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The Newsletter of the New York State Society for Clinical Social Work, Inc. • A Founding Member of the Clinical Social Work Federation

The Impact of September 11th on Clinical Social Workers: *A Day of Reflection*

By Penny Rubinfine, MSW

Photo by Joan Concini

Workshop leaders at the September conference included, (l. to r.) Janet Geller, Ed.D., Florence Rosiello, Ph.D., Michael DeSimone, Ph.D., Rosemarie Ruggero, MSW, Arlene Litwack, MSW, Art Baur, MSW, Mary Susillo, MSW, BCD, Libbe Madson, MSW, and Lynn Ohrenstein, DSW

On Saturday, September 21, 2002, New York University's Shirley M. Ehrenkranz School of Social Work's Ph.D. Program and the New York State Society for Clinical Social Work co-sponsored "Our World One Year Later: Implications for Clinical Social Work Practice." The conference was co-chaired by Eda G. Goldstein, DSW, ACSW (Professor and Former Director of the Ph.D. Program in Clinical Social Work at NYU) and Dianne Heller Kaminsky, MSW, BCD (Education Chairperson, NYSSCSW). Helen Hinckley Krackow, MSW, BCD (President, NYSSCSW) joined them in welcoming those in attendance.

The morning session's opening remarks were followed by the presentations of three keynote papers, all of which reflected on the multiple roles that were thrust upon clinical social workers in the New York area since 9/11. Each speaker addressed — in distinctive ways — the personal, professional, and political struggles that members of the profession have had to address over the past year. In the afternoon, attendees chose from 11 workshops.

Dr. Goldstein opened the conference by asking the audience to join her in a minute of silent reflection. She went on to vividly describe the immediacy of the events of 9/11 for the social work faculty, students and staff at the Washington Square campus of NYU. Early morning classes were interrupted by the startling sound of a low flying plane passing directly over the building, followed by a thunderous

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The Uses Of Hypnosis In Psychotherapy

Hypnosis has been known since ancient times to possess unusual healing potential. And, in recent years, there have been major advances in the application of scientific hypnosis to a wide spectrum of treatment situations. As a result, clinical hypnosis has assumed its rightful place as an effective and versatile method in contemporary psychotherapy. It has value for all clinicians because its basic approach is compatible with the goals and orientation of most theoretical systems of psychotherapy. It can be used as a short or long-term treatment and it can be integrated with psychoanalytic, cognitive-behavioral, couple, Gestalt, and somatic based therapies. Hypnosis helps to foster a relationship of trusting rapport between therapist and client. It creates a psychological state in which the process

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President's Message

By Helen Hinckley Krackow, CSW, BCD, Society President

Victorious Living!

On this very first day of 2003, I am refocusing my attention on New York and the vitality of our Society. Yet I am miles away. We skipped Christmas this year, deciding instead to spend 12 days by the turquoise and azure waters of Anguilla, St. Maarten and Puerto Rico. What an experience!

One morning, we spied a mental health clinic in Phillipsburg, St. Maarten, sporting the proud marquee, VICTORIOUS LIVING! I've decided this will be my personal goal for 2003 and the goal for the New York State Society for Clinical Social Work.

Certainly, we have laid the ground work for victorious living in 2002 by achieving strong licensure for clinical social workers -- without supervision by physicians! This year we will rededicate ourselves to developing more low cost educational opportunities for our members. As you know, Hillel Bodek's course, Palliative and End of Life Care, will be offered again in February, at cost. He will present it to any chapter that will make the arrangements for it. The Society would welcome other high quality courses offered by our members to our members on a volunteer basis.

Over the course of the year, I hope to initiate a greater Internet connection between members who share interests in various practice issues. We have always encouraged the formation of practice groups in areas of clinical specialties such as forensics, hypnotherapy, arts in clinical practice, groups, EMDR, analysis, chronically mentally ill and family practice. I believe we should broaden our reach by having online discussion groups across the State among practitioners with these interests and specialties. In the future, we could expand to a national group, which could serve both clinical and referral purposes.

In order for us to be victorious, we will continue to tackle a difficult issue this year. We have been meeting with several managed care companies to try to influence them regarding fees paid to practitioners. We are working in coordination with the New York State Psychological Association, so that the MC companies see us as a united professional front.

As I look out at the crashing surf and feel the cool, powerful winds around me, I think of returning to our strong and vibrant New York Society with pleasure, joy and anticipation. It is very rewarding work to work with you to build and strengthen our Society and our community!

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Annual Meeting Draws 250

by Sheila Peck, LCSW

More than 250 people attended the Society's annual meeting held on January 11th at Fordham University's School of Social Services. The jam-packed program, "Celebrate, Plan & Prosper," offered information about the new licensing law and its ramifications for clinicians, the HIPAA Privacy Regulations and how to be compliant, and long term care insurance and financial planning for those in independent practice.

The proceedings began with my welcome, as event co-coordinator, followed by the annual "State of the Profession" report, delivered by President Helen H. Krackow. She also cited the latest recipients of the Diplomate status, Donald A. Goldberg, Andrew P. Daly, Michael DeSimone, Sharon Greaney-Watt and Debbie Kaplan. (Look for more about these awardees in the spring *Clinician*.)

Legislative Chair Marsha Wineburgh received a round of applause and a special certificate for her extraordinary hard work and tenacity on behalf of licensure. She spoke in detail about the implications of the new licensing law. A copy of some of her remarks may be found on the Web site at clinicalsw.org.

She also recognized and gave awards to the members of her committee, who were so important to the

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The Diplomates

Our Highest Achievers

We are most fortunate in having stellar colleagues who, for their devotion, sustained commitment and contributions to the field of clinical social work have been awarded the highest level of Society membership – the Diplomate. Each state chapter nominates candidates annually, and the honorees are announced at our annual meeting. Those announced during our January 2003 annual meeting will be featured in the spring issue of *The Clinician*. Diplomates through 2002 are listed below, alphabetically, followed by their locale and chapter. We thank and applaud them all for their contributions.

