The New York Institute for Psychotherapy Training

NYIPT Today

Fall 2003 Volume 2, Number 1

NYIPT Director, Dr. Phyllis Cohen shares her thoughts on the role of the program in the post 9/11 era.

From Your Director

Phyllis Cohen, Ph.D.

As I write this letter, I am happy for the opportunity to look back on the history of NYIPT and reflect upon all of our accomplishments. We started this program knowing that what makes a great training program is eager candidates, seasoned faculty and supervisors, and an excellent curriculum. Now, three years later, our first class of candidates who began the NYIPT program are graduating. Proudly, the number of candidates in our program keeps growing due to the hard work and dedication of all. We are honored to stand by our mission – to provide low-cost training to mental health professionals. In the past year, over 100 needy children and their parents have been helped by our students and faculty.

It's been 2 years since our country suffered a major disaster, and we have again observed it's anniversary. It has been estimated that for every person killed in the WTC, 1000 have had symptoms of PTSD. A recent Red Cross survey shows that a third of New York City area residents still remain at risk for PTSD.

The NYIPT program has been training our therapists to help children and their parents restore a sense of balance and control.

What is PTSD? It's an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which physical harm either occurred or was threatened. The symptoms of PTSD manifest themselves differently in children. As therapists many of us have been treating children who show symptoms of emotional distress, including aggression, regression, mood disturbances, depression, anxiety, phobias, and sleep disturbances - many symptoms that are related to PTSD. Many of us provide treatment for children who are scared, sad, confused and/or angry about things going on in their environments.

In the wake of 9/11/01 there are untold numbers of children who live with constant personal threat. These children are also exposed to the continued threats of terrorism and the aftermath of the war in Iraq, as well as war in other parts of the world. When the lights went out in the summer of 2003, most of us immediately thought that it was a terrorist attack. If this was how adults reacted, imagine the effect on children who are already traumatized! In some ways, the

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THE NEW YORK INSTITIUTE FOR PSYCHOTHERAPY TRAINING

IN INFANCY, CHILDHOOD AND ADOLESCENCE

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MISSION:

The New York Institute for Psychotherapy Training (N.Y.I.P.T., Inc.) for Infants, Children and Adolescents, is dedicated to improving the quality of mental health services for children in need of all ages with their families who live in the New York area. We realize our mission by providing psychotherapy training for qualified mental health professionals.

Our three-year program has a psychoanalytic orientation that integrates contemporary neuro-psycho-social theory and research with clinical technique. We are committed to providing this training at a nominal cost to professionals who are interested in working with infants, children and adolescents, or are already working with this population

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FROM THE EDITOR

KAREN CADWALADER, CSW

This second edition of the NYIPT Newsletter is an exciting chronicle of our development. The new name and format shows how NYIPT has grown and strengthened since its inception over three years ago.

This edition provides me the opportunity to applaud the candidates, faculty and supervisors for their various contributions and their dedication to our mission. Each article is a reflection of our diversity.

This publication provides a forum for the NYIPT community to share ideas and general news that is of interest to all of us. We welcome your input into future editions.

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Calling all graduates. If you know of any graduates, who are not members of the Graduate Society, please let us know how to reach them. Please forward all information to Karen Cadwalader at 718-998-2240.

Please keep us informed of your personal and professional happenings. If you are presenting at a workshop or conference, please send us the specifics to include our newsletter.

Dr. Carole Grand explores what we as child psychotherapists do, how we do it, and what we hope to achieve with our patients.

ON BEGINNING CHILD PSYCHOTHERAPY

CAROLE GRAND, PH.D.

While on vacation this summer I began thinking about the incoming class at NYIPT, and how new students of child psychotherapy are always uneasy about their role in the first few months of treatment. In our training as therapists we have been taught that our primary goals are to establish a trusting and positive relationship with the child and a treatment alliance with the parents. We learn to offer ourselves in play. We listen to the child on whatever level he can play or talk. We facilitate the child's ability to express himself in play or talk by providing the appropriate materials, a safe environment free of intrusion from the outside, complete acceptance of the child's productions, and a warm, caring "interested in everything about him" attitude. Anna Freud offered candy to insure the development of a positive transference. We offer ourselves, and the undivided attention a troubled child needs.

Besides engaging the child in play or listening to him talk, our therapist's mind is ticking off a mental checklist of observations that we need to make in the first few months of treatment.

But what exactly are we attending to? There is no simple answer to this question. (This topic is taken up in detail in my course in the 3rd year of the NYIPT program.) Besides engaging the child in play or listening to him talk, our therapist's mind is ticking off a mental checklist of observations that we need to make in the first few months of treatment. These are the raw materials that will eventually coalesce into a full picture of the child's personality. What is the level of cognitive, emotional and psychological development? What is the level of attachment to his primary caretakers? What are the dynamic conflicts within and between his impulses, wishes, longings and fears, and what chronic or acute trauma has he been exposed to? If we allow ourselves to actively follow our mental checklist (A. Freud, 1965), we will have what we need to draw up a treatment plan, establish treatment goals, and develop a therapeutic relationship with the child.

Even before we meet the child, we have probably taken detailed history or allowed it to emerge during the early parent collateral sessions. We have noted how the parents relate to us, and how they experience bringing their child to therapy. When it is time to meet the child, we note how he relates to the parents in the waiting room. How does he respond to the first contact with you? What is his body language telling you? What is his posture once he is in the consulting room? What materials does he choose? Does he have trouble making a choice? What does he choose to tell you in those first few sessions? Using Anna Freud's Developmental Profile (A. Freud, 1965), we an begin assessing the child's level of psycho-sexual development. Based on the child's history and from our observations, we begin to formulate answers to the question, "What stage is the child functioning at: oral, anal, oedipal, phallic, latency, pre-adolescence or adolescence?" Does an earlier stage dominate his behavior and relationships and intrude on the subsequent stages? Is this a fixation point in his development?

With many children patience is rewarded, as themes take longer to fully emerge into a clear picture that can be understood and interpreted.

While we are assessing the child's level of psycho-sexual development, we are taking in the child's level of aggressive impulses which, given the freedom to express himself, should make its appearance shortly after the treatment starts. We observe it in the themes of his play, e.g. the "restaurant" game in which he insists upon "feeding" you or being "fed" by you; the fantasy in which a "capture jar" ingests and destroys the bad (and even the good) guys; a teasing, provocative attitude underneath his playfulness; a boastful posture or "I can do it better than you." These are some examples of aggressive themes that guide us in locating fixation points in a child's development. Parents and teachers

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Norma Simon served as the second director of the child therapy training program at New Hope Guild, building it into the program that became NYIPT after NHG's collapse.

