark. The whole process of psychodynamic treatment, unique to each individual, is not about whether it is replicable or whether it follows a manual with instructions. But, let me reinforce my earlier statement that whatever type of therapy one ascribes to generally, it can be enhanced and made more effective by the knowledge of psychodynamic concepts.

Most recently, therapists have wondered about the intersection of neuroscience and therapy. We have learned that the brain has a great deal of plasticity and changes throughout life. Experience changes neural connections and the more intense these experiences,

(cont. page 10)



The Jane Roiter

Sunday Morning Seminars

Spring 2021 Webinar Series

Integrating Thought and Action: *Social Justice in Our Practice*

Location and Format: Online Webinar (Zoom)

Due to State of Illinois guidance to manage the COVID-19 outbreak, all ISCSW events will be held virtually for the foreseeable future. Please join us online from home while practicing responsible social distancing! Links and instructions to connect will be sent to registered participants in advance of the seminar dates.


When: Sunday, May 16 9:30 AM – 12:30 PM

CEUs: 3.0 each

Food: BYOBreakfast

Pricing:

Normal
Rate

Early Bird 
(register before 5/9)

Members

\$50

\$40

Non-Members

\$60

\$50

Students

\$25

\$15

Register Here: iscsw.simplenetix.com

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The Jane Roiter Sunday Morning Seminars

Issue 2

Sunday, May 16

Integrating Thought and Action:

Social Justice in Our Practice

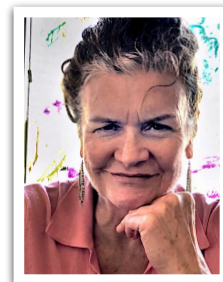
Today the psychological, sociological and economic factors in our culture are demanding that we pay increased attention to these factors in our practice and in our personal lives. As Philip Cushman writes in *Constructing the Self, Constructing America*, our work as teachers, clinicians and students demands increased morality and political awareness.

This workshop will explore how psychoanalytically informed clinicians in both primary settings (mental health clinics and private practices) and secondary settings (schools, courts, etc.) can incorporate cultural and social justice issues into the treatment process. By examining our own cultural imprints and exploring how to apply this awareness in the treatment process, we will add complexity to both our clients' and our own sense of self.

Case studies will be used as a springboard for discussion.

Featured Speaker:

Lynn McIntyre, PhD, LCSW



Dr. McIntyre began her clinical work at the Special Education District of Lake County 30 years ago where she provided psychotherapy and psycho-educational assessments to regular education and special education students ages 3 to 21. As a contractor for the Department of Children and Family Services (DCFS) she provided psychotherapy to children and families as well as conducted forensic assessments in order to determine the "best interest of the child".

She currently is a faculty member at the Institute for Clinical Social Work and has taught at Loyola University and coordinated the Post Masters Fellowship Program at Cathedral Counseling Center. She works with individuals and couples in her private practice in Chicago. Using the Relational model, Dr. McIntyre's dissertation "The Good Enough Couple" is an exploratory study of the potential for emotional growth in the "good enough" marriage.

Register Here: iscsw.simpletix.com

email iscswcontact@gmail.com with any questions

Original Clinical Article

(continued)

the more likely the brain will be changed. It is a reasonable expectation, therefore, that the more intense the therapy, the more likely the therapeutic experience will change the brain. Perhaps it is for this reason that empirical evidence has shown that people receiving psychodynamic therapy maintain therapeutic gains, and even show improvement over time.