ADELMAN, CAROL, FLORAL PARK, NAS
ALPERIN, RICHARD, TENAFLY, MET
ALSAPIEDI, CONSUELO, FLUSHING, QUE

BAGNINI, CARL, PT. WASHINGTON, NAS
BAVER, STEPHEN, STATEN ISLAND, SI
BERSAK, CAROLYN, POUGHKEEPSIE, MID
BLUMBERG, AMY, POUGHKEEPSIE, MID
BLUMBERG, AVIVA, NEW YORK, MET
BODEK, HILLEL, BROOKLYN, BRO
BRYAN, BARBARA, NEW YORK, MET

CHARLES, ESTELLE, NEW YORK, MET
COLANGELO, GEMMA, JAMAICA EST., QUE
COSTA, GERALDINE, LIDO BEACH, MET
CULLEN, DIANA, NEW YORK, MET

Du MONT, ALLEN, BAYSIDE, QUE
DWORKIN, MARK, EAST MEADOW, NAS

EDWARD, JOYCE, BELLPORT, NAS
EMERY, PRUDENCE, WESTBURY, NAS
EVANS, ROBERT, MAPLEWOOD, SI
FELD, BARBARA, NEW YORK, MET

FLANAGAN, VIRGINIA, GREENLAWN, SUF
FRANKEL, FRED, BAYSIDE, NAS

GAETA, ROSEMARIE, STATEN ISLAND, SI
GALARDI, ROBERT, SARASOTA, QUE
GANGI, BARBARA, NEW YORK, MET
GELLER, JANET, NEW YORK, MET
GIANTINI, AGNES, STATEN ISLAND, SI
GOLDBERG, HELEN, NEW YORK, MET
GOLDSTEIN, EDA, NEW YORK, MET
GRAND, DAVID, MASSAPEQUA PARK, NAS
GROSS, EMERY, FORT LEE, MET

KAMINSKY, DIANNE, NEW YORK, MET
KERN-TAUB, SHARON, RIVERDALE, MET
KRACKOW, HELEN, NEW YORK, MET
KRAMER, LEE, VALLEY STREAM, NAS

LaBELLA, PHYLLIS, NEW YORK, MET
LaCHAPELLE, CATHERINE, NYACK, ROC
LAMPERT, ADRIENNE, ITHACA, UNY
LANDY, PATRICIA, NEW YORK, MET
LANE, GLORIA, WESTBURY, NAS
LEEDS, MARCIA, EASTCHESTER, WES
LEVENE, SHIRLEY, WHITE PLAINS, WES
LEVINSON, E., PT. WASHINGTON, NAS
LEVY, FRAN, BROOKLYN, SI
LIEBERMAN, FLORENCE, SCARSDALE, WES

MARSCHKE, JACINTA, WALLKILL, MID
MAZOR, FRED, NEW YORK, MET
MENIFEE, MARLENE, JERSEY CITY, MET
MERVIS, PHYLLIS, NEW YORK, MET
MOODY, BOBBA, NEW YORK, MET
MORRIS, LYNNE, NEW YORK, MET

PALAZZOLO, NANCY, BABYLON, SUF
PAPPENHEIM, HARRIET, NEW YORK, MET
PECK, SHEILA, ISLAND PARK, NAS
PERLMAN, ELEANOR, E. NORTHPORT, SUF
PERLOW, JOY, NEW YORK, MET
PHILLIPS, DAVID, NEW YORK, MET
PICHLER, BARBARA, HASTINGS, WES
PLESENT, EMANUEL, DIX HILLS, NAS

RAUCH, ESTELLE, MELVILLE, NAS
RAZE, SHAYNE, BELLE HARBOR, MET
REETZ, JO ANN, STATEN ISLAND, SI
RING, CAROLE, BROOKLYN, BRO
ROSEN, LAURIE, SMITHTOWN, SUF
ROSENBLUM, SYLVIA, WHITE PLAINS, WES
ROSS, SHIRLEY, CHESTNUT RIDGE, ROC
ROWE, JR., CRAYTON, NEW YORK, MET

SACKEN, ROSEMARY, WHITE PLAINS, WES
SCHULMAN, GERDA, RIVERDALE, MET
SHECHTER, ROBERTA, NEW YORK, MET
SHERMAN, SUSAN, NEW YORK, MET
SIEGEL, JUDITH, MAMARONECK, WES
SILLEKENS, SHIRLEY, JAMAICA, QUE
SMITH, CHARLES, MET

TURRINI, PATSY, MERRICK, NAS

VENTIMIGLIA, JOSEPH, FLORAL PARK, QUE

WARRACK, MARIA, PLAINVIEW, NAS
WEINTRAUB, CECILY, ROCKVILLE CEN., NAS
WEISS, JUDITH, NEW YORK, SI
WINEBURGH, MARSHA, NEW YORK, MET

The Impact of September 11th on Clinical Social Workers: A Day of Reflection

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By Penny Rubinfine, MSW, Ph.D. Candidate, New York University Shirley M. Ehrenkranz School of Social Work, and private practitioner in New York City.

crash and then the terrible sight of the World Trade Center burning, seen through Washington Square Park. Many in the NYU community witnessed the towers collapse and disintegrate. Students and faculty living in the downtown area had to be evacuated. Faculty and Ph.D. students who were still in shock themselves became crisis counselors. The School became a center for organizing volunteers who went wherever they were needed. Dr. Carol Tosone, one of the conference organizers, an associate professor at the School, a clinician, and a downtown resident, was also one of those early volunteers. At the conference she reflected that those who volunteered were also engaging in their own healing process; fighting against experiences of helplessness and loss of meaning which so often result from trauma.

Linda Mills, Ph.D

Only weeks after 9/11, the planning for the biannual professional conference began, and the committee knew what the focus of the conference would have to be. They recognized that the profession had been and would continue to be challenged in unfamiliar and important ways; that in a year social workers would still need to process, learn from, and reflect back on what had occurred. The conference organizers realized that doing clinical work at such a time presents extreme and unusual demands on clinicians who may find it hard to move through their own sense of helplessness and tragedy, to integrate their multiple self-experiences, or to even believe in any sense of expertise they may have once held. In this connection, Dr. Tosone described how she was quick to volunteer but was not sure what she had to offer until her colleagues reminded her she had written a book on short-term treatment and is an expert on crisis intervention.

A Survivor's Perspective

The first keynote speaker was Linda Mills, Ph.D. a professor at the School, who presented "In Search of a Different Outcome: A Survivor's Perspective on Mental Health at Ground Zero." Dr. Mills described the horrific personal experiences and the painfully achieved transitions she needed to move through after the events of 9/11. In clear and dramatic detail, framed within a letter to her young son, she reflected on the numerous ways in which her and her family's lives changed over the past year.

Dr. Mills' home is next to Ground Zero, and on the morning of the attack she and her husband accompanied their five-year-old son, Ronnie, to his neighborhood school. Ronnie had been suffering with all the normal worries of a little boy about to spend his first long day at kindergarten. Presenting the "before" details with a tone of longing and disbelief over the things that used to concern her, Dr. Mills went on to describe the nightmarish experiences of being right in the center of the horror, as it happened. Like other survivors, over the past year she has tried to make sense of and integrate life before and after the trauma, working to retain or rebuild the good and familiar, but not at the expense of either remembering or changing.

