ISCSW

WINTER 2012-2013

President's Message

Eric Ornstein

These may not be the best of times nor the worst of times, but they are certainly difficult times. The news media tell us that we live in a state that has the worst budget deficit in the nation. Unfortunately, I do not have any easy answers or quick fixes for a problem of this magnitude. I do feel that I need to express my alarm and concern about the impact this situation is likely to have on vulnerable clients and the social workers who serve them, throughout the state. Many social service agencies in Illinois are already in desperate straits. Substance abuse programs and mental health clinics have closed their doors, and many child welfare agencies have reduced and curtailed services. Unfortunately this is a representative list not an exhaustive one. Our safety net is torn and tattered, resulting in many clients falling through the gaping holes that are only going to grow larger.

Just to mention a few of the effects of which I am directly aware, I am hearing about an increasing number of recent M.S.W. graduates who are having an extremely difficult time finding jobs. Sometimes it takes a year or longer for these new professionals to find employment, creating significant stress, anxiety and uncertainty for them and their families. More and more addicted and mentally ill clients are having a harder and harder time finding the treatment they need in order to have a chance for attaining a decent quality of life. Threatened cuts to Medicaid further undermine the health of our poorest, most vulnerable citizens.

I am not sure how the state can get out of this mess, but clearly balancing our state budget on the backs of the poorest and most vulnerable members of our society is not the appropriate solution. I am sure that many of these cuts will be shown to be penny wise and pound foolish, resulting in exponentially increased costs in incarceration, unreimbursed emergency room charges, inpatient psychiatric and medical bills, and residential placement costs.

Under these conditions, social workers are at increased risk for experiencing burnout and secondary post traumatic stress as their caseloads increase to unmanageable levels, and the intensity of their clients' trauma symptoms skyrockets. In the current environment, self care for social workers needs to be our highest priority, and this is where ISCSW's role comes into the picture. As I mentioned in my previous message, the mission of ISCSW is to provide collegial support, fellowship, nurturance and education to our members and the larger social work community. While participating in ISCSW will not magically inoculate a social worker against all the travails of these difficult times, membership can be a meaningful part of a social worker's self care plan.

Speaking of self care, I am pleased to remind members that Nora Ishibashi, Ph.D., will be presenting a seminar focused on professional self care, entitled "Intimacy and Autonomy in the Therapeutic Relationship: Exploring the Boundary between Care Giving and Self Care Taking" at the March 10, 2013 Jane Roiter Sunday Morning Seminar. She will suggest specific ideas about how we can better balance our own needs with our clients' needs. The other upcoming seminars are listed in this *Newsletter* and on the home page of our web site.

Our first Sunday Morning Seminar was a huge success. Over 35 participants were educated and enlightened by Philip Elbaum's case seminar on the treatment of extra-marital affairs, which included a fascinating case presentation by Margaret Grau, L.C.S.W.

I would also like to announce that we are putting the finishing touches on our new ISCSW web site, which you can check out at www.ilclinicalsw.com. I think you will like what you see.

Finally, I want to emphasize an important save-the-date alert! Our Society is pleased to announce that Louis Cozolino, Ph.D., an important and leading authority on the integration of neuroscience and psychotherapy, is scheduled to present at our Spring Conference on Saturday, June 8, 2013. This conference will provide our members a unique opportunity to be exposed to cutting-edge concepts and techniques in this increasingly important area of clinical practice.

In closing, I wish everyone a Happy New Year!

The Illinois Society for Clinical Social Work

Is issuing a

Save the Date Alert!

We proudly announce ISCSW's upcoming

Spring Conference on June 8, 2013, presented by

Louis Cozolino, Ph.D.

Dr. Cozolino is a Professor of Psychology at Pepperdine University in California. He is the author of *The Neuroscience of Psychotherapy, The Making of a Therapist, The Healthy Aging Brain,* and *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain.* All psychotherapists can truly benefit from his compelling translation of cutting edge neuroscience into patient care. His knowledge of brain function combined with his background in psychoanalytic work provide today's psychotherapist with a highly usable knowledge base.

The details of this June 8, 2013 conference will appear soon in your mailboxes and on our ISCSW website, **www.ilclinicalsw.com .**

ORIGINAL CLINICAL ARTICLE

The Parenting Field: Helping Families Open Up Parent-Child Communications

Colin Pereira-Webber

Introduction

When I was first asked to write about parent-child communications, I thought this would be a great topic; but it became more complicated than I thought, complicated because there is so much already written on it. There are hundreds of sites on the internet of books, DVD's, articles and blogs on the topic. I wondered what I would have to say that has not already been presented. Especially to a readership that spends so much time working with families and children on issues of communication.

As I thought a bit more, I realized something else. With all of this information and help, how is it that parents still wonder how they can communicate with their children? I was recently at a school meeting regarding an adolescent whose parents were worried about drugs, sex, safety, and how would they manage their kids. I thought then and still wonder, what is so problematic? It was then that I realized we were all missing some important material, something that would help all of this information to be usable.

We all have seen families who tried "magical" programs to manage their children, only to discover that it really was not that magical. The reason is that there is no magic, just real experience and a foundation that will let all of the information available become usable and workable. The foundation I am referring to is the unconscious internal experience and structure that exist within each of us. Now, this is not so fancy, but it is much more difficult to reach.

As I explored the internet, I found a number of quotes that captured the essence of the child-parent relationship and, thus, communication:

"What a child does not receive he can not later give." – P.D. James

"When you teach your child, you teach your child's child." – The *Talmud*

"The child supplies the power, but parents have to do the steering." – Dr. Benjamin Spock

These are just a few quotes, all pointing to a similar thread: the importance of the *interactional* aspect of communication. Many of you will remember the music of Crosby, Stills and Nash, "Teach Your Children Well". This song captures the foundation for the idea that the parent-child relationship is interactive, interpersonal and interactional. It is a relationship which flows both ways.

The Parenting Field

It is important to remember, though, that this interaction is not only interpersonal, but also intra-psychic and involves the interaction of the mutual unconscious – the unconscious of both parent and child. This interaction takes place in what I am referring to as *the parenting field*. The idea of the parenting field stems from the work of Antonino Ferro, Willy & Madeleine Baranger, and Wilfred Bion. In their work, they refer to it as the *bi-personal field,* that psychological place where two minds come together to form a *third*. Their work focuses primarily on the therapeutic relationship, but I am expanding it to include the parenting relationship. It is within the psychological space that occurs between parent and child that the foundation for actual communication occurs.