Again, Jonathan Shedler (2010) cites examples of results from rigorous studies showing not only that psychodynamic therapies have significantly positive impact in their immediate aftermath, but also that up to three years later the benefits stay and even increase. This is contrasted with the non-psychodynamic therapies that are also empirically supported. While such therapies are also shown to have positive impact in their immediate aftermath, with time those benefits seem to lessen. Of course, there may be a number of reasons for these outcomes. And, while I do not wish to undermine the case I am making—there are, for example, many more studies of shorter-term therapies, especially CBT. This may, in part, be due to a historical resistance to empirical research that characterized earlier generations of analytic therapists. Alan Scholom suggests, the atmosphere of free market competition makes advocacy for CBT and other shorter-term approaches a desirable end game. The less extensive a therapy is, the less the cost. Therefore, CBT is a better profit maker for insurance companies and others concerned with the relative cost of longer-term treatment, at least at first glance. But, fighting the political battle of corporate enterprise vs. the “best interests of the patient” is not my purpose today. The turning of medicine into a business is something I could go on about: You don’t have a doctor, you have a provider. You aren’t a patient, you’re a consumer, etc.

Getting back to my main point, one of the great differences between psychoanalytically informed work and other kinds of therapeutic methods is the way in which the relationship develops. It is very intense and intimate. It is not a kind of structure that teaching strategies may engender. Those strategies or approaches aimed at faster problem solving are, again, very valuable. So, I don’t mean to imply that psychodynamic work is better than or superior to other forms of therapeutic work. Each has its place, but none necessarily replaces the other. Actually, they can work adjacently in a productive complementarity. In fact, different therapists probably have different rates of success even within their own approaches, however they may claim to be practicing. For example, many CBT therapists use elements of psychodynamic theories as they practice. I remember working with a patient who asked me for CBT techniques, thinking

she wanted them “in her toolbox”. I referred her to someone who was a CBT therapist and for a time she saw this other therapist. When her “toolbox” had enough supplies, she returned to my office and said, “It was kind of like working with Barbara Berger light!” She’d found the CBT therapist helpful; the strategies were good and useful. But she was missing the reflective depth of the work we did together.

According to Elkin *et. al* (1989), even when studies compare manualized treatments with psychodynamic work, therapists’ different interactions, use of certain interventions, individual personality attributes of therapists and patients, and the nature of therapeutic relationships, all influence outcomes. Once again, these observations remind us that it is not the “if, then” statement, the ‘ $a + b = c$ ’ linear approach that makes a lasting success. It is the multi-dimensional, face-to-face relationship that gives meaning and creates the potential for change to be abiding and sustained.

Lynne clearly is one of those unusually delightful patients who remind me why I do this work. But not everyone is so accessible, so responsive. What happens when the person one is seeing in therapy is more thickly defended or more resistant? What happens when the path is less obvious, and perhaps more complex? Perhaps the questions are more existential, or a person’s character requires something different, more subtle, more nuanced, and the situation requires a kind of patience with the process? Perhaps it is partly a matter of experience and years of practice, but also it is knowledge of personality, understanding of development, and facility with the clinical relationship and techniques. Here, psychodynamic and analytic knowledge becomes significant. It is a deep understanding of others, their motivations and the time necessary to explore that makes deeper work possible. This next case vignette illustrates this most clearly:

Josh, a young professional man, came to see me and in his first session manages to tell me (couched in good humor and smiles) about his brilliant career, how many great men have wanted to mentor and guide him, and how much per hour his firm bills for his time. All of this is said with a smile and a “jesting attitude”, although the information is true and accurate. He also says that he has come because he is not happy in his career and has to decide about a “good relationship with a woman” because maybe it’s not enough. He is at this moment in touch with an internal sense of emptiness, a search to find meaning and purpose, to feel fulfilled. But Josh struggles with the intense feelings generated, and as we begin to explore, he needs to lighten things up. On his way out the door, he says, “I am a megalomaniac you know.” As the door is closing, I say, “I don’t think so.” He looks back in and says,

“Really!”—and then with a teasing tone—“Maybe I have the wrong therapist?”

We have continued to see each other—but, that early interchange set us on a course. I believe the messages were:

I can play with you and speak to you meaningfully within the metaphor of the play.

I am listening beneath the surface

And I will not be afraid to challenge, but not in a way that is too confrontational or threatening to you.