Most striking in this paper was the author's open willingness to reflect on the multiple and often disparate and conflicting aspects of her self-experience. She revealed herself as victim; mother; protector; a child of Holocaust survivors with a special relationship to trauma; dislocated, homeless person dependent on the kindness of friends and colleagues; person of privilege; person of need; therapist; therapy client; community organizer; expert on victims of violence; victim of violence; outsider; insider; judge; know-it-all; student; educator; warrior for her family; warrior for her community; warrior against her community; one who struggles against dissociation and fragmentation; dissociative fragmenter.

In sharing her struggle to know these different sides of herself, Dr. Mills modeled her continuing effort toward developing self-awareness overcoming dissociation. She observed that social workers must, in their roles as clinicians, administrators, community organizers, teachers, and as parents, friends, lovers -- people desiring healing for themselves -- and even as Americans, be ready to reflect on the worst in themselves and avoid attributing all badness and responsibility to the projected other. She challenged her audience to "self-reflect on the unspeakable" and to recognize "the importance of understanding the abuser in all of us." She cautioned that putting total blame on the other, whether Osama bin Laden or Sadam Hussein or an abusive spouse, prevents people from learning about, learning from, and addressing aspects of the abuser in themselves. When it is only the external conflict that is addressed the internal conflict will likely remain—unrecognized, underground, and at best, hindering growth -- but at worst, malignantly waiting to infect the external world with new projections. Dr. Mills' talk reflected the openness to experience, and the integrity, growth and healing a person can achieve when she allows herself uncensored access to conflictual self-experience.

Surviving Terrorism and War in Israel

The second presentation was given by Etty Cohen, Ph.D., Faculty and Supervisor at the Psychoanalytic Institute of the Postgraduate Center for Mental Health. Dr. Cohen's paper was entitled "Surviving Terrorism and War in Israel: Personal and Clinical Reflections."

Photos by Joan Concini

She addressed her experiences as an Israeli citizen "raised on war;" and a mental health officer for the Israeli Defense Forces. She counseled traumatized young soldiers and was directly affected by the Gulf War when her city of Haifa was attacked. At the time of the World Trade Center incident, she was working as a clinician and resided in Greenwich Village. Reflecting on the differences and similarities of these experiences she examined issues of primary and vicarious traumatization, interweaving discussions of dissociation, dream work, shared trauma, and therapeutic enactments.

Etty Cohen, Ph.D

Dr. Cohen traced her development as a clinician through her experiences with trauma and her increasing capacity to tolerate and stay with her clients' horrors by recognizing her own. She described one client's movement from frozen nightmare images of war, to his gradual recognition of earlier and more deeply internalized pain and conflict that were triggered by his traumatic war experiences. With the help of excellent supervision and support, she was able to move from her own numb, frozen, often unresponsive engagement with him to becoming able to process the client's grief, anger, horror. She enabled him to tolerate his own experiences and previously dissociated aspects of himself.

During the Gulf War, Dr. Cohen experienced war trauma directly, and this experience had a profound impact on her work. The usual roles and boundaries were suddenly meaningless as she and her clients shared in the same experience of terror. Social workers in New York City have only recently learned what Dr. Cohen discovered ten years ago—the work changes when clinician and client are sharing a present experience of catastrophe and danger. Perhaps the sharing of reality and affective experience helped both Dr. Cohen and her clients recover sooner, avoiding dissociation that results in the recurrent experiencing of trauma which is found in PTSD.

Madelyn Miller, MSW, ACSW

Dr. Cohen acknowledged that some of her old traumatic anxieties had resurfaced since 9/11. By reflecting on and sharing her experiences in Israel, and examining them through the lens of 9/11, she has continued to process and integrate her past experiences. Most likely this has made her available to her New York clients in ways that allow them to process and integrate their own terrors; including those retriggered, or suddenly felt but not caused, by the present crisis.

Creating Meaning and Hope

The morning's final speaker was Madelyn Miller, MSW, ACSW, Adjunct Associate Professor at the School, who presented "Lost and Found: Creating Meaning and Hope in a New World." She reminded her listeners that although it may seem a new world to many, it is a familiar world to many more who have survived personal or political terrorism, natural disasters, and genocide. She pointed out that history and the international community can teach us a great deal about human vulnerability, resiliency, and recovery. Ms. Miller reflected that for many Americans, 9/11 was the day they lost their sense of invulnerability — their innocence. All Americans became survivors, their internal and external landscapes changed by trauma, their familiar ways of coping suddenly insufficient to this terrible challenge.

She described some of the ways in which social workers are uniquely qualified to address the sequelae of this catastrophe, despite its unfamiliarity, because of the profession's role in helping clients reengage in and find purpose and meaning in their lives through community, social networks, support systems, individual, and collective work. She provided several moving examples of how clients traumatized by 9/11 made use of therapy to find comfort, clarify their needs, break through isolation, feel understood and heard, find a sense of safety and containment. Ms. Miller suggested that "the discontinuity of trauma, with its disrupted attachments, is countered through language and narrative by a paradigm of connection." She described the main paths to healing as human connection, creative expression, and time—and the time frame will be unique to each person with possibly unexpected ups and downs (and this must be normalized). She encouraged clinicians to tend to their own healing, reflecting that their trauma is compounded by the absorption of the cumulative trauma of their clients, in addition to their direct personal experiences.

Following the morning presentations the audience contributed questions and comments about their own post 9/11 experiences. Several attendees expressed a sense of gratitude for having a door opened to help them begin to think differently about balancing and integrating the personal and professional. They described their efforts, until then, to keep their own tragedies cleanly separated from their work with clients,

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Practice Potential

INDEPENDENT PRACTICE COMMITTEE REPORT

By Iris Lipner, CSW, BCD

Iris Lipner, CSW, BCD is the Founder and Co-Chair of the Independent Practice Committee, an author and in private practice in Manhattan and Brooklyn, NY. Web: www.IrisLipnerCSW.com, Phone: 212 353 9721.

Teaching the skills you need to build your psychotherapy practice is the mission of the Independent Practice Committee. Our fall presentations were in the Syracuse Chapter in October 2002 and the Nassau Chapter in November 2002. Our next conference will be for the Suffolk Chapter on March 30, 2003.

Workshop speakers discuss issues of "growing" your practice, with ideas to consider about where you are and where you need to go to reach your practice potential. The program, entitled Clinical Entrepreneur: Business Skills for Successful Practice, includes: The Psychology of Entrepreneurship, presented by Iris Lipner; Practice Building Through Professional Association, by Helen Krackow; Stages of Private Practice and Creating a Niche Market, by Rosemary Lavinski; Understanding Marketing and Planning: New Ideas, by Sheila Peck. Conference participants leave with some helpful ideas, a folder of articles and information, and many networking connections.

