



Newsletter

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

Save the Date:



Sunday Morning Seminar (online)

Register: iscsw.simpletix.com

Krista Wilson May 22
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 in the Therapeutic Relationship*

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President's Message

Greetings and happy spring to our members and their families on behalf of the Board of the Illinois Society of Clinical Social Work. It is with much anticipation that we welcome the change in season and, along with the beginnings of fresh spring buds, renewed energy and more daylight to invigorate our personal and professional work.



Kristy Arditti

We have also watched with horror and concern as war plays out on the world stage between Russia and Ukraine. Many of us have been personally touched by these unbelievable sights and realities, while others have either known friends and loved ones in Ukraine or watched children and families experience the trauma of war on the television. Many of us have already lent our time or money to aid the citizens of Ukraine; however, if you are looking for a place to donate or help, we would like to direct you to UNICEF: www.unicefusa.org

Here at ISCSW, we have kicked off our spring Sunday Morning Seminar Series. Our first presentation was on March 20th, entitled *An Introduction to Acceptance and Commitment Therapy*. Our very own ISCSW Board member Ginny Nikiforos, LCSW, BCBA, ADHD-CCSP, presented this informative seminar via Zoom along with Timothy Lo, LCSW. This was a wonderful presentation that introduced participants to the central tenets of Acceptance and Commitment Therapy (ACT) and the benefits of this approach in helping clients identify core issues, unhook from ingrained patterns of thinking, and identify adaptive coping skills. The presenters shared a wealth of resources and information in working with depression, anxiety, life problems, and trauma.

Our Spring Series will continued with a follow-up seminar on Sunday, April 24th featuring Lisa Conway, PHD, and Board member Pam Katz, MSW, LCSW. Building on Ginny and Timothy's talk, they presented *ACT and the Treatment of Body Focused Repetitive Behaviors*. Finally, on May 22nd we are fortunate to host Krista Wilson, MA, LPC, NCC, who will deliver a presentation entitled *Creating a Cycle of Expansion in the Therapeutic Relationship*. For more information on our

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President's Message (continued)

Spring Series or to register for the remaining seminar, please visit: icsw.simplenetix.org

A special thank you to Adam Ornstein, our IT administrator, who has helped us provide these Zoom trainings to our membership. Huge thanks also to long-time Board member Eric Ornstein as he returns to the role of Chair of our Education Committee. If you have any interest in presenting for a future CE event, or questions about our programming lineup, please feel free to contact us.

Lastly, I would like to encourage anyone with an interest in the stewardship and workings of ISCSW to contact me to discuss participating in and/or joining our Board (see ad below). We are always looking for passionate clinicians who would like to network with other dedicated social workers or gain valuable board experience. We also welcome any questions or ideas for how we can best serve our membership. I can be reached directly at kristyarditti@gmail.com

I wish you all a wonderful and invigorating spring, and I hope to see you at our events soon!

Warmly,



Kristy Arditti, AM, LCSW, CDVP
President, ISCSW

Open Board Positions

ISCSW is currently working on several new projects, and 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

Secretary

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 at (773) 677-2180 or kristyarditti@gmail.com

Reflections

on Caring for Our Clients and Ourselves during the Pandemic

Joe Kanengiser, LCSW • Psychotherapist / Executive Coach
ISCSW Board Member-at-Large

The Pandemic as a Turning Point in Balancing Work and Life:

I view helping people change their emotional muscle memory, an impulse which informs all of our actions and reactions, as central to my role as a psychotherapist. This is harder than it seems, as our patterns are tied intrinsically to what we believe has led to success (or failure) in the past, non-conscious biases (which naturally develop throughout our lives), and what we observe and learn from others.

As I struggled with the worst burnout I've ever felt in late 2020, I found myself thinking a lot about my own emotional muscle memory. I graduated college during our last generational crisis: the great recession in 2008. Upon matriculation, I was unemployed, and due to my liberal arts education, where I was encouraged to study my passion (in my case, it was jazz composition), I did not have easily marketable skills. Therefore, my job prospects were slim. I had the amazing support of my parents, who allowed me to live with them and kept me fed, clothed and with a roof over my head. Like many others in my cohort, I worked unpaid internships and very low paid gigs in the hope of developing a career path.

