The CLINICIAN

SUMMER 2021 | VOL. 52, NO. 2

THE NEWSLETTER OF THE NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK

IN THIS ISSUE

www.nysscsw.org

TRANSITIONS

Returning to Our Offices–*Or Not?*

By Betsy Robin Spiegel, LCSW

"Let me ask you a question" said a new patient, Sara, during our first telephone conversation. "Do you see people in person?"

"Yes," I replied with enthusiasm and immediately set up an in-person session with her. Some Covid restrictions had just been lifted and I was eager to get back to normal–whatever normal might be! Since I have a home office, switching back to in-person psychotherapy sessions was not complicated. As it turns out, my feelings about the return were.

As the day of my first in-person session in well over a year approached, I found myself filled with feelings of both excitement and regret. I was not sure I wanted to return to in-person work and was surprisingly reluctant to leave my comfortable chair, telephone, and computer. In virtual sessions, sometimes I wore jeans and/or bedroom slippers and who knew?!!

> "The majority of my colleagues are planning a hybrid approach with telehealth and in-person sessions."

CONTINUED ON PAGE 14

Celebrating 10 Years of Graduate Student Scholarships

The MSW Student Writing Award Scholarship Program marked 10 years of achievement at a ZOOM awards ceremony in January. PHOTO: (l.) Genie Wing, BCD, LCSR-W interviewed Jonghee Kim, a student at Lehman College Master of Social Work Program. See page 6.

The New York State Society for Clinical Social Work, Inc.

2021 NYSSCSW BOARD OF DIRECTORS

STATE EXECUTIVE COMMITTEE

President	Shannon Boyle, LCSW	shannonboyle@hotmail.com
President Elect	Karen Kaufman, Ph.D., LCSW	karenkaufman17@gmail.com
1st Vice President	Henni Fisher, LCSW-R, BCD	hennifisheraarc@gmail.com
2nd Vice President	Hafina Allen, LCSW	ha610@nyu.edu
Recording Secretary	Chris Ann Farhood, LCSW-R	chrisfarhood@yahoo.com
Treasurer	Marsha Wineburgh, DSW, LCSW-R	mwineburgh@aol.com

MEMBERS-AT-LARGE

Metropolitan	Jay E. Korman, LCSW-R, BC-TMH	jay@jaykorman.com
Nassau	Jannette Urciuoli, Ph.D., LCSW	Jtkeena@aol.com
Queens	Allen DuMont, LCSW, BCD	adumont@verizon.net
Rockland	Beth Pagano, LCSW	bethpagano678@msn.com
Staten Island	Joyce Daly, LCSW-R	jdalylcsw@msn.com
LMSW Representative	Jacqueline S. Melamed, LMSW	jacqueline.melamed@nyu.edu

CHAPTER PRESIDENTS

Metropolitan	Helen Hinckley Krackow, LCSW, BCD	hhkrackow@gmail.com
Mid-Hudson	Linda Hill, LCSW	lhillcsw@gmail.com
Nassau	Patricia Traynor, LCSW	ptraynor@optonline.net *and*
	Eleanor Perlman, LCSW-R	eleanorperlmanlcsw@gmail.com
Queens	Lynne O'Donnell, LCSW-R, ACSW	odonnell80@gmail.com
Rockland	Orsolya Clifford, LCSW-R	ovadasz@optonline.net
Staten Island	Dennis Guttsman, LCSW	anxietyalternatives@msn.com
Suffolk	Sandra Jo Lane, LCSW-R, BCD, CGP	sjlsunshine@aol.com
Westchester	Andrea Kocsis, LCSW	andreakocsis@gmail.com

STATE COMMITTEE CHAIRS

By-Laws	Beth Pagano, LCSW	bethpagano678@msn.com
Creativity & Neuro-Psycho-Ed.	Sandra Indig, LCSW, ATR-BC	psych4arts@hotmail.com
Ethics & Professional Standards	TBA	
Friday E-News	Helen T. Hoffman, MSW	helenhoffman@verizon.net
Issues of Aging	Helen Hinckley Krackow, LCSW, BCD	hhkrackow@gmail.com
	Henni K. Fisher, LCSW, BCD	hennifisheraarc@gmail.com
Leadership	Beth Pagano, LCSW	bethpagano678@msn.com
Legislative	Marsha Wineburgh, DSW, LCSW-R	mwineburgh@aol.com
Listserv	Marsha Wineburgh, DSW, LCSW-R	mwineburgh@aol.com
Membership	Hafina Allen, LCSW	ha610@nyu.edu
Mentorship	Chris Ann Farhood, LCSW-R	chrisfarhood@yahoo.com
Newsletter – *The Clinician*	Helen Hinckley Krackow, LCSW, BCD	hhkrackow@gmail.com
Practice Management	Jay E. Korman, LCSW-R, BC-TMH	jay@jaykorman.com
Public Relations	Barbara Murphy, LCSW-R	askier@verizon.net
Website – www.NYSSCSW.org	Helen T. Hoffman, MSW	helenhoffman@verizon.net

New York State Society for Clinical Social Work

The Professional Voice For Clinical Social Work Since 1968

NYSSCSW c/o TMS
55 Harristown Road, Suite #106
Glen Rock, NJ 07452

Tel: 800-288-4279
Email: info.nysscsw@gmail.com
Website: www.nysscsw.org
Facebook: www.facebook.com/NYSSCSW/info

Kristin Kuenzel, *Administrator*
Jennifer Wilkes, *CMP*
Concetta Tedesco & Debbie Crusco, *Admin. Assts.*

The Advanced Clinical Education Foundation of the NYSSCSW

2021 ACE FOUNDATION BOARD AND OFFICERS

President	Marsha Wineburgh, DSW, LCSW-R	mwineburgh@aol.com
Treasurer	Helen Goldberg, LCSW-R	helengoldberg11@gmail.com
Members-at-Large	Shannon Boyle, LCSW, President NYSSCSW	shannonboyle@hotmail.com
	Michael Crocker, DSW, LCSW-R, MA	mmcrockercsw@gmail.com
	Jerry Floersch, Ph.D., LCSW-R	jerry.floersch@gmail.com
	Arthur A. Gray, Ph.D.	Arthur.A.Gray@gmail.com
	Jeffrey Longhofer, Ph.D., LCSW-R	jlonghofer@ssw.rutgers.edu
Director of Professional Development	Susan A. Klett, Ph.D., Psy.D., LCSW-R	SuzanneKlett@aol.com

Bills in Progress

Both houses wrapped up the 2021 New York State legislative session with the Senate gaveling out on Thursday, June 10, and the Assembly passing bills through the night until Friday. They are not expected to return for a Special Session in the fall unless Governor Cuomo requests it.

Hundreds of bills were introduced in 2021. We followed 330 of these which had the possibility of impacting LCSWs. Of these, 58 were especially important. In the end, there were only eight. So far, our coordinated efforts with our lobbyist and most of the other mental health professional groups have been highly effective in representing our interests.

A.7187(Bronson)/S.6576(Savino) This bill that approved LCSWs for direct Medicaid billing passed both houses. Because it costs money to expand the Medicaid provider base, we can only hope that the Governor will sign it this year.

S.6575/A.6323 This bill approved Mental Health Practitioners (163s) for direct Medicaid billing. It passed both houses.

****A.6008/S.5301** This bill, which expanded the scopes of practice to include diagnosis for the 163s, did not move from committee.

A.1171-A(Bronson)/S6574(Kennedy) This bill required blanket health insurance policies to cover outpatient treatment by 163s. It only passed in the Assembly.

CONTINUED ON PAGE 4

The CLINICIAN

Published twice yearly by the
New York State Society for Clinical Social Work, Inc.
Tel: 1-800-288-4279

Helen Hinckley Krackow, Newsletter Chair

Ivy Miller, Newsletter Editor
3 Sunset Drive, Sag Harbor, NY 11963
E-Mail: ivy.lee.miller@gmail.com / Tel: 631-725-9845

Ad Deadlines: April 15 and October 15

PRESIDENT'S MESSAGE

Shannon Boyle, LCSW

> "We will continue to provide critical information impacting you and your practice."

We are happy to bring you another exceptional issue of *The Clinician*, our Society's newsletter, featuring great information from our members, chapters, and programs. Despite the shutdowns and isolation over the past many months, we are working hard to keep our community connected and thriving. Along with the world around us, our work has been transformed by the pandemic. Thank you to all our volunteer members who remain dedicated to the Society and advancing clinical social work in New York State and have really stepped up during the pandemic.

The months ahead will be equally challenging, as we navigate the return to a more normal way of life amidst continuing issues with COVID, racial inequality, and financial uncertainties. With all that is happening in the world around us, patients need your help more than ever! We will continue to provide critical information impacting you and your clinical practice, so please be sure to read the important updates you receive by email and other communications.

Please continue to use this Society as a resource and take advantage of all that is available to help you through these times. Visit our website, **www.nysscsw.org**, and access information and resources. Utilize your chapter listserv to communicate with your colleagues on clinical issues. And if you have not already done so, join the Community Bulletin Board Listserv for connecting with other professionals on non-clinical issues. This tool provides the opportunity to share information and receive help from members across all chapters on any topics outside our clinical sphere – another great way to remain connected!

I hope you find some time this summer to rest and recharge.