My presentation, Psychology of Entrepreneurship, sets the stage for the conference and deals with obstacles to your success and what you can do about them. Commonly, key barriers to success are negativity, excuses, old habits, fears and our discomfort with changing.

Consider some of your obstacles right now. What issues prevent you from achieving the independent practice that you would like? What kinds of behaviors, values and life decisions have you made that may get in the way of your practice potential? Think about the following conscious and unconscious reasons: Insecurities centering around...; Fears stemming from...; Difficulty seeing myself in front of colleagues; Fear of failure or success; Focusing on anger at managed care; Professional burnout; Being cynical about my clients; Feeling sad or guilty that I am spending too much time away from my loved ones; Feeling that I cannot make the money that I want to.

With more awareness of what holds you back, you can begin to shift your mindset. Start by taking some paper and a pen and relaxing for a minute. First, think about what you can create. Take a minute. Don't focus on your fears or frustrations. Don't focus on managed care or therapist-saturated communities. Remember why you chose this profession. Let yourself become introspective; let your imagination go. Try to create a vision of your future in one to two years. Think about this and write it down.

Keep this vision in mind as you begin the task of changing, telling others what you do and how you do it. You can overcome your obstacles and become an effective and compelling communicator about the services of your business.

In future articles, other committee members will discuss their presentations. We hope that you will be able to attend one of our programs. We would love to see you there! ■

Annual Meeting Draws 250

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work required to bring about enactment of the law. They are Andrew P. Daly, Beth Pagano, Bobba Jean Moody, Hillel Bodek, Eleanor Perlman, Emanuel Plesent, Henni Fisher, Joseph A. Ventigmilia, Jacinta Lu Marschke, Laura V. Salven, Nancy S. Wright, and Ruth Greer.

Hillel Bodek, who was the primary author of the statute, received a special, framed copy of the law, along with the pen Governor Pataki used to sign it.

After recovering his powers of speech (Hillel was obviously surprised by the presentation), he took the podium to discuss the new HIPAA regulations and how clinicians may comply with them. He emphasized that we should remain calm, since there is not much for independent practitioners to do that we do not already do in the interest of confidentiality and appropriate record-keeping. Hillel is writing a manual that members will be able to download from our Web site in a few months. The document will include everything clinical social workers need to know about HIPAA, along with any necessary forms.

The remainder of the day was devoted to the "prosper" section of the program. Annette Jacaruso-Cohen, Independent Insurance Broker, simplified the complexities of long-term care insurance, and Gerard Simonelli, Certified Financial Planner, outlined some financial strategies for investment in today's markets.

The presentations were followed by the opportunity to "Meet the Experts" in separate classrooms. Throughout the day, Adrienne Lampert, Membership Chair, and Sandra Indig, Arts in Clinical Practice Chair, staffed the registration table, and, with Helen Krackow, welcomed attendees. ■

Review of the 2002 NMCOP Chicago Conference Presentations and Re-presentations: *Psychoanalytic Reflections*

By Marilyn G. Schiff, CSW

New Yorkers could be forgiven for feeling that echoes of the World Trade Center disaster followed them to the 2002 NMCOP Conference in Chicago. In the middle of the proceedings, a very windy March storm blew down scaffolding in the heart of the city, and we experienced déjà vu — police cars with flashing lights blocking traffic from entering a large area of the central city.

In addition, almost all of us were asked many, many times what September 11th had been like, its effect on our patients, on ourselves, and other questions of genuine concern and some curiosity.

The Chicago Conference Committee, led with a steadfast and warm heart by Conference Chair and Incoming NMCOP President Barbara Berger, decided to add a roundtable discussion, "Living and Working after September 11th: The Impact on Us and Our Patients." Many other sessions shifted their well-planned subject matter to include September 11th-related aspects.

NMCOP's previous conference, in New York City, was a hard act to follow. Yet Barbara and Program Chair Judith Newman, managed to accomplish this Herculean Freudian task, and then some. The marvelously successful conference they produced in Presentations and Re-Review of the 2002 NMCOP Chicago Conference Presentations and Re-presentations: Psychoanalytic Reflectionsstimulating events and excited audiences. As for myself, I found the enveloping care of the entire conference gave me heart and solace.

Thursday's major event, The National Study Group's presentation, "Violence in Our Lives: Issues in Supervision," brought us Jack and Kerry Kelly Novick in an all-day workshop that included attachment theory, developmental theory slides, and case materials demonstrating the application of theory.

Plenary Speakers were Jessica Benjamin, Arnold Goldberg, and a triple-header of Eda Goldstein, Kenneth Newman and Marion Tolpin. The Saturday Luncheon Speaker was the prizewinning author Alex Kotlowitz, who gave a moving paper, "Breaking the Silence: Growing Up in Today's Inner City."

The overall level of workshops and papers was excellent. Particularly outstanding were:

- "The Perfect Fit: Psychoanalytic Psychotherapy and Psychoanalysis as Culturally Sensitive Practice," a panel with Jean Sanville, Judy Kaplan, Robin Young, Gail Sisson-Steger, and Caroline Rosenthal
- "Female Analyst-Male Patient; the Impact of Gender on the Analytic Endeavor," a workshop by Kathy Krown Buirski, Cathy Siebold and Sylvia Teitelbaum, moderated by Betsy McConnell
- "The President's Roundtable: Progress in Interdisciplinary Work on Standards and Accreditation," with representatives from the Consortium
- "Siblings: Their Place in Our Minds, Lives and Psychotherapy" by Joyce Edward
- "Learning Disabilities and the Development of the Sense of Self" by Joseph Palumbo
- "Psychoanalysis and Clinical Social Work Education: A Troubled Relationship," a discussion led by Joyce Edward and Roberta Ann Shechter
- A discussion led by the National Academy of Practice with invited social work members on strategies to go forward with growth, both within social work and in interdisciplinary settings

In summing up her conference experience, Judy Kaplan, who will follow Barbara Berger as NMCOP President, commented, "The NMCOP Conference provides unique opportunities for professional and personal growth and contacts. This 2002 Conference continued the tradition of excellent psychoanalytic social work education offered at an intensive and in-depth level."

The Impact of September 11th

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even — or perhaps especially — when they and their clients were personally devastated by the catastrophe. The conference seemed to serve not only as an educational event, but also as a place for clinical social workers to find some relief, validation, guidance, and a sense of connection in their efforts to engage in healing work for themselves as well as their clients.