In all honesty, I had never been the hardest working person. I had floated through school doing the bare minimum of work, and in most jobs I had in high school and college, I was not the highest performer. But the recession changed everything. Things were too competitive for me to just "float through" and I had to work. In my fledgling career in tech, I nurtured an overly defined sense of grit, believing that it would lead to success and help me get ahead. It turns out that I was right. I was consistently lauded for my vigilance, organizational skills and hard work. These qualities were not endemic to my personality, I learned and codified them in my early twenties. I believed strongly (and in some ways still do) that these developed traits were so crucial to my success that they would need to become intrinsically tied to who I am. The belief in their importance carried through graduate school and my training as a therapist, where I proudly had my paperwork in on time, always was able to see the maximum number of clients at my clinic and consistently brought energy and passion to my work. I had episodes of burnout – some mild, some more severe – but I was fairly able to dismiss the feelings with a bit of cocooning and self-care. This pattern went on for years, and then the pandemic hit.

By August of 2020, I was seeing as many as 40 clients weekly. The cracks in the foundation of my emotional muscle memory started to present themselves. I had become increasingly ornery, less motivated, less passionate, and easily frustrated by setbacks. My inclination – my standard response – was to grit and grind through the experience of the pandemic, for however long it lasted. I assumed that I would break through to the next level of stamina, because that's what always happened in the past. But this time was different. The will to push and grind was nowhere to be found and the emotional drain had started to seep into my personal life. Over the course of a few weeks, I started to think more and more about quitting and I actually began to seriously explore alternate career options outside social work.

A very close friend and esteemed colleague, who I consider a mentor, encouraged me to reduce my caseload by up to 50%, rather than taking any rash action. With the support of my family and the privilege and freedom to exercise control over my schedule (not to mention a career where I could work less and still make a living), I was able to follow this advice. Over the course of six months, I did the unthinkable, I stopped taking new clients and I worked a lot less. What I found surprised me (but probably was not a surprise to anyone around me): my emotional muscle memory had become counter-productive. Sure, it had led me to developing multiple successful careers, but at this moment now, it was hurting me. More importantly, it was making me a less effective therapist. The answer was no longer to grind it out and put my head down when things get tough. Now, I had to learn when to pull back and take space. And, after a year of working at less than full capacity (or rather, less than what I previously defined as full capacity), I bring more energy and passion to my job than ever before. I have more time and space to think and reflect, and frankly, I'm a more skillful clinician and a more mindful person.

Reflections

Ruth Sterlin, LCSW • Psychotherapist
ISCSW Board Member - Vice President; Newsletter Editor

All Problems Great and Small.

Recently, I shared my Reflection from the last Newsletter with my writers group. In it, I wrote about the inspiration I felt witnessing the resilience of my older clients during the pandemic and their progress in the face of intense stress. My group had an interesting reaction. A number of them commented that they now understood why I haven't retired yet: "Your work is more than a job, it's a calling." This was a reminder to me of how central my work has been to my life.

Life is full of complexity. Along with inspiration come dilemmas.

One dilemma that has emerged for me, particularly over the past two years, is how I view my own and my clients' problems. As I sit with my clients' pain and confusion, I can't help but think of the turmoil in our country, the number of deaths due to gun violence, the inequities of poverty and the lack of opportunity. More recently, Ukrainian families fleeing both bombs and bullets, or not even making it out of their decimated homes, add to the tragic enormity of events in our world.

