Illinois Society for Clinical Social Work

Newsletter

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

Save the Date:

Full-Day CEU Conference **(online)**

Register: iscsw.simpletix.com

Matthew Selekman — Sept 16

Therapeutic Artistry: Finding Your Creative Edge with Challenging Clients

see pages 4-5

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President's Message

Kristy Arditti

Greetings to members of the Illinois Society for Clinical Social Work! On behalf of the entire Board, we hope you've had a wonderful and restful summer. The Board has been working diligently over the summer to finalize details for a fall conference, as well as for our autumn Sunday Seminar Series. The Board also had the opportunity to meet in-person for the first time since the pandemic began, at a retreat where we discussed upcoming goals for the year ahead and enjoyed spending time together.

It is with fondness, appreciation, and some sadness, that I have decided to step down as ISCSW President. I will be finishing my term at the end of September. As we establish new leadership, the important work of the Society will continue. As my role transitions to a new steward, I look forward to welcoming them and introducing all of you to them, as well.

I want to take this opportunity to thank all of you in our social work community, especially our ISCSW Board members, for allowing me the opportunity to lead this organization. It's hard to believe that three years have gone by since I assumed the presidency and began working with the passionate and committed individuals on our Board. During that time, I've learned a tremendous amount about myself, leadership, the tremendous skill and expertise of our Board members, and also the unique gifts that each of you offers your clients and colleagues in this work.

Looking ahead, we are excited to announce that we will be offering a full-day Continuing Education Conference led by clinician, author, and noted international presenter Matthew Selekman, MSW, LCSW, titled, *Therapeutic Artistry: Finding Your Creative Edge with Challenging Clients*. This dynamic online workshop will be held on Friday, September 16, and will be conducted via Zoom. Registration information has already gone out by e-mail and is available on our website, as well as pages 4-5 of this issue. A special thank you to Eric Ornstein for helping put together this wonderful full-day conference!

That September conference will kick off our fall Continuing Education offerings, which will also include three new entries in our Jane Roiter Sunday Morning Seminar Series. Stay tuned to our website and your inbox for these valuable and exciting CEU opportunities.

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President's Message
(continued)

I also want to share with our members that Joe Kanengiser has agreed to serve on our Board in the vital role of Secretary. He was formerly a member-at-large. Welcome, Joe, to your new position!

Lastly, I would like to personally thank Ruth Sterlin, who has been a mentor and clinical consultant to me for over ten years. Ruth invited me to participate on this Board, and encouraged me to become a speaker at one of our Sunday Seminars. She has also mentored and supported me in my role as President. It is important for all of us to have someone to support us and truly be instrumental in our growth and development as a social worker, and Ruth has been that for me. I am grateful for her wisdom and honored to call her a friend.

Although I will be connecting with you in a different capacity, I look forward to continuing to work with you all as colleagues, collaborating in the important work we do each day with our clients. Thank you again, all of you, for the opportunities my work on the Board, and with our ISCSW community, has provided me.

Respectfully yours,

Kristy Arditti, AM, LCSW, CDVP
President, ISCSW

Open Board Positions

ISCSW is currently working on several new projects, and we are looking to add new board members who are interested in and excited about the mission and goals of our Society.

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

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

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

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

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

Cultural Competency

Education

Newsletter Editor

Membership

In normal times, the board meets in-person on the third Tuesday of every month in the Lakeview neighborhood of Chicago, from 7:30 to 9PM. In the time of COVID, we have been conducting our meetings safely online via Zoom. Either way, our meetings are both fun and productive. If you are interested in gaining board experience or have questions, please contact Ruth Sterlin at **(630) 951-1976** or **rasterlin@comcast.net**

Reflections
on Caring for Our Clients and Ourselves

Issue 3

Doing Therapy with Our Elders

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

Our society generally considers people over 75 to be "old". Other cultures – with somewhat more kindness – see them as "our elders". Since I'm in this stage of life, you can guess which label I prefer. I've touched on working with an older population in previous Reflections and continue to focus on it, because I want people to know how surprisingly inspiring it's been for me. I also want to encourage younger therapists not to shy away from doing therapy with older clients or underestimate what's possible in the work. Believe me, I know it's a pain to become a Medicare provider, but once you get that out of the way, you'll be in for a ride that's rich in resilience and surprisingly in-depth work.

Naturally, there's a cohort of seniors who firmly insist that the support they want will not include delving into their past. I want to be clear that companioning someone mainly to reduce their sense of isolation or give them "someone to talk to" is incredibly important, and I would never dismiss or depreciate clients who come to sessions for just that.