NORMA SIMON: A TRIBUTE

MARY TIROLO, CSW

The baton has been passed twice in our child program, both times propelling us from success to further success.

In 1988, Jeanette Levitt, our venerable and highly esteemed founder, stepped down from the New Hope Guild Child and Adolescent Therapy Training Program, handing the directorship to Norma Simon Ed.D., a faculty member who Carole Grand remembers as a "sparkling, intellectually challenging teacher who nourished us in mind and body." Those of us who had her as a teacher remember how she fed us both knowledge and wonderful snacks! Norma coupled teaching skills with an amazing mastery of the literature and an extraordinary depth and breadth of experience, because of her active participation in many avenues of professional endeavor. Since1979, Norma has held many leadership positions in the Association of State and Provincial Psychology Boards. She has been a contributing member of the American Psychological Association Division 39 (psychoanalysis), Division 42 (Independent Practice), and Division 17 (Counseling Psychology). Norma has enjoyed many Professional appointments, elected positions, teaching positions, and has authored and co-authored many articles. Norma was in private practice from 1970 through June, 2002. She continues to work with Project Liberty in her retirement.

It was evident that Norma was well suited to build on the strong foundation that was established and lovingly nurtured by Jeanette Levitt in the early 1970's through the 1980's. At its inception, the program was an in-house training program for New Hope Guild staff who were assigned child cases. It grew, evolved and expanded, due to its clinical integrity and the quality of instruction, into a child program with a unique mission. Countless thousands of children and families were served. The opportunities offered to the program participants evoked a deep loyalty in them and a commitment to give to the next professional generation. Many of our graduates, who had been given so much by their teachers and supervisors, became teachers and supervisors in our program.

Norma seamlessly took her place at the helm. She followed and expanded Jeanette's well-charted course. Her leadership style encouraged people to step up and offer to do what they comfortably did best. She quietly and effectively avoided the pitfalls of disruptive competitiveness that so often occur in times of change. Because the program had grown, it was in need of a more formal structure. Norma implemented this, and had tasks and functions spelled out explicitly.

Norma also held staff meetings for faculty and supervisors to assess our status and to identify areas that needed attention. Committees were formed. A curriculum committee met for three years and created the essentials of the curriculum currently in use (with ongoing review and updating). A committee met to review supervisory policies and hiring practices. This committee was commissioned to hire five additional supervisors. An evaluation committee established mechanisms and standards to assess candidate progress and develop guidelines to manage situations that arise in the course of training. One of Norma's other early achievements was completing the tangled, complicated, labor intensive task of securing the New York Board of Regents Provisional Charter.

Norma inaugurated the Newsletter. She tapped the talents of one of our graduates, Annette Mont, to lay the groundwork for a Graduate Society. Annette creatively and competently chaired a committee that formed and guided the society for many years until "younger" leadership took over.

In 1993, NHG entered into a stormy period of staff turmoil and difficulties that were a preview of the catastrophic events of 1999 (when NHG ceased to exist). Norma managed to steer the program through the mines and torpedoes and bring us safely to shore. She put agreements into place to cushion us from some of the encroachments on clinical work that were being instituted, such as preserving the length of sessions, access to supervisors, and the maintenance of a clinical focus in our work with children.

In 1998 after unstintingly giving of herself, Norma stepped down, handing the baton to her assistant director, Dr. Phyllis Cohen, who up until 1995 had worked shoulder to shoulder with Norma. Among other things, Phyllis had coordinated program requirements with the various NHG clinics and their directors, organized case conferences and in-house staff

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A report on the NYIPT sponsored class on the continuing effects of trauma on adults and children.

"MASTER CLASS" ON TRAUMA

GEORGI ANTAR, PSY.D.

Since its inception, NYIPT has offered workshops and courses for candidates on the topic of children and trauma, with a specific focus on children from high-risk environments who are chronically traumatized. They represent a significant segment of the clinical population with whom we work. In March of 2003 when I was discussing the trauma course with Dr. Phyllis Cohen, NYIPT Director, our country was on high alert and preparing to go to war with Iraq. Dr. Cohen felt it would be useful to teach a course focusing on the continuing effects of terrorism and war, and of course, on the aftermath of September 11, for all of the NYIPT candidates.

The "Master Class" on Children and Trauma in the Aftermath of September 11, Terrorism, and War was held at The Training Institute for Mental Health on September 9, 2003. It was well attended by NYIPT students as well as candidates from The Training Institute, who are training to work with adults.

Many of us continue to see issues related to September 11 in our clinical work, including a heightened sense of anxiety because of security concerns, and fears about terrorism and the threat of new attacks, especially following the war in Iraq.

> *The majority of children with major symptoms were those with histories of multiple traumas*

Anna Freud and Dorothy Burlingham first documented the impact of war on children during World War II. They found that the major trauma impacting children was their separation from their parents. For many children, there had been a disruption in their attachment relationship when they were sent away for extended periods of time for their "protection." By contrast, the children who stayed with their mothers in bomb shelters during the London blitz had few lasting effects of the trauma. More recently, Peter Fonagy's studies have confirmed that an empathic attachment relationship is a protective factor for infants and children who experience trauma.

The findings of several important studies on the Impact of September 11 on children became available a few weeks before the Trauma class.

> *Studies on the effects of September 11, have also indicated significantly elevated levels of affective disorders in both adults and children*

The most significant study was conducted for the New York City Department of Education by Columbia University's Mailman School of Public Health at The Psychiatric Institute. This was an epidemiological study involving 8,266 children in grades 4-12 from all over the five boroughs. The findings indicate that approximately 200,000 children and adolescents, 26.5%, had at least one of the mental health problems that were assessed, including Post-Traumatic Stress Disorder (PTSD), Major Depressive Disorder, General Anxiety Disorder, Panic Disorder, Agoraphobia, Separation Anxiety Conduct Disorder, and Alcohol Abuse (in grades 6-12). These statistics did not include any children younger than grade 4, although we certainly know that many Pre-K and younger elementary children also were significantly affected in the World Trade Center attack.

