



Newsletter

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

Save the Date!



Sunday Morning Seminars

March 29th, 2020

Francine Kelley, LCPC, SEP, RYT500

*The Body In Therapy:
a Somatic Approach to Relational Effectiveness*

Register: www.bit.ly/seminar329

April 19th, 2020

Beth Katz, MS, M.Ed, LCPC, FT

*When Grief Derails:
The Challenges of Treating Complicated Mourning*

May 17th, 2020

Alissa Catiis, MA, LCSW

*Identity, Privilege, and Oppression in the
Therapeutic Relationship*

Venue:

*Willow House 2231 Lakeside Drive,
Bannockburn, IL 60015*

see pages 12-14

Original Clinical Article

Body Psychotherapy: An Embodied Path to Transformation

by Francine Kelley *page 3*

Book Review

Understanding Countertransference

by Michael J. Tansey and Walter F. Burke

(reviewed by William Kinnaird)

page 10

Member Updates

page 9

Call for Board Members!

page 6

President's Message

Happy New Year and warm wishes to all of you! I am delighted to be writing my first President's Message to you as we at ISCSW are busy creating our lineup for this year's upcoming programs and seminars!



Kristy Arditti

We are delighted to announce that we will be kicking off our Jane Roiter Sunday Morning Seminars at a brand new location this March and April. It has been necessary for us to change the seminar venue, but we are confident that our seminars, which will be held at Willow House in Bannockburn (just 15 minutes north of our previous seminar location), will continue to be a highlight of our continuing education benefits. We are also delighted to announce that Francine Kelley, L.C.P.C., E-R.Y.T., L.F.Y.P., S.E.P., will be providing a wonderful presentation entitled, "The Body in Therapy: A Somatic Approach to Relational Effectiveness", on March 29. Please go to our website for more information and to register for this wonderful workshop. A huge thank you to Willow House for partnering with us! Please, stay tuned via email and our website for our official announcement on dates and descriptions of our first three presentations!

We were fortunate to host two wonderful speakers at our bi-annual Conference on Ethics and Cultural Competency that was held in Evanston in October.

President's Message (continued)

Over 200 people attended this event, which provided 6 CEU's for the full-day workshop and 3 CEU's for the half-day workshops. Thank you to all of our members who attended! For those of you who did not, we were fortunate to have Joseph Monahan, M.S.W., A.C.S.W., J.D., present on "*Professional and Ethical Considerations for Social Workers and Counselors*." Mr. Monahan shared a wealth of information on ethical and legal considerations for protecting ourselves, as clinicians, and our clients.

In the afternoon we were joined by Jeanne A. Douglas, Ph.D., who gave a fascinating and timely presentation entitled, "*The Military Culture: Enhancing Our Clinical Competence*." This wonderful presentation illuminated the central issues that our veterans struggle with while in active duty and when returning home to their families. Dr. Douglas shared vital information about best practice, terminology, case examples and guiding principles for our work with veterans.

A huge thank you to Michelle Green, Kristy Bresnahan, Adam Ornstein, and Ruth Sterlin who made this conference possible.

We are also pleased to announce that we have reinstated online access to the *Clinical Social Work Journal* as a benefit for our members. We thank you all for your patience in this, and we are so happy to be providing this service you once again. (To access your journal, please follow the directions on page 10).

Lastly, in our time of growth and change, we would like to extend a formal invitation to any ISCSW member who is interested in becoming a board member. The board meets once a month on Tuesday evenings in Chicago. We are in need of board members, as adding new members will sustain our energy and excitement to help us propel the work of ISCSW forward. Please contact me directly if you are interested or have questions: kristyarditti@gmail.com

Wishing you a happy and healthy spring,



Kristy Arditti
President, ISCSW

Original Clinical Article



Body Psychotherapy: An Embodied Path to Transformation

by Francine Kelley

Somatic or body-centered approaches to healing have changed my life. I understand that might sound cliché, but for me it is a simple statement of a profound shift in how I now experience the world, and why I'm passionate about the work that I do. The perspectives I've gained, the insight into my psychobiological landscape – and how to shift it when necessary – and the simple pleasure of being embodied are gifts that somatic work has given me and that I get to regularly share with clients and workshop participants.

Clients often arrive in our offices overwhelmed or confused by psychological, emotional and physical responses that feel out of control. It is always a heartwarming experience when folks, in the very first session, begin to gain an awareness of why seemingly unexplainable responses make total sense through a body-centered lens. I've frequently been asked, "Why didn't any of my previous therapists explain this to me?" I can only reply, "Maybe because they didn't know." I hope that this brief introduction to body psychotherapy through the frameworks of some of the modalities I've studied can help you, as a person who lives in a body, and can also be helpful to the folks you assist on their healing journeys.