All my best,

Shannon Boyle, LCSW
President

By Marsha Wineburgh, DSW, LCSW-R, Legislative Chair

Compacts and Telehealth Mobility

The extension of telehealth during the pandemic has been a catalyst for reconsidering a national umbrella to deliver more health care services in place of the current state-by-state system. By making licensing easily transportable between states, national telehealth could be made more efficient.

Recently, the Department of Defense, in partnership with the Council of State Governments, selected the social work profession to receive technical assistance from the CGS National Center for Interstate Compacts to develop model compact legislation. The goal is to create a system for license portability.

This task, which includes a sizable grant, was applied for by the national social work organizations: the Association of Social Work Boards (ASWB), NASW and CSWA. ASWB estimates there are 498,071 licensed BSWs, MSWs, and CSWs. States must individually agree to join these occupational compacts. The benefits of states signing into Licensure Compacts include:

- Flexibility and autonomy, as compared with establishing a federal policy.
- Strengthening state sovereignty, as each state chooses the participants in the compact.
- Enhancing cooperation between states.
- Expanding the ability to protect public health.

Currently, each state has its own licensing model for the social work profession. Fourteen states do not include diagnosis in their LCSW or LICSW scopes of practice. New York, on the other hand, has a comprehensive scope of practice which includes the key words psychotherapy, diagnosis, treatment and treatment assessment, and planning. Our minimum competence standards are the highest in the country. Which state would not be pleased to accept our LCSWs for treating their citizens? On the other hand, who can New York State enter a compact with?

Other issues include how to adjudicate disciplinary actions against LCSWs in other states and establishing effective interstate Boards of Social Work Communication to protect patients. This is dependent on organizational systems that mean well but are often underfunded. Organizing the social work professional will not be an easy task.

Several states have agreed to licensing portability for some of their professions. Here is a sample:

- Nursing – 35 states have a compact
- Advanced nursing practice (i.e., psychiatric) – 1 state
- Psychology – 21 states
- Counseling – 1 state
- Occupational therapy – 4 states
- Physical therapy – 33 states.

Bills in Progress Continued from page 3

S.6431(Brouk)/A.7405(Harckham) This bill, which passed in both houses, extended the exemption for hiring all licensed mental health professional for one year.

The Applied Behavior Analysts sought to expand their scope of practice **(S.1662-B/A.3523-A) and to be covered by Medicaid for mental health services **A.299-A(Gottfried)**. Neither passed both houses.

A.4380 This bill sought to amend the education law to allow MSW students to take the LMSW licensing exam *during* their final semester. There is no reference to those BSW students who need only one year to complete a masters. Doing the math, this means that after only one semester in an MSW program, students could sit for an exam, pass it, and earn a LMSW. There was no companion bill.

No ***telepractice*** or ***single payor*** bills passed both houses in 2021.

** *See current and past Memos of Support and Opposition on www.nysscsw.org/legislative-news*

In New York State, we currently have 31,004 LMSWs and 29,453 LCSWs.

Here are the numbers of clinicians located in the counties with NYSSCSW chapters:

COUNTY	CLINICIANS	COUNTY	CLINICIANS
Albany	502	Queens	1,804
Bronx	887	Rockland	591
Dutchess	545	Suffolk	2,457
Kings	2,962	Ulster	408
Nassau	2,725	Westchester	2,150
New York	4,817		

For further information:
www.op.nysed.gov/prof/sw/swcounts.htm

NEW MEMBERS OF NYSSCSW*

NAME /CHAPTER	
Agordo, Valencia	MET
alemania, kenna	MET
Allman, Joanna	MET
Assefa, Bethel	MET
Azriyel, Yelena	MET
Babu, Marybeth, MSW	QUE
Baruch, Caroline	ROC
Beller, Sarah, LMSW	MET
Bellin, Jonathan, LCSW, MBA	MET
Benavidez-Hatzis, Jamie, LCSW	WES
Berger Lerner, Debra	NAS
Bergmann, Suzanne, MSW, LCSW	SUF
Blake, Nora	MET
Bott, Barbara, LMSW	WES
Bourque, Nancy, LCSW	MET
Braman, Matthew, MSW, LCSW	MET
Browder, Casey, LMSW	MET
Brown, Andrea, MSW, LCSW	MET
Carrie, Johnny, LMSW	MET
Carroll, Kirsty	MET
Charalambous, Gigi	NAS
Cosme, Amber	MID
Davila, Amanda	MET
Davolio, Federica, Ph.D.	WES
Deasy, Paul, LCSW-R	MET
Diamond, Robert, LCSW-R	MET
DiGiovanni, Adria	MET
Doctoroff, Thomas	MET
Downes, Hilary, LMSW	MET
Drayton, Brittany	MET
Durgan, Abigail	MET
Dyer, Stephanie, LMSW	MET
Ellis, Lisa, LCSW	WES
Enaye, Solomon	MID
Fassman, Jessica	NAS

NAME /CHAPTER	
Francisco, Jessica	ROC
Frankfeldt, Valerie, LCSW	MET
Freilicher, David, LMSW	MET
Fuchs, Daniella	MET
Garces Carranza, Cesar M., LMSW	SUF
Garcia, Eridania	MET
Geller, Suzanne, JD	MET
Grullon, Lianne	MET
Harney, Lola	MET
Herman, Michael	MET
Hooks, Donna	MET
Hydar, Kimberly	WES
Jaroslaw, Nina	MET
Kaufman, Sarah	MET
Kim, Jonghee	QUE
Knorr, Christine, MSW, LCSW	ROC
Lancaster, Genifer	MET
Larkin Arocha, Emily	WES
levenkron, holly, LCSW-R	MET
mantica, sarah, LCSW-R	MID
Marcus, Rebecca, LCSW	MET
McCollough, Fairlie	MET
McHugh, Kathryn	MET
Meiklejohn, Joyce, LCSW	WES
Moran, Laura, LCSW	NAS
Morin, Aimee	MET
Nardozzi, Christopher, J.D., LCSW	WES
Nelson, Santasia	MET
Neusner, Emma	MET
Noerper Boujoulian, Sara	MET
Novak, Francis, LCSW-R	MET
Ortiz, Jonathan	MET
Peles, Rachel	MET
Profumo, Adolfo	MET
Quinn, Brian, Ph.D.	SUF

NAME /CHAPTER	
Ramirez, Wilson	MET
Rathe, Samantha	MID
Reagan, Elizabeth, MBA	MET
Reichel, Eva	MET
Ricciardi, Robert, LCSW-R	NAS
Rosen Fink, Holly	WES
Rzeszut, Mary, LCSW-R	NAS
Sambar-Lande, Syma, MSW	MET
Sapienza, Ethan	MET
Scheffler, Shelley, Ph.D.	MET
Schwartz, Coren, LCSW	WES
Shimer, Janet, LCSW	WES
Simic, Nada	MET
Simoneau, Jaclyn	MET
Singer, Anique	MET
Sinski, Rebecca	MET
Smith, Alexis	MET
Smith, Brett	MET
Smith, Shea	MET
Tetenbaum Dorman, Lauren, LMSW	WES
Valentin, Ana, LCSW	WES
Vasquez, Jose, LCSW-R	MID
Vinciquerra, Michele, CSW	MID
Walls, Robert, LMSW	MET
Wayne, Stephanie, LCSW	SUF
Witt, Lenore, MS	MID
Wolfson, Emily	MET
Wyatt, Amanda	MET
Yates, Kristen	MET
Yoo, (Jane) Eun Jung	MET
Zehe, Elizabeth	MET
Zephrine, Donna	SUF
Ziffer, Hilary, MSW	MET

CHAPTER KEY: MET–Metropolitan, MID–Mid-Hudson, NAS–Nassau County, QUE–Queens County, ROC–Rockland County, SI–Staten Island, SUF–Suffolk County, WES–Westchester County. **These new members joined between December 1, 2020 and May 31, 2021.*

Society Celebrates 10 Years of Graduate Student Scholarships

By Chris Ann Farhood, LCSW-R, Met Chapter Coordinator

On January 31, 2021, the Met Chapter held a Zoom awards ceremony to celebrate the 10th Annual Diana List Cullen First Year MSW Student Writing Scholarship.

The 2020 scholarship award winners were Nina Jaroslaw from Columbia University School of Social Work, Emily Arocha from Fordham University Graduate School of Social Service, Jane Eun Jung Yoo from the Silberman School of Social Work at Hunter College, Jonghee Kim from the Master of Social Work Program at Lehman College, Kristen Yates from the NYU Silver School of Social Work, Caroline Baruch from the Graduate School of Social Work at Touro College, and Daniella Fuchs from the Wurzweiler School of Social Work at Yeshiva University. Nina, Jane, Kristen and Daniella joined the Met Chapter, Jonghee joined the Queens Chapter, Emily joined the Westchester Chapter, and Caroline joined the Rockland Chapter.