Other studies on the effects of September 11, have indicated significantly elevated levels of affective disorders in both adults and children. The majority of children with major symptoms were those with histories of multiple traumas, and these represent the population most frequently seen by NYIPT therapists.

The dynamics of trauma from infancy to adulthood were also presented. Chronically traumatized children are the most vulnerable in times of disaster and stress. Bessel van der Kolk has stated, "September 11 evoked a focus on 'lack of safety' as a longstanding issue in many children and adults." Three million children are abused every year. Children under age three have the highest homicide rate. Abused children often present themselves with symptoms of Attention-Deficit Hyperactivity Disorder (ADHD), when they're actually displaying hyperarousal, hypervigilance, anxiety and/or an agitated depression. Instead of "acting out," a child might be "tuning out." Some of these children may be psychically numb or dissociating as an adaptive survival mechanism. Unfortunately, these behaviors are seldom presented to the clinician as effects of trauma or PTSD.

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Dr. Anne Alvarez' discussed her work with autistic children at an NYIPT sponsored conference.

"FROM ATTUNEMENT TO INTERPRETATION: INTERVENTIONS AND LEVELS OF PATHOLOGY IN CHILD THERAPY"

MARY TIROLO, CSW

On Sunday, October 5,2003 The New York Institute For Psychotherapy Training, Inc. together with The Training Institute for Mental Health hosted a very successful and well attended conference entitled "From Attunement to Interpretation: Interventions and Levels of Pathology in Child Therapy," with Anne Alvarez. Dr. Alvarez is a consultant, and child and adolescent psychotherapist at the Tavistock Clinic in London, England. She is the author of Live Company: Psychotherapy with Autistic, Borderline, Depressed and Abused Children, and numerous papers on the psychoanalytic treatment of children. She has also co-edited Autism and Personality.

Dr. Alvarez enumerated four levels of analytic intervention. She particularly explicated the approaches she has come to use in her efforts to reach the most extremely damaged children. First there is the classical Freudian level of interpretation, which includes linking explanatory statements such as, "Consciously you feel this, yet you unconsciously feel that." Freud works with the question "why." The second level derives from Klein, who asks the questions, "who" and "where." The focus here is on the paranoid schizoid phase, involving work with projections and splitting. The third level draws on the work of Bion, Winnicott and Joseph. Here we use naming and containing statements of attunement to the 'what-ness" and the "is-ness" of experience. This is experience at its most basic level. This level addresses the issue of being heard by the patient who can only think one thought at a time.

Alvarez believes that the alerting, arousing and enlivening functions of the caregiver are as important as the soothing ones.

Betty Joseph counsels us not to place the projection back into the patient too quickly. Donald Winnicott suggests that we tolerate the paradox and not ask if the teddy is real. Bion advances his concepts of containment and maternal reverie in facilitating the capacity to employ the Alpha Function, that which makes thoughts real and thinkable. Anne Alvarez says it is more effective to give priority to naming and describing, rather than locating. Rather than say, "You are upset," which locates the feeling in the patient, she says, "It is upsetting." She also pointed out that there is danger in premature sympathy and empathy. With such patients we must first learn what the experience was, not how it felt. The patient needs to get to the Alpha function around it. We need to let it be a duet, not a projection.

The fourth level is reclamation; that is, calling the patient into relationship with himself or with you. Here Anne Alvarez highlights what at first seems obvious, that babies learn from positive experiences too. Historically, the emphasis has been placed on the role of frustration in learning.

The therapist is encouraged to become more active, generate interest if possible, and call attention to positive feeling states when they occur.

Alvarez believes that the alerting, arousing and enlivening functions of the caregiver are as important as the soothing ones. She says when the object is experienced as empty and lifeless, it is very important to get the right band of intensity with these patients who cannot know or think. The vitality of affects is critical, because vitality necessarily involves an encounter with another person. In reclamation, the task is not just containment, but also activity and surprise. The therapist is encouraged to become more active, generate interest if possible, and call attention to positive feeling states when they occur. Alvarez suggests that positive experiences also generate the capacity to think.

So much of Anne Alvarez' work and insight deals with the familiar, yet she gives us her extraordinary creativity in her uniquely nuanced version. She shakes-up our customary understandings, and whole areas of experience are seen with more dimension. The primary task for the therapist becomes attunement to the patient at any given moment. Alvarez delineated these four levels of intervention, any one of which could be utilized based on the patient's capacities and needs of the moment. Her major contribution, it seems to me, is

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Program founder and supervisor, Jeanette Leavitt, discusses her supervisee's case of selective mutism and the treatment methods employed.

A CASE OF SELECTIVE MUTISM

JEANETTE LEVITT, M.A.

Our cases are so different today from the psychoanalytically oriented long-term ones of yesterday. In my experience, treating children with symptoms other than ADHD has become unusual. One case did occur with my supervisee, Nyla Kamlet's, caseload of pre-kindergarten Orthodox Jewish children. Nyla provided individual therapy to kids aged 3 and up in a full-day nursery school setting.

Morris, 3 years old, was seen twice-a-week for a year-and-a-half. The presenting problem was elective mutism. He would not speak in school. His mother was only seen in an incidental way, at first in a visit at home. Morris spoke easily during this visit and played comfortably in the presence of his mother. But in school, he not only would not talk, but he threw himself on the floor, would not look at Nyla, and often had to be carried to the therapy room. This active negative behavior continued for several weeks. Nyla continued to pick him up and attempted to make contact with him. Even though he ignored her, she was very persistent and patient. She still came to see him, she enticed him, gave him stickers, continually invited him to look at the toys. At times she invited his classmates to look at the toys. Soon they would all play together, but all the while Morris remained silent. He would look at the toys and only sometimes get involved with the group.

By the second month Morris began to look at Nyla. When she'd put a funny sticker on her nose, he would laugh. One day, after about four months, Nyla was reading to the group, and she asked what color was on the page. Morris then spoke for the first time. He said "blue." Nyla nodded to him to acknowledge that she knew he had spoken. After that he began to join in and spoke more often.

Important background material was that Morris was the fourth child born to his mother. During her pregnancy, she had become ill and was confined to her bed. Since his birth, Morris had great difficulty eating, and he was frail-looking for his age.