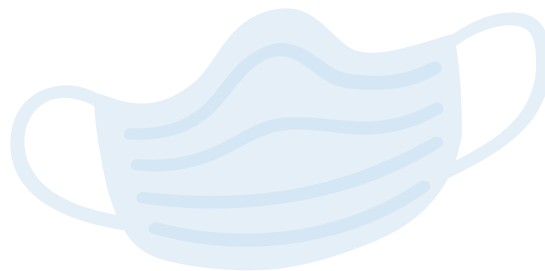
My clients and I have homes to live in, food on the table and reasonable access to the necessities of life. This leaves me wondering how to balance the problems of homeless and marginalized people in our country, and of those facing war on the other side of the world, with the problems of my clients who are well-fed and clothed, but suffer from the invisible pain of mental anguish. The unfathomable destruction from oppression and killing, with psychological suffering or hopelessness. How do we compare? Whose problems are bigger? If they seem "smaller", are they less worthy of attention?

What feels like a balancing act would be a lot easier if those of us with resources could just look at the world and say, "Okay, my problems aren't really so big compared to those losing their homes or being shot at. I should be able to put aside my 'smaller' hurt and suffering." Unfortunately, it doesn't work that way. I think, as clinicians, we are all trying to find a just and workable perspective on all of this.

I'm not sure there's a clear answer. We need to let in what's going on outside our windows and our country, while at the same time staying present with the struggles of our clients. Watch the news, yet not diminish the pain of the person in the chair facing us. We need to stay open to world problems, yet not minimize the difficulties of our troubled clients.

To accomplish this, we have to turn to our own support system, talk it through and find an equilibrium in this barrage of information from the inside and outside. For me, it's an ongoing process. Truly everyone deserves to be heard and helped whether they're right here in front of us, or thousands of miles away—running from bombs. We help who we can and make whatever mark we can in our world.

To keep going, I feel grateful for my friends, peers, consultants and, yes, the comradery of the ISCSW Board. This, and my community of colleagues, keeps me going as I try to ferret out answers to these questions.



Book Review

by Bill Kinnaird

Core Competencies of Relational Psychoanalysis

edited by Roy E. Barsness (2018) - 354 pages

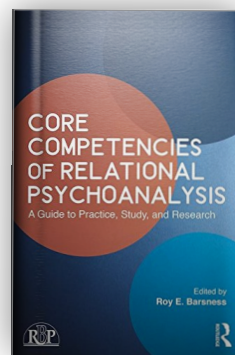
The title of this book might suggest a workbook or a check list about relational psychoanalysis, but it is far more elegant than that. In fact, *Core Competencies* is built around the author's extensive research project into defining what relational psychoanalysts consider to be the core competencies, the essential features, of their practice.

To this end the author and his research team surveyed 15 psychoanalysts who identify themselves as practicing relational psychoanalysis. Using qualitative research methodology, these psychoanalysts were then asked to identify the essential features of relational psychoanalysis. These results were then processed by an independent team of raters who identified seven core competencies. One chapter is devoted to explaining more fully each of the seven competencies. Most of these chapters are by well-known psychoanalysts.

For the psychodynamically-oriented psychotherapist or analyst, this reviewer found that some chapters seemed to explain evolving relational concepts better than original articles did. For example, a chapter by Lewis Aron more clearly explicates Jessica Benjamin's notions of "one-in-the-third" and "third-in-the-one", (p. 129). Karen J. Maroda explains why the concept of "projective identification" has been eclipsed by the notion of "enactment" (p. 159). Further, almost every chapter is rich with clinical examples to illustrate relational analytic guidance and technique. The psychotherapeutic practitioner will find much to consider about her/his own practice in these chapters.

Following Greenberg and Mitchell's *Object Relations in Psychoanalytic Theory*, (1983), in which the authors explained how major schools of psychoanalytic thought each had to consider the issue of interpersonal relations, Steven Mitchell declared in *Relational Concepts in Psychoanalysis* (1988), that for several decades psychoanalysis had been witnessing a "revolution in the history of psychoanalytic ideas" prompting him to declare, "we have been living in an essentially post-Freudian era...where relations with others, not drives, [are] the basic stuff of mental life" (Mitchell, p. 2). Following what Greenberg and Mitchell first termed "the relational model" of psychoanalysis in 1983, thought in relational psychoanalysis has continued to evolve.

