



Newsletter

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

Save the Dates!

Sunday Morning Seminars

March 10, 2019

Kristy Arditti, AM, LCSW, CVP &
Amy Derringer Chandler, MSW, LCSW

*Holding Families with Trauma:
An Invitation to Conceptualize
Intergenerational Abuse & Neglect*

New Venue:

*Abe and Ida Cooper Center
6639 N. Kedzie
Chicago, Illinois 60645*

Register: www.bit.ly/SundaySem310
see page 10

April 28, 2019

Barbara Berger, PhD

Topic TBA

May 19, 2019

Jill Gardner, PhD

Topic TBA

Original Clinical Article

**Takes Two to Tango: A Conceptual
Framework for a Relational Approach
to Supervision**

by Eric Ornstein – see page 8

Book Review

Attachment in Psychotherapy by
David J. Wallin (2007) (reviewed
by William Kinnaird) – see page 5

President's Message

2018 was a challenging and difficult year of transition on many different levels. Certainly the political situation, especially the leadership of our nation, caused consternation and stress for many clinical social workers and their clients. Inevitably, the vulnerable clinical populations that make up our caseloads, i.e. immigrants, LGBT clients, veterans, trauma survivors and many others, have been put most at risk by the actions and inactions of this administration.



Eric Ornstein

Another source of stress and uncertainty for many clinical social workers was the crackdown by Medicare administrators. This resulted in many of us receiving intimidating letters threatening audits and making demands that we change the way we practice with our clients in terms of the length and frequency of sessions, as well as the duration of treatment. Stringent documentation requirements will also make the lives of social workers who work with Medicare clients more difficult. (cont.)

President's Message (continued)

Although there are no magic bullets or simple solutions to these vexing challenges, ISCSW has tried to respond to our members' dilemmas through two recent programs. This past September, the focus of discussion at our networking event entitled *Practice Perils and Possibilities: Sharing Resilience in Troubled Times* was on sharing information and strategies for dealing with these Medicare changes. Just as important as the exchange of facts and information was the support, caring, and empathy that members offered one another throughout the discussion. This process of sharing and connecting can reduce the anxiety and isolation we often experience when we have to deal with this type of bureaucratic minefield on our own.

The title of this next round of Jane Roiter Sunday Seminars, *Clinical Practice in Troubling Times: Contexts, Concepts and Caring*, continues this theme of struggling to integrate clinical practice with the turbulent larger

systems in our society. Our first seminar in December was a wonderful presentation by Frank Summers, one of the preeminent psychoanalysts in the United States. The title of his presentation was: *The Culture of Violence and Fear in the Trump Era*.

Dr. Summers provided participants with a valuable conceptual framework for understanding the ways that the military history of our country, our national character, and our childhood experiences of violence in television movies and video games, have intertwined to create a culture that is saturated with violence. He used D. W. Winnicott's concepts of transitional objects and spaces to make the important point that the barrier between "the fantasy violence" of video games and the reality of mass shootings, combat experiences, and sexual assault have become blurred and clouded. Participants provided compelling clinical vignettes that led to lively discussions of how clinicians deal with is-

President's Message (continued)

sues of violence when they arise in clinical situations.

We will continue to provide programs and educational experiences to help our members and the social work community to more effectively cope with the challenging clients and situations that are endemic to our current social, cultural and political realities.



Finally, as many of you will have heard, ISCSW itself is in the midst of a transition of its own. Our former administrator of many years, Diana Hodge, has relocated out of state and is no longer assisting in the day-to-day operations of the Society. Consequently, we have taken this opportunity to retool our contact information and internet presence. We have brought on new IT help to assist us with this process, who are also working to

update other neglected areas of our website and membership management systems.

To check up on the status of this ongoing overhaul, you can visit: www.ilclinicalsw.com/contact/ or reach out any time by email to our current temporary contact address: iscswcontact@gmail.com. We know this process has caused disruption for some members, and I apologize to those who have encountered issues. We all deeply appreciate your patience and understanding as you bear with us and “pardon our dust” during this transitional period.