Having finally allowed Nyla to make contact with him, he began to speak a lot and started to play with clay in an age-adequate way. The clay pieces were used for "cooking" food for the people. The little trucks were never big enough to accommodate everyone. There was never enough places for all of them to sleep. He was playing out his experience of his family situation. He then told of a dream that his father had given him a dog-named Dexter to have at home. Nyla, investigating Morris' cultural background, discovered that dogs were forbidden in the Orthodox Jewish homes, and Morris' family was very observant.

So our question is, "What happened in this success story in the amelioration of a symptom?" By providing an environment in which Morris was accepted for who he was and allowed to express his concerns as well as who he wanted to be, Morris was able to slowly open-up to his therapist individually, and in the classroom setting. Nyla reported that a year later Morris was functioning very well in the regular kindergarten school setting. We might say that Nyla served as a "good enough" mother for Morris, a mother he so desperately needed. And now, I'll let the psychoanalytic theorists take it from there!

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"FROM ATTUNEMENT TO INTERPRETATION:"

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how she has extended the parameters of the widening scope to include the most damaged children that we see in treatment.

In the second part of the conference,, our supervisor, Jane Buckwalter, a graduate of the New York Freudian Society both in adult and child and adolescent psychoanalysis, presented her work with a young adolescent whose regressive symptoms and inhibited autonomy were understood in the context of enmeshment with his mother.

Ms. Buckwalter gave us a look at her outstanding work with this boy and his parents. The gains achieved in this treatment were remarkable, as was Ms. Buckwalter's openness in sharing her thinking about the different levels of intervention and her struggles along the way.

In addition, Anne Alvarez had the opportunity to add her own insights into the case, and an interesting discussion ensued.

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Excerpts from cases NYIPT Candidates have worked with serve as examples of the kind of work we do.

CLINICAL ISSUES AND SUPERVISION

PHYLLIS COHEN, PH. D.

People often ask me what kinds of symptoms we treat in children. In my letter, "From Your Director" (on pg. 1), I described the general symptoms of PTSD, but I would like to answer this question by excerpting some of the remarks made by our supervisors about several candidates' work during the past year. I think these comments give an accurate description of some of the cases seen by our candidates.

One supervisor wrote: "With a distracted and pre-occupied 10-year-old child from a complicated family situation, over the year the candidate was able to help the family steer clear of potential enmeshments and to be clear with the parents regarding the emotional needs of the child. The risk of the child being held-over at the end of the school year did not materialize."

... the treatment situation reflected the child's experience – a minefield of boundary issues, unresolved trust and betrayal, and extremes of chaos and intrusiveness

Another supervisor wrote: "One school phobic child slowly began to separate from her mother as the therapist increased sessions to twice a week. The child was eventually able to return to school. Work with this child and the mother also enabled the family to seek therapy for another troubled sibling."

In regard to another candidate,a supervisor wrote: "With a 5-year-old child whose recently separated parents were using their child as a weapon against each other, the treatment situation reflected the child's experience – a minefield of boundary issues, unresolved trust and betrayal, and extremes of chaos and intrusiveness. All of these created close to insurmountable resistance to enabling the treatment to continue. In the face of this, the therapist was able to help the child express feelings of hopelessness, anxiety and confusion, first through play and later through the use of words."

And still another supervisor wrote: "With one 15-year-old, the therapist was faced with a crisis situation in which the young adolescent expressed suicidal ideation and intent in the initial session. The therapist worked through issues of countertransference with the supervisor and helped the patient understand and express feelings of despair and depression in which the suicidal behavior was embedded."

These comments reflect the diversity of cases we see, as well as the excellent work being done by our candidates. Many of our children are thrust into situations that would be difficult for anyone to cope with, such as, divorce or other types of separations from parents, problems in foster care, witnessing violence on the street, living with physical violence, experiencing sexual abuse, and living with drug abuse.

The impact of these events is not always easy to identify. What we see in the clinics are children with persistent fears, psycho-somatic complaints, such as headaches and stomach aches, eating and/or sleeping problems, feelings of nervousness, difficulty concentrating, withdrawal of interest in school and/or other activities... At NYIPT we train therapists to work with all of these situations and symptoms.

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"MASTER CLASS" ON TRAUMA

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Most frequently, the trauma has not been disclosed or documented, and therefore, these children are often misdiagnosed..

The class concluded with a discussion of treatment approaches with children who have been traumatized. Although approaches can vary widely from classic play therapy to cognitive-behavioral treatment, all clinicians would agree that some treatment is essential and should start as soon as symptoms are noted..

Play therapy enables the child to distance him or herself from the traumatic events through the use of symbolic materials. A child's natural reaction is to re-enact or play out traumatic experiences in an unconscious attempt to comprehend and develop a sense of mastery of the experience.

The class ended with a brief discussion of the work on resiliency models being developed by the American Psychological Association for use in public schools., models that stress developing and strengthening positive coping responses for children in situations of conflict and in times of disaster.

* * * * *

One candidate's dream of working with children led her to NYIPT and helped forge an alliance between a mental health clinic and the program

DREAMS REALLY CAN COME TRUE!

SUSAN CAPUTO, CSW

Sometimes a dream begins like a little seed planted in the ground waiting to be nourished and nurtured. Sometimes a dream grows the way we hope a child will grow and flourish. While I began planting my seeds about ten years ago, it wasn't until I began the NYIPT program in September 2002 that my dream had the opportunity to grow and flourish.

My dream began with my desire to work with children and their families. During my social work internship it seemed as if this dream would never happen, because I never had the opportunity to work with a child. When I am began working at The Park Slope Center For Mental Health two years ago, I was excited and elated when I was assigned my first child case, a nine year old boy, But soon, my excitement turned to fear and self-doubt. He wasn't going to tell me what was wrong. He didn't even want to be there. Each week came his "big" question, "Is it time to leave yet?"

What was I doing wrong? Was I making things worse? Was I so wrong about the dream I had? I asked myself these questions for months. Each week I would hope that he would cancel, and each week I became more convinced that I should never work with another child again.

And then a year ago I thought, what if I could get some specialized training? What if I learned from people who had the same dream: to help children in need, to help children grow and blossom, to create their own dreams? Could I then do this work?

In August 2002, I applied to the NYIPT program and another seed was planted. I had been working at Park Slope for a year, a year filled with challenges, apprehension, excitement, and happiness. I loved my job and wanted my agency to grow with me. Wouldn't it be great if I could help the clinic provide children with the opportunity to play and share while getting the help they needed? Why not bring the program to the agency?