Barsness developed this text as "a foundational curriculum for the study of relational psychoanalysis." For the psychodynamically-oriented psychotherapist this text offers an excellent update on current developments in relational psychoanalysis as well as a thorough introduction. In addition, Barsness includes chapters that set relational psychoanalysis in broader context. For example, there are chapters comparing the efficacy evidence for CBT treatment approaches to psychoanalytic. There are discussions about ethics, neuro-psychoanalysis, culture, and self-care or "Staying Connected When Things Fall Apart: The Personal and Professional Life of the Analyst."



References:

Mitchell S. A. (1988). *Relational concepts in psychoanalysis: An integration*. Cambridge Massachusetts: Harvard University Press.

Original Clinical Article



Working Psychodynamically With Couples Who Have a Neurodiverse Child

by Christina Peters, PhD

Understanding the added demands and emotional stressors for parents when they are parenting a neurodivergent child can help us be more facile in our work with couples, deepen our understanding of what they are facing in the day-to-day challenges, and increase our empathy for the tensions and emotional triggers that erupt within the couple. In these cases, we may need to challenge and reconsider some subtleties in our formulations and how we might place meanings on the dynamics in the couple relationship. Further, these cases may require more collaboration than we are used to. It can be significantly enlightening to reach out to other professionals who work with the couple's child, both in mental health and other disciplines, such as occupational therapists, educators, and speech and language therapists. Input from other professionals is needed to better understand the unique developmental paths, and hence the unique and idiosyncratic parenting demands the couple is navigating. Inevitably, for couples who have children, parenting will come into the couples therapy. For some couples it is front and center and for some it is more peripheral; either way, it is a factor impacting the couple's relationship.

In my work, a couple recently complained how they felt trapped by their young child's outbursts and dysregulation. It meant not being able to leave the child with a sitter, not being able to easily run out to do errands, and evening bedtime routines felt like preparing for battle. At the start of the couples therapy, they would quickly blame each other for a parenting misstep and point out how the other was doing it "wrong" and causing the ongoing distress. Both could feel as if the other's parenting "failure" was a sign of that spouse actively ignoring what the other was saying. Criticisms and judgment bounced between them and left them both feeling alone, angry, and scared. Such back-and-forth tensions are not uncommon for a couple, but dealing with their child's untypical and complicated developmental challenges

meant they often felt they were walking on eggshells. Between the couple, there was an ongoing feeling that the emotional stakes between them felt high because, in fact, they are.

In couples therapy, thinking psychodynamically would mean exploring the interpersonal dynamics between the couple and their relationships with the child. That might mean considering what is impeding or facilitating the parents' ability to support the child's regulatory capacities, and wondering what experiences from each parent's backgrounds are being re-enacted and resonating in the couple or parent-child dynamics. However, for this couple, their child's fragile regulation was complicated by sensorimotor delays. Being able to get dressed, brush teeth, and motor plan the basics did not come easily for the child, leaving the child caught within a wish for independence, yet repeatedly frustrated by the difficulty of mastering the tasks to do so. Putting on pajamas and using the toilet, for example, could quickly lead to a meltdown and fight for control. Both of those tasks require motor planning coordination that their child had not yet developed. This challenge is a common scenario for children who have dyspraxia, a disorder of motor planning and coordination. Occupational therapy was crucial in assessing and addressing those areas for the child, but also in helping me to understand details of the child's situation, and hence the parents', with more complexity. I needed to look beyond typical development expectations and assumptions. For this child, the typical day-to-day goings on of childhood were like being asked to translate a foreign language each and every time. Further, this child's sensory system reacted strongly to certain types of sensory input. Certain fabrics, tags on clothing, or sudden sounds of the toilet flushing could startle and panic her. The repeated startling and stressful demands left the child feeling anxious, developing expectations of things in the world feeling bad, and vigilantly seeking control to try to maintain some sense of internal organization and security.