And so, we began our work together, although he was a little anxious about what I was thinking and what might happen between us. While I will not detail it here, suffice it to say that his history revealed that from the age of ten, he was a parentified child. Always afraid of losing one parent or the other, it was his job to make sure neither of his divorced parents was left with hurt feelings, lest they leave him as they left each other for homes very distant from each other. He worried about his father, who moved to an isolated home in a desert area of another state. He worried about leaving his mother to go live with father, in case she would be unable to tolerate the loss and, perhaps, the insult of his choice. Decisions were always about keeping his life glued together as his only sibling eventually moved out the country.

The humor that characterized this relationship continued to be a bonding force that always carried underlying meaning. Struggling with the eight-year, on-and-off relationship he was currently in, Josh bemoaned his inability to decide what he wanted to do and follow through on that decision. He broke up with his girlfriend Susan, but the “friendship” and family connections always lead back to the same question. Were they just “friends with benefits” or more than that? When Susan told him she was ill, he invited her to live with him, to help take care of her. He and Susan remained in this situation for several months when he suddenly told me he’d asked her to marry him. He’d overcome his need to date others, to see if there was someone better out there. Susan agreed to become engaged, but then suddenly withdrew from him. One day he arrived home to find her moved out. She was unresponsive to his calls for several days and refused to see him for a couple of weeks. Ultimately, she told him she was pregnant, and they agreed to talk but, Susan continued to be elusive. After several more days, she told him she’d had a miscarriage. Josh, aware that she might not be telling him the truth, experienced a concern for her well-being that superseded his doubts. He brought her back to his home for caregiving, although he did begin to speak to her about not disappearing whenever she had an issue. He told her how hard the disappearance was on him. In thera-

py, he questioned the potential for a successful marriage with someone whose instinct was to not trust him, to withdraw and hide in such a situation. Knowing from previous discussions, issues, and events, that Susan had serious emotional problems, I told him, “Well, we have to deal with the fact that you seem to genuinely love a crazy girl!” Josh paused, and then said, “Hmm, that’s true.” The interchange allowed us entrance to a different level of discussion. It was not about “how should he behave” or “what was wrong with Susan”. The discussion became much deeper and more serious. It became about why, about what it meant for him consciously and unconsciously to be with her, and what the ramifications would be in his life going forward.

In a later session, Josh told me his firm was having financial problems and they were letting go of people as they downsized. About six months later, Josh was told he would have one more year at the company and then he would no longer be employed. Immediately, Josh began to talk about wanting to travel extensively, not to look for work, just to go and see the world. As we discussed his travel, his taking an extended leave, he wondered what I thought. He began to speak about an entrepreneur who was selling tickets to Mars and whether me buying a ticket would be a good idea for my retirement. I think this was his way of wondering if I would be here when he returned. I said, “Well, the criteria for going on this trip to Mars is that you have to pay \$200,000 and be willing to die. I think maybe it’s not such a good idea.” My message to him was that even exploring the mystery of the universe, as compelling as it is, might not be a good decision. There are always consequences.

He laughed and we continued our discussion in a more serious vein. As he left, like in his first session, he stopped at the door and said, “Promise you will tell me if you decide to go to Mars.” I knew that in our relationship I had come to be important and grounding to him. If he knew that I would be here when he returned, he could leave. He could explore the world and do what he needed to do before doing more work in therapy and in building his life at home. As in object relations theories like Margaret Mahler’s, he needed to be able to separate with a sense of security in order to become a mature, individuated and autonomous adult. We continued our work and about a year later, he left his job and began some extended travel on his own. He understood more about what held him in his relationship with Susan and had more capacity to think about and decide what might come next.

The pleasure in “his launching” for me was wonderful. I often say that the development has gone well if, when the young adult is ready to leave, his parent is poignantly waving goodbye at the door. In the transference, this is how it felt. It was a gratifying moment, a moment made possible by the development

Original Clinical Article

(continued)

of a deep and important relationship. It was a relationship in which his feelings, needs, thoughts, memories and experience were central. Perhaps for the first time he was not taking care of a parent's needs. Despite my "message" to him, which may have implied my worry for him in making this extended travel decision, Josh was able to leave and know that I would be there for him when he returned.