When I began the NYIPT program, the Park Slope agency had a handful of children in therapy, and very few of its clinicians were trained to work with children. I spoke to NYIPT Director, Dr. Phyllis Cohen, and arranged for her to meet with my agency Director, Dr. Rita Seiden, and a relationship was forged. Other NYIPT students then decided to do their training at Park Slope.

During September and October of 2002 things were slow and we struggled to find cases. Each week I went to class and to supervision, and I wanted more. I wanted this affiliation to grow. I wanted the agency to be more than just a family of therapists working together with mostly adults. I wanted to see families with infants, children, adolescents, parents, grandparents and great grandparents filling the waiting room. This would show that the agency was preserving and serving all members of the family.

November 2002 came. I was no longer feeling as intimidated by my nine-year-old patient. Something wonderful was happening. The seeds I had planted were beginning to grow. As I learned and experienced how to engage the parents to be better with their children and to play with them, I wanted to do more. How fortunate for me, that Dr. Seiden gave me the opportunity to do just that. She offered me the opportunity to build the agency's Child Therapy Program, so that we could open more doors to more children.

I began to realize that we NYIPT students were learning and training to do something very special ...

I soon discovered that the training NYIPT offered was priceless. The program doesn't only teach us to work with adolescents, it teaches us to work with infants and children of all ages and their parents. Park Slope became one of the few clinics in the South Brooklyn area with therapists capable of working with children under the age of five. Soon the word was out and streams of children began coming for help with their parents. Foster care agencies, hospitals and other clinics began referring cases. It was time for us to search for more qualified child therapists to handle the influx of cases.

I began to realize that we NYIPT students were learning and training to do something very special, and that the Park Slope Center for Mental Health was offering something rare and unique in the neighboring community. It was wonderful to watch my two affiliations grow together, the program and the clinic, and I began to see myself grow with it.

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Rita Seiden writes of her dreams to establish a mental health center, its growth and affiliation with NYIPT.

DREAMING DREAMS TOGETHER

RITA SEIDEN, C.S.W., PH.D.
EXECUTIVE DIRECTOR
PARK SLOPE CENTER FOR MENTAL HEALTH

The Park Slope Center for Mental Health began as a dream that Dr. Willie Cybuch and I had together. We met in 1982 when he was the psychiatrist at the Bed-Stuy Center of the Brooklyn Psychiatric Centers and I was a first year social work intern. I had already been "out in the world" as an academic sociologist, and had returned to school to become a clinician. He and I hit it off, we began to practice together, and then began to dream of opening a mental health center that would be better than the places where we had worked, and where our colleagues would want to come and work too.

By 1989, when the Office of Mental Health gave us one of the last Article 31 licenses granted, Willie had died. A psychiatrist who had worked with us as a post-graduate fellow, Georges Casimir, stepped in as the medical director. We opened as Elder/Family Services specializing in work with older people by offering geriatric care management as well as psychiatric services. By 1996, most of our clientele were adults of all ages, and I was tired of answering the question: "I guess you serve only older people." Sometime after that, clinicians began to ask me if they could see children. With the permission of the Office of Mental Health, we began to see the children of our adult patients – but on an unsystematic basis. If someone called for services, and there was a clinician available, we would screen the child. At the time I was the only clinical supervisor and I did not feel that I could supervise services for children. And so, we drifted along, until Susan Caputo joined our staff.

When Susan had been with us for a while, she participated in our policy of serving the occasional child who was referred to us. Then, she came to me about her decision to get additional training at NYIPT, and her interest in seeing children. Here was the perfect opportunity to expand Park Slope's reach while opening up an opportunity for one of our clinicians. NYIPT and Susan Caputo are exactly what Park Slope needed to grow in this direction: the professional training and the individual drive to create a truly professional service. While Willie Cybuch and I envisioned the Center as a place of creative growth, I certainly had not seen it happening like this. I am grateful for the opportunity to have provided the fertile soil for those seeds to grow and blossom.

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FROM YOUR DIRECTOR

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terrorists have succeeded in leaving us feeling "terrified," which is compounded for children. All of the children we see are victims of ever-increasing exposure to violence either directly or indirectly via the media. Many parents are experiencing similar difficulties as they try to handle their own reactions to the impact of various crises. As a result, they need assistance to help their children cope. Research has shown that the reactions of children often correspond to the degree of their parents' coping or lack thereof.

We attempt to facilitate the expression and sharing of scary thoughts and feelings that our children may be experiencing.

The NYIPT program has been training our therapists to help children and their parents restore a sense of balance and control. We attempt to facilitate the expression and sharing of scary thoughts and feelings that our children may be experiencing. We know that not talking about the violence in the world with children is far more damaging than open discussion. At NYIPT we are happy to say that our faculty, supervisors and candidates are helping families cope in the best way possible.

I am proud of the current issue of our Newsletter, because I believe it showcases a little of who we are, what we're about, and what we are reaching for. I know you will find the articles not only interesting, but also highly informative. I look forward to seeing all of you at our future events.

Phyllis

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A report on a momentous occasion attended by many NYIPT faculty members – a gathering of contemporary psychoanalytic great minds and a discussion of their landmark book.

A DISCUSSION WITH THE AUTHORS OF AFFECT REGULATION, MENTALIZATION, AND THE DEVELOPMENT OF THE SELF

RUTH PRICE, CSW

On December 14, 2002, a warm and enthusiastic audience gathered to welcome the distinguished researcher, psychoanalyst, and author, Peter Fonagy, Ph.D., and his co-authors, Dr. Gyorgy Gergely, Elliot Jurist, and Mary Target, for a discussion of their recently published book, Affect Regulation, Mentalization, and the Development of the Self.

The discussion, sponsored by the publisher, Other Press, took place at Casa Italizna, at New York University. Discussants included Drs. Sidney Blatt, Arnold Fisher, Linda Mayes, and Ed Tronick. The Moderators were Drs. Anni Bergman and Arietta Slade.