Nonetheless, there are many older clients who want to develop a deeper self-understanding, to know what went wrong in their past so that they can begin to forgive themselves for mistakes, as well as to develop healthier, more intimate relationships. Our elders are always aware that the clock is ticking, and that fact alone can soften boundaries and help them take the risk of letting go of old, familiar defenses. Out of this can come major psychological and structural change. Let me share an example.

Two and a half years ago, Gene, a 74-year-old man walked into my office. Looking into my eyes, he asked his burning question: "*What's wrong with me that I can't get close to people?*" Thus began our work. Gene is the first-born male in a family of Mediterranean background. His parents may no longer be alive in our world, but they are vividly present in Gene's thoughts and feelings. From the time he was a teenager, not only was he a talented musician, but as the first-born son he was considered the family fixer, a troubleshooter in his community, often offering financial support, or the person who could resolve family rifts. Incredibly high expectations were placed on him, all of which continued when later on he joined the corporate world. There he had the same persona: director, problem solver, and decision maker. It was a requirement that he perform with unfaltering confidence. What eventually came out of our work was the fact that, from childhood on, he was always on tenterhooks lest he let anyone down.

Early in our treatment, Gene would come to our sessions, boisterous and charming. When he talked about his major achievements in very high-level positions, he was communicating to me that he was a person of great importance. My countertransference reaction was to feel disarmed, even de-skilled, by the power of his personality. Consultation helped here, and eventually I felt more comfortable helping him identify and confront the issues he was dealing with. The largest part of the treatment has been

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Therapeutic Artistry

Finding Your *Creative Edge* with Challenging Clients

What:

A full-day Continuing Education Conference presented by *the Illinois Society for Clinical Social Work*. Featuring author, clinician, and noted international presenter **Matthew Selekman, MSW, LCSW**

When: **Friday, September 16** **9:00AM – 3:00 PM**
(with one-hour lunch break)

Where: **Online, via zoom** **CEUs:** **6.0**

Pricing:

Members	Non-Members	Students
$140	$180	$50

EARLY-BIRD OFFER: Register before 9/1 and save $20!

Register Here:
iscsw.simpletix.com

email iscswcontact@gmail.com with any questions

See next page for more information >

Therapeutic *Artistry*:

Finding Your *Creative Edge* with Challenging Clients

We have all faced clinical situations in which we were intimidated by or experienced therapeutic paralysis. This may occur in reaction to particular clients' provocative and perplexing presenting problems and extensive treatment histories, families with multiple symptom-bearing members carrying serious DSM diagnoses, or couples who seem to thrive on one crisis to the next. In these challenging—even nightmarish—client situations, we can feel trapped and neutralized as if caught in the gravity of a black hole.

This hands-on, practice-oriented webinar will explore effective ways therapists can tap our inner creativity to get unstuck and be catalysts for change in complex, difficult client practice situations. Participants will come away inspired, energized, more confident, and daring with a plethora of tools and strategies for working outside our comfort zones with our most challenging clients. The seminar format will combine didactic presentation, extensive use of videotape examples, and skill-building exercises.

Conference Learning Objectives:

- The Strategic Use of Self-Framework: The therapist's artist palette
- Become a Reflective Practitioner to keep an open mind, maintain maneuverability, and increase accuracy with intervention-client fit
- Hone Observation and Listening Skills to seize important client anomalies and ripe moments in sessions to make space for breakthroughs
- Purposeful Strengths-Based Systemic Interviewing: Guidelines for when to use specific categories of questions
- Cultivating Inventiveness: Seeking ideas outside our field for crafting bold and intriguing questions and intervention design
- *Monty Python* meets *Cirque du Soleil*: Bring humor, playfulness, drama, and surprise to your practice
- Construct, select, and tailor experiments and rituals in line with clients' stages of readiness for change, theories of change, reactance levels, and goals
- Use Idea-Generating Tools and Strategies for tapping clients' inventiveness and imagination to co-construct creative solutions
- Strategic Use of Self in collaborative meetings with highly pessimistic and pathology-minded involved helping professionals from larger systems
- Trouble-Shooting Guidelines for getting unstuck with complex situations

Presenter:

Matthew D. Selekman, MSW, LCSW

Matthew Selekman is the Clinical Supervisor for the 360 Wellness & Coaching private practice group in Lake Forest IL He is an Approved Supervisor and Clinical Fellow for the *American Association of Marriage and Family Therapy*, a licensed clinical social worker, and addictions counselor. He is also Director of *Partners for Collaborative Solutions* (partners4change.net), an international family therapy and brief therapy training and consultation practice in Evanston, IL. Matthew received the Walter S. Rosenberry Award in 2006, 2000, and in 1999 from The Children's Hospital in Denver, Colorado for having made significant contributions to the fields of psychiatry and the behavioral sciences.