What is Somatic Psychotherapy?

Somatic psychotherapy, or body psychotherapy methodologies recognize that the physical body is just as important to an individual's experience of life as the mind. The approaches I will describe below recognize the wisdom of the body and its drive toward wholeness. They also recognize that psychological trauma impacts the whole organism, of which the body is an integral part, so including the body in therapy provides more avenues for developing resilience and healing from trauma than are available via cognitive therapies alone. Described as a "bottom-up" approach, somatic therapies incorporate mindful body awareness as an entry point into self-awareness and agency over our lived experience.

The body impacts the mind just as the mind impacts the body. This was brought home to me vividly in a yoga workshop over two decades ago when the leader cued me to *feel into* the experience of the challenging Warrior I pose I was

holding. I was suddenly aware of my physical strength in a way I had never been before. In that moment, I experienced the possibility of thinking of myself as a strong person in all aspects of myself, both physical and psycho-emotional – a new and intriguing possibility!

A year later, when complications during my first pregnancy required pelvic floor physical therapy, I clearly remember the sense of profound calm and contentment that came after doing exercises to strengthen my hips and core. Since then I've learned that our bodies form to the way we experience the world. As someone who is 5 feet tall and was chronically anxious without realizing it, I didn't have a sense of being capable to face the world, until I began to experience that possibility in my body.

The concept of including the body in mental health therapy is not new. Thousands of years ago, the sages who developed yoga philosophy recognized that ultimate well-being required the union of body and mind. Rama, Ballentine and Ajaya (1976) state, "the major focus of yoga is actually the modification of one's self-awareness and relationship to the world. It is a complete system of therapy, which includes developing awareness and control of the physical body, emotions, mind, and interpersonal relations." I think of yoga as the first somatic psychotherapy.

A controversial pioneer in mental health in the 1940's, Wilhelm Reich developed the concept of *character armor*. He encouraged body awareness and movement to treat the fixated states brought about by the body conforming to one's psychological experience. One of Reich's students, Alexander Lowen, went on to elaborate on Reich's work, ascribing Character Structures to specific personality types. Lowen developed Bioenergetic Therapy, a modality focused on reorganizing these structures through specific movement exercises (Lowen 1958).

I was already a yogi and a yoga instructor when I attended graduate school after losing interest in my career in corporate information technology. When I took a counseling theories course, I was startled by how many of the concepts expounded on by these theories were already incorporated into yoga philosophy. I also recognized that there was a big gap in the training — no mention of the body.

Having been trained as a yoga teacher to track students' bodies, as a graduate student I developed a strong curiosity during therapy sessions about the information my clients' bodies were offering that I didn't have the skill to interpret. During my internship at Mary Lou's Place, the YWCA's domestic violence shelter, it became evident how effective simple yoga techniques – stretching and breathing – could be for the women who were chronically stressed, many of whom were trauma survivors. I thought I would have to figure out how to integrate my knowledge and awareness from yoga with what I was learning in school. Fortunately, I learned that other people had already done that! Through research and synchronicity, I found my way to Trauma-Sensitive Yoga training through the Trauma Center at the Justice Research Institute founded by Bessel van der Kolk,

Original Clinical Article

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completed the Sensorimotor Psychotherapy Level I training, studied Deidre Fey's Becoming Safely Embodied group process, and then discovered Somatic Experiencing®. Just after graduate school I also studied with Amy Weintraub, author of *Yoga for Depression* and *Yoga Skills for Therapists: No mat required*, and experienced a fundamental shift in my perspective on using yoga skills to work with mental health.

I had been a yoga practitioner and a dancer for many years before becoming a therapist. Friends generally described me as calm, and I thought I was quite body-aware. Imagine my surprise when my Somatic Experiencing sessions revealed a highly dysregulated nervous system. After the first Somatic Experiencing session, I felt as if I had slowed down to half my normal speed – a deep parasympathetic response that I never knew was possible. Somatic Experiencing training helped me to understand why I was tired all the time (chronic muscular bracing), why I couldn't remember most of my childhood and adolescence (dissociation), and why I was always self-conscious, insecure and afraid. I presented a good front, but underneath was a lot of chaos resulting from birth trauma and consistent invalidation and misattunement in childhood. I didn't have any trauma according to standard psychological assessments, but my nervous system said otherwise.

Immersing myself in therapy with a somatic focus (personal sessions as a client are a requirement of Somatic Experiencing training), I have been able to work through birth trauma and my aversion to strong emotion, and grow up my inner child so that I now feel like an adult rather than a child in an adult's body. I can now experience life from a place of relative competency rather than one of hypervigilance. I am able to be compassionately present with clients and help their innate wisdom to unfold, rather than being burdened by the weight of their traumatic history or their distress. I love the work that I do, and, though I might be tired at the end of a long day of clients, I'm not worried about vicarious traumatization because somatic therapy has helped me be with pain and suffering without making it my own.

