Illinois Society for Clinical Social Work

NEWSLETTER
FALL 2015 / WINTER 2016

President's Message

Eric Ornstein

In our age of managed care, brief therapy, manualized treatments and empirically-based practice, I think it is particularly important that we not lose sight of core psychodynamic concepts. For many of us, these are at the heart of the relational-interactional approach that we find so helpful and healing for our clients. I would like to briefly review and discuss the concept of *projective identification,* which I believe is one of the most important psychodynamic concepts, and which has profound implications for the efficacy of our clinical work with clients.

Projective identification is unique among all of the defense mechanisms discussed in psychodynamic clinical literature. It is the only defense mechanism that has both intrapsychic and interpersonal dimensions, which makes it such an important tool for us in understanding difficult moments in our interactions with our clients. I would like to quote a passage from an article that I wrote with Carol Ganzer, Ph.D., entitled, "Relational Social Work: A Model for the Future", published in *Families in Society*, in 2005, in which we discuss the clinical operation and implications of projective identification.

> *Projective identification frequently provides the stage on which transference and countertransference processes between therapist and client are played out. In projective identification, the client or therapist unconsciously attributes some aspect of himself or herself to the other person. Usually, this occurs because that part of the self—which could be an affect, self-representation, or object image—is experienced by the person as being intolerable. In other words, the person rids himself or herself of an objectionable part of the self by placing that part into another person. Next, the person finds himself or herself compelled to stay involved with his or her projected part. This continued involvement is what differentiates this process from simple projection and has important implications for the therapeutic process. As part of this continuing involvement, the projector unconsciously relates to the other person in a way that brings forth in that person feelings and behaviors that resemble the part of the self that was projected into them. The initiator of the projective identification then feels it is necessary and justifiable to control or even attack the other person in order to protect himself or herself from a part of the self that is now experienced as residing in the other person and threatening their well-being.*
>
> *The therapeutic potential of projective identification can be actualized if the person who receives the original projection is able to* contain *the part of the other person's self that has been placed in them. This containment involves holding and detoxifying what has been put into oneself without allowing oneself to be provoked into attacking, retaliating against, or persecuting the original projector. In response to effective containment, the original projector has an opportunity to take back the part of the self from the other person, which can then be integrated into the personality in a healthier way.*
>
> *Our view is that therapists…who have struggled to develop their reflective capacity and tolerance for ambiguity will be more likely to effectively contain their clients' projective identifications and enable their clients to integrate these previously intolerable parts of themselves in healthier, more constructive ways.*

It is beyond the scope of this President's Message to discuss detailed case examples, illustrating the use of projective identification in clinical work. In our article, however, we cite a fascinating example from Davis and Frawley's book, *Treating the Adult Survivors of Childhood Sexual Abuse*, in which a borderline client begins a session suggesting that she has a gun in her purse which she plans to use to kill herself. Her therapist, consequently, notices that in addition to feeling helpless and terrified she also feels strangely sexually aroused. (If you want to find out what happened next, you will have to read the article or the book, both cited at the end of this message.)

(cont'd on page 2)

President's Message, cont'd

Suffice it to say, that the best indicator that projective identification might be occurring between a given social worker and their client, is that the worker internally experiences an unusually intense pressure to take some action (which they might not normally engage in with the client) in response to their interaction with the client. As in many clinical situations, the challenge for the social worker is to find the courage to be aware of what might be happening between himself or herself and the client and to find an empathic way to put the interaction into words. In this way, the worker and the client can collaboratively reflect on and explore the possible meanings of what just happened between them and make connections to larger patterns in the client's life.

Switching gears, I would like to discuss both recent and upcoming I.S.C.S.W. events. On October 30, we presented a day-long conference at the Hilton Garden Inn in Evanston, that enabled our members and the larger social work community to obtain the 6 C.E.U.'s (3 in the area of ethics and 3 in cultural competency) required to renew our L.C.S.W. licenses. In the morning we had a workshop entitled, "Ethical and Legal Issues in Mental Health: What Clinical Social Workers Need to Know". This presentation featured attorney Jonathan Nye who spoke in an extremely entertaining and informative way on topics which included confidentiality, clinical records, personal notes, disclosing client information, dealing with subpoenas, and reporting child and elder abuse.