Matthew is the author of eight professional practice-oriented books: *Working with High-Risk Adolescents: A Collaborative Strengths-Based Approach*, (with Mark Beyebach) *Changing Self-Destructive Habits: Pathways to Solutions with Couples and Families, Collaborative Brief Therapy with Children*, (with Giorgio Nardone) *Gorging, Vomiting, and Self-Injuring: A Brief Therapy Approach*, *The Adolescent and Young Adult Self-Harming Treatment Manual: A Collaborative Strengths-Based Brief Therapy Approach*, *Working with Self-Harming Adolescents: A Collaborative Strengths-Based Therapy Approach*, *Pathways to Change: Brief Therapy with Difficult Adolescents* (Second Edition), and (with Thomas Todd) *Family Therapy Approaches with Adolescent Substance Abusers*. His latest book is *The Therapist's Use of Self: Being the Catalyst for Change in Couple and Family Therapy*, which will be published by Routledge in 2023.

Matthew has presented workshops on his collaborative strengths-based family therapy approach with children, adolescents, and adults extensively throughout the United States, Canada, Mexico, South America, Europe, Turkey, South Korea, Singapore, Indonesia, Hong Kong, South Africa, Australia, and New Zealand.

Register Here: iscsw.simpletix.com

Reflections

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his enormous difficulty in acknowledging vulnerability.

Over time, I've come to understand what's behind Gene's boisterous personality. Little by little he is looking at how his aura of impenetrable confidence intimidates others, including his spouse and children. It is a major achievement for Gene that he is now able to feel how disconnected he has been from his authentic inner self, the child who could never have any needs. Currently, as he shares his anguish, he talks about how frightened he is of letting people in. "This is the only place I can really talk about my feelings," he said at a recent session. I believe that in time, well before the end of his life, he'll find more rewarding, nurturing relationships outside of our sessions.

As I write this, I think about how many of Gene's struggles parallel my own. Like Gene, even at this late stage of my life, I remain as determined as I've always been to resolve problems that date all the way back to my early childhood and to continue to make changes, internal shifts that increase joy in my life. As I hope Gene will do, I plan on growing and stretching myself for as long as I am well enough to do so.

Hopefully, these thoughts illustrate the rich possibilities for in-depth treatment with people of all ages. As I continue to encourage younger colleagues to take more of our elders into their practice, I can't help but feel that, if I am inspired by the changes in my older clients, younger therapists might find not only inspiration but hope as well. If older clients, with a limited amount of time left, can make such important changes, imagine what's possible when you still have decades of life ahead of you.

Join us on Facebook!

Illinois Society for Clinical Social Work

We are pleased to offer an official ISCSW Facebook networking group!

While ISCSW is a professional society with numerous benefits to our membership, this free Facebook group is a resource for *all* clinical social workers and allied professionals in related fields, *regardless of ISCSW Membership status!* Current ISCSW members are highly encouraged (but not required) to join.

The group can be found and joined here:
facebook.com/groups/479562163386829

Our goal in offering the group is to foster a space for Illinois clinical social workers, students of social work, and students/professionals in related fields who are looking to connect with other social workers or adjacent professionals, grow our skill sets, and explore challenging clinical issues. We hope you will find it a useful resource for networking and professional solidarity.

We are dedicated to integrating clinical concerns with the advancement of social work's focus on social justice, person-in-environment, systems work, political action, and advocacy for social change. We invite you to join us in exploring how ISCSW can support macro social work practice and bring pro-social change to the world.

The group is intended for social work professionals and students and is not open to the general public. As such, it is structured as a *closed group* to ensure privacy and encourage a candid space for networking and clinical growth among social workers and other related professionals in Illinois. We do welcome you to join if you work in a related field and share social work values, even if your formal training is not in clinical social work directly.

Joining a closed group means that your name will be visible as a member, but the content of your contributions (comments and posts) will only be seen by fellow group members.

Feel free to share this resource with others who could benefit from joining—we would love to have them in our community! If you have any questions, please reach out on Facebook to one of the administrators of the group, or email us at:

iscswcontact@gmail.com

Book Review

by Bill Kinnaird

The Relational Revolution in Psychoanalysis and Psychotherapy

by Steven Kuchuck (2021) – 168 pages

The word *revolution* gets one's attention in the title of Steven Kuchuck's book, *The Relational Revolution in Psychoanalysis and Psychotherapy*. This concise, very readable gem of a book, at 168 pages, is a 2021 update of the essential features in the evolving perspective of Relational Psychoanalysis.