With best wishes for the smoothest possible transition into a more stable and lower-stress 2019,



Eric Ornstein
President, ISCSW

Letter from the Editor

Dear Reader,

The ISCSW Board would like to thank our membership and the broader social work community for your patience with the numerous changes ISCSW has undergone over the past year. These changes include adding new board members and staff, undertaking an ongoing overhaul of our website, redesigning the newsletter, and improving access to networking resources and ISCSW events and services. We are excited to begin to share these improvements with you and hope that these changes will have been worth the wait. We are also thrilled to bring you another year of high-quality CEU events, beginning on March 10 with Kristy Arditti and Amy Chandler's Sunday Morning Seminar: *Holding Families with Trauma: An Invitation to Conceptualize Intergenerational Abuse & Neglect.*

ISCSW seeks to continue adding talented new members to our board. There are several open positions listed on the last page of this newsletter. If any of these seem interesting to you, or you'd like more information about what the position would entail, please contact us: iscswcontact@gmail.com. I am also making a special call for anyone interested in serving as Co-Editor for the ISCSW Newsletter, collaborating with me on bringing together future issues of this great publication. If you have writing and editing skills and would like contribute to our community in this way, please get in touch!

Again, thank you all for your patience and continued support of ISCSW. We are excited for what the future holds and deeply grateful for this social work community.

— Ben Goldberger

The Cutting Edge

Reviews of Recent Literature

Attachment in Psychotherapy

by David J. Wallin (2007)

(354 pages)

Reviewed by William Kinnaird

For the psychodynamically oriented reader with an interest in the clinical applicability of attachment theory, this is the book to read. The cover rings with endorsements from notables such as Fonagy and McWilliams. Fonagy states, "Simply the best integration of key advances in attachment theory and research and their application to psychotherapy." Though the book is a 2007 copyright, at his 2017 Chicago Spring workshop attended by this reviewer, Dr. Wallin affirmed it as his current statement about attachment in clinical work.

The reader may recall the 2014 survey by former Illinois Society Standards Chair Geoffrey Magnus which identifies essential psy-

chotherapy books. Out of over three hundred clinicians surveyed, Robert Karen's 1997 Becoming Attached sits in the #2 spot. Wallin's Attachment in Psychotherapy represents an update on Karen's work including more recent advances and ample case examples demonstrating the clinical uses of attachment and related evolving bodies of theory. Wallin's book focuses on the client's preverbal experience, how it manifests, how to detect it, and how to help those whose struggles originate then.

Wallin begins by reviewing the history of attachment theory, from psychoanalyst John Bowlby through contemporary analytic thinkers including Mary Main, Daniel Stern, Peter Fonagy, Daniel Siegel, Allan Schore, and many others. Bowlby was the first to suggest attachment relationships are powerfully influential as contexts for development because they are experienced as so necessary. Mary Ainsworth subsequently established with her research that it is the quality of communication in the initial nonverbal developmental dialogue that determines the early relationship's potential to confer a personal sense of security or insecurity. Essential characteristics of this nonverbal dialogue are its in-

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(continued)

clusiveness, flexibility, and affect regulation.

While Bowlby's ideas were initially considered non-psychoanalytic in the psychoanalytic community, Mary Main's research and conceptual work helped bring attachment thinking into the psychoanalytic mainstream. She showed how one's early interpersonal dialogues are internalized as working models and rules for deploying attention that shapes our stance toward interpersonal experience

Because one's first relational experiences are mainly lived outside the domain of language, early experiences register as representations, rules, and models that cannot readily be retrieved linguistically. To help those struggling with these hard-to-reach preverbal issues, a person's nonconscious or unconscious preverbal life must be experientially engaged in therapy. Unconscious or nonconscious preverbal life often becomes accessible only as it is communicated through other-than-verbal channels. With rich clinical examples, Wallin

demonstrates how a clinician might access a client's preverbal and nonverbal experiences.

Wallin clarifies that because attachment theory is not explicitly a clinical theory, in order to access client's nonverbal experience, it's necessary to enlist resources outside the attachment field. Resources from contemporary intersubjectivity and relational theory are central among these. These resources are channels through which hard-to-reach preverbal life—unconscious or implicit representations, rules, and internalized working models—may be communicated in the therapeutic relationship. Three preverbal communication modes using case examples are explored. The three preverbal or nonverbal transference-countertransference communication modes are: enactment, evocation, and embodiment. Wallin states, "That which we cannot verbalize, we tend to enact with others, to evoke in others, and/or embody." (p. 121)

Wallin discusses different common attachment patterns to help the clinician identify dominant patterns and thus to tentatively "imagine" a client's formative relationships and what the impact of those relationships might be. This, Wallin suggests, may help to answer questions like, "what kinds of feelings, desires,

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(continued)

thoughts, and behavior could those relationships accommodate? What did the patient need to deny or suppress? What relational and affect-regulating strategies was the patient required to adopt in order to maintain the attachment bond?" He adds, "Answering such questions helps us determine what the patient may need from us." (p. 207)

With case examples of common dominant attachment patterns, Wallin explores how the treatment might proceed. He stresses that central in every treatment is the quality of the co-created relationship that provides inclusiveness, flexibility, and affect regulation. He considers interventions appropriate for different attachment patterns, and what may be enacted, evoked, and/or embodied. He considers the role of a clinician's self-disclosure and then-current neurocognitive findings as they relate to cases.