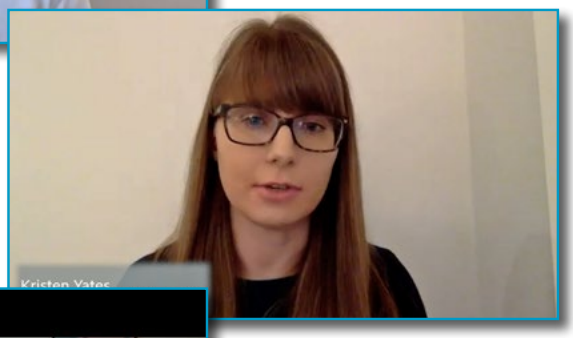
Certain topics threaded throughout the Scholars' papers: the impact of the coronavirus pandemic, the navigation of the shift to telehealth for the first year MSW Scholars, the topics of racial inequity injustice, and the difficulty of terminating via remote therapy.

The Scholars were interviewed by former members of the Met Chapter Membership Committee who vetted the papers for the scholarship: Susan Appelman, ACSW, LCSW, CASAC, Dorothy Buzawa, LCSW, Genie Wing, BCD, LCSW-R, Ellen Weber, DCSW, LSW, and Chris Ann Farhood, LCSW-R, the coordinator for the Met Chapter scholarship program.

CONTINUED ON PAGE 7

Emily Arocha
Graduate School of Social Service
(Fordham)

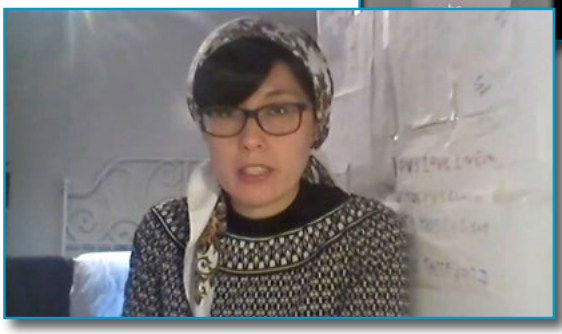
Jane Eun Jung Yoo
Silberman School of Social Work
(Hunter)



Kristen Yates
Silver School of Social Work
(NYU)

Nina Jaroslaw,
Columbia School of Social Work,
and **Ellen Weber, DCSW**

Daniella Fuchs
Wurzweiler School of Social Work
(Yeshiva)



Caroline Baruch
Graduate School of Social Work
(Touro)

Photo stills taken from video by Nora De Broder.

Met Chapter

Helen Hinckley Krackow, LCSW, BCD, President

The Met Chapter has had several busy months. We were joined by quite a substantial number of new members thanks to Chris Farhood, LCSW, Chair of our Mentorship Committee, the Student Reps at the various schools of social work, our extensive programming and informational services, our State Membership Chair, Hafina Allen, LCSW and the recommendations of our members.

We have been connecting with each other long distance through technology, written material in *The Clinician*, our listserv, meetings on Zoom, and webinars. Hopefully, by the fall the pandemic will have subsided enough for us to meet in person.

Our focus as a Chapter has been to support members in learning about systemic racism as it impacts our clinical work. In February, we celebrated Black History Month by presenting a webinar on implicit bias, systemic racism, and clinical work. The superb clinical presentation was given by Judith White, LCSW, a distinguished, longtime member of the Met Chapter,

Our Committee on Racial Equality is planning a workshop in October on intersectionality and interracial relationships. We hope to present an expert on Asian issues, a Black family therapist from the Ackerman Institute for the Family, and Sari Cooper, LCSW, CST, on clinical work with interracial couples. Sari is the leader of Met's Racial Equity Ally and Clinical Social Work Study Group.

A sister support group for BIPOC members had been meeting under the leadership of Sandra Plummer-Cambridge, LCSW. This Committee has also prepared monthly newsletters on everything from intersectionality to Juneteenth for the listserv and has been sharing them with other Society Chapters.

In the fall, our other initiatives will include a Movie Night featuring a film on addiction. Betsy Spiegel, LCSW, Chair of the Committee on Substance Use Disorders, will invite a discussant from the field. We are also looking to expand our Trauma Studies and Treatment Committee under the leadership of Joe Zagame, LCSW. The Committee on Psychoanalysis, under the leadership of Barbara Lidsky, LCSW, BCD, will be presenting work by Art Baur, LCSW and Michael Crocker, DSW, LCSW, MA, CGT. And, God willing, we will be able to hold our Holiday Party in person! Stay tuned.

CHAPTER NEWS CONTINUED ON PAGE 8

This year, we hope to have student scholars from more Society chapters, culminating in a Zoom celebration that all members can attend.

The video was produced and edited by Nora De Broder, Video Editor, at the suggestion of Hafina Allen, LCSW, the State Membership Chair. In lieu of the buffet reception of the past, the Scholars and the readers of the papers had each received a celebratory party package. The Scholars also received a complimentary Society membership for one year, along with a $500 check, Society tote bags, graduation cords and Society "swag."

Following the Zoom presentation was a "live after party" where faculty, family, friends, and Society members could congratulate and question the Scholars. Feedback from the after party participants was decidedly positive in favor of the new interview format for the presentation of the Scholars' papers, commenting it was interactive and more personal.

In 2020, the Society Board decided to adopt the MSW Student Scholarship as a State-sponsored event, and the Nassau Chapter named Wayne Bokat from Adelphi University School of Social Work as its first Scholar. This year, the Society hopes to have Scholars from even more chapters, culminating in a Zoom celebration that all Society members can attend.

The Scholarship program was adopted as a way of collaborating with local graduate schools of social work, introducing both faculty and students to the benefits of the Society, particularly the programs aimed at grad students: Mentorship, Graduation Bootcamp, Happy Hour Networking (which we hope will resume to in-person this year), and Student Representatives.

Met Chapter Committee on Racial Equality

Excerpts from the Committee's Newsletter

Editor: **Jane Gold, LCSW-R** Email: **janegoldlcsw@gmail.com**

Racialized Trauma and the Asian American Experience

What is it like for a BIPOC therapist to be in a space with white therapists? Miki Goerdt, LCSW, a Japanese American art therapist, responded to this question in her blog last year, capturing the spirit of the struggle of BIPOC therapists.

Miki Goerdt, LCSW

BLOG: https://arttherapy.org/blog-my-perspectives-as-a-bipoc-art-therapist

Goerdt described a networking event she facilitated that was intended as an "intra-cultural" communication between BIPOC therapists. Her wish was "to create a safe and productive space for BIPOC art therapists to connect and brainstorm together about what's not discussed in typical multiculturalism courses: how to treat our own people, who are marginalized populations."

Unexpectedly, white therapists came to the event. "When I noticed that the group was mixed," Goerdt said, "I wondered if I was allowed to say that the group was intended for BIPOC art therapists only."

As it turned out, not only were whites in attendance – but their voices dominated, Goerdt said. "I let white art therapists talk at the expense of BIPOC art therapists' time, even though they focused on their white-centered inter-cultural experiences. This, too, is a mirror image of what happens in our larger society. White individuals are the center of the society. Asians are assigned by the dominant society to serve whites as the model (preferred) minority. In one of the breakout sessions, a white therapist assumed the role of facilitator/provider, questioning others and seemingly taking notes."

Goerdt acknowledged that her habit of catering to white people is automatic and she does so without being explicitly asked. "My body remembers what I experienced in the past, and my body wants to avoid the same pain of microaggression and racism."

She added, "The 'model minority' stereotype is a tool of the dominant society to fool Asian Americans into believing that they can be included by whites if they are compliant, cooperative, deferent and productive."

It has been a little over a year since this blog entry was written and current events have brought us to a dire climate of intimidation and racial attacks against Asians. The number of hate crimes targeting Asian Americans reported to the police increased by 149% from 2019-2020 (Center for Study of Hate and Extremism).

We recommend Miki Goerdt's accessible blog. Included is a photo of her evocative mixed media artwork *Living in a Racialized Society*. We invite BIPOC members to contribute to newsletters and committee work. For more information contact Shaun Peknic, **shaunpeknic@gmail.com**.

Met Chapter Committee on Racial Equality

Excerpts from the Committee's Newsletter

Article by **Shaun Peknic** and **Michael Crocker**

Dedicated to the Celebration of Juneteenth

For most of our country's history, Juneteenth has been a holiday celebrated mostly by Black Americans. But in June, our government has passed bipartisan legislation marking this day as our newest federal holiday, the first since Martin Luther King Jr. Day was established in 1983.

Honoring the African-American Women Who Have Changed Social Work

- Thyra J. Edwards (1897–1953)
- Dorothy Height (1912–2010)
- Darlyne Bailey
- Ruby Gourdine
- Mildred Joyner
- Ruth McRoy

June 19th, 1865 is the day in American history when news of emancipation reached the last remaining American slaves living in Galveston, Texas. Abraham Lincoln signed The Emancipation Proclamation into effect on January 1, 1863. It took 2+ years until the news reached the slaves in Texas. Let that sink in…

We need to continue to take meaningful actions towards addressing systemic racism issues such as racial wealth gaps and health disparities. Marking Juneteenth as a national holiday is a meaningful acknowledgement of the history and experience of Black Americans.

We as clinical social workers must incorporate the sense of pride that we share with our BIPOC colleagues and clients. The Racial Equality Committee of the Met Chapter of NYSSCSW has focused on educating our members, clinical social workers, on incorporating awareness and mindfulness into their practice.