Kuchuck first tells us something about what Relational Psychoanalysis is and what he aims to do in his short book. He says that many within the mental health community began challenging "classical psychoanalysis's hierarchical, authoritarian, North American, Caucasian-centric, heterosexist perspective on human development and functioning (p. 1)". Even clinicians more positively disposed to psychoanalysis "were beginning to recognize the limitations of an interpretative-heavy objectivist perspective in which an all-powerful, all-knowing authority could know another mind better than the patient could (p. 2)". The author characterizes this as "an elementary textbook of a sort" for those "both in and outside of psychoanalysis ... it is designed to provide an overview of both foundational as well as newer thinking developed by the early founders of this perspective and subsequent generations of Relational thinkers." He notes that he is careful to use the terms "perspective" or "way of thinking" rather than "theory" or "school of thought" because "there is no singular 'school' of big R Relational psychoanalysis with codified rules and authoritative dictates agreed upon by all who identify as Relational (p. 6)".

Central in the Relational perspective is the subjectivity of the analyst/therapist. From the Relational perspective, any intervention, interpretation, comment, or even the clinician's understanding of psychoanalytic theory is interpenetrated and impacted by the clinician's own subjectivity.

Kuchuck notes that the topics of clinician subjectivity and self-disclosure are often confused with each other. He cautions that self-disclosure should be considered very judiciously. An alternative he proposes is the notion of the *silent disclosure*. While disclosure or silent disclosures help the clinician access repressed or dissociated aspects of her/his self or the patient's, he notes that self-disclosures may often resolve impasses which play out as enactments. Self-disclosures may reinforce the mutual and symmetrical nature of the therapeutic relationship. He asks that much as infants and children "long to know the parent's mind in order to develop, grow and know [their own minds], can we truly know our patients if they don't know us? (p. 31)"

Kuchuck discusses intersubjectivity or the reciprocal influences of patient and clinician. In a space between these two, something in the therapeutic relationship is created which transcends

Book Review (continued)

the participants. Referred to variously by psychoanalytic thinker Thomas Ogden as "the intersubjective analytic third, analytic third, relational third, or [just] third (p. 58)," this notion is related to what other thinkers have termed co-creation, analytic third, social-constructivism, and mutuality/asymmetry.

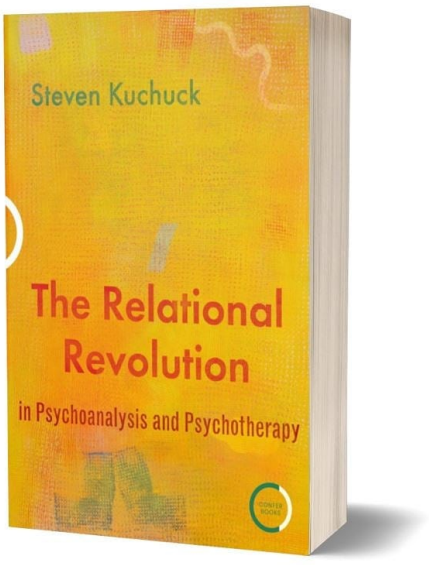
Kuchuck discusses the related matters of dissociation, multiple self-states, and trauma. He refers to some of the pioneering work of Sandor Ferenczi (b. 1873, d. 1933) who believed accounts his patients shared about actual trauma and abuse. Though Ferenczi was analyzed by Freud and a member of the early psychoanalytic movement, he clashed with Freud who considered patients' accounts of seduction to be just their fantasies, and so was banished from Freud's circle. In fact, Freud and his followers considered that Ferenczi had become insane. Kuchuck considers childhood neglect and abuse to be varieties of traumatic experience.

Related to dissociation, multiple self-states and trauma is the process of enactment between clinician and the patient. Enactment involves the non-conscious, or unconscious often dissociated contents that become activated in the transference through mutual projective identification and/or other means leading to a clash and/or stalemate in the treatment. Kuchuck discusses affect regulation, attachment and how the mind affects the body and vice versa.

In his final chapters, Kuchuck discusses contemporary cultural influences on psychoanalytic thinking such as race, class, gender, sexual orientation, and other social issues and how they affect the evolving Relational theory. He shares his ideas and vision for future directions in psychoanalytic thinking.

This is a very rich little book. It is difficult to adequately summarize the key points and how they get elaborated by the author.

The book is a gem, and is recommended.



Original Clinical Article

Dear Therapist, *Please Help Me with My Children.* Sincerely, a Parent.

by Diane Selinger, PhD

Parents' transformation into teachers was commonly discussed during the pandemic. Less emphasized was their transformation into *psychotherapists*. Parents continue to bolster their overwhelmed, distressed and frightened children during this post pandemic era. Whether because of finances, time commitment or scarcity of child and family therapists, parents are more than ever using adult therapists for guidance. Child and adolescent therapists are requested on many list serves, according to an adult therapist of an already waitlisted parent. This need for guidance could present a challenge for the adult psychotherapist, who may not feel professionally equipped, both in reality and countertransferentially.