In the afternoon session 11 workshops were offered. Some addressed the dynamics of terrorism and the mind of the terrorist, while others addressed issues related to post-9/11 practice, including the impact of terrorist attacks on children, couples, and families; understanding and helping people through grief and mourning; and understanding the terrorist.

The conference made it clear that, despite a year of repeated discussion and reflection on various aspects of the 9/11 attacks, there is still much to be processed and understood, and social workers are in real need of such forums to help them integrate and learn from their own and each other's complex, and still unfolding, experiences.■

The Uses of Hypnosis in Psychotherapy

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of change begins in deep levels of the mind. The process of change then can be experienced in a safe internal environment and continued in the course of everyday life.

Hypnosis can be defined as a special, altered state of consciousness that includes a range of subjective experiences, behaviors, and interpersonal relationships. In this paper we will limit our discussion to the phenomenological experience of hypnosis and its clinical applications, and not address the underlying theoretical issues. In particular, we will discuss the basic qualities that give hypnosis its power to facilitate psychotherapy with various psychotherapy clients. The majority of people have the capacity to enter the hypnotic state in varying degrees and in different ways: it is always a multi-dimensional and highly individualized experience. Therefore, the clinician must have empathic communication and collaboration with the client while he or she is in the hypnotic state. Numerous hypnotic techniques have been developed for psychotherapy and some of these may be more in harmony than others with the needs of particular clients. We will distinguish several types of hypnotic techniques and illustrate them with case material. Please note that most of these techniques are mutually compatible and hypnotherapists can utilize them in creative combinations.

This article was co-authored by four faculty members of The Center for the Advancement of Training in Clinical Hypnosis (CATCH), an organization whose purpose is the training and education of licensed mental health professionals in the theory and practice of clinical hypnosis.

Hypnotic Techniques

First, the trance state involves a fading of external orientation along with heightened awareness and connection to internal experience: as one is increasingly absorbed, events in the outer world seem to recede. This produces increased concentration and more vivid, multi-sensory awareness of the flow of imagination. In addition, there can be increased focus on emotions, bodily perceptions, thoughts and memories. The flow of time may also seem to slow down. In therapeutic uses of hypnosis the goal is to create an inner world that feels very private and protected with a sense of peace, stillness, and well-being. This alleviation of stress and practical demands creates an optimal environment for a wide variety of therapeutic changes. For example, it is possible in trance for the patient to concentrate on a future goal which needs to be achieved. Ordinarily, one might be distracted or overwhelmed, but hypnosis permits enhanced mental rehearsal and lucid imagery of the desired end-result. With this extra focus, the patient can persist towards the future goal almost as though it were already achieved.

Second, hypnosis produces a dream-like state with relative weakening of the defenses and a corresponding openness and receptivity to internal feelings. This creates important therapeutic opportunities. It becomes possible to move from the emotional immediacy of the present to earlier, unconscious emotional situations that had caused unsolvable conflicts and fixations. There are various techniques to facilitate hypnotic "age regressions" which enable the patient to develop new attitudes and more flexible and adaptive behavioral patterns. These age regressions do not necessarily produce objective memories of childhood events, but they do revive authentic, early emotional states more effectively than intellectual association. Hypnotic regression then provides therapeutic possibilities of corrective emotional experience in which the patient accesses hitherto unknown or dissociated resources and creative energies.

Third, it is often stated that increased suggestibility takes place during hypnosis. We now know that there are many types of suggestion—both in and out of hypnosis—and that the hypnotic relationship and suggestion are related but not identical. Of most importance, enhanced suggestibility in trance does create valuable therapeutic possibilities. The hypnotherapist collaborates with patients by acting as a guide and suggests ways in which patients can achieve their own goals. Great respect is given to the patient's unconscious motivations and readiness to change before any suggestions are offered. With permission and cooperation from the patient's unconscious, it is possible to obtain true commitment to change and bypass many therapeutic resistances. (This principle was emphasized by Milton Erickson.)

Another type of hypnotic suggestion is employed using projective techniques in which the patient is encouraged to imagine something spontaneously that will help solve a problem. For example, it may be suggested that the patient imagine an event, a scene in a play, or a picture in a book that will gradually increase understanding. One might suggest that the patient will encounter some person—real, mythical, or invented—who will somehow communicate valuable insight. In these projective techniques the patients are actually encouraged to access their own repressed fantasies or split-off strengths. Finally, a common technique is post-hypnotic suggestion. For example, patients may practice self-hypnosis and suggest to

themselves accomplishing a desired goal along with reinforcing satisfaction and improved self-esteem.

Fourth, hypnotic techniques often facilitate a healthier regulation of the patient's affective experience. For inhibited patients, hypnosis can widen the range of emotions along with appropriate expression or, in certain cases, permit a therapeutic catharsis. For other more disturbed patients, whose emotions are chaotic or overwhelming, hypnotic techniques help to decrease emotional intensity while increasing appropriate controls. Finally, other hypnotic techniques maintain emotions within an optimal range during the therapy itself. Feelings that are too attenuated may be intensified so that their genuine meaning can be experienced. Other feelings may be too threatening or anxiety-producing. In hypnosis one creates an optimal distance from them so that they can be mastered.

Fifth, hypnosis is eminently suited to deal with the patient's somatic experiences. Because the primary elements of trance are non-linguistic and somato-sensory, the patient more easily accesses bodily experience for therapeutic use. In hypnosis the therapist pays close attention to the patient's breathing and other bodily signs as an expression of inner states. In one common technique, the patients are trained to express themselves by the use of automatic finger signals which may be more accurate than verbal statements for unconscious communication. In another basic hypnotic technique, the patient does self-hypnosis to achieve a desired mental state, then uses "bodily cues" to elicit the mental state whenever it is needed.

Another important application of hypnotic bodywork is widely used to deal with trauma and PTSD. It is known that trauma is registered primarily in the non-linguistic, somato-sensory, and behavioral memory systems that develop prior to verbal or narrative memory. In order to access and treat early childhood trauma, it is necessary to activate these archaic memories which have been dissociated and never integrated into the core personality. Hypnosis can access traumatic memories directly and utilizes a variety of techniques for catharsis, or to reframe the memories so they can be mastered. Often early dissociated traumas go unrecognized if they are part of other disorders. These include many phobias, eating disorders, sexual and impulse disorders, addictions, and borderline conditions. However, if the hypnotherapist uncovers the underlying traumatic causes, otherwise untreatable conditions may be helped.