Somatic Psychotherapy and Trauma

Current research has demonstrated the biological impact of trauma: changes in the brain that affect how trauma survivors view the world, engage in relationships and relate to their own experiences. As Bessel van der Kolk states, "This vast increase in our knowledge about the basic processes that underlie trauma has also opened up new possibilities to palliate or even reverse the damage. We can now develop methods and experiences that utilize the brain's own natural neuroplasticity to help survivors feel fully alive in the present and move on with their lives." He describes the top-down method of standard talk therapy, medication or other medical interventions to modulate responses, and the bottom-up method of "allowing the body to have experiences

that deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma."

Combining top-down and bottom-up approaches has proven most effective in my practice. I haven't thrown out the relational component of psychotherapy, but I have added the dimension of the body – the felt experience. At intake, when clients are asked, "Why this type of therapy now?" they frequently explain that even though they have been in therapy before and understand the *what* and *why* of their behaviors from a psychological perspective, this hasn't created any lasting change in their emotional or physiological responses. Somatic psychotherapy offers these clients an active and engaged process of change that is informed by an understanding of neurobiology.

In my experience, the relational dynamic is still essential to creating safety, so clients feel willing to gently push the edges of their comfort zones. I am strongly influenced by Mary Jo Barrett's Collaborative Change Model, and so psychoeducation is a big part of how safety and self-acceptance begin for my clients. Together we peruse a binder of diagrams that explain the psychophysiology of trauma: how the nervous system works and how trauma affects the nervous system, the Polyvagal Theory, the Triune Brain, the Threat Response cycle, and the brain's two paths (fast and slow) to responding to triggers. We view these diagrams with curiosity about how they're relevant to the individual experience of that client, and to the challenging relationships they may be in. I'm always delighted by the understanding that lights up the faces of new clients as they exclaim, "Wow, you mean I'm not crazy?" or "Ohhh, that's why my husband is responding that way!"

A collaborative approach to treatment means that we can tailor the type of session that works best for a client on a particular day. Early in the treatment process, a new client may start out learning orientation (the capacity to be aware of our environment and present in time) and self-regulation skills and then begin exploring somatic awareness. We invite curiosity into the general landscape of that client's nervous system through psychoeducation, self-inquiry, my observations about their responses as different topics are discussed, and the client's self-observations in the office and in their life outside the office. As we clarify the client's goals, internal and external resources and challenges, we begin to target specific patterns of responses that are happening in the session. We also bring in specific incidents from the past in order to work with the body's responses to those memories in the present moment. We are always sensitive to the client's capacity to observe and remember without becoming flooded or overwhelmed. This is accomplished using the orientation, self-regulation and self-observation skills that the client learns early in treatment.

My colleagues and I who use somatic approaches in our work with clients find it impossible to keep up with the demand for our services. Clients looking for relief from their trauma symptoms seek us out specifically, reporting an intuitive knowing that they need to be in touch with their bodily experiences in order to heal, or because they have

Original Clinical Article

(continued)

been motivated by a friend or family member's positive experience.

It is a popular misconception that body-centered approaches to mental health therapy involve bodywork or touch. While these are possibilities in the spectrum of somatic treatments, it is entirely possible to be an effective body-centered psychotherapist who doesn't use touch as part of their therapeutic repertoire. In the continuum of possibilities, some sessions may look similar to talk therapy sessions, while others involve moving around the room doing various experiential exercises or "experiments." Sessions may also involve the client lying on a massage table or being on a yoga mat.

Experiencing the Felt Sense

A key element of somatic therapy is described through Gene Gendlin's concept of the *felt sense*. Ann Weiser Cornell (2013), who worked closely with Gendlin, the developer of a body-centered modality called Focusing, describes the felt sense as "a freshly forming, whole, bodily sense of some life situation – not the same as a simple emotion or thought." She further reports, "Clients who pause in the midst of talking and allow a fresh 'felt sense' to form about the life situation they are wrestling with, and then continue to pay attention to it, tend to do better in psychotherapy than clients who don't. This finding has been replicated in more than 50 studies." Somatic therapies help clients get in touch with this felt, embodied experience. Different somatic modalities then work in various ways with that experience to release rigidity that may have come from past life experiences, to increase the client's capacity for pleasure and discomfort, and to enhance the overall resilience of the client to face future challenges.

If you're willing to experiment with an experience, try this: Think about something pleasant that you've done or experienced recently. As you think about it, what happens to your facial expression, muscle tension, breathing, inner body awareness, sense of presence? You may notice that just thinking about something pleasant creates an experience in your body now. This is because our thinking minds are constantly affecting and affected by what is happening in our bodily experience. Every thought creates a somatic experience.