As a child, adolescent and adult psychotherapist, I include parents in therapy, whether directly with children or in separate parent meetings. I also work solely with parents. Helping a parent understand and interact with his child is often essential for the child's growth. Jack and Kerry Novick emphasized the importance of meeting with parents in child and adolescent treatment (Novick and Novick 2005). Stanley Greenspan and Serena Wieder, the founders of the DIR Model *(Developmental, Individual Difference, Relationship-Based)*, incorporated parents in the actual treatment sessions (Greenspan and Wieder 2006).

Being included in a child's therapy can be an opportunity for a parent's emotional growth. Direct participation helps a parent accomplish the necessary internal work, especially when the parent finds it challenging to mentalize, verbalize, and reflect on feelings. Play with the child allows a parent to access and to eventually verbalize his own dissociated self states and to learn implicit procedures, affect attunement, non-verbal modes of communication, dyadic regulation, reflective function as well as other capacities. I hope that by describing aspects of my work, adult psychotherapists, not necessarily versed in child therapy, will feel more comfortable in helping parents develop with their children. These are not new ideas but seem especially important now. Note that although I use the term *parents*, I am referring to the major caretakers in the child's life, as well as the many different types of families.

Inclusion of parents in a child's psychotherapy became a necessity during the pandemic and continues in the post-pandemic. Virtual child therapy often occurs in the living room or kitchen, with parents in the foreground or background. Many children who could tolerate in-person therapy without a parent require, in virtual treatment, the actual participation of a parent as a live presence to manage feelings, including the loss of an in-person psychotherapist. The absence of the in-person therapist often reverberates with a child's earlier losses, and its felt experience is imperative for the child's growth. During our time together on Zoom, a parent often needs to play, talk and interact while holding a child's full range of feelings, including anger and sadness over the loss of the in-person therapist, all while actually focusing a camera. This can be a daunting task for many parents, often evoking their own feelings.

Many parents acted as my co-therapist during virtual therapy. One mother nursed a suicidal teenager through a depressive regression, becoming the teenager's caretaker as her daughter lay in bed refusing to perform school work or talk with friends. The parent helped manage her daughter's and her own feelings of dependence and defiance through our discussions. Another mother of a fourth grader with affect regulation challenges needed to manage explosive tantrums in my virtual presence. She sought in the moment, as well as after the session, containment from me in order to calm her child. A father, who had never learned to play as a child, needed to act out all sorts of stories with his son, as they ran through the house with stuffed animals. I could participate with my voice, but often needed to become the director, rather than a player, so sorely needed by this dyad. Other parents needed to tolerate their children playing video games online with me, or even their children turning off the camera and playing video games by themselves as they more or less talked with me. My continued discussions with parents of beneficially

Original Clinical Article (continued)

staying connected enable this form of virtual therapy to continue. But I heard many accounts of virtual child therapy discontinuation because of therapists' lack of involvement with parents, whose presence is holding the therapeutic situation in the home, and who may not have understood the therapist's perspective.

Prior to the pandemic, many parents obviously brought issues with children into their own therapy. However, as described above, parents are now more than ever confronted with intense feelings from their children in our currently complicated, overwhelming, and frightening world. If lucky enough, parents may bring specific questions to their adult therapists, like the commonly asked question, "How much screen time should I allow?"

As an adult therapist, I try to help a parent problem solve around a real issue by asking many questions. I try to fully understand the situation, and ultimately to help the parent discover a solution. In order to help a parent determine the number of screen time hours, I would wonder whether the child was playing alone or playing socially, and wonder how else the child occupied his time. I would want to broadly determine the child's developmental capacities, such as his "capacity to be alone in the presence of others" (Winnicott 1958). Does the child have the capacity to be alone and to play without the screen? Does the screen enable real imagined play with others, or a retreat into an isolate world? Thus, asking questions to help the parent appropriately and developmentally solve problems may be necessary for an adult psychotherapist. If I did not developmentally understand a child in a particular situation, I might seek consultation or find resources for the parent. While helping a parent problem-solve, I hope to promote their capacity to think and reflect, rather than to merely accept the wisdom of "the expert."

However, even when realistically approaching a problem, I wonder about the meaning of the parent's question. I wonder, what is the parent asking about himself, especially in terms of his therapy, and what am I avoiding by merely answering the question about the child? These questions are especially pertinent now, given adult therapists' virtual encounters with the real children in their real homes. I often hear children in the background, or meet them as they enter with a question, either lingering for a hug, or quickly running out. Before virtual therapy, I did not meet so many actual children of adult clients, only the described children through stories. I am now more than ever inclined to answer real questions, and to solve real problems about real, rather than described, children.