In the interaction between the parent's mind and the child's mind, a parent-child (P<->C) mind is created; and it

is in this P<->C mind that communication is shared, created and supported. When parents and children are unable to communicate, it is generally the result of a blockage or, as the Barangers refer to it, a *bastion*.

An example comes to mind of a family I have worked with, consisting of a mother, a father and three children. They came for a consultation, because they could not talk with each other. They argued, yelled, and were verbally abusive with each other. The parents were both psychologically sophisticated, and the children were articulate and bright. They were the type of family that read journals and books, watched films on parenting, and attended classes. Intellectually, they had all of the information they needed in order to communicate with their children, but it was not working. As we met, it became clear that there were layers of intra-psychic blockages and complications which were making their knowledge unusable. Not until we could reach these layers, this old material, and see how the parents and children interacted, could we could begin to see some potential for change. I will come back to this family; but first, I want to expand on the idea of the parenting field.

The parenting field, as mentioned above, is that unconscious, internal, interactive space where both parent and child come together to form an *other* which is a combination of the two. To put it another way, it is where the parent comes together with the child to form an *inter*-psychic relationship that reflects only the two of them, and that is unique to each other. This relationship is different for each parent and child dyad, even in the same family. The factors that contribute to the make up of this couple are unique and are based on a number of variables:

1.) The constitutional make up of each member of the dyad. They each bring to the joint field his or her own pre-existing hardware. This will include any developmental or special needs that either might possess. For example, if the child or parent has Down's syndrome or Aspergers disorder, is deaf, or has a learning deficit, how each experiences this will be unique and will impact how the couple communicates. For the parent, there may be disappointments and difficulties understanding the child. For example if the child has Aspergers, he or she will be processing the world and interactions from a different vertex and will be responding to the mother through his or her perceptions, which could be difficult for the mother to know at first. She could misread the response of the child and then respond in an un-attuned fashion, thus leaving the child to do the same. We can begin to see the impact of these missed cues over time.

2.) The developmental positions of each member of the dyad will also impact the field and will be processed differently depending on that position. Such differences would include how an infant experiences a mother's sadness *versus* how an oedipal child or an adolescent experiences it. And, of course, the parent's own developmental position will impact all. Now, I am using the word *position* rather then *phase* following the ideas of Klein, who felt that a position is more fluid, not permanent, and allows for movement in many directions without feeling it is a regression. All of this is impacted by the way the child reaches a developmental position and whether he or she stays in a developmental position, or shifts to another position and then back in a conflicted or delayed fashion.

3.) Traumas. Clearly all of this is impacted by traumatic events, or by events which are experienced as traumatic by either child or parent.

4.) Previous life experiences. I am referring to experiences that can be either positive or negative. As we think of each partner of the dyad in the P<->C field, we begin to see the complexities that exist and how communication can become difficult. A further important aspect is that, with life experiences, we move in a spiral, not in a linear fashion. The spiral accounts for how previous life events and developmental positions evolve and shift without it necessarily being in a regressive manner. These parenting relationships become very alive, fluid and ongoing. They are always shifting, as we are constantly reworking and re-experiencing our children from different vertexes.

What Each Side Brings

The parents bring to the P<->C field a pre-history of their infantile fantasies of having a baby, which are both pre-oedipal and oedipal in nature, and both fantasy and biology. They come to the parenting field already filled with early fantasies, all of which impact on how they "hear" and respond to the infant's actual communication. The infant, on the other hand, brings its early intrauterine experience of tension regulation with it, making the earliest contact between infant and parent already highly impacted by unconscious, intra-psychic meanings. And the infant with its early proto-responses, will take in and respond to the space available for it.

The earlier communication from the parent to the infant thus comes from the unconscious fantasies of the parent which are then projected onto the infant. The infant in its response will potentially begin to modify the parent's projected/virtual infant with the reality of its actual responses, the "real" baby.

From the classical perspective, parenthood and its inherent interactions are considered a developmental phase and process. This is also the view of Furman, Benedek, and

the Novicks.

Piovano, on the other hand, views parenthood and parenting not as a developmental phase, but rather as a transformational process. This fits with the concept I am proposing of parenthood as a developmental position which oscillates and spirals across time. Being a parent evolves from the on-going interaction between parent and child. There is the additional movement arising out of the fact that this interaction occurs in the parenting field, that place where the unconscious of both the child and the parent *intersect and connect* to create the P<->C relationship.

Becoming and being a communicative and sharing parent evolves through ongoing relatedness. From the very start, the parent and child are creating a P<->C relationship on the parenting field, a psychological place where the fantasies and projections of each meet, creating a *third* entity. I am using "<->", a two-directional arrow, to indicate that the interactional influences go in both directions, from parent to child and from child to parent. The communication in a working, positive, healthy relationship is open and flowing. When blockages occur – bastions, as described by the Barangers – conflicts occur. These conflicts are of negative miscommunications.

When communication difficulties occur it is generally the result of a build up over time. These difficulties can be the result of poor reception or poor projections. The poor receptions can occur due to many factors, the result of both partners of the P<->C couple. This is where we can begin to see the influences of the developmental factors listed above.

Constitutional Make-up

One mother who I had seen individually for some time was struggling with how difficult it was to manage and respond to her child with Down's syndrome. She had spent four to five years attempting to become pregnant, trying every possible route to pregnancy. Finally, she was able to conceive. She and her husband decided not to genetically test due to their religious beliefs, as well as the fact that she had worked and struggled emotionally and psychologically so hard to become pregnant, she could not bear to think that she would terminate the pregnancy. When her son was born with Down's syndrome, it was devastating for her and her husband. Especially since they had created an image of who the child would be: bright, clever, active, a wonder.

Both parents had been very successful educationally and professionally, so they expected and wished for – fantasized – a child just like them. The parental narcissism is at its peak at these times, as it should be. One needs to cathect to the fetus strongly and positively. But then, when there are problems, the pain and disappointment and injury are intense.