This is the best answer to our question "Why psychoanalysis in a CBT world?" Because what is possible is a deep and meaningful, intensely intimate, uniquely satisfying therapeutic relationship. It is a relationship in which a person has an opportunity for expansive thinking and learning about oneself, as well as to come to understand his/her motivations and desires without fear of judgment. Often, this is a profoundly gratifying experience for the therapist, as well.

I have been doing and teaching this work for many years, and I still find it exciting and rewarding. But I wonder if we succeed in helping new students and young practicing therapists realize the importance of psychoanalytic training and treatment? If new therapists want to practice in this way, how will it continue and where will the learning come from? How will an understanding about when, with whom and how treatment can be deepened happen? There are at least two areas from which we draw a psychoanalytic education, the classroom and the field, both of which are unfortunately becoming more elusive.

In the classroom, unlike many other areas of study, we teachers are often therapists teaching therapy. We are not primarily academicians but have added teaching to our skill sets because of the importance of passing on the knowledge and capacity to engage in this form of clinical work. An introduction to basic principles and parts of psychodynamic theory, including developmental theory, can happen even at the bachelor's level of education. But, of course, more becomes possible at the masters, doctoral, and psychoanalytic institute levels of study.

In the classroom there are different paths for learning. One is the traditional classroom in which we teach theory, fundamental concepts, and more, like how culture impacts the therapeutic experience. Another avenue for learning in schools is the case conference. This is where we as clinician-academicians, mentor and teach the application of clinical theory and technique to real life practice. And finally, training provides one-on-one consultation/supervision for active treatment cases and practice.

The case for "Why Psychoanalysis?" has been explained. Psychoanalytic thinking has been with us for about one and a half centuries. It has endured this long because of its merits, because it has therapeutic value. It is meaningful to those who use or seek it. It is an honored and profound treatment process, different from CBT and other techniques, but of great importance to those who participate in it as clinicians or patients. Indeed, it has its place, it has its need and it has a heritage of making a deep and abiding difference. As a discipline, we need to support it, use it and teach it. We need to pass it on to the next generation, a generation that will need to find relationships of depth in a world of sound bites, texting and social media. Psychoanalysis provides a special meaning and should survive, hopefully flourish, albeit in a CBT world.

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Barbara Berger, PhD, MSW has a full-time private practice in Chicago. She is faculty emeritus and a member of the Board of Trustees at the Institute for Clinical Social Work in Chicago. She is an editor for the *Clinical Social Work Journal* and the *Psychoanalytic Social Work Journal*. Dr. Berger has served as President of The American Association for Psychoanalysis in Clinical Social Work and as Chair of the Social Work Academy in the National Academies of Practice. She was elected as a Distinguished Practitioner in 2002, received the award for Distinguished Service from the Institute for Clinical Social Work in 2012, and The Lifetime Achievement Award from the American Association for Psychoanalysis in Clinical Social Work in 2013.

Book Review

Why We're Polarized

by Ezra Klein (2020) - 296 pages

– Reviewed by William Kinnaird

Why We're Polarized is not about treatment or about individual psychology. It's not clinical. But it is about the world we live in and the social-political environment that surrounds us, all of which certainly impacts our work with clients.

The author Ezra Klein is editor-at-large and co-founder of Vox Media, a major Internet publishing company which touts itself as an "award-winning explanatory news organization." He writes about a framework for understanding the present state of American politics. His perspective zooms out from individuals to better understand changing demographic forces and interlocking systems that surround and impact us, and how we impact those forces and systems.

Klein begins with an analysis of how our political parties have evolved from being more alike to becoming much more disparate from one another in their policies and positions. Klein contends that issues of demographics, mainly changing racial demographics, have driven this divergence. The changing racial demographics, in turn, are continuing to shape and change our political dynamics.