Only dwelling on the real question, although an important endeavor, may lead a psychotherapist astray. An adult psychotherapist may not be accustomed to holding both the child and the parent in his mind as two separate individuals. For example, an adult therapist may hear an overwhelmed parent describe a defiant child and recommend time-out, feeling they are helping a parent set limits. This may be developmentally impossible for some tantruming children, and actually cause more problems. Some parents, insisting on time-out, become more monstrous in the child's eyes. The child is not capable of accepting a helpful limit, but requires the parent to contain his anxiety and rage. The tantrum may be caused by dysregulation, rather than purposeful anger and intentional defiance, and thus time-out could backfire. Regulation, rather than advice, may be what the parent ultimately needs from the psychotherapist. While a psychotherapist may believe that he is supporting the overwhelmed parent, he cannot ultimately help the parent if the child's challenges increase, and he is developmentally off the mark.

Answering a direct question can land a therapist in an enactment, where the unconscious of the patient and therapist unwittingly collide, making it imperative for the therapist to reflect on what occurred. Lisa Director, a psychoanalyst, described an enactment in which she initiated a family session for an adult male client and his grown children which ultimately caused him shame. She initiated the family meeting because she wished him "greater success" (Director 2021, p. 248) communicating with his children. During the family session, she realized that in becoming a "family mediator" (p. 248) and actually trying to solve the problem, she reenacted a scenario with him of disregarding his own initiating selfhood" (p. 249). Thus, in attempting to solve real problems with adults, psychotherapists may find themselves in enactments.

I listen to parents' discussions of their children, including direct questions, as also relating to the par-

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Calling All Writers!

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

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

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

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

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

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ents' own early childhood experiences and early relational configurations. Are the parents representing themselves as children, or repeating their parents' attitudes and behaviors with them? While this may be theoretically obvious, it is more challenging to keep in mind with the current real distress for children and parents. The questions asked by parents to psychotherapists about their children may be the beginning representation of their repressed or dissociated feelings of childhood. For example, one father's discussion of his son's video game "Fortnite," including the chosen weapons, "skins" and battles, helped access this father's own dissociated anger. As this father described the avatar for shooting, jumping, and dodging enemies, I felt as if we were playing "Fortnite" together, and joined in with playful responses. Talking about "Fortnite" enabled us to play together around an aggressive theme, difficult for him to otherwise express and feel.

In order to help a parent in psychotherapy manage his real child, the therapist needs to help the parent face his own internal child, who may be screaming or crying inside. I often find myself giving guidance rather than arduously finding and uncomfortably facing the feelings of the inside child. I especially find myself directly answering questions when a parent lives in an overwhelming situation, such as children with unrelenting seizures and other medical conditions, or with negative behaviors that might accompany bipolar disorder and autism. Of course, such parents may want my empathy and support, which can genuinely be beneficial. Some parents may not want to burden friends and family members with their distress, and desperately need empathy and support from a psychotherapist. In providing such empathy, I must notice my own feelings and not rescue a parent or vilify a child, while preventing the parent from facing his own internal experiences.

Many parents, when beginning psychotherapy, are not yet capable of directly experiencing and reflecting on their inner child, as linked to their child's behavior and feelings. This achievement may take much therapeutic work. That said, a therapist's empathy, concern, and attunement while listening to the parent describe the interactions and behaviors can help a parent contain his feelings, often a precursor to this linking between a child and oneself. While listening to the parent, I try to experience and understand their inner child, and how this reverberates with me. Through my internal work, I try to help the parent contain his feelings, in order to ultimately help him contain the child's feelings, before he is ready to reflect on this process. I notice that quickly reacting, giving advice, and problem solving often represent my failure to contain the parent's feelings. At such times, I find myself acting impulsively and concretely, representing the behavior we hope to change in the actual family situation. When a child is in crisis and a parent comes in with more distress and questions, it is even more imperative to notice one's own feelings in order to help a parent.

Through this therapeutic process, many parents learn to contain, process, and reflect on their own feelings in regard to their children. After many years of therapy, Ronald began to discuss in a session his sensitive teenager's response to a parental discussion of a disturbing news event at the dinner table. The son adamantly announced that he did not want to hear this distressing topic in the news. The parents continued the discussion, since Ronald believed it was important for his son to learn about and deal with world events. Their son stormed out of the room. Ronald asked me whether I thought he should have stopped the conversation. I wanted to yell, "yes, why overwhelm your child?" but restrained my response. I needed to hear more from him. He described the importance of knowing and thinking about current events, and wishing to make his son a "good citizen." Yet, he could also understand how his son, like so many young people overwhelmed by the challenges and horrors in the world, required protection.