The psychological space greeting this Down's syndrome child was filled and needed to be evacuated to make space for who he was. If this could be done, the prognosis for a healthy attachment would be strong; but, if it could not, problems would begin. With these particular parents, the initial attachment and the very early P<->C communication were frozen. Fortunately for both, the baby was healthy and had a big smile, so the parents were soon able to attach and make room in the parenting field for him.

Nonetheless, the ongoing struggle remained intense. The ability to communicate in the various dyads – (F)P<->C, (M)P<->C – were often out of attunement, out of sync. It was not always easy to read their son, or to help him modulate and transform his affects into usable, thinkable feelings.

We often see similar situations with children who have Aspergers, or other neuro-cognitive delays or dysfunctions that can be more subtle than, say, the child with Down's syndrome, but which can cause ongoing stressors in the concerned system. It reminds me of the work of Masud Kahn, who described the process of cumulative trauma, those small, emotional pings that go on over time. By themselves, each one is not big or destructive; but cumulated together, they cause intense stress in the P<->C relationship. This can be seen in the child who is difficult to sooth; or the child with undiagnosed ADHD who, at three or four, cannot stay put, or be focused.

We can also see it in the child whose parents have Bipolar Disorder. While the parents may be managing their illness with medication, they can still be unpredictable, unreliable, and at times unavailable.

These are just a few of the constitutional factors impeding the early development of the communication wiring. Then, if we think about environmental traumas/events, we add an additional dimension. Examples of this can be seen with the birth of a sibling, the chronic illness of a parent, the death of a parent, major surgery, abandonment, adoption and…we could keep going. What is important here is to factor in how any of these events impact the parenting field, influencing how the parent can provide needed containment and reserve under the impact of any of these stressors.

Riley came to see me because of his chronic fighting and anger. He was always upset and never seemed to be satisfied. His parents could not understand, nor could they develop means to respond in a useful way to him. His envy of his brother, younger by three years, was overwhelming, leaving him unable to modulate his rage at his brother or over his feelings of being deceived. As a rule, he always felt that everyone else had more than he did, and that they were better than he was, leading to feelings of depression.

For Riley, a mild tendency towards Aspergers syn-

drome, added to a parental divorce, left his self-containing functions over-stressed, fragmented, and unable to hold on to or transform his feelings. For the parents, the stress of multiple children, of needing to work, and their divorce left their space limited, as well as their capacity to hold and contain emotions.

The therapeutic work which helped facilitate growth involved what Piovano called *parallel treatments*. This modality assisted the family in developing more workable means of communicating by understanding the internal psychic factors impinging on all.

The Developmental Position

The second factor we described is the developmental position of both the child and parent. Again, I have adopted the phrase *developmental position* as used by Klein, since it appears to allow for more active, progressive movement. It fits better with the spiral concept of development that I am proposing.

The developmental position is impacted by the child's neuro-cognitive development, the psychosocial dynamics being mastered, and the specific developmental tasks being achieved. For example, how the one-year-old child and the parent communicate in the P<->C field about going to sleep will be different than for the five-year-old, the ten-year-old, and the adolescent. Not to forget the adult child.

Additionally, the interactions around the child's developmental tasks will trigger the parents' experience with the same task during their own childhoods. So as the parents are responding to their child, they are also reacting to and responding to *and from* that same experience from their own past.

An example is the mother of a 16-year-old girl who was sharing with me her struggle with discussing oral sex with her daughter while they were driving together. Her daughter began to ask her about "eating out". Was that sex? What really happened? My patient felt anxious, found it difficult to continue to drive and was not sure what to say. Her own first experience sexually occurred when she was 22, since she had negotiated her adolescence by pushing away these activities, distancing boys and marrying her first boyfriend. She knew that she needed to continue to talk but still was anxious. She focused on the terminology saying, "That's gross. The better way to talk about it is like, going down." By putting it in her own language, this mother made it a bit more manageable, less graphic and gave herself a chance to process and respond in a helpful manner. It is at these points that communication can go off track. The mother could have gotten angry, ridiculed her daughter for her friends' activities and limited their going out together, potentially creating a gigantic explosion. If this mother had given the latter response, it would have been out of her own struggle with her adolescence, or with her current sexual experience. In these situations, due to their own struggles, parents can end up responding with repression by projecting, acting out with anger, or even being too supportive in encouraging the child's behavior, without understanding what the meaning of the communication from their adolescent is really about. This takes us to the important concept of *meaning*.

The Concept of Meaning

It is by understanding the meaning of behavior, language, or a request that we can truly know how to respond. The meaning is generated from the constitutional make-up, developmental position, and other expected factors discussed earlier. What adds complexity is the fact that the need of the child interacts with and stimulates the mind of the parent. The parent, in turn, does the same for the child. This then creates meaning for the P<->C third, which is the system that the family then deals with.

Using the Novicks' idea of the open/closed family/parenting system, therapists can help organize their patients' experience. They can either move in a positive, healthy, and progressive forward direction, or get stuck in destructive, blocked functioning which results in a closed system.

So, the basis of positive, active, and healthy communication is laid down in the earliest interactions of the parent and child in the parenting field, and then ongoing from there. This healthy communication also creates a capacity in the parenting field for strong containment for the child. When things go well, the P<->C unit develops the interactional capacity of oscillation between them. When things get stuck and families seek help, the P<->C unit can begin to develop the realization that both are influencing the other, and the prospect of getting unstuck, crumbling the bastions of miscommunication, becomes a real possibility.

This process also takes away the mystery, and when the wish for magic is no longer powerful, families can understand what impacts them, and how we can intervene – therapist and patients together – when they get stuck. When the parenting field is seen as an alive, active spiraling process, the thought of being able to change becomes real. Bion said that our best colleague is our patient. In parallel fashion, the same holds for parents. Their best ally is their children.

It would be useful at this point to consider four clinical examples of what I have been presenting.