Psychodynamically, one might wonder if these parents had not helped facilitate the child's learning of these tasks or supported her autonomy. In this case, however, the parents frequently attempted to support and help, but their help was quickly rejected. The rejection was in part a reflection of the child's attempt for control and autonomy, but also in part because even the parents'

simple and gentle language to offer help was overwhelming for the child to process. These challenges in navigating basic motor tasks left the child feeling dependent on the parent, yet angry in the defeats to mastery and autonomy. The child was left feeling insecure around separating, complicating transitions and separations. The couple would feel angry and confused, often taking their frustrations and worries out on each other. Quite quickly, all three of them were back in a chronic cycle of feeling angry, rejected, defeated, and trapped.

In such cases, the developmental challenges are not always overt. The child in this example looked capable at first glance. Assessment and intervention from other therapies clarified the specifics of the developmental impingements, and, more importantly, how those developmental challenges and the emotional challenges were inextricably linked to each other. These became important guides to helping unbreak the cycles of failure and anger and helping the parents understand the intricacies of how to help regulate and support their child.

Further, the dynamics in the couples therapy needed to be understood, at least in part, with reference to how the child's developmental challenges triggered the couple's own emotional hot spots. For the child, and in parenting, there were ongoing themes of failure, control, autonomy, and rejection. These same themes played out over and over in the couple's dynamics. Additionally, both members of the couple had experienced criticism, loss and emotional isolation in their own histories. These early experiences were triggered repeatedly as they tried to parent and set the stage for ruptures in their couple relationship. However, were the therapy to focus only on those repetitions and historical meanings, it would miss important details as to how these themes were activated by the unique parenting situation they were in. In other words, the couple's repetition of criticism, disconnection and defeat is not simply a replaying of their histories, but their histories are triggered over and over again by the complicated developmental and emotional needs of their child, especially when the typical parenting responses and insight aren't effective. A multi-layered approach that can make sense of the couple's emotional history, the child's unique needs, and therefore the unique parenting needs, is necessary to unpack the emotional meanings and resonances that are being re-played.

Checking Our Blind Spots

Because the demands and complexities of parenting a neurodivergent child are stressful and unique, many couples feel alone in navigating the challenges. Their child and their parenting experiences don't fit into the typical conversations with fellow parents on the playground or at birthday parties. It is harder to find comradery or support. General parenting books can feel out of sync. As the couples therapist, our own misunderstandings of the parenting demands can potentially replicate that alienation in the therapeutic relationship. Does that mean as a couples therapist we need to be experts in neurodivergent children in order to stay close to the couple's experiences? The short answer is no, but it does mean inviting the couple to help you understand their experiences by inquiring about the details of what they are navigating, and being open to learning about a unique developmental and parenting path.

More importantly, we need to acknowledge that we may have our own personal or professional judgements that could be getting in the way. For example, years ago when I worked with a couple who had a child with autism, there were ongoing tensions between the husband and wife about the sense of connection and intimacy between them. Similar to the earlier mentioned example, they both felt a loss of the other spouse. For this couple, the child slept in their bed or in their room until he was almost 10 years old. I had to tussle with my own internal responses and the theories in my head of what the "right" parenting response should be. Should they have been better at limit-setting around bedtime? Were the lack of boundaries and limits reflective of something needy in the parents, a difficulty in separating, or a way of maintaining some distance in the couple's relationship? Wondering about these dynamics, I was gently reminded by a senior occupational therapist that often these parents are just trying to get through the day and get some sleep. That simple but profound reminder helped shake off some of my assumptions that were creating a blind spot and pay closer attention to what the couple was facing. The realities of family life narrowed the space within their relationship to have time just as a couple and it was a Sisyphean task each night just to get some sleep. The child's multi-disciplinary therapists were crucial to understanding their family life and look beyond the typical child development paradigms in my head to understand how to attend to the couple's needs and help them

Original Clinical Article (continued)

make sense of their emotions, as well as find realistic avenues for connection given the strain they were under.