The clinical issues we can address are the traumatic responses to racism, marginalization, and racial microaggressions. We've noted that these clinical issues create what trauma experts call strain trauma, the type of trauma that goes on and on. This type of trauma often results in Post-Traumatic Stress Disorders. This type of PTSD must be treated. In a matter of years, the Met Chapter has developed a nomenclature that includes the conceptualization of racial microaggressions and intersectionality into our work. These conceptualizations are about experiences that have clinical implications both in theory and in practice.

Some people celebrate Juneteenth with parties and some people enjoy it as a day of rest and reflection. You can watch one of these documentaries or films about Juneteenth: https://www.essence.com/entertainment/documentaries-movies-specials-juneteenth/

You can take the day to read up about amazing Black women who dedicated their lives to making an impact on the field of social work *(see list at left)*. https://dworakpeck.usc.edu/news/honoring-the-african-american-women-who-have-changed-social-work

For example, it is a good day to buy a book written by Professor Darlyne Bailey, whose work takes a multidisciplinary, multicultural approach to health and human services.

Don't forget to shop at one of these independent Black owned bookstores! https://lithub.com/you-can-order-today-from-these-black-owned-independent-bookstores/

Happy Juneteenth!!!

Mid-Hudson

Linda Hill, LCSW, President

Having acquired, by necessity, ways of technologically adapting to the organizational challenges surrounding the pandemic in 2020, during the first half of 2021 the Mid-Hudson Chapter has continued to utilize these capabilities in order to create new opportunities for growth, learning, and connection. While virtual gatherings have allowed us to meet safely and have provided continuity, they have also afforded us a way to conveniently congregate despite the relatively large geographic area that the Chapter encompasses. As a result, those attending our educational events have included not only those practicing in the Mid-Hudson counties but also clinicians throughout the state as well as former members who now reside out of state. We believe that fostering this kind of inclusiveness strengthens our profession, which in turn enhances our ability to effectively help our patients.

The Mid-Hudson Chapter Education Committee arranged two live webinars for us during the winter and spring of this year. The first, "PTSD: The Symptoms, the Science, the Solutions," was an engaging follow-up presentation by Roger Keizerstein, LCSW after his popular workshop on trauma and accumulated stress the previous fall. Our spring course featured speaker Anne Grenchus, LCSW, ACPH-SW who provides bereavement counseling through Hudson Valley Hospice in Poughkeepsie. Entitled "Creating Meaning Out of Grief: How to Holistically Create Answers to 15 Common Grief Questions," it integrated philosophical and neurobiological therapeutic paradigms to provide an array of useful tools for working with those who are coping with loss.

Our Peer Consultation Group meets via Zoom on the second Friday morning of each month. In addition to delving into clinical issues related to our work, we have been examining numerous practice-related considerations pertaining to the pandemic. Currently, a focal point has been if/how/when to transition to in-person therapy sessions, recognizing that each practitioner's situation is unique. Participants have been sharing insights with one another regarding such relevant factors as safety, clinical integrity, ease of implementation, and insurance coverage availability in order to make informed practice decisions.

In May, we were excited to begin offering another monthly virtual group, this time in support of those who are new to the field. The Mid-Hudson NYSSCSW Mentorship Group is for students and recent graduates who are navigating job searches, licensure requirements, and other concerns applicable to those transitioning from academic life to professional clinical work. Group members are local and are affiliated with graduate programs such as Adelphi and NYU. Co-facilitating the group are Chapter Board members Carolyn Bersak, LCSW, DSW and Jacinta Marschke, LCSW, Ph.D.

For the second year in a row, the Mid-Hudson Chapter was pleased to host its online "Happy Hour from Home" annual member event in April. It was fun to see both familiar and new faces in attendance as we introduced ourselves to one another and conversed in an informal setting. The Chapter also held another Netflix Movie Night, this time featuring T*o the Bone*, a compelling film depicting a young woman's eating disorder journey. Clinicians participated in an ensuing discussion of the symptoms, family patterns, and treatments that were portrayed. For our next Movie Night, we are looking forward to viewing *I am Not Your Negro*, a movie about race in America which envisions the unfinished project of the late writer and activist James Baldwin. All are welcome to join us!

IN MEMORIAM | *Gloria Robbins*

It is with sadness that we share news of the loss of Gloria Robbins, Past President of the Mid-Hudson Chapter, who died in May 2021 in Tucson, Arizona. A graduate of Adelphi's MSW program, Gloria always wanted to be a social worker and relished the opportunity to help children in need. She became a school social worker in the Hyde Park School District and worked with elementary, middle, and high school students. She maintained a private practice for all ages, couples, and families which she continued after her retirement from the school district. Her beloved women's group remained in existence for over 35 years.

Gloria created a video for therapists about how to listen to children and what they need, and she taught all over the world with her husband, psychologist Ron Robbins, Ph.D., as part of Ron's Rhythmic Integration Project for panic disorder.

In addition to serving as Mid-Hudson Chapter President, in recent years, Gloria also held the position of Membership Chair on the Chapter Board. She presented workshops on child therapy and was a frequent and generous host of many Chapter activities as she welcomed members into her home. Gloria loved NYSSCSW and attributed her passion for the organization to her core belief that "it's being part of something bigger than yourself that gives you authenticity."

Nassau Chapter

Eleanor Perlman, LCSW-R and Patricia Traynor, LCSW, Co-Presidents

On behalf of the Nassau Chapter Board, it is our pleasure to provide you with this update. First and foremost, we want to thank our Board members for their hard work, dedication and commitment to the Chapter.

We continue to be hugely impacted by the pandemic, as people continue to rely on Zoom and other telehealth platforms for patient sessions, meetings, and workshops. As more people are getting vaccinated, a few of us are venturing out to see patients in person while others are home and considering giving up offices or have given them up. Chapter members are continuing to share the latest information regarding telehealth, consent forms, billing, and CDC regulations for reopening our offices, and have provided support to colleagues struggling to navigate their way through the stress and emotional trauma of the pandemic.

Over the past couple of months, the Nassau Chapter Board committee has continued putting together events and looking for opportunities to increase our exposure.

We are excited to announce that we have formed a new committee, Diversity in Clinical Practice, co-chaired by Judith Pullman, LCSW and Jannette Urciuoli, Ph.D., LCSW (who is also our State Board Member-at-Large). The committee will explore ways we are all impacted by our biases in subtle and not so subtle ways. This is a timely moment in our lives as we reflect upon how we live in the world and can be agents of change and growing awareness.

We had an excellent presentation on Borderline Personality Disorder, sponsored by Emotions Matter, with speakers Diane Sweet, LCSW, and Maria Solomon, LCSW-R.

The Programming Committee, chaired by Ellie Perlman, is working on a fall presentation, scheduled for October 24, with details to be announced. The Committee also has set up a presentation on Gestalt Therapy for spring 2022, on May 15, led by Adam Weitz, LCSW.

The Mentorship Committee, led by Jennifer Shapiro-Lee, LCSW, EMDR has duly and energetically held monthly meetings. There are now four regular attendees.

The Membership Committee, headed by Patricia Traynor, LCSW and Linda Feyder, LCSW-R, ACSW (who is also our dedicated Secretary), continues to collaborate with the Board's other committees to develop partnerships, expand our outreach, and sponsor conferences to increase awareness of the benefits of membership in the Society. We offered a lottery that gave people who renewed their memberships early a chance to win a prize. We also offered rewards to members who brought in new members.

The Committee for the Aging, headed by Sheila Rindler, LCSW used to meet in person prior to the pandemic. It now meets bi-monthly via Zoom and has grown to eight regular members.

The Website Committee, chaired by Jannette Urciuoli, has been actively working with Kristin Kuenzel at Society headquarters (TMS) to update the Nassau Chapter web page. Barbara Murphy, LCSW-R was chosen to be the State Public Relations Committee Chair. She will report back to us on decisions made regarding marketing tools and outreach to promote the benefits of membership in our Society. Both committees are engaged in improving our website's social work directory to increase referrals to our members.

In conjunction with our Public Relations Committee, we are reaching out to organizations, agencies, and social platforms to build awareness of our work and benefits of membership. Members are asked to contact Barbara Murphy at **askier@verizon.net** with any suggestions.

The Scholarship and Education Committee, led by Catherine Faith Kappenberg, Ph.D., LCSW-R, BCD, who is also our University Liaison, has formed a strong partnership with Adelphi University for an MSW student scholarship. We awarded a scholarship to Wayne Bokat at our meeting on December 6, 2020 and will be recruiting MSW students who can serve as liaisons between the school and the Society. We will be giving an award to our Molloy scholarship winner, Amanda Sanchez, at our meeting on May 16.

Our newsletter, *News Notes*, edited by Susan Kahn, LCSW-R, BCD with Carline Napolitano, LCSW-R, BCD, Clinical Editor, is due to be sent to members and posted on the website in May.

Susan Kahn is again leading our Book Club, which will meet for the second time this year on May 16, following our Board meeting. It has been met with an enthusiastic response.

As a thank you to our Committee Chairs and all our active participating members, the Nassau Chapter will celebrate with a party. Sheila Rindler, who has graciously offered her home, will host the party at the end of June. It will be sponsored by our Chapter.

Presently, the Nassau Board meets monthly by Zoom. The dates and the times are posted on the listserv. We encourage all members to attend and share their talents. If you are interested, contact Patricia Traynor at **ptraynoor@optonline.net** and she will send you the Zoom invite. We are looking for members to participate in our Public Relations, Programming, and Membership Committees.