Beth *came into treatment to focus on issues related to her marriage, as well as how to manage her 20-year-old son who had been diagnosed with a bi-polar disorder and was actively using drugs. She set limits but would always give in and allow him to use her home, money and time. She obviously found it difficult to set limits, and the two of them could not communicate their needs to each other.*

Both of them felt abused and neglected. Over time, I worked with Beth to understand what made it so difficult for her to set clear limits and boundaries that she knew would be helpful to her son. After a time, we both began to see how frightened she felt for him. What came out were her own previous experiences: at 18, Beth was on her own, traveling around the country trying to find odd jobs. We both realized that she had never dealt with her fear and anger about being alone as a child. Then, with her own child, her earlier fears made her unable to set limits. This is a great example of unresolved, repressed emotions interfering with clear communications. Following Beth's realizations and working through, she slowly began to set clear, empathic limits.

***Kevin** came into treatment to work on his reaction and feelings related to his divorce and his handling of his three -year-old daughter. How was he going to understand the reaction of his daughter, he wondered? What was important was how he struggled with his reactions to her comments about their visitation. In particular, his daughter would talk about how Jesus was important, how Jesus was mean to mommy and many other comments related to his religious beliefs. Kevin did not understand what these comments meant. Were these his daughter's ideas, or was she echoing her mother? In our sessions, we talked about viewing his daughter and her comments as her ideas and anxieties. We also talked about how he needed to separate his own transference with his wife from his daughter, and not to displace onto his wife his own earlier childhood worries.*

***Evan** was seen following the death of his father. At the time, Evan was nine years old, and his father had died seven years before. When his father died, not much was discussed in his family, and he seemed clear as to what had occurred, as well as his feelings for his father. Now, at age nine, he was irritable, angry and defiant. His mother was having increasing difficulties in dealing with him. In our sessions, Evan and I began to talk of his anger toward his mother's new boyfriend, and how he did not want him around. It was difficult to tell his mother, since Evan also liked her boyfriend. But only as an infrequent visitor, not as a regular fixture, which he then wanted to destroy. Consequently, how he could share this with his mother became one of our major tasks. Evan was finally able to tell her and her boyfriend that they were moving too fast, and that he will always love his dad.*

***Rita** came to see me about her 25-year-old developmentally delayed son. She had always felt like a good mother, highly invested in her son and his growth, but now she hated him. He was a pain and getting in the way. She felt terribly guilty over these feelings which she believed were getting in the way of having a positive caring relationship with her son. Together, we explored how she had worked with professionals who helped her develop abilities to facilitate her son's development as he was growing up. He had begun to read, go to school and had seemed to be able to be independent. But now she was stuck in her irritation with him. What we came to see over time was that she really had not mourned and was never allowed to feel disappointed in who her son was. She always had to be supportive, never angry. Slowly, we worked on her mourning the loss of that idealized, fantasized child she had wanted but never experienced. After she was able to do this, new space became available for her to respond more empathically to him and to herself.*

How Do We Intervene?

In the media, a number of interventions have been described. Below are some concrete ways to intervene and to listen to our children.

- • be interested
- • stay focused with no phones and no television.
- • don't embarrass
- • don't hover
- • listen, but if too tired, wait
- • let the child tell their story
- • be straight
- • ask *what* happened, not *why*
- • don't moralize, talk down to, or preach
- • reinforce the value of talking and sharing

These are all great ideas, but they are of little use if the foundation of the P<->C relationship is not solid, open and fluid. This takes us then to the question of how we as therapists facilitate parents and children communicating with each other.

The perspective that I want to take is one of a dynamic, psychoanalytic parallel process where the psychotherapist works with both the child and the adults. And in various combinations. First, we need to create an open system, then build the parents' ability to provide adequate containment; and, finally, this will then lead to transformative functions.

These transformative functions are what Bion and Ferro describe as *the transformation of beta elements into alpha elements through the development of alpha functions.* By way of translation, it means that we work with the parent to develop or enhance their abilities to change raw emotions into thinkable and feel-able affects. This takes time and will be a gradual process, since the capacities we want to enhance in the parent involve the regulation of affects and psychic capacities. Additionally, this process is interactional, and occurs in what I earlier described as the parenting field.

Parenting functions are not learnable. One cannot purchase a book or watch a video to develop these capacities. They are modulated and developed through transformational activity. Specific theories are not as important as process, which occurs over time. The process that I described above occurs in the context of the therapeutic relationship, in the office of the therapist, *and in the psychic space of the analyst.* It also involves an identification with the therapist.

To conceptualize this further, the process of treatment is to create in the parent(s) a psychic space (or field) where both parent(s) and child are able to interact with the other, a process of oscillation among the needs of all involved. What I wish to convey here is the creation of a space – using the psychic space within the space of the therapist's office – for containment, modulation, and the transformation of the parent/child relationship. It is the therapeutic process of containment, helping patients be able to put feelings into words, which allows the development and various blockages to materialize. Very gradually, through identification with the therapist and the putting-into-words, change occurs in the parent – change that allows the parent to be receptive to the child. Then, as the child experiences the parent's receptivity, he or she is also able to receive the parent. Thus begins a communication that is open and flowing.

The bottom line is that parenting is not teachable or learnable. A parent cannot be taught to parent. A parent can only transform their parenting capacities and functions. To facilitate these transformations, as we already know, the patient *first* needs to form a working relationship with the therapist. There needs to be a solid, working alliance.

Second, the therapist provides for the parent a container function, similar to that which we hope the parent will provide for the child. This work of containing the parent is essential since it assists the parent in transforming the parent's early experience; and we do this by holding the parent's projections, thus helping him or her to modify and transform the affects so the parent will be in the position to do the same for their child.

Also, through this process we can establish the meaning of a child's behavior.

Third, it is important to remember to allow and help the parent identify with the therapist. Because, in parallel fashion, it is through an identification with the parent that the child learns to function.

Conclusion

Parenting is incredibly challenging, and there are many factors that create blockages in communication in the parenting field. Unresolved feelings from the parents' past, traumas, neurological issues and many other factors can serve to close down the family communication system, and thereby the parenting field. Although one cannot "teach" parenting, it is possible for us as therapists to help parents and their children to open up the family communications by providing them with a psychic space, within the confines of our therapeutic setting, and containment, all of which provide the opportunity over time for parents to transform their unresolved affects into receptivity towards their child. This is turn will be returned by the child, who now feels freer to open up.

One might ask, when does our role as a parent end? When do we walk away from this parenting field? Well, the truth is, only in death. Otherwise, our role as a parent is always evolving, shifting and demanding new ways of interacting with our child.