It was an important reminder of the way one's theoretical beliefs and formulations can get in the way of truly understanding the couple's experience. The more we can understand the intricacies of the child's needs (quite often with the help of other professionals), the more we can sort out what's what in the tensions between the couple and help them feel less alone trying to make sense of it all.

What is Neurodivergence?

The term *neurodivergent* is used here to describe the individual profile of a person in terms of their neurobiological make-up. This includes, but is not limited to, areas related to cognition, sensorimotor processing, memory, and language organization. Use of neurodivergent has a binary quality, as neurodivergent is generally understood to be in opposition to *neurotypical*. While I am using these terms, I want to also clarify that I am writing from a perspective that everyone has a unique neurodevelopmental profile and our social and cultural frames are centered on beliefs of what is considered neurotypical, and what is not. Those beliefs carry an implicit bias of "lesser than." While I am still learning more inclusive language, I am attempting to write from a perspective that sees people and their individual make-up in more diverse, inclusive, and equitable ways.

Neurodiversity is a wide category, but for my purposes here I will focus on the individual differences in how we understand, perceive, process, and navigate our sense of ourselves, the other, and the world. These individual capacities shape the way we understand and perceive experience, but also how we are able to regulate or attach meanings to experience. In the earlier decades of psychoanalytic writing, the terms temperament and constitutional differences would pop up every so often. It was mentioned in the writings of Anna Freud and Donald W. Winnicott, for example. From neuroscience, infant research, and developmental and cognitive psychology, we now know a lot more about the details and nuances of constitutional differences as they impact developmental processes. The following neurodevelopmental areas, very briefly described here, are important in sorting out individual neurodevelopmental differences that shape how we navigate and perceive:

- *Motor development*: refers to capacity to move and coordinate physical actions. When there is difficulty with motor planning, this complicates learning developmental tasks such as eating, crawling, walking, or dressing. A child may have difficulty imitating, understanding, using, and responding to gestures and non-verbal communication. Exploration and play, learning cause and effect, and reading non-verbal cues are examples of what can be thrown off if motor development is constricted.
- *Sensory processing*: refers to the ways one experiences, integrates, and organizes sensory information. Everything we do, or feel, has a sensory component. When these systems are challenged, it can complicate other areas of development, particularly regulation and learning. For example, a baby who is highly sensitive to sound, movement, temperature, and/or touch is more vulnerable to overwhelm, disorientation, and experiencing self and the world as less secure. Conversely, one can be hypo-sensitive such that certain sensory information does not register, leaving gaps in the information about self, other and the world, potentially increasing a sense of confusion or being out of sync. These types of challenges can also inhibit regulation, sense-making of the world, and more discrete tasks like gaze, feeding, and motor movement. When sensory organization is challenged, it is much more difficult to feel secure and make sense of affective experiences.
- *Speech and language development*: refers to capacities to understand and use expressive, receptive, verbal and non-verbal communication. This area also includes articulation and the motor capacity to speak, gesture, and even eat, as well as processing speed, which influences the back and forth rhythmicities of engagement. When these areas are challenged, the ability to express oneself, as well as understand and read others' communications, is restricted. The development of agency and mastery is challenged, and the development of organized narratives is more complicated.

While neurodivergent language is generally associated with the autism spectrum, it is not limited to one diagnostic category. Other diagnoses include ADHD, Sensory Processing Disorder, Language Processing Disorders, Learning Disabilities, some obsessive-compulsive behaviors, and some mood disorders involving affect regulation

How is Neurodiversity Relevant to Psychodynamic Work?

As psychotherapists, the areas described above may not be in our expertise. Nonetheless, chances are you have a neurodivergent patient in your caseload, or you have patients who have a significant neurodivergent person in their lives. Because these developmental areas are often unrecognized

factors, yet play a significant role in psychological functioning, multi-disciplinary collaboration is typically necessary. The developmental areas listed above, for instance, can impact many of the things we think about in psychodynamic therapy:

- Regulation and sense of security.
- Sense of self and other.
- Perceptions and expectations of relationships and the world.
- Agency, autonomy, and individuation.
- Emotional narratives and interpersonal experience.