According to Wallin, a primary aim in treatment is to help a client

develop a mentalizing capability. Mentalizing is like metacognition or roughly the ability reflect on one's thoughts and feelings. The findings in attachment research are that an ability to mentalize can help transcend or recover from attachment dysfunction or trauma. Along with strengthening psychic structure through a therapeutic relationship, acquiring the ability to mentalize is being able to put experiences and affects into words so they may be tolerated and reflected upon.

Finally the author considers the place of mindfulness in psychotherapy. He describes what mindfulness is, believing there to be a synergy between mindfulness and mentalizing.

This reviewer highly recommends this book to psychoanalytically oriented practitioners. To reiterate Fonagy's endorsement, "Simply the best integration of key advances in attachment theory and research and their application to psychotherapy."

(reprinted)

Original Clinical Article

Takes Two to Tango: *A Conceptual Framework for a Relational Approach to Supervision*

by Eric Ornstein, M.A., L.C.S.W.

Even in our current clinical climate of evidence-based practice, billable hours, manualized treatments and internet therapy, there is still no substitute for a strong supervisory relationship, which is an essential ingredient for social workers to develop clinical competency and skills. Despite the continuing importance of clinical supervision, relatively little has been written about supervision from a contemporary psychodynamic perspective. The purpose of this article is to summarize and expand upon key concepts of a psychodynamic relational approach to supervision, as developed in two previous articles I co-authored with Carol Ganzer, Ph.D. (Ganzer & Ornstein, 1999, 2004) and in a recent ground-breaking book by Frawley-O'Dea and Sarnat, *The Supervisory Relationship: A Contemporary Psychodynamic Approach*. According to Frawley-O'Dea and Sarnat (2001), a relational approach to supervision is defined by mutuality, shared and authorized power, and the co-construction of knowledge.

Mutuality refers to the possibility that both supervisor and supervisee bring special expertise to the supervisory encounter. The supervisor has conceptual knowledge of the field and agency treatment approaches, as well as invaluable experience working with clients and client systems. Supervisees bring their own past experiences in life and in the field, as well as expertise about the client or client system, including what it is like to be in the room with the client and invaluable data about the emotional ambience of the session.

Mutuality also suggests that in a relational approach there is significant emphasis on mutual influences and interactions occurring among supervisor, supervisee and client. In other words, conscious and unconscious experiences of any of these three parties (supervisor, supervisee and client) might be the appropriate focus of supervisory attention at any given point in time in the course of a case. This view on mutuality requires supervisors to reflect honestly on their own participation in the interactions with their supervisees, and to be aware of the possibility that their own issues, blind spots and vulnerabilities might be operating in a given situation. From this perspective, it might often be appropriate for the supervisor to self-disclose his reflections on his participation in an interaction with the supervisee.

Shared and authorized power refers to the different role of the supervisor in a relational approach, compared to a more traditional model. In a relational approach, the supervisor is encouraged to relate to his or her supervisee in a more egalitarian, less hierarchical way. A relational supervisor does not view himself as an expert authority or as the final arbiter of truth. Instead, what is "true" about the supervisee, his or her work with clients, and the relationship between supervisee and supervisor, is negotiated and co-constructed by the supervisor and the supervisee based on their mutual but different expertise mentioned above

The idea of co-constructed knowledge, which is fundamental to a relational approach to supervision, requires that a supervisor strive to understand his or her supervisee's experience from within the supervisee's subjective world, which is very different from the traditional stance of the supervisor as an objective expert operating outside of and sometimes apart from the supervisee's subjective experience. In the relational approach, another implication

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of shared power and co-constructed knowledge is that differences between the supervisor and supervisee are openly discussed and negotiated, and that more often it will be okay to agree to disagree with the supervisee. In this process, the supervisor needs to question himself: Why is this rule a rule? How important is it to me that this be done in a certain way? Are there advantages to the supervisee's approach that I have not considered? Maybe the supervisee's way of doing something is right for her even if it would not be right for me? Is this for my needs and convenience, or does it really further the supervisee's learning or the progress of the case? Sometimes, after such reflection, the supervisor will decide limits need to be set and expectations need to be enforced, because a personal, professional or ethical limit has been reached. I would argue that if the supervisor has engaged in the kind of reflective process I have just described, he or she will be able to set limits with the supervisee with more conviction and in a way that is more authentic and effective.