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About the Author

Colin Pereira-Webber, M.A*., is a child, adolescent and adult psychoanalyst, with offices in Chicago and Elmhurst, Illinois. He is on the faculty of the Chicago Institute for Psychoanalysis and the Child and Adolescent Psychoanalytic Psychotherapy Program. Also, he is a guest lecturer at the St. Louis Institute for Psychoanalysis. He has a special focus on childhood bereavement.*

The Cutting Edge...

Reviews of Recent Literature

The Archaeology of the Mind: The Neuroevolutionary Origins of Human Emotions. Jaak Panksepp & Lucy Biven. (2012). New York: Norton.

Many aspects of this book are dramatic, beginning with the story of its publication. For over 40 years, Jaak Panksepp has been a pioneer in the study of the neurobiology of emotions. In the early years, he was a very lonely pioneer. The shadow of behaviorism was still hanging over *psychobiology*, as it was called in those days, and it was widely believed that there was no way to study the neurobiology of emotion. Indeed before Panksepp, there were very few methods for studying emotion in animals. Even believing that animals had emotions was derisively called *anthropomorphisis*. By 2000, however, Panksepp's work was well accepted, receiving grant funding and the interest of psychotherapists. Daniel Siegel asked him to write a book accessible to psychotherapists for the Norton series on interpersonal neurobiology. Unlike many of the other books in this series, this book was not to be simply a collation of Panksepp's papers, but rather a newly-written synthesis of his lifetime of work. Originally, the book was to be published in 2010; however, in 2009 both Panksepp and his wife went through overwhelming struggles with cancer. Panksepp was afraid that he would never be able to finish the book. Fortunately, both Panksepp and his wife are now in remission.

Interestingly, as part of his recovery from the trauma of cancer, Panksepp was treated with the EMDR. This greatly increased his growing interest in psychotherapy. Needing a co-author to finish the book, Panskepp chose Lucy Biven, a British psychoanalyst interested in neurobiology. The result of their collaboration is a book that not only synthesizes 40 years of research, but also includes Panksepp's work with in -depth psychotherapy.

Although much of modern neurobiology now focuses on emotion, it is generally with an emphasis on the cortical and limbic aspects of emotion. Most studies have focused on the forebrain, because it is easier to study, given that the forebrain is more accessible to surgical manipulation. In addition, the areas of the forebrain are large enough to distinguish from each other in functional brain imaging. The brainstem areas of the emotional system, on the other hand, are deeply buried and difficult to manipulate surgically. They are far too small to be studied with current imaging techniques. Nonetheless, Panksepp believes it is almost meaningless to study the neurobiology of emotion without integrating the cortical areas and the limbic areas with the deep brainstem roots of emotion. The cortex allows us to cognitively process emotion; however, emotion is rooted in a much deeper level. Panksepp maintains that the cortex is not necessary for the expression or experience of emotion. He believes that animals that have had their cerebral cortices removed are capable of a full range of affective experience. One of the most striking things in the book is a picture of an anencephalic child lighting up with true joy when an infant is placed next to her. Also, a Google search for, "the rat tickler" will bring up YouTube videos of decorticated rats joyfully playing with Dr. Panksepp. He believes that the core of emotional life lies in the brainstem in a region around the fourth ventricle, the peri-aquiductal gray, and in some hypothalamic and basal ganglia nuclei.

Panksepp has defined seven basic emotions: seeking, rage, fear, lust, nurturing, panic/grief and play. His most important and accepted contribution is the concept of the *seeking system*. This system, with roots in the dorsal tegmental area, was first described as the "pleasure center" because rats would do anything to get it stimulated. Panksepp showed that stimulation of this system will direct an animal to act toward a goal, but *not* cause the animal to experience pleasure. Pleasure is, in fact, located in the nucleus accumbens and in some septal areas. This new understanding that the seeking system is anatomically separate from the pleasure centers has contributed greatly to our understanding and treatment of addiction. After a short time, an addict will continue to be driven to actions involved in the seeking of drugs or sex but will get less and less pleasure from the reward that his seeking behavior gets him.

Although I am sure that understanding all seven of the emotional systems that Panksepp has defined would be clinically useful, in this article I have chosen to focus on the three systems that have helped me most in my clinical practice: play, panic/grief and fear. Panksepp has helped me to realize that rough-and-tumble play is the most basic form of mammalian play, and it is essential for social development and for the development of affect regulation. This has made a tremendous difference in the way I conceptualize and conduct my Aspergers groups. To the horror of almost every female co-therapist I have ever worked with, I now allow the children in my Aspergers group to do what they want to do, which is most often wrestling around or getting into mock fights. The result is that the children in these groups make rapid progress in social skills, as well as affective con-

trol. Some typically developing children have also benefited from these groups, because children in our society have too little opportunity for unstructured rough-and-tumble play.

Panksepp's insight into the difference between fear and panic/grief has given me a good deal of help in working with patients who suffer from anxiety and panic disorder. There are three types of fear and panic. The first is classic panic. Panic attacks are a malfunction of central receptors which triggers a suffocation response. This type of panic is treated very well with breathing exercises, psychoeducation, habituation and reducing anticipatory anxiety. Panksepp, who has never water boarded an animal, has not worked with this type of anxiety (water-boarding induces a suffocation response and is an excellent way to turn on panic attacks). However, suffocation-induced anxiety is very well described elsewhere; because I believe it is very easy for cognitive behavioral therapists to treat panic attacks effectively without having to deal with "messy" patient-therapist relationships, feelings or memories.

The second type of anxiety is a result of past episodes of extreme fear. This generally has its origin in trauma, or periods of continual danger. This sort of anxiety is seen in PTSD patients, as well as in people who have not experienced trauma *per se* but have been in dangerous situations for long periods of time. For example, I worked with a Reserve Sergeant who had just returned from nine months in Afghanistan. He experienced months in which he could never feel safe but experienced no trauma. In Afghanistan, unlike in Iraq, there are no safe places for our troops: Chinese rockets very often are fired at the bases; terrorists have infiltrated the personnel that our troops have to work with, and most of the roads that personnel have to drive on have been mined. Shortly after my military patient returned home, his wife noticed that he had changed: he seemed to over react to everything. He did not experience what he would call *anxiety* or fear, but he felt he was less stoic than he had been before he was deployed. Another example of this type of anxiety occurred in a female patient of mine who grew up in fear of her father's continual criticism; she is now always scared that she can never please her boss. Breathing exercises do not help people with this type of anxiety. They do not have anticipatory anxiety, and they need to reprocess either a trauma or a stressful period in their lives.