Further, it is important to acknowledge how much more challenging it is for the parent (and sometimes the therapist, too) to *decipher* the child's needs and communications, and then provide adequate support. Parent mis-attunements need to be understood not just in more typical psychodynamic fashion, focusing on the parent's historical mis-attunements that might be re-enacted, but also in the context of how difficult it is to read and respond to the obscured and nuanced emotional needs of their child.

For neurodiverse children, the world can be more confusing. Information about self, other, and the world is not as easily synthesized and makes feeling competent and secure difficult. The work of day-to-day childhood is just that, work. For the "good-enough" parent in these situations, the typical things that parents do don't seem to fit. Even with thoughtful, well-intentioned parenting, a sensory-reactive child, for example, may not experience the parents' support as soothing or nurturing, hence complicating the working through of early feelings of split good-bad, panic-calm experiences. The road to developing a more whole and cohesive perspective of self and other is longer and harder. In other words, these neurodevelopmental factors significantly shape the experience of the co-created meanings, and internal psychic organization.

Considerations for Couples Therapy: The Long and Winding Road to Finding Joy

Couples with a neurodivergent child are dealing with significant concrete demands to manage the many hallmarks of family life: mealtimes, vacations, family get-togethers, school experiences, peer relationships, scheduling therapists and school support meetings, not to mention financial strains. These are ongoing, long-term challenges. Finding a way to be a good-enough parent never stops being confusing and regularly deflating. Even when developmental milestones and achievements are celebrated, they are often intertwined with grief and mourning because the time frame is often so untypical, so unlike their peers

(cont. page 10)

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 challenges 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 reflective 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
iscswcontact@gmail.com
for more information about
submitting your work.

Original Clinical Article (continued)

around them.

Another important theme in the work for these couples is the challenge in finding joy and playfulness. To simply have spontaneous fun, be playful, enjoy a family outing is fraught with details and contingencies. For parents, it is an uphill battle. It can happen, but it is hard work to get there. Not only are the logistics and supports to be able to play a game together, go to a restaurant, or take a trip complex, but the granular level of interactions and connecting, the felt sense of *togetherness*, can be tough work. For the neurodivergent child, the communication is often confusing, constricted, overreactive or, conversely, flat. If, for example, we only consider a child's muted communication as a reflection of what a parent does or doesn't do (*i.e.*, equating a child's withdrawal as a reflection of a parent's own anxiety, depression, or intrusion), there is a risk of our missing what the child's individual profile brings into the interaction, thereby alienating the couple, and colluding with blame and criticism. Our reflection as therapists is needed to open up questions for ourselves as to how the developmental challenge impacts the child's psychological well-being, and the *experience of*. We are tasked to dig beyond our typical theoretical positions to see how neurodivergencies can easily heighten and embed already vulnerable emotional hot spots for the parents we are working with.

Correspondingly, parents are often mediating a state of panic and ongoing mini-traumas. I am using *traumas* in the sense of being thrown into an unimaginable situation, and the ways that trauma repeats itself for these families. The ongoing state of panic heightens a sense of needing to parent in the "right" way, and a rigidity in needing to have a formula to know how to parent: "If I don't do it the *right way*, I am further causing trauma and keeping my child from happiness and growth."

When a child falls apart screaming and is inconsolable for the rest of the evening because the noise in a restaurant is too much, it can be a form of a mini-trauma for a neurodivergent child, especially when these difficulties happen year after year. In more typical development, children have their meltdowns, but they have more ability to recover, use the adult for support, and work through those moments to grow and understand oneself and the other with more complexity. The neurodivergent child can be in a state of flight or fight—true panic, frequently with less capacity to receive soothing and the micro-moments between

parent and child that help a child work through and grow beyond. Those moments of panic are felt by everyone, for years. The idea of having "done it wrong" can be devastating to the parent. But, of course, there is no right way that will alleviate the dysregulation. It is inevitable.