Sixth, there is an important use of hypnosis which is effective with various forms of serious narcissistic self-pathology. These techniques may seem elementary because they are directed towards the earliest and most basic foundations of psychological development. These hypnotic techniques are often combined with age regressions which revive the development of object permanence (Piaget), or early stages of childhood separation-individuation (Mahler). With other techniques, the patient needs to use the therapist as a surrogate parent to acquire the basic elements of self and object constancy. There are also techniques in which patients who were neglected or abused as infants are helped to internalize feelings of being held, nurtured, and protected. These patients have never been able to achieve states of comfort, but with hypnotic methods they can increase their own capacity for internal self-soothing and self-love.

Case of a Flying Phobia Caused by Trauma

By Susan Dowell, CSW

Claudia was a 37-year-old, successful business woman who traveled by airplane a great deal for her work. She came to see me greatly distressed because, six months earlier, she had developed an airplane phobia which had increased and was now disabling her.

When there is a sudden onset of a phobia it is important to gather all the unique facts around the precipitating incident. Claudia described a very turbulent flight and suddenly feeling very panicked. However, she said she had been on many turbulent flights before and did not know what was unusual about this one. In her personal history there were several past incidents that related to traumatic airplane flights, but none that explained why the extreme phobic response had occurred this time.

There are hypnotic techniques for examining, frame by frame, details of an event that may not be conscious, but which might uncover the cause of the phobia. Therefore, I asked her in hypnosis to return to the moment just before the panic response. In particular, I asked her to progress through the event describing all her bodily and affective experiences, as well as the way she was talking to herself at the time. She was able to remember that immediately after a particularly severe bump, she became terribly frightened and found herself suddenly worrying whether the mechanics had properly checked the plane before take-off.

It was my hypothesis that it was this moment which somehow triggered a somatic memory of an earlier trauma. I decided to test this idea by using a hypnotic technique called the "Affect Bridge," which facilitates access to earlier connected memories by utilizing the nonverbal memory systems of either somatic experience or emotional states. (This technique is often more effective and rapid than intellectual "free association.")

While Claudia was still in hypnosis I asked her to

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The Uses of Hypnosis in Psychotherapy

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return to the moment when she experienced the extreme bump that triggered the panic and the thoughts about the mechanics. Specifically, I asked her to be aware of the feelings in her stomach at that exact moment and also the feelings of fear that immediately followed. I then suggested she could magnify these feelings slightly and use them to travel back in time to an earlier moment when she had the same feelings. She found herself back at the site of an old job 12 years earlier, where she had been working as a stage set designer. She recalled walking over a trap door on the set when it suddenly collapsed, causing her to fall several feet and land on top of heavy equipment. She suffered several broken bones, was in severe pain, and was trapped for a time before anyone found her.

The patient added that she learned later that the mechanic responsible for the accident had been found negligent in not securing the trap door properly. At the moment of her panic on the airplane, her thoughts had immediately returned to her fears about the inadequacy of mechanics—and she realized that the feeling in her stomach during the flight turbulence had automatically activated the feeling of falling through the trap door years ago.

Having identified the original event that triggered the phobia, we could also use hypnosis to repair the traumatic imprint by utilizing new positive feelings. I asked Claudia to see herself going through the experience of the airplane turbulence, but this time bring in a future image of herself, one who could comfort and reassure her. I suggested to her past self that she could bring this comfort forward with her, so that at any time in the future, when she had the uncomfortable stomach sensations, she could access feelings of comfort and reassurance. She then was able to re-experience the original scene that triggered the panic, but was now able to feel soothed and calm. (This healing technique involves both de-sensitization and, more importantly, a positive reframing.) Then I suggested, using hypnotic time distortion, that she could see herself going through all the plane flights that she had taken from that time until the present, being aware of how comfortable she felt. We closed with the posthypnotic suggestion that she would find it easier and easier to make use of this ability in her life.

One follow-up session and subsequent phone contacts indicated that the patient had been able to resume flying and sustained all the positive changes. This successful treatment took only three sessions.

Case of a Complex Nicotine Addiction

By Robert Friedman, CSW, Ph.d

A 33-year-old man referred for smoking cessation had been consuming two to three packs of menthol cigarettes daily since the age of 12. The patient was intelligent, hardworking, and likeable. He worked at home and would stay up late at night drinking coffee and smoking. Apparently, he needed nicotine for its stimulation, anti-depressant effects, and to relieve loneliness. As he put it, "cigarettes have been the best friend in my life." In social situations he usually felt insecure—smoking made him feel confident and stronger. He had tried unsuccessfully many methods to quit including brief hypnosis. Nonetheless, he was highly motivated.

The patient was the oldest of three children in an Irish Catholic family. His father, a lawyer, was autocratic and harsh in his discipline. His mother was responsible in her duties but rarely affectionate. In the initial consultation the patient proved to be an excellent hypnotic subject. He readily agreed to a preparatory phase of hypnosis devoted to stress management, and that included the introduction of Wellbutrin, and his learning self-hypnosis. He soon was able to start yoga lessons and regular bicycle riding.

In the next phase of treatment, we planned for him to quit smoking by tapering off and using a patch. When he was in hypnosis, I first used supportive techniques and suggested that he could recall prior accomplishments and access his deepest resources. This approach (the "inner strength" technique) definitely increased his sense of confidence. However, he remained unable to smoke less than two packs a day and still needed smoking to feel physical and emotional strength.

To explore the deeper connection between smoking and confidence, I asked the patient in hypnosis to imagine himself before a mirror where his unconscious self-image would appear. The mirror image looked surprisingly small and weak. How could we strengthen this self-image? The patient recalled a childhood fantasy of feeling invincible while wearing a medieval suit of armor. Utilizing this fantasy, I suggested that he could imagine a magical suit that would protect him like armor, but which would be flexible, fit his body, and provide feelings of power. The patient practiced this imagery in self-hypnosis until it felt quite natural. He reported feeling much stronger and more confident—yet some part of him held back, because he still could not decrease his cigarette consumption further.

To overcome this unconscious resistance, I knew

that I would have to uncover a deeper level of conflict between opposed parts of his personality. (This is an example of "ego state" therapy developed by John Watkins which may apply many techniques of family treatment on an intrapsychic level.) I suggested that the patient could find within himself the young boy who had started smoking at age 12. Why were cigarettes so essential to him? In hypnosis he stated firmly, "Whatever anyone says, smoking makes me feel strong. As a boy I wasn't allowed to assert myself or make any decisions, but this choice was completely mine. Smoking in secret felt totally right. I had to do something to assert myself and to be me." Apparently, part of him was still loyal to this original commitment. To break the impasse, I suggested that his adult self and 12-year-old self could now conduct an internal dialogue. The adult self could explain that he understood and fully respected the original decision to smoke. However, he was now living in totally different circumstances. The adult self needed the 12-year-old's permission to make a new decision that would be right for him at this time. Nothing was spoken out loud—but after a while the patient began to cry quietly. Finally he nodded his head to indicate that mutual understanding and agreement had been reached inside himself.