The third type of anxiety, not as well recognized as the other two types of anxiety, has its roots in panic/depression. Panksepp describes this as a reaction that a young animal has when it is separated from its parents. Separated from their mother, baby chicks give the distress peeps. Analogous behavior is observed in the protest part of the protest-and-despair reaction in human infants. Many people can remember experiencing it as a small child when they walked down the wrong aisle in a supermarket and thought that they had lost their parents forever. Currently, I am working with a 14-year-old boy who cannot leave his house. This began after he was in a minor fender-bender automobile accident with his mother. At the time of the accident, he did not experience a panic attack. Nor does he have any signs of PTSD. However, there are a series of events in his life that seem to have contributed to his current anxiety: 1) His first day in senior high school, he felt lost scared and alone. 2) His father left the family earlier this year, and an older brother moved out of the house. 3) He was hospitalized frequently for the first 18 months of his life for medical illnesses. When I made my first home visit, he said, "I feel very safe with you" within five minutes of meeting me. Clearly, he does not need breathing exercises or desensitization. What he needs is to develop an internal sense of safety and consistency. Panksepp's contribution of separating fear from panic/grief helps to understand the importance of approaching different types of anxiety with more targeted interventions. One might say that panic and grief are the opposite sides of the same coin.

Panksepp offers several other ways in which his work can be useful to psychotherapists. He believes it may be possible to work on emotional problems without the intervention of words or cognitions; *i.e.,* to work directly on the emotions. He cites the work of Pat Ogden as an example of this. Ogden is very interested in music therapy as a tool which directly affects emotion. Indeed, Panksepp has showed that music can reduce distress peeps in baby chicks separated from their mother.

He is also interested in applying his work to psychopharmacology. There are at least 20 neuropeptides that have effects on emotion. So far none of these peptides have been utilized clinically. Panksepp has shown that low doses of opiates have positive effects on affect and social interaction. He speculates that drugs which are both agonists and antagonists of opiate receptors – and which may not be addictive or build tolerance – may be useful in the treatment of depression.

Panksepp's view of emotion may not be complete. It may not be totally correct. For example, he does not really present the archaeology of the mind. The emotional systems he describes may not really be as primitive as he says. However, the brain areas involved in the emotional systems he talks about are present in all vertebrates. Since the neurotransmitters and neuropeptides involved in emotions exist in invertebrates, studying the function of these chemicals and brain regions in lower animals could very well shed light on their functions in higher animals and in humans. Panksepp also assumes that everything in the brainstem is primitive, which may not be true. The myelinated

vagus is new to mammals, and humans have recently evolved the largest vagal nucleus in the animal kingdom.

Obviously, a book such as this cannot present a coherent approach to psychotherapy. It can merely suggest. Nonetheless, I believe that many psychotherapists will find Panksepp's ideas useful in formulating treatment approaches for their own patients. I certainly have.

Geoffrey Magnus

Cultural Competence Platform...

This column was originally created by Henry W. Kronner, Ph.D., a current member of ISCSW and the former Cultural Competence Chair of its Board. As an Associate Professor at Aurora University School of Social Work, he continues to contribute to our Society by encouraging present and former social work students from his courses on Cultural Diversity to submit their writing and opinions here. As part of an effort to further our cultural competence and understanding, we hope that all ISCSW members will consider contributing articles, essays and opinions to this Cultural Competence Platform *column.*

A Look at the *Sesame Street Voters* in Our Political Election

Jill B. Page*

During the past presidential election, I was listening to a report on the radio mentioning Diane Francis of *The National Post* referring to the "*Sesame Street voters"* having an impact on the recent election, and it caught my attention. In satisfying my curiosity I found an article online, *"*A Look at the *Sesame Street* Voters" (Briand 2009), to use in writing this paper. As a baby-boomer parent, I am very familiar with *Sesame Street* as an innovative, fun, and creative educational alternative to cartoon television. I have always believed that the program taught the values of cooperation, fair play, tolerance, self-respect, conflict resolution, and character, which are in line with my family values. I liked that the program also taught numbers and letters along with those values. I saw the program as fun with a purpose. What I now realize as a result of reading the article is that there was an unintended consequence of my parenting decision to have my children watch this show. The consequence was that *Sesame Street* may have been an important factor for young people, including my own adult children, making the decision to cast their votes for Barack Obama in the recent election where he was elected as our 44th president.

Summary of the Article

The article began by asking a question: "What do *Sesame Street* voters and Barak Obama have in common?" According to the article, the main message of the show is, "It is OK to be different." Two generations of children have grown up watching *Sesame Street,* which first aired in 1969. A new book *The Street Gang: The Complete History of Sesame Street,* by Michael Davis, a former senior editor for *TV Guide magazine,* is also described in the article. This book "traces the evolution of the show from its inspiration in the civil rights movement through its many ups and downs…from Nixon's trying to cut off its funding to the rise of Elmo" (Briand 2009, para. 6). With regard to my own children, *Sesame Street* characters were common household names for my children, and they learned *Sesame Street* lessons from watching it, which, in turn, seemed to be reflected in their decision-making process as voting adults. My discussion with them indicated a significant "color blindness" as part of the *Sesame Street* message about race. The history of this creative children's program of the 1970's and 1980's can be viewed as having influenced American youth who voted in record numbers in the 2008 election, impacting the presidential election outcome. According to *MSNBC.com,* "…an estimated 24 million young people voted in the 2008 election, an increase of 2.2 million over 2004" (Dahl 2008, para.6).

My Own Reaction

There is no question in my mind that my children were "spoon fed" *Sesame Street"* on a regular basis for many years. My discussions, following reading the article, with my adult children affirm the accuracy of the article's observations. They did not see the election as a matter of color. We all agreed that *Sesame Street* promoted the values of listening, fairness, cooperation, and learning. My adult children affirmed that they value education, which is evidenced by their having earned advanced college degrees and professional designations. They also felt the process of deciding whom to cast their vote for was based on personal beliefs about the issues, the character of the candidates, and who would lead the country in a way that was most closely aligned with their thinking.