The afternoon followed with a presentation entitled, "Collective Identity and Its Effects on Client Populations: Implications for Culturally Competent Clinical Social Work Practice". In this workshop, Henry Kronner, Ph.D., L.C.S.W. and Jamie Daling made a fascinating presentation which helped participants understand the major concepts regarding collective identity, including group cohesion, emotional and affective ties, shared meaning, and product or process distinctions. Most notable were the compelling illustrative examples they shared which focused on how collective identity is reflected in the GLBTQ community, and among immigrants from the country of Bhutan.

Both the morning and the afternoon sessions were characterized by a huge attendance, (160 people in the morning and 130 people in the afternoon) and a high level of energetic participation by the attendees. This was the biggest and best conference that the Society has had in years! I want especially to thank the conference co-chairs Ruth Sterlin and Cheryl Neuman Meltzer, as well as the entire Board, for their persistent efforts, hard work and attention to detail that made such a successful conference possible.

Finally, I want to alert our members to the upcoming Jane Roiter Sunday Morning Seminars. Although the seminars are starting a little later than usual this year, due to scheduling issues, we have a fantastic line-up of presenters and topics that I am sure you will not want to miss. On January 10, 2016, Carla Leone will present on the topic of "Couples Therapy from the Perspective of Contemporary Self Psychology: Theory and Practice". Anna Lieblich will talk about "Bad Therapy" on January 31, 2016. Denise R. Davis will address the topic, "Embracing Our Clients' Healthy Strivings: A View from Self Psychology" on February 28, 2016. Finally, on April 3, 2016, Barbara Berger will make a presentation on the topic, "An Unexpected War of Ages. Clinical Issues: Conflicts between Young and Middle Adult Development". Please note that if you register for all four seminars, you will get to attend one seminar for free. Brochures will be mailed soon, but in the meantime please check our website for further details about the seminars and about registration.

Please stay warm this winter, and stay alert and awake by attending I.S.C.S.W. events!

Citations

Davies, J. M., & Frawley, M. G. (1994). *Treating the adult survivor of childhood sexual abuse: A psychoanalytic perspective.* New York: Basic Books, 140.

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ORIGINAL CLINICAL ARTICLE

Organizing as Clinical Work

Carolyn Morales

Introduction

Clinical social work is distinct from other therapeutic professions in that it combines an in-depth understanding of psychological distress and interventions with a commitment to social justice. This commitment is firmly rooted in the foundation of the profession. Jane Addams and other founding mothers who pioneered the settlement house movement lived side-by-side with local residents, providing much-needed services while organizing community members to improve their living conditions and win lasting legislative changes (Addams 1935). The importance of pursuing of social justice continues today, demonstrated by its prominent role it in the National Association of Social Workers' Code of Ethics (NASW 2015). As clinicians, each social worker is charged with incorporating social justice into his or her practice. However, community organizing, one of the most effective uses of clinical skills in the pursuit of a more just society, is often overlooked as a form of clinical practice.

In recent years, the profession has begun to isolate community organizing from clinical social work. My alma mater, for instance, requires students to choose between pursuing a social work degree with an emphasis on clinical work or "administration," with the latter offering only a few courses focusing on organizing. Other graduate programs no longer consider organizing as part of the field and do not offer any classes that focus on this important community intervention. The separation of organizing from clinical practice in social work schools creates a false divide between the fields and unfortunately causes many newer professionals to believe that organizing has nothing to do with clinical practice.

This article will outline the ways in which community organizing regularly employs clinical skills and interventions promote social justice. Through the use of case examples, this article will demonstrate that organizing is a type of clinical practice, as our founding mothers surely found it to be.

What is Organizing?

At its core, organizing is a grassroots approach to engage those most directly affected by a specific problem to fight for a solution. "Community Organizing" as a term was popularized in the 1940's by Chicago-based organizer Saul Alinsky working in the Back-of-the-Yards neighborhood (although there is considerable pushback to the idea that Mr. Alinksy "invented" community organizing as individuals and communities have been engaged in organizing activities since the birth of society). Today, there are a variety of organizations across the world engaged in some form of organizing, and the field is constantly evolving. While there is no one true form of organizing, there are some important commonalities to highlight. In general, "organizing" refers to community change activity that is rooted in facilitating collective action to make substantive changes and increase the social power of disenfranchised groups, thereby creating a more just and equitable society.