How do you know that you're happy? Perhaps a smile on your face? Perhaps an expansion of the chest? Perhaps your muscles relax? How do you know that you're sad? Perhaps your shoulders and chest drop or feel heavy? Perhaps there is a hollow feeling in the pit of your stomach? You can experiment with bringing other experiences to mind, just to notice what changes occur in your overall bodily experience.

Our bodies are constantly interacting with our minds in the creation of our moment-by-moment experience. In an anthology about Focusing, Lucinda Gray writes: "...experienc-

ing is an ongoing bodily felt process from which meaning evolves. Change is a body experience. Lasting change can only occur when we have a bodily experience of difference."

Recognizing emotion as a bodily experience, researchers in Finland investigated the cross-cultural nature of the bodily experience of emotions, and created a *Bodily Map of Emotions* (2014) using the self-reports of 701 participants in Western Europe and East Asia.

The Autonomic Nervous System

Once we begin checking in with how emotions show up in our bodies, the impact of the Autonomic Nervous System (ANS) becomes evident. You might remember from high school biology that the ANS has two parts, the Sympathetic Nervous System (SNS) and the Parasympathetic Nervous System (PNS). We now know that it is a more complex system, as explained by Stephen Porges' Polyvagal Theory, but for the sake of simplicity, let's stick with this dyadic model.

Simply put, each of the systems of the ANS has a different effect on the organs of the body. The SNS is what mobilizes the organism. When faced with a threat, the SNS engages our "fight or flight" response, even if there isn't an immediate danger, or if the danger is a more abstract perceived threat (like a deadline to submit an article!). In Somatic Experiencing we refer to the mobilization of the SNS due to a real or perceived threat as "activation." The PNS engages the relaxation, or "settling" response – it puts the brakes on the acceleration of the SNS. For trauma survivors, or those with anxiety conditions, the SNS response is overly developed and the calibration of the response is at odds with the actual threat. The relaxation response for most trauma clients is much less accessible, because when hypervigilance has been necessary for safety, relaxation becomes a luxury the system deems unnecessary or even dangerous and remains underdeveloped.

In my office, I explain the ANS to clients as the operating system of the human organism. We explore their own experiences of their SNS and PNS and become curious about their baseline and responses. The SNS is an action system and a threat response mechanism, not meant to be chronically engaged. Recognizing this is the first step in helping a system to move out of "stuckness" via skills and experiences that engage different responses than those that have been habitual, thus enabling the shift into a more fluid state where the full spectrum of ANS functioning can be available where appropriate.

Methods of Assessment

We can use the ANS as a framework for observing where an organism might be – in terms of sympathetic or parasympathetic activation – either generally, or at a given moment in time. Yoga philosophy has understood these fluctuations in states for millennia and describes them not just as factors of animal behavior, but as prevailing universal principles. Using Sanskrit words, *gunas* are described as the fluctuating states of the manifest world. *Rajas* is the principle of action, activity, mobility. At its extreme, *rajas* can be explosive,
(cont. page 7)

Advertisement: Open Board Positions

This is a time of exciting transition for ISCSW. We are currently working on several exciting new projects, and to that end, 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 vacant positions, spanning a variety of interests and skill sets:

Legislation and Policy

Membership

Public Relations

New Professionals

Newsletter Editor

Cultural Competency

Student Liaison

(to be filled by a social work student)

The board meets on the third Tuesday of every month in the Lakeview neighborhood of Chicago (convenient to Belmont Red/Brown/Purple lines) from 7:30 to 9 p.m. Our meetings are both fun and productive.

If you are interested in gaining board experience or have questions, please contact Kristy Arditti, ISCSW President, at:

(773) 677-2180

or

kristyarditti@gmail.com

Original Clinical Article

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chaotic, and out of control. *Tamas* is stillness, quietness, heaviness, and coolness. At its extreme, *tamas* can be inert, stuck, or rigid. *Sattva* is balance, which is not a static state.

The practice of yoga is designed to bring our systems into balance. In order to do this, we must be able to recognize where we are starting, which we do through mindful awareness of the *koshas* – body, breath, emotions, automatic thoughts, the discerning mind and the state of pure consciousness. In my office, we mindfully explore the *koshas* together with curiosity about how the client experiences each state. Are they aware of their physical, emotional or thinking selves? What is their capacity for non-judgmental self-observation? Are they stuck in mental projections or emotional turmoil? Is there a capacity to move back and forth between different states of being?