My Parenting Insights on the Effects of the Program

I view my parenting role as being one that nurtures and guides my children. I believe children are unique individuals, so I loved the message, "It is OK to be different." I also saw my parenting role as one of having the responsi-

bility to teach my children what it means to take steps in growing up and becoming an adult. To me, adulthood does not happen at sixteen when one is allowed to obtain a state drivers license, or at eighteen when young men are required to register for the U.S. military and are given – along with women – the right to vote, or at 21 when one becomes "legal" with regard to the consumption of alcohol. I would acknowledge these are the beginning steps of adulthood that include making the decisions to exercise adult privileges, rights and responsibilities. The definition of adult status in our family includes these steps, adding the step of becoming personally and financially independent, along with accepting the consequences of decisions made. I like to think that I model intentional, thoughtful, adult decision making in my parenting role, providing natural and fair consequences. I believe the evidence of attaining adulthood can be seen in the character, decisions, achievements and lives of my adult children.

However, as a well-intentioned baby boomer, I sought to multi-task as a mother, homemaker, community organizer and fundraiser; I would often use *Sesame Street* as an occasional babysitter or substitute for playing with my children, rationalizing to myself that they were being educated. The program also reinforced the values that I wanted for them while they engaged in learning and having fun watching this interactive show. The unintended consequence for a generation of children that did not cast their vote based on color has to be credited to the vision provided by the creators of *Sesame Street* that has marked this generation of children to be one that changed our nation. I am happy and proud to have this new understanding of how the unintended consequences played out, both in my own awareness and in the result that the *Sesame Street* influence may have been an important factor for this generation of children.

A Balcony View of Legacy

In becoming aware of the *Sesame Street* impact, I also realize that I am "sandwiched" between my aging parents and my adult children. Barack Obama, age 46, represents Generation X, those born between 1961 and 1976, not baby boomers as were his predecessors, George W. Bush and William Jefferson Clinton. Moreover, this suggests the beginning of the shift of power from generation to generation. I believe the torch has been passed. My children's generation has not only grown up watching *Sesame Street,* which influenced their values, they have also grown up in the "information age." They are media savvy, comfortable with technology, and as a result may be the first generation with a global world view. Both my sons and my daughter watch programs like Jon Stewart, while I watch Bill O'Reilly of Fox News. For me, the "fair and balanced" tagline of O'Reilly and his age are appealing to my sensibility that the mainstream media tends to exhibit more bias. My adult children's limited attention span and aversion to viewing traditional news programs are reflected in their preference for Internet news sound bites laced with slices of humor, which is provided by the Jon Stewart Show. Also, I recognize that young people have grown up with rapid-fire presentation of ideas, which may contribute to the way in which they prefer to gather their information. They are a product of *Sesame Street* education using humor, laughter and fun, so it makes sense that they prefer the news in short bites with "smart" humor? Who would have thought that television programming, the media, and a children's show would have had this impact on our world!

Our world is impacted by legacy, a topic which has often been discussed in light of the historical influence and leadership provided by a U.S. President. I am feeling acutely aware of the impact of my parenting choice to utilize the *Sesame Street* program in the formative years in my children's lives. It reminds me of the importance influence can play in the lives of others. I believe that I have good reason to pursue with passion my new career in social work. Having the realization of being in a "sandwiched" life stage gives me pause to consider how quickly time passes. I feel a sense of urgency, now that I am aware of the opportunity I may have, to influence and help increase awareness in myself and others through my social work practice. I have a desire to use my social work education, writing and speaking abilities to do what I can to be a catalyst for advocating healthy discussions that increase awareness. The idea of legacy – making a difference helping others – as my life work and for my children is of the greatest importance to me. I believe every moment counts. I value personal growth, and accepting responsibility for oneself. I believe in challenging myself, and remaining open to change presented in opportunities throughout life. Expanding awareness is of significant importance in my life. These generational differences seem to contain important data, and the opportunity for change is providing a new legacy view.

Conclusion

Why was it important for me to write this paper? I have a new perspective on and awareness of the importance found in my role of parenting. I am now aware of the consequences of making intentional "wise" choices. I realize the impact that "teaching moments" may have in working with the next generation of parents and their children. Perhaps as social workers, we can dream of making the next "*Sesame Street"* difference, advocating the importance of intentional decision making. I am now more aware of the opportunity to influence young adults around me in the Graduate Program at Aurora University. I am

also excited to learn and anticipate how I might use my own parenting experience and social work expertise; and I intend to apply the lessons I have learned from successfully launching three amazing, fully independent, responsible, college-educated adult children into this world. I am proud that each of my children made the decision to exercise their right to cast votes in the recent election, and it provided me with helpful insights in writing this paper. I now see the importance of the choices we make and how they can influence children's behavior, ideals, value and character, leaving a legacy from one generation to another. In this case, a simple decision about what programs to allow my children to watch has made a contribution to events that impacted history. For this decision, I am both humbled and encouraged in my many roles. I am proud to be an American, looking forward to opportunity and change ahead.

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***Jill B. Page, M.S.W.**, is a former student of Dr. Henry Kronner at Aurora University School of Social Work.*

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ISCSW Membership Renewal

It's that time again! Time to renew your membership with ISCSW, or sign up if you are a first-time member. Did you know that you can now apply for your ISCSW membership online using PayPal? Just visit our website at www.ilclinicalsw.com and use this new option to renew or apply for membership. At this time, we will continue to offer membership at these reduced rates:

Fellow Member - **$150**

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Our Society continues to host Continuing Education events at reduced rates for members. Please take a moment to review all of our benefits, as well as the upcoming workshops listed below.

Membership entitles you to:

- • Four issues yearly of the *Clinical Social Work Journal.*
- • Reduced rate educational programs providing Continued Education Units.
- • Free Networking Events.
- • The ISCSW *Newsletter,* which comes out three times per year.
- • The distinction of belonging to a professional organization that specifically represents the interests of Clinical Social Workers and their clients.
- • Services to new professionals, including mentorship and a referral service for low-cost psychotherapy.