There appears to be a major disconnect between the traditional practice of supervision, which locates problems totally within the supervisee, and maintains the supervisor as an expert authority figure who knows best and remains above the fray when difficulties arise; and the social work profession's adoption of family system-ecosystems models that challenge the assumptions of linear causality, and suggest that problems do not reside in individuals but rather occur as interactional and transactional patterns of communication and affective involvement among participants in a system. Sometimes, when the focus is totally on the supervisee's issues and problems, it seems like these important concepts are left

outside the office door during the supervisory session.

I would like to focus more specifically on three issues also emphasized by Frawley-O'Dea and Sarnat (2001). As I already mentioned, I contend that selective self-disclosure by supervisors of their own issues and blind spots helps demystify and normalize, for supervisees, the difficulties inherent in direct practice. Such disclosure can help supervisees feel less alone and self-conscious as they struggle with difficult or uncomfortable feelings stirred up in their work with clients. Such disclosure also acknowledges the unavoidable reality that there are both conscious and unconscious processes at play in both the supervisee-client and the supervisor-supervisee relationships, and that any one of the three participants might not be aware of the exact nature of his or her response at any given moment. In this way, self-disclosure by the supervisor to the supervisee promotes a more collegial atmosphere of mutuality and shared vulnerability. In other words, it conveys a powerful message to the supervisee: We are both in this together.

A second issue of focus is regression. Regression often carries a negative connotation in many approaches to supervision and is seen as something to be avoided and minimized at all costs, because it may reflect immaturity and can be difficult to control. Frawley-O'Dea and Sarnat (2001) suggest that some regression is inevitable in any treatment-related situation, and that we should approach regressive experiences with the same attitude of tolerance, curiosity and exploration as any other therapeutic phenomena. Accordingly, being able to talk about and reflect on regressive experiences in supervision, regardless of whether they originate with the supervisor, supervisee or client, can be a powerful tool to promote change in both the supervisory and therapeutic relationships. Regressive experiences can include intense affective responses, dreams about supervision or treatment,

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Original Clinical Article (continued)

enactments, dissociative experiences or somatic responses. When a supervisor is comfortable focusing on regression (the supervisee's, his own, or the client's), this opens up a whole range of nonverbal behaviors and affective experiences going on in the supervisory and treatment relationships, which otherwise could not be discussed or even acknowledged as occurring.

Finally, the most thorny issue to be addressed is the "teach or treat dilemma," which, according to Frawley-O'Dea and Sarnat (2001), "elicits more doubt and anxiety than any other facet of supervision." The main point is that transference and countertransference interactions and unconscious enactments are always occurring in every treatment and supervisory situation. Thus, it would not be possible to employ a relational approach to supervision without addressing and investigating these phenomena. A relational perspective does not view the supervisee's dynamics, issues and areas of vulnerability as taboo or off limits, nor does it advocate an "anything goes" approach, but rather a careful, tactful, respectful and reflective investigation of the interpersonal world of all participants (supervisee, supervisor and client).

Investigating the personal transactions in the supervisory relationship should not be an end in itself, but should be used to further the process of the supervisee-client treatment and to increase the supervisee's learning. Furthermore, the supervisee should have the power to limit the focus on his or her personal issues. In other words, the degree and level at which the supervisee's personal issues are discussed are negotiated between the participants and authorized by the supervisee. A definite strength

of this model is that it allows for the possibility of self-correction in modulating the depth of self-disclosure, the intensity of regression and/or the degree of exploration of personal issues. In this regard, the strong emphasis of the relational approach on the importance of the supervisor being sensitive to the supervisee's experience of vulnerability and respectful of the supervisee's need for privacy is critically important. Finally, a relational supervisor's obligation to solicit actively ongoing feedback about how the student is experiencing their relationship makes boundary violations less likely to occur (Ganzer & Ornstein, 2004).

The relational approach to supervision I have described is not an easier, more comfortable method of supervision. It demands significant tolerance for ambiguity, complexity and uncertainty on the part of supervisors and supervisees, as well as the courage to reflect on and deal with uncomfortable feelings and reactions that one or both parties might prefer to leave unaddressed. However, I strongly believe that the benefits, in terms of improved therapeutic capabilities and deepened supervisory and treatment relationships, will be well worth the discomfort and risk. A number of detailed vignettes illustrating this model of supervision in action can be found in Ganzer and Ornstein (1999, 2004), as well as in Frawley-O'Dea and Sarnat (2001), which I encourage the interested reader to peruse.