After Ronald pondered these ideas, he discussed an encounter with his disconsolate physically ill father, no longer able to accomplish previous work tasks. It seemed absurd to Ronald that his father was still "so hard on himself about not working," given his illness. Then he said, "I guess I am like my father with my son about the current events." If I had answered his question, we may not have arrived at Ronald's identification with his father, and eventually his feelings of being overwhelmed. His struggle with this question and his feelings, alongside my struggle with my feelings, provided this opportunity.

Ronald's capacity for self-reflection took many years. During the first few years of treatment, Ronald

focused on his son, with only minor references to his own feelings. I listened to Ronald's reactions to his son as understandable given the situation, as well as eventually helped Ronald recognize the meaning and causes of his son's feelings. For example, realizing that his son tantrumed, blamed, and screamed at Ronald when the child felt vulnerable opened up an avenue for Ronald to explore his own vulnerable reactions of blame and shame.

Karen is a parent of an autistic teenage daughter, Hannah, who suffers from seizures and other medical challenges. She is a sensitive, intuitive and intelligent mother who loves her daughter. Karen informs herself of possible new treatments, and advocates for Hannah's potential opportunities. I like and admire her very much. Our first year together required my listening to and feeling Karen's pain, while supporting her endeavors with Hannah. I felt and recognized Karen's needing help internally separating from her daughter. I know from working with parents of children with neurodevelopmental challenges that so much involvement is required by parents. The dependence between parent and child naturally lasts longer than expected, sometimes causing separation challenges in both child and parent. I also understood that this complex issue often causes parents to be labeled as "over-involved" or as having "separation issues," and is not appreciated as part of an understandable process for some parents of children with neurodevelopmental disorders.

I recognized Karen required help in regaining a more autonomous life, which would ultimately support her daughter's separation and ability to regulate around a fuller range of feelings. Her daughter required Karen to set more boundaries and limits, and to also experience the parental couple as excluding her. Prior to our treatment, Karen terminated therapy from an adult therapist who, according to Karen, advised her to "get her own life back, and go out more." The therapist understandably heard Karen's complaints about Hannah and felt her advice was supporting their separation, but didn't understand that Karen was not ready for it without preliminary work.

For separation between mother and daughter to occur, Karen needed to describe all attempts to help her teenage daughter achieve more autonomy, including falling asleep by herself and occupying herself without technology. Hannah needed to achieve "the capacity to be alone, in the presence of another" (Winnicott 1958). I identified with the prior therapist's encouragement of the separation process, especially as I began to feel Karen's reluctance. However, as mentioned, some parents need to talk about their children before talking about themselves; a description of the actual child may represent the parent's inner child. I listened to Karen's description of her daughter's refusal to play alone, even in her presence, as a real developmental challenge, as well as the reverberation of Karen's inner child. I needed to feel, along with Karen, her daughter's fear, pain and anger in order to help Karen feel these as part of herself. I also needed to listen to all her positive steps with her daughter, such as writing a social story in preparation for Hannah playing alone in her presence. Karen showed me a social story she wrote with photos of many possibilities, including Hannah looking at a book and playing with various toys. Karen could eventually express her own desires to go out and "play by herself," resuming tennis after a long hiatus. Karen illustrates how a therapist giving advice regarding separation, while understandable, can often be counterproductive if a parent feels unready. From my experience, this advice often comes from one's own challenges with separation issues, evoked by work with parents.

Another example involves therapy on Zoom with an eleven-year-old boy, Edward, and his father. Earlier therapy helped Edward's mother regulate, engage and interact with her sensitive and hyperactive little boy. Edward returned to therapy a few years later with a diagnosis of ADHD, which included challenges with emotional regulation and symbolization of affect, especially revealed in his immature play. While entering my office alone to resume therapy a few weeks prior to the pandemic, Edward demanded a parent be present for our virtual sessions. As mentioned, many children required the presence of a parent to manage the feelings aroused in virtual therapy.

An advantage of virtual therapy is the possible participation of more fathers, given the greater flexibility in scheduling sessions. Edward's father, George, became my play partner. We met in Edward's bedroom, where I tried to help George understand and regulate Edward through their interactions and play. Edward refused to abide by George's "no," attempting to negotiate everything. Remarks from Edward

Original Clinical Article (continued)

like "three more minutes," or "one more piece of candy" proliferated. Either George relented, or Edward ran out of his bedroom, often refusing to return without an extended tantrum. I helped George allow Edward to boss him in play, by changing the rules and cheating at such games as Uno, Connect Four and Go Fish.

Allowing a child to become the boss in play is often counterintuitive to parents. I usually explain the difference between real life and play to parents, and that giving a child more control in play may help him relinquish control in real life, greater distinguishing reality and fantasy. I also helped George express the feelings Edward could not verbalize, but was communicating to his father through his actions. I helped George verbalize his dislike of losing and of not controlling the rules, in a playful and marked manner. I tried to empathize with George as understandably disliking these feelings too, as Edward became extremely pleased at cheating and controlling.