Similarly, other somatic psychotherapy models also recognize states of being and the need for all these states to be available for resilience to be possible. Somatic Experiencing and Sensorimotor Psychotherapy are clinical approaches to working with trauma through a somatic lens. Somatic Experiencing was developed by Peter Levine through his exploration of why animals in the wild don't become traumatized. Sensorimotor Psychotherapy was developed by Pat Ogden, a former dancer and yoga instructor who became fascinated by the mind/body connection while teaching psychiatric patients. Somatic Experiencing utilizes Sensation, Impression (five-sense perception), Behavior, Affect and Meaning, referred to using the acronym SIBAM, whereas Sensorimotor Psychotherapy utilizes the "Core Organizers" of Cognition, Emotion, Five-sense perception, Movement, and Inner Body sensation. As with the *koshas*, these elements provide information about the organism's current state of being. We become curious about where strengths lie, where there might be blind spots or avoidance, where there might be a possibility for expanding capacity, or which of these aspects of experience might provide a safe entry point for mindful self-inquiry.

Intention Setting: Starting in the Here and Now

As important as it is to know where we are, yoga philosophy encourages gaining clarity about where we want to go. This clarity is gained through intention setting. Unlike goal setting or positive reinforcement, however, intention or *sankalpa* is stated in the positive present tense and must be believable. So instead of "I don't want to be anxious", a *sankalpa* might be "I allow the possibility of calmness" or "Peace flows through me." When the words are believable and feel accurate, there is an immediate felt sense of rightness – an experience of the very thing that is sought, in the present moment.

Somatic Experiencing and Sensorimotor Psychotherapy work primarily with present moment experience. The mind is often searching for an experience to happen in the future

that is actually accessible right now in the body. We practice "orienting" via the senses in order to be present in the here and now and aware of our environment. It is a primary skill, since working with traumatic material is almost impossible if we are struggling to stay in the here and now due to dissociation or re-experiencing memories of the past. Trauma can rob us of our ability to recognize safety in our current experience. Living in a constant state of *perceived* threat prevents the nervous system from allowing a parasympathetic response, even when safety is available. The ability to experience safety in the present moment can be transformative. Because the state of the body affects the mind, encouraging a relaxation response in the body can help also to facilitate the mind's experience of safety.

Breath and Being

One of the primary mechanisms for facilitating a relaxation response is the breath. Yogis understood the relationship between the breath and the nervous system. We now have scientific proof that the exhale lowers the heart rate (PNS) and the inhale increases the heart rate (ANS). In my early years of therapy when I worked at the Center for Contextual Change, I would sometimes get clients who had a traditional concept of therapy, and were concerned about interventions that seemed too "woo-woo". In these cases, I would use the "out breath" to settle an anxious state. Rather than telling clients to "take a deep breath", I'd suggest just noticing the exhale. If the anxious state was particularly intense, we would breathe out together as if blowing out through a straw, letting all the air out, and then allowing the inhale to take care of itself.

If you're up for trying that, go ahead. Track your exhale, and let it go all the way out. Then, pause and notice that the inhale will happen automatically. If you like, you can blow out through your lips as if you were blowing out through a straw. You might even bring a hand up, your palm six inches away from your face, palm facing you, and blow into the palm of your hand. Do this 2 or 3 times; then pause and notice your current state. The act of blowing into your hand is adapted from *kaki pranayama*, a primary skill taught in Genevieve Yellen's *Trauma Informed Yoga Therapy*.

Many people who are anxious have been told, "Just breathe!" Anxiety, however, causes tightness in the chest which prevents the breath from happening easily, thus creating even more anxiety. When clients have a tendency toward anxious panic or notice that their sympathetic response is causing chest tightness, I invite them to notice that there is plenty of air all around. Believe it or not, that often does the trick! It shifts their minds from what isn't happening (intake of air) to noticing what is true (there's plenty of air available).

There are many wonderful breathing techniques (called *pranayama*) and movement practices that yoga provides to meet different states of being. I learned from Amy Weintraub that a more anxious state may require a more vigorous intervention at first, slowly shifting to something quieter. Similarly, a depressed client may need something less effortful to start and then slowly need to shift to more invigorating practices.

Original Clinical Article

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What Didn't Get to Happen

Another important component of the body psychotherapies, specifically Somatic Experiencing and Sensorimotor Psychotherapy, is a concept described in Sensorimotor Psychotherapy as the Missing Experience and in Somatic Experiencing as incomplete defensive or survival responses. Peter Levine (2010) describes the process by which humans will discharge the survival energy that becomes mobilized during situations of extreme stress, once the event is over, thereby enabling them to move on. When this survival energy is not discharged, the stage is set for PTSD. In his book, *Waking the Tiger*, Levine states, "Post-traumatic symptoms are, fundamentally, incomplete physiological responses suspended in fear. Reactions to life-threatening situations remain symptomatic until they are completed. Post-traumatic stress is one example. These symptoms will not go away until the responses are discharged and completed."