> *...the infant's perceptual system actually has a bias to attend to, explore, and categorize the external world.*

Affect Regulation, Mentalization, and the Development of the Self has been hailed by the psychoanalytic community as a unique contribution to the literature, particularly in the areas of infant research, attachment theory, developmental therapy, neuro-biology and its applications to clinical psychoanalysis, and understanding psychological disturbances. Those of us in the child therapy community will find particular validation for the importance of the developmental achievement of the ability to pretend, something we have always known through our work with disturbed children. Each of the authors described their research and how it has refined their ideas about infant development, with tribute paid to groundbreaking thinkers and researchers in this realm, including D.W. Winnicott, John Bowlby, Margaret Mahler, Wh.R. Bion, Daniel Stern, Mary Main, and Beatrice Beebe.

Building on the theories and research regarding containment of affects through empathic "holding" and mirroring, the authors begin with their "social bio-feedback" model, which challenges the classical (Freudian) assumption that the internal stimuli of the infant dominates the initial internal state of the baby.

Fonagy, Gergely, Jurist and Target make the case for the importance of attachment, and the need for the baby to be understood emotionally for optimal development of the mind and the self. They hypothesize that the infant's perceptual system actually has a bias to attend to, explore, and categorize the external world.

Ideally, the caregiver should mirror the baby's expressive displays in a "marked" or exaggerated form, reflecting to the infant that his/her communication is understood. The caregiver must not overwhelm the infant, rather must respond to the infant in an empathic, "pretend" mode. As this "contingent" interaction is repeated over time, the infant begins to perceive the caretaker's response as "representing" the infant's primary emotional state, but in a modified affect-regulating form - as Fonagy *et. al* put it, "the self in the mind of the other." This becomes the building block to "mentalization," the ability to reflect on one's own mind and on the mind of another, and understand and predict behavior, a critical task in the development of satisfactory human interaction.

If this process is not achieved, due to neurological or developmental deficits on the part of the infant, or an emotional inability of the caregiver to take part in this interactive process, the child will not able to move beyond the "psychic equivalence" level of functioning, a position wherein mental states and reality states remain confused and undifferentiated. The child would be unable to engage in symbolic play, or distinguish "as if" from actual reality. Fonagy elaborates on the implications for children suffering a developmental arrest at the psychic equivalence level, and helps us relate to understanding and treating patients with Borderline Personality Disorder.

It was exciting to have been present at this momentous occasion, when so many wonderful minds of our time came together in a lively, intellectually open and interactive discussion. It was also great to see many of the faculty of NYIPT at this meeting, attending and enjoying the intellectual stimulation. The feeling in the room became, in essence, a model of "affect regulation, mentalization, and the development of the self!"

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This commentary by faculty member, Dr. Neil Grossman, discusses the family dynamics illustrated in the film Eat Drink Man Woman was published in The Family Psychologist, Fall 2003.

COMMENTARY ABOUT AN ANG LEE FILM

EAT DRINK MAN WOMAN

NEIL S. GROSSMAN, PH.D..

This movie provides an excellent example of a family system and the dynamics within this Chinese family. The movie, set in Taipei, tells the story of Tao Chu, a master chef, and his three daughters. Chu's wife and mother of the three children had died 16 years ago. The family and its members are stuck in the past, honoring traditions, and unable to successfully move on with their lives. Other characters in the movie are: Chu's close friend who also is a chef; a family friend, a woman who is separated and getting divorced, and her grade-school-aged daughter; and the mother of this woman.

The oldest daughter, Jia-Jen, is a teacher and has taken on the role of caring for the father. She talks about a relationship she had, as a college student, with a man who hurt her emotionally. Jia-Jen has stayed away from romantic relationships since then, dedicating herself to teaching and her new found Christian religion. Only later in the story do we learn that she, for the most part, has fabricated the story of being jilted.

The dinner is an important time for this family. It is when members make announcements about the important happenings in the family.

The middle daughter, Jai-Chien, always wanted to be a chef, but her father steered her into business and finance where she has become a deputy director in an airline company. She has thrown herself into succeeding in her job and she has a resentful relationship with her father. Jai-Chien has a passionate affair with a married man, but does not have any enduring relationships outside of the affair.

The youngest daughter, Jia-Ning, is least stuck in the family dynamics. She works for a fast food restaurant.

The movie begins with Chu preparing a meal, a banquet, the family's traditional Sunday dinner. The preparation is elaborate and it makes the viewer salivate. The father dutifully prepares this Sunday dinner for his daughters who resentfully attend. The dinner is an important time for this family. It is when members make announcements about the important happenings in the family. Chu is starting to forget some of the ingredients that go into courses for the meal and he has lost the sensation of taste. At work, his close friend tastes the food Chu prepares and tells him if anything is missing.

Family Dynamics

The repeating themes in the family are: deadening family loyalties that necessitate sacrifice and joyless relationships, loyalty to the past, the dead wife (mother) and the family house. Communication is a problem.

The family system is composed of a number of concentric and overlapping systems. The family members feel trapped in their joyless and passionless lives. We see splinters of passion but these are usually split off from their relationships. Family members need to break away from their loyalties to the past and move into the present and future. When one member of the family attempts to move into the future, this person is so focused on the past, that the move does not work or the attempted move, fueled by rebellion, therefore does not work. The family struggles with their "stuckness" and we see ripples of movement without much change. Urges are awakened but the family and family members seem to continue along the lines of the solutions they have used for years, those that kept the family together but do not allow it to have joy, grow and develop.

The audience sees the care and preparation of the delicacies made for the Sunday dinner. Our appetites are aroused. The ingredients are present for change and seem to be waiting for the right mixture or catalyst. Multiple factors are at work simultaneously. The passions and joys of the family members are stirred and some things start to move. The father establishes a clandestine relationship with the young daughter of the family friend. He makes lunch for her to take to school and he eats the lunch her mother has made. He is like a father to this girl who is joyful and appreciates him.

Chu's friend, the chef, becomes sick and dies unexpectedly. We begin to think of the father as vulnerable. The father has been paying a large amount

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Some thoughts shared at the NYIPT Graduation, December, 2002

WALKING THE TALK

JOSEE GROLEAU, CSW

In reviewing the last three years of the program and thinking about what my classmates and I went through, several revelations came to me. When we started, none of us could have anticipated the challenges that would lie ahead, the disaffiliation of the training program from New Hope Guild, followed by the collapse of New Hope, the attacks of September 11th and its ensuing trauma, as well as changes in our own lives, marriages, moves, pregnancies and I could go on...