As Jenkins (2002) notes, organizing is distinct from advocacy work in some important ways. Advocates primarily work to persuade elites to support leg-

islative changes on behalf of affected groups. Although it is an important tool for creating social change, advocacy work occurs within the confines of pre-existing systems of power in an attempt to create internal change. As many social workers can attest, it is a slow and arduous process that rarely leads to substantial changes of systems of power, or strengthens the internal power of disenfranchised groups, particularly when the advocacy work is not rooted in a wider grassroots struggle. Organizing, on the other hand, views traditional power structures (such as legislative bodies) as inherently unfair and instead works outside of these systems to demand and create change. By making injustices explicitly visible, community organizing work strategically creates conflict which forces immediate and substantial changes.

Background on Case Study

At this point, it will be useful to incorporate examples from my current role as an organizer at a small non-profit that promotes worker's rights, where I support individuals and small groups to take action to fight workplace exploitation and injustice. Unlike traditional community organizing that involves the organizer reaching out to new members or people who live in a specific community, the first contact I have with a member occurs because he or she has contacted our organization after experiencing a workplace problem. After attending a general training that highlights basic protections that already exist under the law, workers are invited to become members of our organization where they will be expected to support other members' campaigns four times per year, among other requirements. The member then schedules an individual intake where the she recounts the problems she has experienced. We then collaboratively explore what options exist to meet the member's stated goals and officially launch a campaign. In a typical campaign, we meet for one or two strategic planning sessions before the worker takes action to address the injustice, which could include filing a complaint with a government agency, starting a legal case with an attorney outside of the organization, and/or directly confronting his or her employer's reprehensible practices by leading direct negotiations or speaking publicly about this workplace problem. After every action, we meet to debrief and solicit the member's opinion on the process so far. At the conclusion of every campaign, we conduct a closing interview where we ask the member to provide us with recommendations for improving the process, reflect on what she has learned or how she is different, and commit to using this new understanding of her rights to improve working conditions in her own workplace, or participate in a broader campaign.

Clinical Skills Used in Organizing

Although effective organizing incorporates the use of a diverse set of clinical theories and skills, I will focus on the following in this article: Person-In-Environment; Attunement; Motivational Interviewing; and Narrative Therapy.

Ecological Systems Theory: Person-In-Environment. Borrowing from the Ecological Systems Model popularized in the biological sciences, social workers are trained to view a person not as a container of various pathologies, but as someone who shapes and is shaped by her environment. Environment is composed of *micro*, *meso*, *exo*, and *macro* levels (although Brofenbrenner also highlights the importance of the chronosystem, not discussed here). The micro level consists of qualities intrinsic to the individual, including self-esteem, knowledge, temperament, and resiliency, as well as relationships with others in one's daily lives, including family relationships, close friendships, school, work, etc. The meso level includes the interactions between various elements of the micro level, such as the influence of the workplace on family life and vice versa. The exo level consists of systems and bureaucracies over which the individual does not exert direct control, but which still impact the life of the individual, such as the immigration system. The macro level includes cultural elements that influence all other levels, including systemic racism, poverty, and sexism (Roundy 2015). To effectively organize any group of individuals, an organizer must be aware of the pressures and various forces that influence the individual and the group as a whole at every level.

Case Example

"Maribel" is a low-wage immigrant worker originally from Mexico. She contacted our center after suddenly being fired from a job where she had worked for 12 years at below minimum wage. She had endured severe verbal abuse from her employer for years because she was too frightened of losing her job. She financially supports family members back home, and she also suffers from a variety of medical problems. She is angry and hurt by her mistreatment, but also nervous and scared to take action, saying that she never had a formal education and is too "dumb" to know what to do.

In every interaction, the organizer must take into account Maribel's micro level personality and strengths, her self-esteem, the influence of her ongoing medical condition, and the impact of her particular family. At the meso level, it will be important to look at how she will support her family in the interim (the interaction between work and home), and the continued impact of her previous job on her life. At the exo level are the complications of the broader immigration system and the lack of enforcement of employment laws; and, finally, at the macro level, the impact of societal views of immigrant workers, to name just a few.