Westchester Chapter

Andrea Kocsis, LCSW, President
Susan Jocelyn, Ph.D., Leadership Committee Chair

The years 2020 and 2021 brought serious challenges to the Westchester Chapter and to all chapters statewide. Previously, in 2019, we had held meetings on the first Saturday of each month; nine out of ten offered CEU presentations, the most of any chapter in the state. Most months, our meeting day started with clinical practice groups, including Peer Consultation; Group Therapy Practice; Mentorship/ Private Practice /Career Building; and Integrating Mindfulness, Applied Neuroscience and Psychotherapy Practice. Networking and a brief business meeting followed, and then a 2- or 3-hour CEU presentation and discussion.

In 2019, our chapter continued to earn for NYSSCSW and ACE the most revenue of all chapters from these CEU presentations. However, this distinction was detrimental to our chapter. The combination of the ACE and TMS costs and honoraria to put on the presentations, in addition to the other expenses of the chapter, left us with an operating budget deficit in recent years. This challenge prompted our Leadership Committee to consider offering fewer CEU presentations in 2020 in order to preserve our fund balance.

An additional issue has been the lack of members assuming leadership positions. In 2020, however, we were pleased to welcome a new Recording Secretary, Treasurer Assistant, Newsletter Chair, and Education Committee Chair. Also, several new members joined our Education Committee, which does a great job engaging CEU presenters for our chapter.

Our schedule for 2020 began with a showing and a clinical discussion of the film, *Hidden Figures*. We decided not to meet in February to conserve funds. Due to the pandemic, we canceled events scheduled from March to June. They are rescheduled for the fall as Zoom events:

SEPTEMBER: Staying on Track: Support & Treatment for individuals with Early Psychosis
OCTOBER: Restoring the Resilient Nervous System: Principles of Somatic Experiencing & Expressive Writing
NOVEMBER: Running the Matrimonial Gamut: A Trilogy of Conflict Resolution
DECEMBER: Gestalt Therapy 101: The Essentials

In addition, in response to our nation's social justice concerns, that were exacerbated by the murder of George Floyd, we offered a special presentation on racial justice issues in clinical practice. In October 2020, "Microaggressions in Our Sessions? Addressing the Subtle Slights with Intention & Intercession," was presented by Zoom without charge to members.

In 2021, our Leadership Committee is meeting regularly and other committees continue their work: Education; Membership & Program Registration; Newsletter; Legislative; and Website. Last year, our Membership and Program Registration Committee had scheduled an outreach program to students at the Fordham University branch in Westchester County to provide them professional support as they enter the field of social work. This program had to be canceled due to the pandemic, but our committee will reschedule and also outreach to other local schools of social work.

Our Education Committee continued to offer Zoom CEU presentations this spring:

MARCH: Navigating Grief and Loss During Coronavirus: Practical and Personal Implications for Providing Support
JUNE: An Overview of Palliative Social Work: An Ecological Approach to Care During Serious Illness
APRIL: The Implicit Impact of Racial Discrimination on Mental Health (a free non-CEU presentation)

Also in 2021, like practitioners all over the state, our Westchester clinicians in private practice have been very creative in adapting to the challenges of the virus. Most are doing telehealth sessions with their patients, attending very carefully to the complexities of state regulations and of billing, thanks to the excellent guidance of Jay Korman of our NYSSCSW board. Our clinicians who work in agency practice have had to follow the policies of their agencies as directed by state offices of health, mental health, substance use, youth and family services.

We are hearing that some of our clinicians are exhausted by the challenges of these times, but also are excited by the opportunities presented by telehealth sessions. Since the CDC has begun relaxing standards of community behaviors as the virus recedes, some practitioners are now considering the possibility with their patients to resume in-person sessions, with appropriate safety precautions.

We are all waiting to see how our chapter activities will develop as the year unfolds, and how the virus will continue to challenge us all. Our chapter has scheduled two 3-CEU presentations in the fall:

OCTOBER 2: Seeing and Treating Survivors of Domestic Abuse
NOVEMBER 6: Contact and Relationship in Gestalt Therapy

Currently, these will be presented by Zoom as usual. However, our Leadership Committee is discussing when to hold our chapter meetings and presentations in person. In response to concerns expressed by some members, we can offer hybrids– both by Zoom and in person. These involve significant financial and technical challenges yet to be addressed.

We are hoping that by December, we may be able to see each other and celebrate actually, rather than virtually.

Clinical Social Work Practice: A Personal Journey

By Carol Krall, LCSW, BCD, Member of the Westchester Chapter

It was the depth and scope of clinical social work that compelled me to obtain my master's degree in the field. I was a single parent and worked full time, so adding on graduate school was a leap of faith – a daunting prospect at my age.

I was surprised and heartened to have so many older students, like myself, in class. We were a supportive group for each other. I managed to achieve my goal and was excited to start my career. There are so many interesting venues in our profession. I was fortunate to have meaningful and rewarding jobs that enhanced my personal and professional growth as I worked to enhance the personal growth of my clients.

My first job was at a private psychiatric hospital. I worked with a wonderful team of psychiatrists, psychologists, and clinical social workers to provide treatment to patients, including individual psychotherapy, group therapy and psychodrama. It was an invaluable learning experience. I developed an understanding of a wide range of psychiatric disorders and personalities working in collaboration with my colleagues and in getting to know and treat individual patients.

I worked at an outpatient mental health clinic in the Bronx. It was an opportunity for me to experience being a sole practitioner with patients. I had supervision with a clinical social worker with psychoanalytic training. With her support and guidance of my work, over time I developed confidence in my own abilities as a psychotherapist. I was working with minority populations and learned how much their cultures influenced their thinking and their lives. My focus on psychodynamics gave me a deeper understanding of patients.

As Director of Adoption and Children's Services at a family agency, my job included matching birth mothers with adoptive families in accordance with their wishes. I was actually creating families, a heartfelt and amazing experience. In collaboration with a colleague who was Supervisor of Adoption at the Westchester County Department of Social Services, I wrote and was honored to receive a federal grant to provide post adoptive treatment to families who adopted special needs children. I named it the *Westchester Alliance for Post Adoption Services*. It was a model for private and public agencies in communities to work together. It received national interest and attention and afforded my colleague and me a trip to Washington, DC. I then worked as director of a branch of the agency's outpatient mental health clinic to provide treatment to the community and to corporate employees.

I established a private practice providing individual and couples therapy. I enjoy my work and the diversity of my practice. My peers have long since retired. People are always surprised that I still work. My work is always interesting, stimulating, and rewarding. I feel privileged to work in this profession. I have been enriched throughout my career in attending meetings and presentations by my colleagues at NYSSCSW as a member of the Westchester Chapter. I was recently given Emeritus status.

Returning or Not? Continued from page 1

Sara's in-person session was very informative. She was overwhelmed by her feelings and our face-to-face meeting helped her to focus. A subsequent session by phone was more frustrating as it appeared more difficult for Sara to remain organized and clear.

When the pandemic and lockdown started, I evaluated each patient in my practice in terms of their vulnerability to depression when exacerbated by increased isolation. Two men appeared fragile; neither one had a flourishing support system, and both dealt with loneliness that increased by not leaving home.

I decided to divide the time allotted for sessions in half, so that each patient had two shorter sessions per week. In doing this, I became a viable part of a new pandemic-inspired support system for them, and I believe it strengthened each relationship. Both patients fared well during the pandemic despite the inevitable aloneness in their lives.

Another patient, George, decompensated during the first year of the lockdown. This young man was diagnosed and medicated for ADHD. He worked for a nonprofit foundation and traveled for his work. He had a live-in girlfriend of several years and both partners' families were active, even invasive, in their lives. His frequent traveling gave the couple a break, enabling each to strengthen boundaries and defenses.

As the lockdown continued, George became increasingly anxious. He had a deficit in ego functioning manifested by poor organization of communication and poor boundaries. As George decompensated, he became more grandiose, and prone to using jargon and complicated language. I was beginning to have difficulty understanding him.

When he started working by Zoom, his communication with coworkers was disorganized and he lost his temper more than once. He was steadily devalued and criticized at work. Yet, he denied being challenged and described himself as being in a "leadership position" at his job.

His relationship with his girlfriend suffered and became contentious, with frequent quarrels. Our relationship became more stressful because of his difficulty organizing his language. I found his Zoom sessions more draining than in-person sessions and did not consider my work with him as helpful as I had hoped.

Eventually, he was fired from his job, lost his insurance, and quit treatment.

An informal poll

I began to wonder what my friends and colleagues were planning to do now that the pandemic was drawing to a close. So, I asked around.

My practice and those of other clinicians had flourished during the pandemic. Now I had several new patients whom I had never met in person. I was eager to see them but hesitant to commit to a totally in-person practice. Sessions conducted by telephone, Face Time or Zoom seemed to be positive experiences. My patients and I were able to engage, develop a relationship, share, and deepen the therapeutic encounter.

Most of my friends and colleagues were ambivalent about their plans, citing issues of convenience, finance, engagement, and flexibility when considering telehealth and/or in-person sessions. Many clinicians were already working remotely with some patients before the pandemic. But a totally remote practice would be a new venture.