References

- Frawley-O'Dea, M.G., & Sarnat, J.E. (2001). *The supervisory relationship: A contemporary psychodynamic approach*. New York: Guilford Press.
- Ganzer, C., & Ornstein, E.D. (1999). Beyond parallel process: Relational perspectives on field instruction. *Clinical Social Work Journal*, 27, 231-246.
- Ganzer, C., & Ornstein, E.D. (2004). Regression, self disclosure, and the teach or treat dilemma: Implications of a relational approach for social work. *Clinical Social Work Journal*, 32, 431-449.

The Jane Roiter Sunday Morning Seminars

(Information Continued)

Holding Families with Trauma:

*An Invitation to Conceptualize
Intergenerational Abuse & Neglect*

Sunday, March 10, 2019

9:30 AM – 12:30 PM

CEUs: 3.0

Registration starts at 9AM. Come early to enjoy a complimentary continental breakfast!

For more info, email: iscswcontact@gmail.com

About the Seminar:

In this workshop, presenters Kristy Arditti, LCSW and Amy Chandler, LCSW will discuss the Relational Approach to Trauma and how it allows clinicians to intimately address the intergenerational dynamics of abuse and neglect within families. They will use their individual therapeutic work and collaborative style with mothers and children as a lens for demonstrating the repairs and healing for the family as a whole. Neglect as a traumatic experience of attachment and the intergenerational transmission of abuse from parent to child will be demonstrated, including dissociated material, transference and countertransference. Case examples will be used to illustrate these connections.

About Kristy Arditti, AM, LCSW, CVP

In addition to serving as a ISCSW board member, Kristy is a feminist relational psychotherapist who works with children, young adults, and families who have experienced trauma at A New Direction, Beverly Morgan Park. She also maintains a private practice in Evanston. Kristy's understanding of child development, trauma and attachment allows her clients to work through the multiple impacts of trauma and begin to experience a sense of regained control, competence, and hope.

About Amy Derringer Chandler, MSW, LCSW

Amy Chandler is a relational psychotherapist at Womenscare Counseling & Training Center working with adults and couples. Her attunement and compassion for the profound and enduring impact of parental loss, abuse and neglect create a context for clients to understand, grieve, and reclaim their sense of identity. With a gentle grounded strength, Amy engages clients as guide, witness and fellow traveler.

Registration: Registration for this event may be submitted online. Payment is accepted by mailed check, PayPal, or at the venue on day of seminar (cash/check/credit).

Register Here: www.bit.ly/SundaySem310



Announcement!

We are currently updating our contact information.

If you have tried to get in touch in recent months and encountered difficulties, we sincerely apologize for any frustration or inconvenience.

As we build new and robust options for contacting ISCSW, please **disregard** the previously published contact information (including phone, web forms, email, PO box, and fax lines) until further notice.

In the meantime, we are making available this temporary email address. It is staffed by a dedicated team with direct access to the highest levels of the ISCSW organization, who will make every effort to assist you:

iscswcontact@gmail.com

We appreciate your patience & understanding as you bear with us during this transitional period. For updates:

www.ilclinicalsw.com/contact/

Membership Corner

Mentorship, Supervision & Therapy at ISCSW

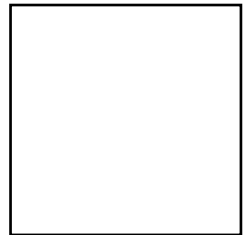
One of the benefits of ISCSW membership is the opportunity to network with clinicians with a wide range of experience and expertise, who share the basic core values of social work practice. We believe no one should do this work in isolation and through our trainings and networking events, we have seen that the ISCSW can support of each of us in our clinical growth and connection.

New clinicians have an especially important need to find good support and supervision as they begin their clinical careers. To address this need, we at ISCSW are creating a database of experienced professionals who are interested in providing mentorship, LCSW supervision and reduced-fee therapy to new professionals. Participation in the database also allows participants to promote their practice to other members, along with their specialization and experience.

Clinicians who are interested in working with new professionals should be a members in good standing of ISCSW and Licensed Clinical Social Workers with a minimum of 5 years experience in the field of social work. Their names, expertise, office locations and phone numbers would be listed on the database.

Please consider becoming a resource to our emerging social worker community and sign up today!

www.bit.ly/ISCSW-mentorship



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