The patient now set a date to stop smoking an, shortly after, quit completely. One year later, he was still not smoking and felt rather good. Hypnotic treatment of his recalcitrant cigarette addiction—in fact, a form of brief psychotherapy—was apparently successful.

Case of a Severe Borderline Personality Disorder

By Marie McDermott, CSW

John is a middle-aged, divorced man of Italian descent who has been unable to sustain a romantic relationship or cooperative relationships with bosses, fellow employees, or clients. His father was committed permanently to a psychiatric hospital when John was seven years of age, and his mother went into a chronic, untreated, agitated depression for the rest of her life. As a result of this severely traumatic childhood, John's object relations and expectations of the future were profoundly negative.

John suffered major deficits in object relations and severe self-pathology. His sense of self was weakest when he met women and when a boss or client was even mildly disapproving. This resulted in his being extremely limited in his interpersonal relations. Nonetheless, he did achieve partial object constancy, married and had some adequate feelings about himself as father to his daughter. He also felt competent about his technical skills in building houses and repairing machinery. Eventually, though, his contracting business failed because of his inability to relate to his clients.

In treatment, I first addressed John's core pathology in self and object constancy. It became clear that he was unable to evoke an internal soothing image and this deficit caused him to feel extremely empty, anxious, and depressed. He had virtually no ability to see an object or person in his mind's eye when they were not physically present. Nor could he see me in my absence and, in turn, he was not able to use our relationship to attain a stronger sense of self in everyday life. (This was a failure both in object permanence as described by Piaget and object constancy as understood by psychoanalysts such as Mahler.)

In hypnotic treatment, I began by utilizing special hypnotic techniques first developed for borderline and psychotic patients by Elgan Baker. The goal is to teach the patient how to internalize an image of the therapist as a good object. When John was in hypnosis, I asked him to open his eyes, memorize how my face looked, then close his eyes and picture my face. Then I asked him to open his eyes and check his mental picture of my face with the reality. John did this many times before he was able to see me in his mind's eye. This seemingly simple technique is similar to the common peek-a-boo game we play with babies to reach the developmental milestone of knowing that the mother exists when she is not visible.

Gradually, John was able to recall me and also our conversations in his everyday life. Our relationship was corrective and it generalized—just as it would with normal children—to rebalance John's sense of himself in interactions with others. Although John is still working on these fundamental ego functions, he has made considerable progress based on the correction of this basic developmental deficit. (Recent theories of intersubjectivity developed by Jessica Benjamin emphasize how mutual recognition in the early mother-infant interaction forms the bedrock of all later relationships.)

During the next stage of treatment, I addressed John's self-pathology in a variety of more complex social interactions. When he was in trance, I suggested he could see himself in a scene where he felt confident, e.g., in nurturing his daughter's selfhood. I then asked him to identify and focus on this feeling. Then he selected a "bodily cue" or "anchor" (tightening his fist) as a way of accessing the positive feeling in situations where his own sense of self was beginning to be undermined or overwhelmed. By relying on the bodily

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cue he was able to re-evoke cohesive feelings about himself and a sense of mastery. This work needed to be done repeatedly, over months, before John could remain calm and confident in difficult interactions. However, similar results would have taken years in non-hypnotic therapy, if they could be achieved at all.

I also used another technique to further repair the early deficits in self- and object- constancy. I suggested John could recall in trance the loving experiences he had with his mother in early childhood. (This technique utilizes the patient's capacity for partial age regression.) Apparently, before his father's hospitalization, John's mother was very nurturing and playful. Afterwards, she was bitter and angry, but still very devoted to her children. John selected another bodily cue (putting his thumb and forefinger together) as a way to anchor images of being loved and lovable. Then he imagined a situation where he felt disapproval from others and, using his bodily cue, was able to evoke the thought that, even if some people did not approve of him, he could still feel that his imperfections were balanced by his lovable qualities.

As a result of this treatment, John applied to college and was able to attend classes. His psychological improvements were maintained even in this more stressful environment and he was able to complete the program.

A Case of Narcissistic Character Pathology

By Judith Kurzner, CSW

The following case illustrates the use of hypnosis both in repairing and building self-esteem, and in the enhancement of positive affects about the self.

Ms. T. is a single woman who came for treatment because of depression, low self-esteem, and concern about her inappropriate choices of men. Although attractive, as well as professionally and financially successful, she did not recognize her considerable strengths, and was plagued by self-doubt and regrets. She attributed her lack of confidence to her critical and controlling mother and her passive father.

Initially, we worked in psychoanalytic psychotherapy. During this part of the treatment, the patient gained insights into her conflicts and psychodynamics. Ms. T. chose men who were wealthy and powerful in demeanor, but who often were already married. She enjoyed being wined and dined, and admired sexually. However, she found the relationships to be emotionally bankrupt. Despite her recognition that the relationships were not fulfilling emotionally, she remained dependent on the liaisons because they bolstered her self-esteem. She also felt enlivened by these men, who represented "the exciting object," (someone who seems to the patient to have the potential for giving love, but who ultimately will be as rejecting as was the original significant other).

Ms. T.'s understanding of herself did not, unfortunately, produce real character change. At this point, I decided to utilize hypnosis as an additional treatment modality. I began with various ego-strengthening techniques. One such technique involves accessing an experience in the patient's life in which there is positive self-affect. This can be done even if it is initially linked to dysfunctional behavior. The patient is then taught to extrapolate and amplify that positive feeling, and then to separate these positive feelings from the initial experience. The goal is to assist the patient in gaining comfort with these affects and expanding the availability of these positive affects in other areas of life.

In hypnosis, Ms. T. was first asked to imagine a scene in which she felt very good about herself. She.was only able to generate such positive feelings when she imagined herself with an admiring man. Obviously, at this point, Ms. T.'s feelings of worth were dependent on her receiving approval from a man, and I had to begin there, where she was developmentally. We therefore utilized her visualization of the scene of herself with a man in order to extrapolate the positive affect about the self. Ultimately, I wanted to help Ms. T diminish her dependency on others, and be able to experience good feelings independently in a variety of situations. I wanted to help her move away from seeing herself as object, and instead see herself as subject.

My second step was to help Ms. T. amplify the positive feelings in trance and to make them more accessible. I asked Ms. T. to notice in trance the positive feelings in detail, her emotions, thoughts, and feelings about herself, and her bodily sensations. Ms. T. reported that she had a sense of joy, and of feeling alive during these experiences. Her physical sensations included a sense of relaxation and ultimately of floating. Her thoughts included, "I am centered, I am whole." In her normal waking state, she reflected upon her lack of self-consciousness and self-criticism during the trances. Over time, we repeatedly focused on such positive self-experiences. Ms. T. began to socialize with men in a less compulsive manner, and with better judgment. She began to enjoy spending time home alone, an activity which had previously been intolerable.