Panic and trauma embed inflexibility. More importantly, they short circuit, or even shut down, mentalization and differentiation. How is one able to consider, tolerate, or hold the subjectivities of one's own experience and those of a spouse or child in such an ongoing cycle of panic? The high stakes keep the circles of panic, guilt, and shame practically ritualized. For these parents, these experiences aren't just within discrete developmental phases along the typical trajectory, but continue to happen year after year. The panic restricts a couple's ability to be open to one's own emotional subjectivities, but also to those of the spouse. Some couples have described that being able to talk about their feelings and have space to listen to their spouse's feelings feels like a luxury.

Further, the heightened emotional states that can get triggered can make the projections between spouses fierce. They are stickier, especially around fears of failure, and they knot themselves together into gridlock because the panic underneath is so dramatic. The internalized expectations that both parents and child have for how things will go (disaster), and how they will feel (defeated and angry), become calcified. As therapists, our job is to figure out how to dance between helping sort out the projections and multiple transference dynamics, from the very real realities of fears and confusion in the parenting. In other words, if a spouse overreacts and berates the other spouse because some parenting moment was "not done correctly," we need to help each parent understand the fears of failure and guilt in the context of their parenting situation, the individual histories, and how the distress may be projected on to their spouse. We are tasked here to help them both tolerate the complicated affects, and re-shape fears to be more realistic. However, to understand what is realistic, we need an understanding of the reality of the child's needs. I realize this is redundant, but I can't emphasize enough the need to consult other professionals outside of our discipline who are working with the child and family. Or, perhaps we may need to consider referring our patients to other specialists to help everyone understand better.

Here we have another challenge: Collaboration or not? We want to protect privacy and handle transferences carefully, yet we need input to un-

derstand the child and expand our empathy. I would suggest that our patients and the psychodynamic frame can handle more collaboration than we sometimes believe. More understanding helps us not only to clarify the child's unique needs, but also suss out each parent's corresponding needs, and avoid the risk of unconsciously colluding with the parents' own guilt and blame. Treatment alliance needs to be attended to, but the answer isn't a broad rejection of collaboration.

Another challenge is that in addressing parenting concerns, there is a potential to circumvent or split off the work that might be central to the dynamics of the couple. This risk is an ongoing challenge in the work that must be regularly sorted through by the therapist to avoid missing important aspects of the couple's work with each other. However, parenting and couple dynamics are interrelated. The ways that a spouse approaches, reacts, and communicates with their spouse about the parenting challenges are also reflective of the couple's dynamics that can play out in other situations. We may find that direct help with parenting can provide organization not only to the family structure, but to the couple's internal states. Parenting support can be an organizing platform to pave the way for deeper work into the couple's subjective and intersubjective dynamics.

Summary

Neurodiversity challenges us to go beyond our typical understandings of a child's developmental path and needs, and to go beyond what we know of parent-child relational dyads. We are tasked to attend to the complexities of what the child's neurodiversity brings into the system, without making that child the cause of the tensions or unconsciously blaming the parents. While we are more pressed to address parenting concerns in these situations, we must also balance it with the potential for overly-focusing on parenting needs. Parenting work can be an opportunity to deepen the couple work. By addressing both of these aspects, we can provide attunement, affective tolerance, re-frame splitting and projections, hold the complexities of the couple's emotional histories, deepen our empathy, and help our patients do that for each other as well.

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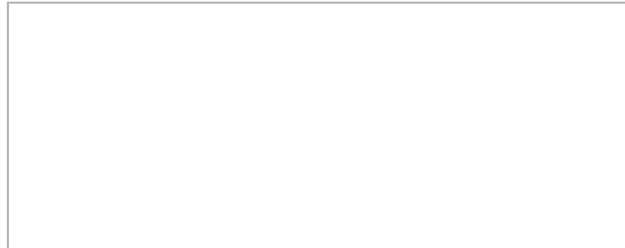
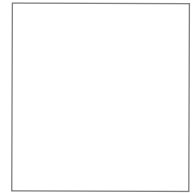
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