Sometimes the missing experience is simply a recognition that the traumatic experience has ended. I often ask clients, "When did you know it was over?" More than once the answer has been, "I didn't realize it until now." Or there might be the memory of a moment when safety became more apparent. Then I might ask, "What happens inside as you are aware of that?" Often, they answer, "Oh, my shoulders relax and something softens in my belly. My breathing is easier. It seems like the colors in the room just got sharper..."

Sometimes the awareness of an incomplete defensive response comes from the body's own impulses or movements. An innocuous gesture may turn out to be the body's attempt to push something away, to turn away, or to have some other defensive physiological response that may have been suspended and was waiting to be completed. For developmental trauma, the missing experience might have been the need for a competent protector to provide protection in the moment so that the nervous system could settle into safety.

I am awed and honored on a daily basis as these healing experiences emerge from clients' embodied, intuitive awareness. As they develop compassionate self-awareness and the ability to be with difficult, or even painful experiences with informed curiosity, the "missing experiences" provide their systems with a sense of possibility that wasn't available before.

It's delightful when clients report having experiences in life that they never imagined. Experiences that have flowed from their systems finding integration and flow. Recently, a client reported, "So, I'm noticing some changes in how I am in the world. I spoke up in class, and I set a boundary with someone without even realizing I was doing that. I feel like I'm taking up more space! Isn't that weird?"

Nope, not weird. Very, very cool.

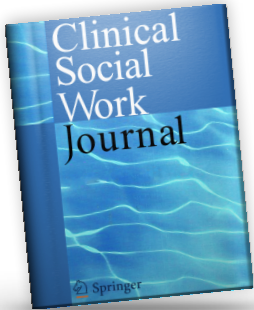
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Francine Kelley, LCPC, SEP, RYT500, is a body-centered psychotherapist and yoga instructor. She combines yoga, mindfulness, meditation, and other somatic approaches to help her clients heal from their traumatic wounds. Before co-founding Chicago BodyMind Wellness Studio in Chicago, she was a staff psychotherapist at the Center for Contextual Change. She is also a frequent speaker on the topic of Yoga and Somatic Psychotherapy.

2 Updates!



Clinical Social Work Journal

ISCSW is pleased to announce that following a period of unavailability, access to the *Clinical Social Work Journal* has been restored as a member benefit. Your membership entitles you to **online access** to the back catalogue of the Journal, featuring over 2,000 articles from 1997 to present.

Access is attained through the publisher, Springer Nature publications. Members should check their email inboxes for an automated message from Springer offering access via a personalized activation link for the SpringerLink website. Upon clicking this link and setting up your account and password, simply navigate to the CSWJ page (for reference: link.springer.com/journal/10615) to enjoy your subscription.

If you encounter any difficulties or did not receive an activation email, we may not have your most current email address on file in our records. Members with questions may contact us at iscswcontact@gmail.com or Springer at onlineservice@springernature.com



New Mailing Address

In other exciting transition news, as of February 10, 2020 we have established a new official postal mailing address — *replacing the old PO box*. If you need to reach the Society by mail, you may address letters to:

Illinois Society for Clinical Social Work (or 'ISCSW')
1658 Milwaukee Ave # 100-6763
Chicago, IL 60647

We are also making available this temporary email address. It is staffed by a dedicated team with direct access to the highest levels of the ISCSW organization, who will make every effort to assist you: iscswcontact@gmail.com

Book Review

Understanding Countertransference: *From Projective Identification to Empathy*

by Michael J. Tansey and Walter F. Burke (1989)
(445 pages) – Reviewed by William Kinnaird

The title of this book succinctly states the authors' views that "empathy is the outcome of a radically mutual interactive process in which the therapist receives and processes projective identifications from the patient". They also believe, "when empathy occurs, projective identification is always involved". (p. 195)

The authors developed their views over ten years while in a consultation group with renowned psychoanalyst Dr. Merton Gill. That is to say, they were cutting edge views developed by local psychodynamic psychotherapists at the time, and still are.

The book begins with a discussion of the concept of *countertransference*. It traces the meaning and use of this concept beginning with Freud and then moving through to more contemporary views. The more contemporary views began to take hold in the early 1950's, when the concept of countertransference began to be considered as the broad range of reactions an analyst has towards a patient. In this view, countertransference is considered "global", as opposed to the more narrow "specificist" view held by classic psychoanalysts. Whatever a patient does or says inevitably affects a therapist's thoughts and feelings, the therapist's countertransference towards a patient. In contrast to the classical Freudian view of countertransference as a hazard, an impediment, and therefore to be avoided or overcome, more contemporary thinkers were considering countertransference to be ubiquitous and potentially a very useful source of information about the patient.