Attunement. A social worker's ability to build rapport and be attuned to the member's emotional state is absolutely essential for successful organizing. Attunement is expressed using verbal and non-verbal cues, such as providing a warm and comfortable environment, maintaining respectful eye-contact, nodding in support, asking clarifying questions, helping the member label feelings and problems or recognize her many strengths, collaboratively establishing a plan of action, and being genuinely invested in the relationship. Above all, attunement is based on accurately reading and expressing genuine care for the member's emotional state.

Another important aspect of attunement is *process attunement,* or the ways in which the process of the relationship-building expresses attunement (James 2015). This form of attunement is especially important to highlight in the organizing process, where the organizer is partnering with the member to address an issue of importance. Through this partnership, the organizer is expressing concern about the individual member's experience, frustration with the larger context that treats individuals so unfairly, and hopefulness that something can be accomplished. (For a fuller description of the nuances of attunement, see Christina James' article in the Winter 2015 edition of the *ISCSW Newsletter.*)

Knowing when to push a member forward and when to step back and play a supportive role is a dance that the organizer and member continuously engage in from the very first meeting. There will no doubt be many missteps, but recognizing these instances of attunement rupture and working collaboratively to repair them strengthen the alliance between the organizer and the member, as well as between the member and the broader organization. The key to effective attunement in organizing is remembering to follow the member's lead. This can be challenging at times, as many oppressed people are so accustomed to being told what to do, when to do it, and how it's done, and so may not trust their own problem-solving abilities. In these instances, the organizer's task is to build up the member's skills and confidence while presenting them with various options for continuing. The most challenging aspect of organizing, as in other forms of social work, is honoring the person's self-determination and supporting her even if she chooses an option with which the organizer may not agree.

Case Example

During some meetings, "Pilar's" behavior indicated she was experiencing emotional hyperarousal, becoming tearful and repeating the same stories of egregious mistreatment by her employer over and over. Although I am not her therapist, I was keenly aware of the ways in which her emotional state directly impacted her campaign progression. While in

this hyperaroused state, Pilar was indecisive and unsure of herself, asking me repeatedly to tell her what do to. During these instances, I initially tried to express care and refocus the conversation on building a campaign. However, Pilar would repeatedly come back to the same stories and issues, indicating that I had not "heard" her correctly. I then refocused my attention instead on maintaining consistent eye contact with her, giving her a caring facial expression (non-verbal attunement), explicitly labeling and validating her feelings, reflecting on her emotional state, and assisting her in exploring the pros and cons of each course of action to help her feel less overwhelmed (verbal attunement). I provided her with extended time to make a decision and have met with her on multiple occasions to review what we previously discussed (process attunement). After one particularly emotional meeting, we jointly explored whether or not therapy could be helpful at this time, and what it means for her to seek additional support. Pilar left each meeting by smiling warmly, and she began to explore what supportive services were available in her community.

Motivational Interviewing. Members who are part of an organizing group initially demonstrate great commitment to a cause but may later express hesitancy or concern over continuing participation. To combat this ambivalence, organizers often employ Motivational Interviewing techniques to reinforce members' original goals. The motivational interviewing tactics I most often use in my work with members include taking a collaborative stance, honoring the self-determination of members to decide what is best for them and their families, demonstrating genuine curiosity when clarifying the member's goals, and helping the members highlight their self-motivations. This is accomplished by using a variety of clinical skills, such as asking open-ended questions during intakes and group meetings, affirming the member's ability to accomplish a specific task, reflecting the emotion underlying statements of change, and summarizing what tasks have been accomplished while highlighting steps for future action (Jani 2013).

Case Example

"Sarah" attended the first intake with her husband and adult daughter. She had conducted background research on her employer and was able to provide basic information about her workplace, including the name and location of the business, the name of the business owner, and how much she earned per hour. Sarah went on to describe what brought her to the organization, namely an unjust firing. We also worked together to calculate exactly how much the employer owed her in back wages, because Sarah was never paid the minimum wage. At the end of each intake, I asked Sarah what her goals were, as well as what motivated her to come in. Initially, Sarah struggled to identify her goals; she stated that she merely wanted to "report" an employer's unscrupulous behavior. I asked Sarah a series of open-ended questions to better understand what "reporting" meant to her and what she hoped would be the consequence of sharing her story. Sarah was quickly able to identify her motivation, namely that she could not tolerate any more exploitation and felt a surge of support from her new husband. We then discussed exactly what type of changes she wanted to see in her workplace and identified which things were immoral, which were illegal, and which were both.