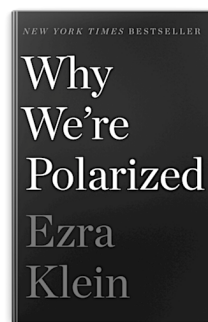
Marshalling many studies from social psychology, Klein describes how people tend

to strongly identify with or join groups with similarities to themselves. Once people identify with a group, their thinking will tend to strongly align with the group's thinking. Klein contends that Donald Trump's election was not accidental at all, but rather can be understood by examining the ways groups of people tend to think and act, and in how political parties have been evolving. What have evolved are the dynamics of polarization.

This reviewer found Klein's explication of these dynamics interesting but also a bit tedious to read. If any reader finds it too tedious, I recommend that they begin the book in the middle with the very short chapter entitled "Interlude". In it all that he has been developing up to that point is neatly summarized in two pages.

The remainder of the book explores how institutions—media, elections, political funding, political parties, and the structure of American government—exacerbate polarization and how polarization affects these institutions resulting in a deleterious feedback loop. This reviewer found this book's second half to be quite fascinating.

In sum, this is a book about the wider social-political world and how it works, how we are affected by it, and how we affect it.



Welcome New Board Members!

ISCSW is thrilled to welcome four outstanding new Board members to our leadership:

Membership



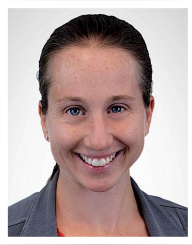
Pam Katz, LCSW received her Master's Degree in Social Work from Jane Addams College of Social Work in 1997. Pam worked as a school social worker for 15 years before transitioning to her private practice full-time in Skokie where she has been for eight years. Pam is an ACT therapist who works with adolescents, adults, and families. She specializes in working with individuals with anxiety, depression, trichotillomania, ADHD, and school related issues. Pam has also taken on leadership roles on local and international boards providing community support, and education to mental health professionals. Pam is excited to be a part of the ISCSW community and is honored to serve as the Membership Chair on the ISCSW board.

Legislation & Policy

Kevin M. Miller is a PhD and MSW student at the Loyola University Chicago School of Social Work. His research focuses on using critical participatory methods to build resistance and resilience in youth of color against structural violence and oppression. He works with young people in after-school programs to develop resistance and resilience against structural poverty and racism, community and structural violence, and oppressive social forces. Kevin utilizes structural social work theory and a critical human rights approach throughout his practice and research and will offer our ISCSW board this important component. Currently, he facilitates a participatory, psycho-educational, rights-based after-school program in West Englewood called *Law Under Curious Minds* (LUCM). He will join the ISCSW board as the Legislation and Policy Chair.



Public Relations



Ginny Nikiforos is an LCSW, a Board Certified Behavior Analyst, and an ADHD Clinical Services Provider. She owns her group practice, Guiding Behavior Counseling, in Chicago where she provides individual and family emotional and behavioral services. Ginny is excited to join the ISCSW as our Public Relations Chair, where she will facilitate advocating for and bringing together clinical social workers. Ginny is looking forward to connecting with a strong and united group of individuals to further mental health services in Illinois.

New Professionals

Heather Watson, our New Professionals Chair, is an LCSW and PhD candidate at the School of Social Work at Loyola University, with a focus on Children and Families as well as non-profit management. For several years, Heather has been the Senior Clinical Supervisor, strategic planner and co-leader of Loyola University Chicago's *Empowering Counseling Program* developing, implementing, and evaluating clinical models that work with Black and Brown low-income Chicago youth. Currently, Heather is the Clinical Director at *Chicago Therapeutic Services* (CTS Health), a community-based organization located on the west side of Chicago. Her research interests include developing models for racial socialization, to reduce disparities in social services and mental health care for young citizens of color. She is dedicated to working with disadvantaged youth and families and advancing social justice.