Ms. T. was then ready for the third step. I asked that she see herself in the future, experiencing these positive feelings about herself in a variety of situations. In this "future ideal self" technique, the patient is invited to see herself at a later time, when she has overcome the current problem. The patient was then able to visualize

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Judith Kurzer, CSW, has a private practice in Manhattan. She is a supervisor at the National Institute for the Psychotherapies and on the faculty of the Psychoanalytic Psychotherapy Study Center.

The Practical Practitioner

Using the Internet to Help Build Your Practice

By Sheila Peck, LCSW

Most of us think it's difficult to create and maintain a Web site. In fact, it's fairly easy. We'll tell you more about these nuts-and-bolts in the next issue.

If you do develop a Web site, remember the rules of good marketing. Think carefully about what "niche" — product — you may be presenting. Offering a specific niche means that more people will be interested in your services. Establish mutual electronic links with other mental health sites. And post articles of general interest about therapy on your site: "Selecting a Therapist, "How to Deal with Depression," "Family Communication," etc.

Perhaps you're already on the Internet without even having your own site. Go to Google or Yahoo or one of the other search engines and type in your own name. You may be surprised. For example, I just did a search using the name "Helen Krackow," (Society President) and came up with more than ten pages of "hits."

Your Web designer should make sure to include some coding called "metatags" in your site. This will enable search engines to find you more easily. For example, some colleagues whose sites deal with anxiety use these metatags: Panic attacks, Stress, OCD, Phobias, Post Traumatic Stress Disorder, Depression, Cognitive Behavior Therapy.

For little cost, you can place a small ad on Google or Yahoo that will be displayed when searchers type in a relevant word. In the above example, if someone typed in "Phobias," and your page happened not to be on the first page of "hits," your ad would still appear. Go to Google or Yahoo click on "advertise with us" for further information.

Do some electronic networking by participating in clinical chats online. AOL has an entire section, "Social Work Forum," devoted to social work. You can access this by going to the AOL keyword "social workers" and looking at the chat schedule.

You might also join some of the social work listservs. As online colleagues get to know you, you become a possibility for referrals. I recommend two listservs in particular. The first is a general social work discussion group to which you may subscribe by visiting clinical-sw-subscribe@yahoogroups.com. The other, an international social work group, can be accessed at GlobalSW-subscribe@yahoogroups.com. I find these listservs to be excellent resources when I have professional questions, and I've made some good e-friends that way.

You can also list your practice (and your site) online, free. If you would like a list of sites, just e-mail Sheila2688@aol.com and I'll send it to you. Or send any questions you may have about online publicity.■

HYPNOSIS CONTINUED FROM PAGE 12

herself in a variety of other independent activities in which she felt a sense of her own efficacy and confidence (such as at work, in relationships with friends, at the gym). This associating of positive affect with the self was repeated over and over until it became more a part of her ordinary experience. Ms. T. successfully utilized the trance experience to enhance her affective and behavioral repertoires, and to contribute to characterological change.■

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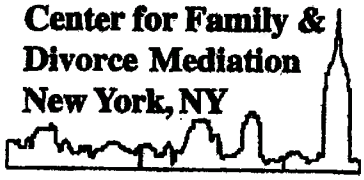

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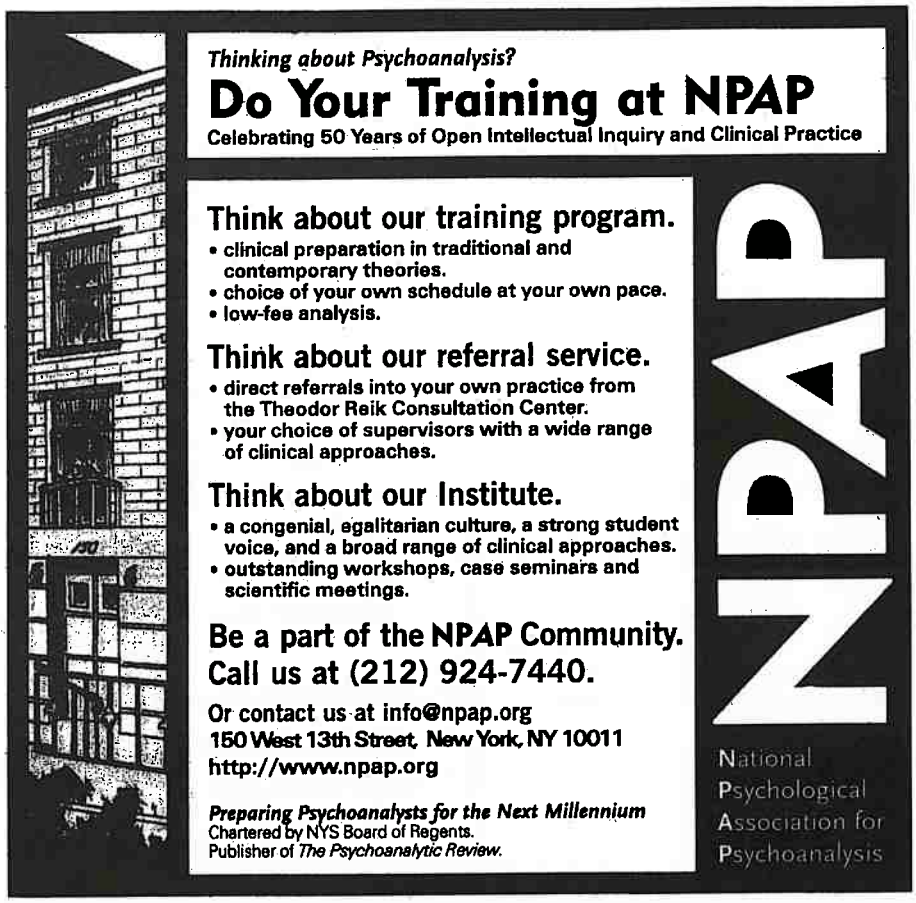

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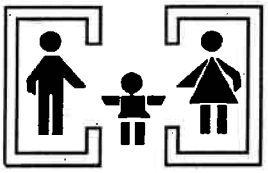

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Judith Kurzer,CSW
Marie McDermott,CSW

For brochure of courses, dates, times and locations, Call CATCH at (212) 531-1322

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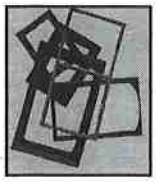

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