I was not surprised to learn that the majority wanted to use a hybrid approach. While most agreed that the engagement process with telehealth might be longer or more challenging, they were enthusiastic about making eventual connections and engaging new patients using the technology.

PHOTO: RON HESTER

Enjoying a Brooklyn street fair after pandemic restrictions eased.

At this point, I reached a conclusion for my own practice. In returning to in-person sessions, I would like to see all my new patients in person at least once. This would strengthen my ability to pick up non-verbal cues. Working by phone, Face Time, or Zoom is helpful, but it does not compare to in-person sessions for observing body language.

Several colleagues are hoping to continue practicing mainly by telehealth and are giving up their offices, citing convenience and, of course, lower overhead expenses. They are also pleased to have more flexibility in scheduling and the ability to treat patients remotely if they change location. Several other therapists have decided to see people in person part-time and rent out the extra office space to other therapists.

Returning to the Office Post Covid: Some Thoughts

By Jay E. Korman, MSW, LCSW-R, BC-TMH, Chair

Many members and some patients have been asking some version of the question, "When are we going back to the office?" Though this article isn't going to answer that question, because we don't have a definitive answer yet, I will address, or hope to address, some of the issues and ideas connected with going back to our workspaces.

First off, it's not clear if we are ever going to be *required* to go back to our offices. Though Medicare has rules, suspended for now, about where a patient can be located, there is proposed legislation to continue to waive those requirements and allow patients to receive treatment in their homes.

Second, though New York does have a payment parity requirement, meaning that payment for any treatment rendered via telehealth must be paid at the same rate as the same treatment provided in person, New York does not have a payment requirement law, meaning that carriers are not required to pay for telehealth services. I know this seems counterintuitive, but these are two separate pieces to the same thing, and without both, there is no requirement that the insurance companies pay us for providing services via telehealth.

Aside from those particular technical considerations, there is also the science of numbers: What is the current trend of Covid infections, hospitalizations, and deaths? Are the numbers going up or down? What do these numbers mean to you in terms of seeing patients in your office? Does it mean that you insist on some verification that your patient has been fully vaccinated? How comfortable are you asking patients to show verification? Do you require that your patients wear a mask during session? How comfortable are you in your office with both of you unmasked? Do you allow patients to wait in your waiting room, or do you insist that they wait in their car, in the street or someplace else until it is time for their session? Do you shake hands? Do you have an informed consent form for treatment in person post-COVID that provides for what to do if your patient has been exhibiting symptoms or has been in contact with someone exhibiting symptoms and/or is infected?

> "Certainly, there's plenty of temptation on both sides, patient and clinician, to stay with telehealth practice. After all, it is convenient."

The answers to these questions are not universal. The answers to these questions are going to depend on the comfort level of each of us about our practice, our relations with our patients, our beliefs, and our ability to be flexible and change with the times and requirements.

Some clinicians, of course, have been working in their offices either via telehealth or in person this entire time. That's an entirely different discussion, with perhaps a different set of calculations, and it is not being considered in this article.

CONTINUED ON PAGE 27

One colleague, whose remotely-based practice has flourished, was able to spend winters in Florida and summers in Connecticut with her family. She is considering a partial retirement and did not renew the lease on her office. However, another clinician mentioned that her office had been the center of her practice for many years, and she was not prepared to give it up – physically or psychologically.

Let's see, was the response of most of my friends and colleagues when asked about their plans. Like me, most want to try a return to in-person practice before making a final decision. What will the "new normal" be and what will the future bring? No one knows. Our work continues.

Betsey Robin Spiegel, LCSW, a psychotherapist in private practice for over 30 years, is Supervisor/Senior Psychotherapist at the Blanton Peale Counseling Center and Institute. She has published on working with addictions through integrating AA steps of recovery with concepts from psychoanalytic theories, and on woman's issues in the workplace. Spiegel has been an adjunct faculty member at NYU Silver School of Social Work and Adelphi School of Social Work. She serves as Co-chair of the Addiction Committee of the Met Chapter.

Pandemic Eating Recovery in Three Melodies...

By Mary Anne Cohen, LCSW

To the tune of **These are a Few of My Favorite Things**

Chocolate chip cookies and crisp salty chips
Another night in front of TV watching Net Flix
Chardonnay spritzers and all those Ring Dings
These are a few of our pandemic things.

Ben and Jerry, Mrs. Fields, and Sara Lee
Our pandemic friends – so available with loyalty
Lasagna and ravioli do make our heart sings
These are a few of our pandemic things.

When the pandemic ends!
When the number on the scale stings!
When we're feeling sad
We simply remember our favorite things
And then we don't feel soooo bad.

To the tune of **Breaking Up is Hard to Do**

Down dooby doo down down
Down dooby doo down down
Breaking up is hard to do

Snacks, don't take your love away from me
Don't you leave my heart in misery
If you go then I'll be blue
'Cause breaking up is hard to do

Remember, refrigerator, when you held me tight
And you provided for me all through the night
Think of all that we've been through
And breaking up is hard to do

They say that breaking up is hard to do
Now I know
I know that it's true
Don't say that this is the end
Instead of breaking up
I wish that we were quarantining again
I beg of you, snacks, don't say goodbye
Can't we give our love another try?
Come on, Oreos, let's start anew
'Cause breaking up is hard to do.

To the tune of **Let It Be**

And though our pandemic mood is cloudy
There is still a light that shines on me
Shine on until tomorrow, let it be.
I wake up to the sound of email
NYSSCSW listserv comes to me
Speaking words of wisdom, let it be
Oh, let it be, let it be, let it be, let it be
We're starting our return to normalcy,
Let it be, let it be.

At the beginning of the lockdown from the coronavirus, people observed they were eating more and drinking more. A combination of boredom, isolation, fear of the unknown, and scrambling to create new work environments and new school arrangements for children all contributed to a climate of unease and the need to figure out how to shift gears to manage this "new normal." And, sadly, grief, death, and financial insecurity spread a pall over many people's lives.

Yet jokes and memes abounded – cartoons showed refrigerators mumbling to themselves as their owners kept opening the door and looking for food. "What? Not you again!" The term "COVID-15" was coined to refer to the weight gain that people were experiencing (and as the pandemic went on, the phrase was upgraded to "COVID-19"). Samantha, a binge eating patient, ruefully quipped, "I've been good at social distancing except when it comes to the cookies in my cabinet."

After a year of the pandemic, the *New York Times* reports, "How Much Weight Did We Gain During Lockdowns?" And the study concluded: two pounds a month. And that, "in addition to altering dietary patterns, the lockdowns have curtailed the physical activity of daily living," scientists said.[1,2]

Jeff, also a binge eater confided, "I really failed myself by over eating and gaining weight during the quarantine. If only we could have a little more time to be in lockdown, I would really start making an effort to get back on track."

So, what now? How do we help our patients – and maybe ourselves – grapple with weight gain and overeating during this pandemic time. And how to help Jeff's notion of "failing himself?" This is addressed in six a la carte lessons.

...and Six A La Carte Lessons

1 First, let's acknowledge that food is the cheapest, most legal, most available, socially sanctioned mood altering drug on the market! Food never leaves you, never dies, and never criticizes you. It is the only relationship where we get to say when, where, and how much. No other relationship complies with our needs so absolutely.

2 Self-compassion – is the key ingredient in reclaiming one's conscious eating, weight, and health. I reframe my patients' weight gain laments by explaining, "Emotional eating has been your way of trying to take care of yourself during this pandemic. And that is a healthy intention! But now let's find other ways of self-care so that overeating is not the only game in town."[3]

3 Diets don't work – when people feel out of control with their food and weight, their solution most often is to go on a diet. But diets do not work: for every restriction the diet dictates, there is an equal and opposite binge waiting on the horizon. Dieting creates a vicious cycle of deprivation and the behaviors of restrict ➜ binge ➜ restrict ➜ binge. Dieting teaches us we cannot trust ourselves with food and that we need an external authority to control us. The healing antidote to dieting is to focus on improving one's relationship with food and eating and *not* focusing on weight loss. That means putting one's attention on improving nutrition and not worrying about calories.

4 Intuitive eating – separating emotions from eating, separating food from feelings and stress from snacking is the bedrock of Intuitive Eating. We encourage people to take the focus off weight loss and learn to connect eating with internal signals of hunger. Eating when you're hungry, stopping when you're full, and allowing all foods to be "legal" will lead you back to your natural weight. Let's also include that eating should be about pleasure, not fear, restriction or restraint.

5 HAES philosophy – The Health at Every Size movement is a body positive, anti-fat shaming philosophy that does not judge weight gain (or loss) as a moral failing. If you have gained weight during the pandemic, embrace your new shape without judgment. You did the best you could, and self-acceptance is of key importance. HAES focuses on accepting and respecting the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights. So, you gained weight during the pandemic. So what? You're still alive![4,5]

6 The Power of One – anything worth doing is worth doing *imperfectly*. The Power of One teaches us to value making one productive, healthy, fruitful change in our lives at a time. As therapists we've learned to help patients "partialize the problem." We don't have to improve all our life or eating problems at once but add instead one salad, one walk around the block, one glass of water. Healing a pandemic eating problem is a process composed of small links on a chain, one leading to another. *No change is too small.* No dramatic upheavals required. Begin with, "I Will Do Just One Thing Better."[6] As Mark Twain has said, "The secret to getting ahead is just getting started!"