This is a time of exciting transition for ISCSW. We are currently working on several exciting new projects, and to that end, we are looking to add new board members who are interested in and excited about the mission and goals of our Society.

The Illinois Society for Clinical Social Work is a professional organization that advocates for the needs of social workers in direct practice settings and acts as a resource by promoting the professional development of our members through political action, advocacy, education and affiliation.

In the past, the ISCSW played a major role in the passage of the legislation that provides licensure for Clinical Social Workers in Illinois. Our organization also helped pass important amendments to mental health care laws, including third-party reimbursement, changes in the Juvenile Court Act, the Crime Victim's Compensation Act, the Mental Health and Disabilities Act, the Unified Code of Corrections, and the Adoption Act.

Participation on the board requires a social work background and academic degree, monthly attendance at our board meetings (see below) and the willingness to spend an additional 1-3 hours per month on work for our board. Benefits include networking opportunities, promotion of your own work/practice, board experience for your CV, and free attendance at our educational events.

If you would like to be a part of steering and shaping the organization through this new era of leadership and development, we are looking for new board members to fill the following positions, spanning a variety of interests and skill sets:

Student Liaison (to be filled by a social work student)

Cultural Competency Newsletter Editor
Education

Ordinarily, the board meets on the third Tuesday of every month in the Lakeview neighborhood of Chicago (located convenient to the Belmont Red/Brown/Purple lines), from 7:30 to 9PM. During the COVID-19 outbreak, we have been conducting our meetings safely online via remote video conferencing. Either way, our meetings are both fun and productive. If you are interested in gaining board experience or have questions, please contact Kristy Arditti, ISCSW President, at: (773) 677-2180 or kristyarditti@gmail.com

Announcement!

CEU Requirements Change for 2019-2021 License Renewal

ISCSW is thrilled to share news from the Illinois Department of Financial and Professional Regulation (IDFPR), which has announced that due to the ongoing crisis, "In-Person" CEU requirements for Social Workers and Clinical Social Workers will be **waived** for the 2021 License Renewal period. This means virtual CEU opportunities (such as webinars) offered by approved CEU sponsors will be considered **fully equivalent** to in-person CEUs with regard to the fulfillment of licensure requirements. This change is in effect at least through the **November 2021** License Renewal deadline. At the current time, we expect the 50% In-Person CEU requirement to resume for the 2021-23 licensure cycle.

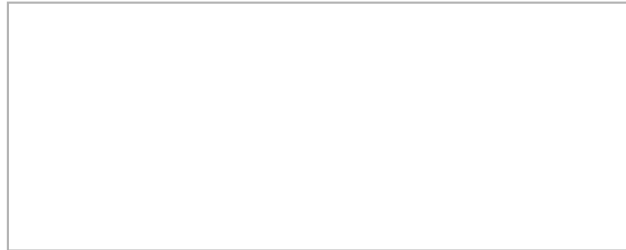
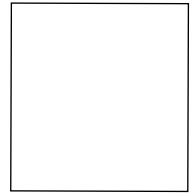
ISCSW's own webinar programming is eligible under the terms of this waiver, including our upcoming Sunday Seminars and all previous virtual CEU certificates issued before the IDFPR announcement.

Note that all other previously announced CEU requirements for 30 total hours of training, including: 3.0 hours of ethics and 3.0 hours of cultural competency, as well as (**new for 2020**): 1.0 hour in sexual harassment prevention, and mandated reporter training **are still in effect**. ISCSW is currently developing plans for our regular biennial Conference on Ethics and Cultural Competence to help address these requirements.

For more information, see the full IDFPR announcement here: www.tinyurl.com/IDFPR-guidance

For details on the new Sexual Harassment and Mandated Reporting requirements, see NASW-IL: www.tinyurl.com/NASW-update

Illinois Society for Clinical Social Work
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Board Members

A number of additional Board positions are currently vacant and open for application! See page 15 for details.

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Vice President

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Kevin M. Miller

New Professionals

Heather Watson

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