By encouraging Sarah to verbalize both her individual and broader campaign goals, we collaboratively established a clear plan of action. I concluded the intake by emphasizing that Sarah will maintain complete control over all decision-making in the campaign process, and that she will be expected to take an active role in every step of the journey. She heartily agreed to meet again for a strategy session.

Narrative Therapy. Narrative therapy is an effective form of anti-oppressive clinical social work and especially useful when working with oppressed populations. Rooted in post-structuralist philosophy, a narrative approach theorizes that the reality we experience consists of a series of overlapping stories that we tell ourselves about our lives and that others tell about us. Because humans are inherently meaning makers, the way we interpret a series of events (our "narrative") impacts not only how we feel about them, but also which events we view as memorable, since we all edit out alternative interpretations or forget events that do not align with our narratives about ourselves (Combs & Freedman 2012; Dulwich Centre [n.d.]).

Narrative therapy posits that in any given social structure, there exist a variety of dominant cultural narratives, which are held by the majority of people and reinforced in a variety of contexts from the micro to the macro level (Barak 2013). For instance, dominant cultural narratives about low-wage workers include the belief that the working poor do not deserve a higher wage or should work harder and spend more responsibly in order to get ahead. Tensions arise when one's own personal narrative or identity does not align with a dominant narrative, such as when someone working tirelessly at three jobs internalizes the notion that they are "undeserving" of greater protections, or that poverty is her fault. To combat this, narrative therapists use *externalizing talk* where they discuss a person's problem as completely separate from the individual, often referring to the problem as "it" or "they" and assigning the problem volition. Externalizing is a helpful tool, because it creates space between an individual and her problem, allowing the member to see the problem as distinct from her intrinsic being and not the fault of the individual (Combs & Freedman 2012). A narrative approach moves from "I have a problem" to "the problem is the problem" understanding of an issue (Barak 2013). By partnering with an individual, narrative interventions support the person to reconstruct a new narrative that more closely aligns with her internal experience and identity and allows her to regain power over the problem.

Case Example

In every intake, I use externalizing talk to label the immoral behaviors of employers and thus separate them from the individual worker, while connecting the issue to a broader struggle. A worker who originally comes in for a missing paycheck learns that she is required by law to receive the minimum wage, and that this problem does not just reside in her workplace with a "bad" employer, but is a huge problem across the city and country. "Clara" was forced to work under two different names so her employer could avoid paying overtime. After completing an intake and learning her rights, Clara began to describe her "missing pay" as "wage theft" and workplace problems as "exploitation." She then decided to take direct action and try to meet with her employer to discuss repayment. After her employer ignored her requests to meet, Clara decided to speak out publicly and held a press conference outside the workplace to announce that she was filing a lawsuit to recover her stolen wages. It took Clara almost a year to complete her campaign and included many emotional ups and downs as she faced many difficult decisions during the negotiation process. After the legal case was resolved, Clara attended a debrief meeting where she discussed which parts of the process went well and which she would change. She highlighted what she would recommend to a worker just starting the process, and reflected on how she is now different or changed from this process. Despite the prolonged timeline and difficult path, Clara firmly felt that the fight for justice was well worth it, and that she is stronger now that she knows that she can stand up to wage theft and worker exploitation. She is now an active member in the organization and regularly supports other members' campaigns to combat workplace abuses.

Conclusion

Effective organizing incorporates the use of many clinical skills, including understanding the individual as a part of a broader environment, being attuned to a member's emotional state, employing motivational interviewing techniques to encourage members to continue the fight, and actively changing the narrative to more closely align with the individual's internal experience. These clinical interventions help transform not only the way members think about themselves and their problem, but how they understand their individual problem in the context of broader injustices. Organizing creates a process which both addresses an individual's immediate concern and provides her with an outlet to create systemic change. Through organizing, social workers can engage in a clinical practice that truly promotes social justice, just as our founding mothers did a century ago.