Through all of these upheavals, while we were struggling to keep our bearings and to maintain our commitment to helping children in need, the faculty of NYIPT kept emphasizing the importance of the frame of treatment. We were taught about Winnicott's "holding environment," as a fundamental part of the reparative experience needed for children who have experienced numerous "disrupted connections" in life.

> *[From our supervisrs and teachers] We were getting a first hand understanding of the theory we were asked to learn and apply in our work with children.*

So, as we struggled along adjusting to a new program, to a new world imbued with post 9/11 fears, and to changes in our own lives, small miracles took place everyday at NYIPT. Classes continued uninterrupted, the curriculum continued to be applied as it had in the past, not one supervisory session was missed, not one class re-scheduled. In other words, we were getting a first hand understanding of the theory we were asked to learn and apply in our work with children. My classmates and I walked away from these three years understanding something new, that is, what a profound difference it made in our own lives to be held and supported through the disrupted connections and frightening changes we were all experiencing. Our feelings were validated, our voices heard, our teachers and supervisors consistently available to us.

The faculty wasn't simply "talking the talk," they walked it with us. That, to me, is an impressive way to get the message across to clinicians in training. The faculty of NYIPT meant it when they emphasized the importance of integrity and commitment. By living their beliefs so consistently, they taught us to do the same with the children and adolescents we worked with.

So, "hats off" to you all for the compassion and commitment. You are after all, the quiet heroes of these children.

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EAT DRINK MAN WOMAN

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of attention to the mother of the family friend. This mother is self-centered and a bore. We are led to believe that the father is considering marrying this woman and that he will continue being stuck in the past and the joyless tradition of duty.

The youngest daughter is able to make the first break from the family system and move out of the family home. Jia-Ning becomes involved with a boy. A new relationship develops and Jia-Ning becomes pregnant. This is used as the reason to leave the family house, move in with her boyfriend and then marry him. It is important that Jia-Ning have a reason that makes it necessary for her to leave the family house.

Jia-Jen had committed herself to teaching and the church. She was a joyless teacher until her passions became awakened. Jia-Jen develops a relationship with a man and they marry.

Jai-Chien struggles with her job and whether to take a position in Europe. The film concludes with Jai-Chien preparing the Sunday dinner for her father. She has returned more to the center of the family.

By the end of the film Chu has left his job as a chef, sold the family house to Jai-Chien and married the family friend (not the friend's mother). Chu's sense of taste and his passions have returned and all of his daughters have moved on with their lives.

There are a number of other important aspects of this story. We could look at the story in terms of ethnicity and the clash of new values within a traditional culture. Another important aspect of this family is that they struggled with change and eventually the family system changed, in a natural way, taking time to evolve, but interestingly, evolving without professional intervention.

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ON BEGINNING CHILD PSYCHOTHERAPY

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provide us with a picture of the child's behavior outside the consulting room.

Keep in mind that the absence of aggression may be (is) just as revealing as it's presence. While a child's constitution accounts for the basic level of aggression with which one is endowed, dynamic factors (conflicts), and the child's past relationships influence the form, path, and intensity of these endowments.

Some children reveal dynamic conflicts from very early in the play therapy sessions. What are the dolls or action figures doing? Where are they placed in the dollhouse, and how are they relating to one another? Are they and the other family figures fighting, lost or missing, dead, nurturing? With whom do they seem to identify and is it a comfortable identification appropriate to the child's stage of development? Some conflicts reveal themselves by the presence of guilt as a theme in the play, the need to make reparations for some expressed hostility, anger, or envy, or an excessive degree of defensive reaction formation, "I'll protect the baby" or denial, "He really didn't die," after he has killed off one of the characters.

With many children patience is rewarded, as themes take longer to fully emerge into a clear picture that can be understood and interpreted. Is the male doll always, "smelly, dirty and rejected?" Are the babies "dead in the closet?" Do one or both parents always end up murdered by an intruder? Does a child with two younger siblings refer to the mother in a "hospital" scene as "the mother of a thousand babies"? Does a child who witnessed sexual intercourse make the little cars repeatedly crash into a garage because, "the door is too small for them to fit through?"

One thread that runs through all our observations, and has an effect on every aspect of a child's personality, is his sense of self, or his self-esteem.

As our mental note-taking is guiding us into the child's unconscious mind, we are also observing the kinds of defenses the child characteristically calls upon when unacceptable impulses get too close to the surface. We ask questions such as, "Are the child's defenses age appropriate? Are they employed flexibly or limited in scope and rigidly held onto? Do the defense mechanisms successfully work for him in avoiding anxiety? Are they bringing the child into conflict with the environment? We see the results of the failure of an age-appropriate defensive structure in the development of symptoms, i.e., bed-wetting, regressive behavior, or increased aggression, etc., and the child may be unable to find his way to more a mature level of conflict resolution.

Up until now we have been moving between the surface and the depth of the child's personality in order to understand what we are observing. There are also characteristics that are always visible in behavior if we know what to look for. These are the child's ego-strengths and deficits such as: level of language development, memory, speech, gross and fine-motor skills coordination, and logical thinking. We are listening for the ability to use signal anxiety to avoid escalation into intense panic, the capacity to sublimate drive energy into socially acceptable forms of behavior, the ability to engage in primary process thinking without losing secondary process functioning, the capacity for reality testing or firm boundaries between reality and fantasy, and the ability to delay gratification. In the area of ego strengths in particular, once again, we are assisted in our observations by the input from home and school.

It is important to remember that some children are vulnerable and some more robust in the face of traumatic events, noxious parental influences, and even constitutional factors.

One thread that runs through all our observations, and has an effect on every aspect of a child's personality, is his sense of self, or his self-esteem. We can observe narcissistic influence at every psycho-sexual stage of development, in every attachment relationship, as a product of, as well as contributing to, the strength of his ego capacities. Is he always defending a poor self-image? Can he hold onto his self-esteem in the face of disappointments or rejections? Does he avoid situations because he expects failure?

The therapist also needs to be a barometer of the parents' level of self-esteem, and their narcissistic investment in the child, in order to fully understand a child's internal sense-of-self. All children incorporate aspects of the parents' personality, identifying with their functioning and internalizing their reflected image of themselves. Outside identifications (e.g. the influence of

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ON BEGINNING CHILD PSYCHOTHERAPY

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a peer group or teachers) begin to complete the picture in puberty. It is important to remember that some children are vulnerable and some more robust in the face of traumatic events, noxious parental influences, and even constitutional factors. This characteristic of vulnerability vs. robustness is probably present from the first day of life, and should be explored with parents, while being observed in behavior early in the treatment.