Edward was not yet able to symbolize his affect through words or verbal discussion. These were represented in the play, whose meaning I could help George understand. For example, Edward gleefully collected all of the cards in Go-Fish, thrilled with his appropriations, and eventually "stole" his father's few remaining cards. He loved to cascade the pieces in the Connect-4 structure, after he "tricked" and outsmarted his father. I would provide positive genuine comments for both to hear, such as "Those cards are all yours, Edward," and "You really tricked your father." I tried to address George's feelings, as well as explained the meaning of this play, and of our sessions ending with a prolonged game of hide-and-seek, a separation and reunion game, which also involved much "tricking" on Edward's part. I attempted to talk with George at the end of each session, as well as meet with both parents, but this was often challenging given their family circumstances, and was clearly not sufficient on my part.

After eight months of treatment, George requested a discussion with me prior to the session. George said that his therapist needed a treatment plan from me, since there was not enough progress with Edward. I understood that this request was also about George's feelings, but heard the words, "treatment plan, goals, strategies" as also coming from his therapist. I instantly felt angry and needed to manage these feelings. I somehow let George know I understood his frustration, and would think about it.

As I examined my angry reaction to this "demand," I realized that George had enlisted his therapist, who did not understand my allowing the child to control the play. Anger had passed, like the garbled message in the game of Telephone, from George, to Edward, to Edward's adult therapist, and ultimately to me. Like in the game of Telephone, any of the participants could initiate the call. I realized that we were all in a control battle, and that George required more help from me around his inner child that also wanted control, and had difficulty tolerating his son's domination in play. In addition, I needed to face my identification with a child who enjoys controlling the parent, as well as my annoyance of being commanded by George's therapist. I had joined this struggle of control; George enlisted his therapist, as he felt Edward enlisted me. George intuited his therapist's response to my type of "play" therapy, and I was also reacting to this experienced criticism.

After reflecting on my feelings, I wrote a letter to the therapist about Edward's goals of affect regulation and symbolization, and about our play furthering these goals; I became more aware of George's and my own internal child. George became more successful at setting firmer, calmer and more sensible limits for Edward, and both father and child relinquished every interaction as a control battle. Edward eventually added more verbal descriptions in his play, as well as formed narratives. He developed verbal associations to video games and movies, as language replaced non-verbal actions.

This is a cautionary tale for adult therapists, who may unwittingly derail a child's treatment. I was able to sense George's feelings with me, and understand my part in this enactment of over-identification with the child and anger at feeling controlled by George's therapist. My reaction to George's request highlighted an enactment for me, which painfully advanced the treatment. After processing my feelings, I could also appreciate that George's therapist required more information from me in order to help George, and felt my letter was important. However, an adult therapist might help the parent directly talk about his feelings with a child's therapist when the parent is expressing doubt, confusion or distress.

Many adult therapists, as well as parents, view a child therapist's role as talking to the child about real things. I have found, and often tell parents, that many children who can actually talk with a range of feelings about real events and interactions barely need a therapist, especially if they can talk with their parents and other meaningful adults in their lives.

Many children come to therapy because they cannot play, represent, or symbolize one or many feelings necessary for the talking about them. Children often need to "show" through play and interaction, rather than "tell," in order to eventually symbolize and verbalize feelings. Psychodynamic child and adolescent therapy may seem unusual, idiosyncratic and strange, even with verbal children. Parents and adult therapists may not understand many of its characteristics and purpose. Child, adolescent, and adult therapists need to dialogue with each other; all therapists should work together to help parents and children during such overwhelming and distressing times. I hope this discussion has provided adult therapists such a beginning.

Diane Selinger, PhD, is a clinical psychologist and psychoanalyst in private practice, who works with children, adolescents, and adults. She is a faculty member of the Chicago Center for Psychoanalysis (CCP), and of Profectum Academy, a DIR® (Developmental, Individual-differences, Relationship-based) training institute. For many years, Dr. Selinger was the mental health consultant at Beth Osten and Associates, a multidisciplinary pediatric clinic. She continues to be the mental health consultant at Soaring Eagle Academy, a DIR® school for children with neurodevelopmental disorders.

Diane's teaching, presentations, webcasts, and publications have related to therapy with children, adolescents and their parents. They have spanned diverse topics, including autism and gender.

Dr. Selinger most recently presented a paper at the Profectum Conference entitled, "An Interdisciplinary Perspective on the Therapeutic Power of Symbolic Play." Her paper was entitled, "Creating Possibilities: The Intermingling of DIR and Psychodynamic therapies."

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