Sink your teeth into life, not into your relationship with food!

Mary Anne Cohen, LCSW is Director of The New York Center for Eating Disorders and author of three books on healing emotional eating. Her latest, *Treating the Eating Disorder Self,* was published by NASW Press. Visit her at EmotionalEating.org.

FOOTNOTES:

1. https://www.nytimes.com/2021/03/22/health/virus-weight-gain.html
2. https://www.nytimes.com/2020/12/04/well/live/pandemic-weight-gain.html?action=click&module=RelatedLinks&pgtype=Article
3. https://www.nytimes.com/2020/08/08/at-home/coronavirus-weight-gain.html?action=click&module=RelatedLinks&pgtype=Article
4. https://lindobacon.com/HAESbook/pdf_files/HAES_Manifesto.pdf
5. https://haescommunity.com
6. http://lifeafterthediet.blogspot.com/2012/04/power-of-one-by-tamara-richardson-phd.html

Antiracism For Clinical Social Workers
Trauma, Neuropsychology, and Treatment

Webinar overview by Elba Figueroa, LCSW-R

ON FEBRUARY 20, many clinicians like myself attended an educational webinar on anti-racism for clinical social workers presented by Jonathan Rust, Ph.D., N.C.C., Judith White, LCSW, and Thomas Craemer, Ph.D. They spoke profoundly and eloquently about anti-racism, the recurrent themes of race within society, and systemic racism, as well as our individual experiences with racism and how they translate into the work with clients, our perceptions, and our cultural identities. The lectures were interactive, supportive and while virtual, brought us together with a common goal in mind. That goal was to dismantle racism through our personal experiences and our work in the social work profession. Each presenter provided detailed materials, references, and helpful tools to consider and apply to our daily clinical practices.

Jonathan Rust: Cultural Identity

Jonathan Rust defined cultural identity as a sense of belonging that is at the root of our values and worldviews and that molds a sense of self. He explained the impact and power of systemic racism, and the historical treatment of BIPOC communities in the United States. He defined culture, power, and privilege, and proposed ways to challenge our myths. The lecture provided clinicians with the necessary tools to understand systemic racism, health disparities during COVID-19, disparities in mental health treatment, and the clinical implications and consequences to BIPOC communities and white fragility.

There were two breakout sessions of clinicians who shared their own cultural identities, and experiences with structural racism and discrimination. These first-hand accounts deepened our understanding of the lecture's essence and goals. Each session was very impactful and emotional.

The discussion centered on how systemic racism affects our work with clients, and underscored the importance of self-awareness, understanding the client's worldview, and culturally appropriate intervention strategies. The importance of validating our clients' lived experiences was emphasized, as was the need to address their pain by creating a space to examine potential intergenerational racial trauma.

Judith White: Race/racism in the Clinical Setting

This provided a great segue to Judith's White presentation about working with clients, both individually and within a group practice. She discussed the states and phases of white racial identity development: phase 1, the abandonment of racism, and phase 2, defining a nonracist white identity. She addressed changes in the racial climate and how they affect the interplay of therapists with clients in practice, and she explained in vivo through case studies and the use of Jonathan Rust's formulation of cultural identity.

White presented fascinating vignettes of clients' experiences of personal insecurities and inferiorities within their own family structural dynamics and the different patterns of positive and negative feelings toward Blackness.

Thomas Craemer: Implicit Racial Associations

Lastly, Dr. Craemer offered a powerful presentation on implicit racial associations, describing how each of us displays implicit bias based on our mental constructs and influences such as the media.

His personal account of racial bias shed light on the importance of self-awareness. In introducing the Implicit Association Test and then revealing his own test results, Dr. Craemer provided a profound learning experience and an inspiration for us to explore our own implicit bias. He also highlighted how news reports reflect and magnify our biases and assumptions, becoming an ongoing, reinforced cycle. Self-awareness is vital in shaping and interacting in the world around us.

It was inspiring to come together as a clinical community for this webinar, to spend time listening, learning and, above all, reflecting on how to grow personally and professionally. It was exciting to interact with other clinicians dedicated to making change as professionals and trying to build towards more equality and an equitable future.

To sum up my experience, I offer a quote by James Baldwin, "Not everything that is faced can be changed, but nothing can be changed until it is faced." Another thoughtful quote is by Ijeoma Oluo: "The beauty of anti-racism is that you don't have to pretend to be free of racism to be an anti-racist. Anti-racism is the commitment to fight racism wherever you find it, including in yourself, and it's the only way forward."

Elba Figueroa, LCSW-R is a bilingual clinician and a doctoral student at Tulane University's School of Social Work. For the past 20 years, she has worked with various client populations within outpatient and emergency room psychiatry settings throughout the Bronx. She provides individual psychotherapy, trauma treatment, and has worked with substance use and in crisis intervention. She has trained many social work interns, LMSWs, residents, and medical students in the emergency room.

The Clinical Implications of Systemic Racism, Power, Privilege and Culture

For Mental Health Providers in Working with Clients

Presented by ***Jonathan Rust, Ph. D.*** | *Reviewed by* ***Susan Birenbaum, LCSW, MBA, C-ASWCM***

Jonathan Rust, Ph.D., N.C.C.

Dr. Rust began his presentation by explaining the importance of your cultural background and the effect that it has on your cultural identity. He stated that everyone uses the same basis for how we view the world and reality which is formed by how we were encapsulated and socialized. This does not mean that everyone has the same view of the world, only that the method that is used to make these assumptions are the same for every individual.

"Culture: a social construct based on shared history and experience, usually shared geographic locations, including a system of ideas and meanings by and transmitted between a specific group over generations to create and determine a way of life."(Rust, 2021)

People do not have individual views but are more effected by social systems. They are understood to be components of groups or organizations. As mental health providers, it is imperative that we be conscious of the systems which are in play daily in the treatment rooms.

The United States has a long history of very bad treatment of Black, Indigenous, and People of Color (BIPOC) communities which was sanctioned by the government. Examples of these state policies are oppression, discrimination and invalidation/indifference. Their purpose is to ensure that a specific group of people would maintain power and authority in our society. Dr. Rust states that the effects of racial/cultural differences in American society can clearly be seen today in social hierarchies – the ordinate groups which are perceived to be of higher social standing in society. These are the people other groups are compared to. In the U.S., the ordinate group includes:

- White
- European Americans (Anglo Saxon)
- Middle to Upper Class
- Christian
- Cisgender
- Heterosexual
- Non-disabled

The closer someone is to the "ordinate cultural ideal," the more access they have to social, economic and political power. Their advantages come from membership in this select social organization and do not come from the individual. This defines the systems of privilege which in turn manifest in prejudice and discrimination in order to maintain the current social order. Certainly, these actions have profound effects on subordinate groups as seen in the expanding and repressive movement in the U.S. today.

Dr. Rust identified two types of racism:

- Systemic Racism—acts that are continued by institutions and organizations.
- Racist—Individuals and individual acts of discrimination.

The questions he poses are: whose problem is this and who gets to deal with these serious and unfair issues?

It has been known for a long time that the BlPOC communities do not have the quality or amount of medical care they need. This has been especially highlighted during the coronavirus pandemic. Socio-economic issues have exacerbated

CONTINUED ON PAGE 21

Susan Birenbaum, LCSW, MBA, C-ASWCM, is a Licensed Clinical Social Worker, a Certified Geriatric Care Manager, NYS Fiduciary (Article 81—Court Evaluator), and Medicare Provider. In private practice since 2007, she specializes in working with older adults and their families. She also works as an advisor to coop-condos when they are having difficulty with older tenants.

Earlier, she worked for the Postgraduate Center for the Severe and Persistently Mentally Ill and, prior to entering the field of social work, she was a Vice President at Citibank. Her educational background includes the University of Connecticut, B.A.; New York University, MBA; and New York University, MSW. For more information, visit susanbirenbaum.com.

Reflections on Race/Racism Content in Clinical Practice

Presented by ***Judith C. White, LCSW, CGP*** | *Reviewed by* ***Hank Blumfarb, LCSW***

Judith C. White, LCSW, CGP

Judith White, LCSW provided us with an engaging presentation of conceptual, personal, and clinical material. The aim was to further our cognitive and emotional understanding by discussing her own efforts to make sense of systemic racism, ethnic and cultural stereotyping. She described how they have affected her personally, influenced her motivation to act as a change agent, and sharpened her therapeutic instrument in the clinical setting.

This presentation is only one of her significant contributions in exposing the subtle and not so subtle macro and micro aggressions that have not only permeated our society, but also our profession and clinical work with people of same and/or different racial or ethnic cultural backgrounds.

1. The Conceptual:

In the handout, Stages and Phases of White Racial Identity Development *(see figure 1)*, we were offered a model of the process of becoming aware of embedded white identity and its polarized, concrete, unsymbolized (primitive) roots. The journey for whites in this society can be seen as a further separation individuation process. I believe this requires great determination, selflessness and courage.

2. Personal-Professional Experience:

White's narratives were filled with examples of how systemic racism and otherness harmfully impacted her and her family. She also described the discrimination she faced as a clinician who is a person of color. She talked about her passionate involvement as an agent of social change through ongoing writing and presentations.