I must mention one more topic – the more disturbed child whose fragile endowment interferes with his attachments, ego and drive development, and ability to function in the world. This is the child who is stuck in a primitive world of play that Anne Alvarez refers to as "mindless play," or is unable to engage in imaginative, symbolic play on any level. Space and time do not allow us to explore this important topic but the ability to make this kind of differential diagnosis is a critical skill for all child therapists and is included in NYIPT's child-psychotherapy education. This will be a topic in a future newsletter.

By the time our newsletter comes out, the lovely breezes of summer will be just a memory. Hopefully, some of these vacation thoughts will stay warmly with you through the next cold season.

ref: A. Freud, (1965), *Normality and Pathology in Childhood*

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NORMA SIMON: A TRIBUTE

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development workshops and seminars.

Shortly after Norma's retirement, NHG began to crash and burn. With Herculean effort, Phyllis and her assistant director Carole Grand, with virtually unanimous support of faculty and supervisors, worked to establish a free standing educational entity. The result was the formation of NYIPT, Inc.

Again, Norma came through for the program. She returned to lend her counsel to our early planning meetings. She lent her presence and prestige to meetings with the shaken and confused candidates, who were caught midstream between the clinic and the program. Norma brought a reassuring credibility to the effort that supported the new administration, faculty, and supervisors through a difficult time. Most candidates and faculty moved with the new program.

Norma built on and further developed Jeanette's legacy of fostering a collaborative, deeply committed community of child therapists. She brought her generous store of creativity, industry and competence to the tasks at hand and earned our love, respect and admiration.

Norma, how can we thank you? Perhaps by carrying your contributions forward and by sharing with others all that you have given us. We feel privileged to know you and privileged to have worked with you. Now the program continues in form and spirit with our current leadership, many of whom are graduates of the original program. Phyllis Cohen is the founder, the intrepid, indefatigable pathfinder, and path forger of NYIPT, Inc. Working closely with her is Carole Grand, who gives her ever-present capable assistance, vision and counsel, and Karen Cadwalader, who is always available to do whatever is necessary to keep things running.

Here we are at the end of 2003 looking forward to 2004 and beyond, with 22 candidates and a hard working volunteer force of committed professionals carrying out our mission. We continue to grow, develop and evolve, drawing on our deep, well nourished roots.

Norma we thank you. We honor you.

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DREAMS REALLY CAN COME TRUE!

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At NYIPT, my teachers and supervisors have encouraged me to take risks, accept challenges, and reach for more. A few months ago, I took that risk. I began working with a 3-year-old who doesn't speak. Previously someone with selective mutism would have intimidated and frightened me. Now I look forward to our 45 minutes together each week. I believe that through our relationship he will begin to grow.

Little by little, the seeds are turning into flowers. After only one year in the program, I am no longer the terrified clinician who was afraid to work with one nine-year-old boy, I am now working with nine children. I am also the Children's Services Coordinator at Park Slope and the clinic liason to NYIPT. As I forge on with my training, I am eager to learn more, eager to continue to build the clinic program beyond the 70 child cases we now have, and I am excited to work with the new class of students from NYIPT at the agency. Who says dreams can't come true?

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Graduate Society liaisons to NYIPT are needed to coordinate joint programs. Please contact Karen Cadwalader at 718-998-2240.

NYIPT PROCESS:
THE GROWTH OF A PROGRAM THROUGH THE EYES OF SOME OF ITS STUDENTS

I have learned that one of the most important aspects of working with children is establishing a consistent relationship with the parent/caregiver.

HEATHER FRIEDMAN, 1st year

I am beginning to understand and integrate the primary importance of the relationship and play in the therapeutic process. The opportunity for children to have a relationship with an adult who has no other agenda but to *listen* to what they have to say and who will encourage them to play out whatever they need to is in itself the basis for healing

MARILYN IPPOLITO, 1st year

During the past three months I have learned a great deal about psychotherapy. The seminars, workshops, supervision and of course, my work with the clients themselves, have enhanced my clinical skills. I am finding the NYIPT Program to be a valuable experience. –

ROYANNE WEISS, 1st year

One of the things the program has reinforced for me in the first few months is how important it is to begin where the client is. Through the child's struggles we will find an opening to apply the therapeutic principles that we learn.

JOSS WILLIAMS, 1st year

NYIPT has been a great journey. The talented and caring faculty of teachers and supervisors are real role models. Our group, now in the second year, has really bonded and I believe we are all really benefiting from one another's comments, questions and openness.

SUSAN BOLLES, 2nd year

The children we work with come from varied communities, and many have few resources and support networks. The community feeling and support network that embraces you in the program is something I have learned to value and to share with the children I work with.

SUSAN CAPUTO, 2nd year

I would like to thank Dr's Cohen and Grand for all the help and support they have given me. This program has allowed me to do the work that I have always wanted to do. The courses are informative and the supervision is more than anyone can ask for.

ELEANOR CHEATHAM, 2nd year

This program offers me a wonderful headway into the mystery world of working with children. All the support of great classmates, knowledgeable teachers, thoughtful supervisors and debatable, but well informed classics - that is what helping me to work with children, be interested in every session and get pleasure from every day.

LANA GRINTSVAYG, 2nd year

The past year and a half has been as much a journey of self-exploration as a study of others.

MELANEY MASHBURN, 2nd year

One of the assets of the program is the exceptional supervision we receive throughout the process. The quality of the supervision and the knowledge that the supervisors are mainly in private practice working with children of varied populations guides us accordingly, and allows us to work more effectively and comfortably.

NNEDKA NJIDEKA, 2nd year

I am glad I am in this program. Dealing with children and adolescents has been a totally new experience for me since I started the institute. I am in my 3rd year and can tell you the tools I have acquired have been most helpful. The readings are so appropriate to each and every client I have seen so far. Supervision has been very helpful and I hope to continue learning and expanding my knowledge with the help and support of NYIPT.

GLORIA BURTH,,3rd year

Our goal [for NYIPT TODAY] is to provide a forum in which we, the administration, can share what is happening at NYIPT, and provide members of our community with an opportunity to share professional thoughts, activities, and information.

KAREN CADWALADER, CSW
NYIPT Newsletter, Fall 2002