The authors explore the evolution and contemporary meaning of *projective identification* as countertransference. Although having intrapsychic characteristics, the authors note, projective identification represents an interactional process whereby the projector—the patient—by actual influence, unconsciously elicits thoughts, feelings, and experiences within another individual—the therapist—which in some way resemble the patient's own.

As the authors elaborate on this process in their third chapter, the reader encounters rather dense technical jargon. However, clinical examples clarify concepts such as *introjective identification*. The reader having a familiarity with Racker's 1957 paper, "The meanings and uses of countertransference", may be useful background in the ensuing discussion about concordant and complementary countertransference.

How is a therapist to know if she is receiving a projective identification? What is she to do next? What happens then? And how may a projective identification potentially be used to further the treatment process by leading to empathy with the patient? The authors present a framework to help the practitioner with each one of these challenging steps. Chapters 5, 6, 7, and 8 address these questions and are worth reading for therapists at all levels of expertise.

The authors present a three-phase framework consisting of

- 1) Reception,
- 2) Internal Processing, and
- 3) Communication.

The authors summarize with:

In the first phase, the therapist receives the patient's interactional communications and is thereby acted upon and influenced by the patient; the second phase encompasses the therapist's internal experience and analysis of what has been communicated through the interaction by the patient; and the final phase entails the therapist "giving back" to the patient through the interaction what has been internally processed (66).

The authors further break down each phase into three subphases richly illustrated with case examples.

Book Review

(continued)

While the authors caution that a therapist's emotional response to a patient is not necessarily induced by the patient — for example, the therapist may just be having a bad day — they present a framework to help the therapist assess the validity of her countertransference response as evoked via projective identification. This includes a consideration of postintervention validation as evidenced by the patient response.

Upon experiencing a projective identification, how and what the therapist gives back or interprets to the patient leads to the ineluctable question of therapist self-disclosure. Divergent views on how countertransference disclosure may further or impede the treatment process are reviewed.

Finally, the authors present three different treatment case histories, each involving an instance of projective identification. How each therapist successfully managed projective identification so as to strengthen an empathic connection is described. These case histories demonstrate the variability in how long or sudden or complex it may be for an episode of projective identification to progress to empathy.

This book is a good resource for therapists at all levels of expertise.



Bill Kinnaird is a board member of ISCSW and is the Chair of Standards and Practices.

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The Jane Roiter Sunday Morning Seminars

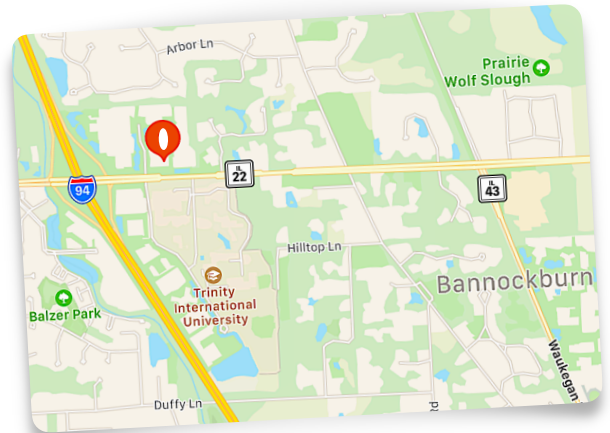
Sunday, March 29th, 2020

The Body In Therapy: a Somatic Approach to Relational Effectiveness

Featuring: Francine Kelley, LCPC, SEP, RYT500

Location:

Willow House
2231 Lakeside Drive,
Bannockburn, IL 60015



Note: New Venue

The spaces we have previously utilized at JCFS Chicago are no longer available to host our Seminars. However, ISCSW is excited to expand our programming to a new region of Chicagoland through our partnership with Willow House. While we know that this location is farther away for many long-time attendees (about 20 minutes north of Evanston), we look forward to extending our reach to Social Workers throughout Illinois and will continue to offer additional future seminars and programming at Chicago/North Shore venues going forward.

Register Here: <http://bit.ly/seminar329>

Space is limited; walk-ins may be available on a first come, first served basis.
email iscswcontact@gmail.com with any questions

When:

March 29th 9:30AM – 12:30 PM

Registration starts at 9:00 AM. Come early to enjoy a complimentary continental breakfast!

CEUs:

3.0

Member Price:

\$50

The Jane Roiter

Sunday Morning Seminars

The Body in Therapy:

a Somatic Approach to Relational Effectiveness

As psychotherapists we are affected by our clients' emotional states. Not so often discussed is the fact that they are also affected by ours. Integrating somatic (body-centered) awareness helps the therapist to have greater awareness and control of their presence in the room, while having tools to assist clients in their own emotional regulation.