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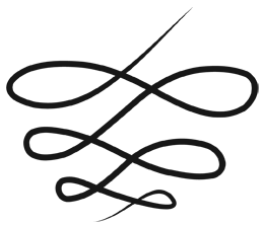
About the Author

Carolyn earned her master's degree from the University of Chicago's School of Social Administration with an emphasis on group therapy and community organizing. Currently, Carolyn works as the Workplace Justice Campaigns Organizer at Arise Chicago where she supports low-wage workers across Chicagoland to recover stolen wages and address workplace concerns. Prior to starting at Arise Chicago, Carolyn worked in social service agencies that supported immigrant survivors of interpersonal violence, human trafficking, and torture. Carolyn's professional interests include narrative therapy, anti-oppressive social work, and community organizing. She holds a dual B.A. in art history and sociology/anthropology from Carleton College and is fluent in both Spanish and English.



Membership Corner

News from Carolyn Morales*

What's new with the membership? Visit the **Membership Area** on our website at *https://ilclinicalsw.com/login/*

Log on using your unique username and password to connect with fellow members, access your e-version of the quarterly *Clinical Social Work Journal* (see directions below), and learn about our upcoming events.

You also have the chance to complete a short questionnaire, recommend colleagues who can join ISCSW, and sign up to mentor a new professional.

A special *thank you* to all members who have already signed up to mentor! We are working to connect you with new professionals and will be in touch in the near future.

Directions for Accessing Your *Clinical Social Work Journal* Issue:

1. Member should already have gotten an email from Springer Publications telling him or her to follow the instructions to access the issue.
2. If the member cannot locate this email (it may have gone to spam), the member should reset his password at the following link: *http://link.springer.com/forgot*
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5. If the current member's email address is not on file, they may be registered under a different email address or they should check to see if their membership is current.

Looking to get more involved with ISCSW? Wanting to volunteer?
Lend your talents to ISCSW's *Conference & Event Planning Committee*!
Email Eric Ornstein, Board President if interested at: *erico55@me.com*

Coming soon!

Networking Event to connect with fellow members. Check out our website for details!

Carolyn Morales, our Membership Chair, is stepping down from her position on the Board. She has given us lots of help and innovative ideas with her enthusiastic involvement and has been a pleasure to work with. Although we are sorry to see her go, we wish her the very best as she gets ready to have her new baby.

Save the Dates!!

For Our Upcoming Jane Roiter Sunday Morning Seminars

January 10, 2016
Carla Leone, Ph.D.
Couples Therapy from the Perspective of Contemporary Self-Psychology: Theory and Practice.

January 31, 2016
Anna Lieblich, L.C.S.W.
Bad Therapy.

February 26, 2016
Denise R. Davis, L.C.S.W.
Embracing Our Clients' Healthy Strivings: A View from Self-Psychology

April 3, 2016
Barbara Berger, Ph.D.
An Unexpected War of Ages. Clinical Issues: Conflicts between Young and Middle Adult Development.

All Seminars are held at the Center for Practice Excellence, Jewish Child and Family Services, 255 Revere Drive, Suite 200, Northbrook, Illinois 60062, (847)412-4350.
Find more information at our website, www.ISCSW@ilclincalsw.com.

Policy and Legislation

Legislation and Policy News

The ISCSW Board is excited to announce that we recently decided to become a partner of Illinois Partners for Human Service. Illinois Partners for Human Service is a state-wide organization with over 800 members located in every legislative district in Illinois. Their mission is to ensure that the human service system is well-managed, maintained and renewed in order for people and communities to remain healthy, safe, and prepared for current and future economic challenges.

Illinois Partners for Human Service is currently working on issues such as Healthcare Reform, Social Determinants of Health, the Budget Crisis, Outstanding Payments to Nonprofits, and the Grant Accountability and Transparency Act (GATA), to name a few. The ISCSW Board initially became interested in joining the organization as a way to become more involved in issues affecting clients that many ISCSW members serve. In future Newsletters, we will inform readers of policy issues that they are currently working on in the event that you want to become involved in a work group or committee.

For individual membership in Illinois Partners for Human Service, please contact them by email: info@illinoispartners.org; or by phone: 312-243-1913.

Christina James, Legislative Chair

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