- • **Jane Roiter Sunday Morning Seminars**:

  December 16, 2012- Hylene S. Dublin, L.C.S.W., B.C.D., C.P.G., L.F.A.G.P.A.
  "Exploring Boundaries: The Case for Maintaining and Examining Boundary Issues in Group Psychotherapy."

  February, 10, 2013 – Noriko Martinez, Ph.D., L.C.S.W.
  "A Cognitive Integrative Perspective on the Therapeutic Relationship: Exploring the Boundaries of Theoretical Integration."

  March 10, 2013 – Nora L. Ishibashi, Ph.D.
  "Intimacy and Autonomy in the Therapeutic Relationship: Exploring the Boundary between Care Giving and Self Care Taking."

- • **Spring Conference** – featuring Louis Cozolino on Neuroscience and Psychotherapy – June 8, 2013
- • **Fall 2013 Ethics Conference** - To be announced.

Committing to your 2013 membership maintains the support and dedication necessary for the ISCSW Board to plan these events year after year. We are a voluntary Board, and we value each and every one of your memberships. Please renew your membership by mail, or online using PayPal at www.ilclinicalsw.com . If you have any questions, please call (312) 346-6991.

Allyson Morch Vanscoy
Interim Membership Chair

The Jane Roiter Sunday Morning Seminar Series:

Exploring Boundaries: When to Draw the Line…or Not

February 10, 2013 – "A Cognitive Integrative Perspective on the Therapeutic Relationship"

Speaker: ***Noriko Martinez, PhD, LCSW***

Integrating cognitive, psychodynamic, neurobiological, anthropological, linguistic perspectives on mind experience, Berlin's cognitive integrative perspective (CI) also remains firmly grounded in the social work ideal of seeing person in environment. This talk will discuss the different ways of thinking about the relationship between clinician and client within CI, with a special focus on the private practitioner's role in addressing environmental constraints and how that affects the relationship.

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March 10, 2013 – "Intimacy and Autonomy in the Therapeutic Relationship: Exploring the Boundary between Care Giving and Self Care Taking"

Speaker: ***Nora L. Ishibashi, PhD***

As therapists we have devoted our lives, and our selves, to the professional career of promoting the well being of the people we see. This work is a pleasure and a source of lifelong challenge and learning. In the process of refining, recalibrating and improving our capacity to care for our clients, we can become careless about our own well being as people and we can confuse the boundary between genuine, appropriate psychotherapy and an unhealthy self-sacrifice. Therapists are human beings deserving of care in addition to being professionals providing care. Just as we teach our clients to balance their own needs with the needs of the people for whom they are responsible—spouses, children and colleagues—we need to step back and remind ourselves who we are as people and reconfirm the importance of our own well being as a good in its own right.

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To register online for these Seminars, please go to www.ilclinicalsw.com. To speak to someone, please call 312-346-6991, or email iscsw@ilclinicalsw.com.

Kudos Corner…

Kudos go to ***Harold Bendicsen*** for the upcoming publication of his monograph, *The Transformational Self: Attachment and the End of the Adolescent Phase.* The projected date of its publication by Karnac Books is February 2013. According to Dr. Bendicsen, his monograph will "add to the theoretical discussion regarding the nature of the intrapsychic and interpersonal transformational changes associated with the transition from adolescence to young adulthood." We look forward to learning more about it!

Applications Are Being Taken for ISCSW Board Positions

The ISCSW Board is now taking applications for the positions of *Legislative* Chair, *Cultural Competence* Chair, *Membership* Chair, and Secretary. Board members have a unique experience of professional comradery while serving together. They are able to contribute to the direction of our clinical Society and often get client referrals while in office. If you are interested, please call 312-346-6991, or email ISCSW@ilclinicalsw.com.

ISCSW Launches Its New Website!

ISCSW is excited to announce the launch of our redesigned website. The website now has a new look and increased functionality. One new feature is the multi-option online registration for Society events. For example, for the Sunday Morning Seminars, there are options to register and pay *via* PayPal for a single seminar, multiple seminars, or the whole series. Since there are still future seminars left in the series, this is a great time to try out the online registration. Online registration and payment will also be available for upcoming conferences. In addition to these new options, there are different options for online membership renewal. It will now be possible to indicate a choice between a one-year renewal and an automatic yearly renewal.

Our website also has a "Members Only" section! It is now possible to register member information for the privilege of logging into the member's only section, which will include online versions of our *Newsletters* that can be viewed and printed, and a Discussion Board where members can create and respond to *posts*. On the Discussion Board there is the opportunity for members to post questions to other members about treatment referrals or other clinically-related issues. Please explore our new website at *www.ilclinicalsw.com* and take advantage of all that your ISCSW membership offers!

Deanna Guthrie
Public Relations Chair

Calling All Writers!

The Illinois Society for Clinical Social Work is looking for writers! Regardless of your experience with writing – whether a lot or very little – we believe that, if you are a clinician in the field, you have something to say. And our ***Newsletter*** is an excellent place to say it! If writing a full article is not your preference, we invite you to write a review of a book or professional journal article in the ***Cutting Edge*** column, or to express your opinion in our new ***Cultural Competence Platform*** column. In addition to the satisfaction of sharing your knowledge and opinions, you will have the opportunity to work with a seasoned editor to facilitate your writing process. Please contact us at ISCSW@ilclinicalsw.com for more information about submitting your work.

Illinois Society for Clinical Social Work P.O. Box 2929 Chicago, IL 60690-2929
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Excellent Services Available through ISCSW

Low-Fee Treatment Referrals

Treatment referrals are available to new professionals and the community-at-large through the Illinois Society for Clinical Social Work. Experienced therapists with a *sliding scale* comprise many of those in the Society's referral pool. A confidential consultation is the first step in obtaining a referral tailored specifically to the person interested in treatment. A call to Rebecca Osborn, New Professionals Chair, at (312) 346-6991 will initiate a discussion of how we can best serve those looking for low-fee services.

Low-Fee Clinical Supervision

Clinical supervision is also available to new professionals and the clinical social work community at a low fee. The Society prides itself in precise collaboration with the person seeking supervision in considering an appropriate referral. Supervisors have a strong background of experience in a variety of practice settings and approaches. Those interested in this service should contact Rebecca Osborn, New Professionals Chair, at (312) 346-6991.