This didactic and experiential workshop introduces somatic psychotherapy as a holistic approach to trauma treatment and provides skills that practitioners can begin using right away to enhance their own self-awareness. These skills are valuable both for the therapist's self-care and sustainability and also for enhancing the client's self-regulation and self-efficacy. Skills will be drawn from Francine's training and experience with Somatic Experiencing, Sensorimotor Psychotherapy and Yoga Therapy with case examples to illustrate core concepts.

Featured Speaker:

Francine Kelley, LCPC, SEP, RYT500



Francine is a body-centered psychotherapist and yoga instructor based in Chicago, IL. Her calm, collaborative style combines with yoga, mindfulness, meditation and other somatic and energetic approaches to provide clients with a broad range of options for healing traumatic wounds. Trained in Somatic Experiencing, Sensorimotor Psychotherapy, Trauma-Sensitive Yoga, Reiki and somatic touch, Francine is fascinated by scientific, energetic and spiritual perspectives on healing.

Before co-founding Chicago BodyMind Wellness Studio, a group psychotherapy practice on Chicago's Northwest Side specializing in somatic psychotherapy, Francine was a staff psychotherapist at the Center for Contextual Change (CCC). An approved provider of the introductory "Basic Principles of Somatic Experiencing" workshops for the Somatic Experiencing® Trauma Institute, Francine is a frequent speaker on the topic of Yoga and Somatic Psychotherapy. She has presented at Rush University's CME Seminars, to students at the Family Institute, the Chicago School, Chicago Women's Health Center, Rosalyn Franklin Medical School, the ICA annual conference and at the Caribbean Regional Conference on Psychology in Kingston, Jamaica.

Francine has long been one of the instructors in Bloom Yoga Studio's teacher trainings and is one of the developers of the Yoga-Informed Psychotherapy Training program for therapists interested in incorporating yoga into their work with clients.

She can be contacted through her website at www.francinekelley.com

Register Here: <http://bit.ly/seminar329>

The Jane Roiter

Sunday Morning Seminars

Upcoming Events:

Sunday, April 19th, 2020

9:30AM – 12:30 PM

Willow House

When Grief Derails: The Challenges of Treating Complicated Mourning

Presented by: Beth Katz, MS, M.Ed, LCPC, FT

Sunday, May 17th, 2020

9:30AM – 12:30 PM

Willow House

Identity, Privilege, and Oppression in the Therapeutic Relationship:
a Workshop on Cultural Humility

Presented by: Alissa Catiis, MA, LCSW

About Our Venue:

Willow House is a non-profit, social service organization whose sole mission is to support children, families, schools and communities who are coping with grief and the death of a loved one. Founded in 1998, Willow House is the only independent organization in the state of Illinois solely dedicated to supporting this population. Willow House's mission is based on the proposition that no child or family should ever grieve alone. **Learn More:** www.willowhouse.org

Advertisement: Therapist Position Available

Family Service of Lake County is seeking to hire a full-time (40 hours) LCSW who is dedicated, ethical and compassionate to provide direct clinical services to individuals, couples and families. Family Service is located in Highland Park.

Position Responsibilities:

- Provide direct clinical services to clients across the lifespan.
- Manage a caseload of 24-25 clients a week.
- Attend staff meetings and participate in clinical supervision meetings.

Job Qualifications:

- Must be an LCSW; this is not an entry level position.
- Minimum of 3 years clinical experience working with clients across the lifespan in an outpatient setting.

Benefits:

- Opportunity to work collaboratively with experienced, supportive therapists.
- Salary dependent on experience.
- Health insurance including dental.
- Generous time-off allowance (vacation, sick days, personal days, professional development days, holidays). Flexible Schedule, no weekends.

To apply, please submit your resume to:
Debbie Hege, Director of Counseling HR@famservice.org

Membership Corner

Mentorship, Supervision & Therapy at ISCSW

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

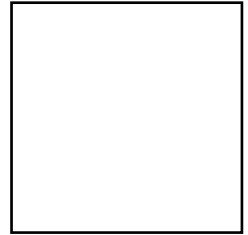
New clinicians have an especially important need to find good support and supervision as they begin their clinical careers. To address this need, we at ISCSW are creating a database of experienced professionals who are interested in providing mentorship, LCSW supervision and reduced-fee therapy to new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

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

Please consider becoming a resource to our emerging social worker community and sign up today at the website below! Email icswcontact@gmail.com with any questions.

www.bit.ly/ISCSW-mentorship

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Chicago, IL 60647



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A number of additional board positions are currently
vacant and open for application!

See page 6 for details.

www.ilclinicalsw.com/contact