3. Clinical Work:

White reflected on the intersection of race, ethnicity, and color as manifested in explicit and implicit interactions that took place in Combined Individual and Group Psychotherapy. Her clients are people of different in skin colors who came from varied backgrounds, ethnic and cultural orientations. The combined work dealt with racial stereotypes, transference experiences based on those racial stereotypes, as well as the transference enactments based on family of origin dynamics.

One example of transference to the leader was a female client, a person of color, who expected White to magically understand her because they were both black. Another dynamic often occurring in groups is when group members compete among themselves to be the leader's favorite. In one such instance, two clients of different racial backgrounds explained the imagined favoritism the leader showed to one of them because that client was also black, like the leader. Over time, sibling rivalries in their families of origin were uncovered that were initially masked by racial differences. The group members' initial stereotypical responses to one another gradually moved into the background and the views among members and the leader became more differentiated. White suggested that these interactions provided members of the group the opportunity to develop and build on a more positive sense of racial and cultural identity and heal old wounds.

Like many others, I look forward to future exploration of this pro-social journey with additional clinical examples of this important work, especially in groups with a diverse population.

Hank Blumfarb, LCSW has been working as a psychotherapist, supervisor, teacher and presenter for the past 40 years. His interest is in Evolutionary Psychology and Neurobiology, and "top down–bottom up" approaches inform his clinical work. His practice is located in Manhattan.

FIGURE 1.

STAGES AND PHASES OF WHITE RACIAL IDENTITY DEVELOPMENT

Black and White Racial Identiy. Janet E. Helms – Editor, 1990

PHASE I: ABANDONMENT OF RACISM

I. CONTACT

When Whites become aware of Blacks
CONTACT
— Vicariously
— Direct contact with Blacks

II. DISINTEGRATION

— Conscious, though conflicted acknowledgement of one's Whiteness
— Triggers the recognition of moral dilemmas/conflicts- a state of dissonance
  • Caught between two racial groups
— (a fork in the road) withdraws from interracial or remove Blacks from White environments or attempt to change others' attitudes)

III. REINTEGRATION

— The person consciously acknowledges a White identity
  • Accepts the belief in White racial superiority and Black inferiority
  • Fear and anger toward Black people
  • People can remain at this phase
— Or begins to question racist identity triggered by changes in racial climate- George Floyd, Brianna Taylor

PHASE 2: DEFINING A NONRACIST WHITE IDENTITY

I. PSEUDO INDEPENDENT

— The first stage of redefining a positive White identity
— Begins to question that Blacks are inferior to Whites
— Accepts responsibility of Whites for racism
— Paucity of White models
— May not be trusted by Whites or Blacks
— Searches for a better definition of Whiteness

II. IMMERSION/EMERSION

— Redefining a positive White identity
  • Who am I racially?
  • Who do I want to be?
— Emotional and cognitive restructuring
— Participation in a white consciousness raising group
— White ally group

III. AUTONOMY

— An ongoing process of white racial identity
— Increasingly aware of sexism, ageism

Power, Privilege Continued from page 19

the health risks to these communities. Essential workers do not have the same luxury to work from home as the "ordinate" population does, housing is more crowded, and individuals have to rely on public transportation. Additionally, there is resistance to the Covid vaccine due to a lack of information and historical evidence of societal abuse from the medical establishment.

In terms of mental health services, the BIPOC community is less likely to use these services and the reality is there are fewer services available. The increase in depression and anxiety is under treated and there is a true distrust of the process.

In his discussion of the clinical implications of systemic racism, Dr. Rust advises that white therapists try to understand how systemic racism affects their work with clients in terms of beliefs, attitudes, knowledge and interventions.

It is known that race and culture are always present in the therapeutic process because both the therapist and the client are individuals. Dr. Rust states that both systemic racism and experiences about race are in the room.

He advises white therapists working with BIPOC clients that they must remember client autonomy and self-determination vs. the therapist's ethical and social justice responsibility. In working with clients, it is important to validate their lived experiences with systemic racism and provide psychoeducation on the reality of systemic racism and how it has negatively impacted their lives. Take social context into consideration in forming interventions and create space to examine potential intergenerational racial trauma.

Dr. Rust presented an outstanding analysis and education of what systemic racism vs. racist means for all clinical mental health professionals. I know that I was not alone in my gratitude for his amazing presentation. I look forward to reading some of his clinical writings and hopefully a book on the subject.

Implicit Racial Associations in Black and White

Presentation by ***Thomas Craemer, Ph.D.*** | *Reviewed by* ***Janet Burak, LCSW***

Thomas Craemer, Ph.D.

What do you think, consciously and unconsciously, as a white clinician when you see a Black client/patient or as a Black clinician when you see a white client/patient? These and other questions were beautifully discussed by Dr. Thomas Craemer, via research, neuropsychological and other.

Dr. Craemer, Associate Professor in the Department of Public Policy at University of Connecticut, began by sharing his motivation in studying Black-white racial bias. In his native Germany post WWII, he learned about the Holocaust as part of every school subject. This early exposure evolved into a professional interest in race-related policies and explicit and implicit bias, focusing on Black-white relations.

One of the main points of Craemer's presentation is that racial stereotypes or implicit bias represents the mis-association of Black racial cues with negative constructs. This comes about because our brains, unfortunately, cannot distinguish between useful and harmful automatic associations, which occurs when repeated activation of two connected neurons leads to closer synaptic connections.

The bad news is that anti-Black implicit associations appear to be culturally shared and automatic. They influence non-conscious aspects of our body language when Blacks and whites interact and converse.

Some good news: It may not be necessary to eliminate anti-Black implicit association bias, as some whites show pro-Black implicit racial identification, even while there exists anti-Black implicit association bias.

Can anti-Black implicit associations be reduced? In a review of 30 experimental studies, totaling 47 different interventions, findings showed that almost no interventions had an effect, and some may have increased biases. The only intervention that proved helpful used virtual reality to allow white participants to embody a Black avatar. The cooperative interaction within the virtual reality scenario resulted in a reduction of the implicit racial bias against Blacks.

An important way to reduce anti-Black implicit associations is to fight structural racism. This would stop harmful, racist stereotypes in our shared culture, from being reinforced. Affirmative action programs that increase the number of minorities in leadership positions could change the cultural landscape.

Automatic Preferences

The Implicit Association Test (IAT) was introduced to us. It requires the ability to distinguish faces of European and African origin. Results indicate that most Americans have an automatic preference for white over Black faces. In fact, most IAT respondents – white, Black or other – display a pro-white, anti-Black association bias.

> "In a surprising and memorable moment, Dr. Craemer revealed the results of his IAT test . . . I found this move courageous, helpful and inspiring."

I would have wanted to hear more about the test from Craemer. How long has it been used? Who developed it, and under what circumstances?

In a surprising and memorable moment, Craemer revealed the results of his own test. He had a "moderate preference" for European-appearing faces, more than a "mild preference." He then asked the virtual conference participants what they thought about him sharing his results. The response was totally positive. As a psychoanalytic psychotherapist, traditionally not taken to self-disclosure, I found this move courageous, helpful and inspiring.

Craemer urged us all to take the test, a terrific recommendation, in the opinion of this reviewer, so in keeping with our social work tradition. The test is available at **https://implicit.harvard.edu/implicit/selectatest.html**.

What are the implications for the clinical setting? Craemer reminds us that individuals have more than one kind of implicit racial association. This goes along with what we hold to as clinicians about mixed motivations and mixed attitudes. Now, we can add mixed implicit associations to the mix.

Due to the extent of implicit racial bias, it is important for whites to be on the lookout for it Bias is stronger when there is time pressure, and when there is stress. It is helpful, then, for clinicians to take time in building therapeutic relationships.

Other possible threats to the clinical setting are that Black patients could worry about what white therapists think of them. White therapists may wonder if their Black patients think they are racist. Black therapists may wonder if their patients feel they are qualified.

"Due to the extent of implicit racial bias, it is important for whites to be on the lookout for it. Bias is stronger when there is time pressure and . . . stress. It is helpful, then, for clinicians to take time in building therapeutic relationships."

I would say that there exists a myriad of personal, individual transference/counter-transference constellations for white, Black and mixed raced therapists and patients. Some may feel proud for being in an inter-racial therapeutic relationship, others may feel special affection for one another, while others may try not to privilege or devalue the other, and so forth.

Very importantly, Craemer reminds us to stay open to self-reflection, to shine a light on implicit racial associations. If need be, talk to a colleague or read anti-racism literature.

His rich and careful presentation gives us much to reflect on as we work towards alleviating our own implicit racial associations.

Janet Burak, LCSW is a clinical social worker and psychoanalytic psychotherapist in New York City. She specializes in adults with multicultural backgrounds, relationships, and anxiety and depression. She worked in the New York City Department of Education where she treated children with emotional, family and learning issues. She has been a member of NYSSCSW since 1974.

Our committee participated in the 44th Annual Conference of the International Psychohistorical Association which was entitled *Identity and Conflict in History, Culture and Society*. The following are descriptions of the presentations.

New Paradigm: From Parenting to Parenthood, and Its Neurobiological Vicissitudes *by Dr. Inna Rozentsvit*

THIS PRESENTATION was a part of the panel "Parenting and Parenthood – Four Lenses" of the IPA's Parenting Working Group (M. A. Cotton, B. D'Agostino, F. Snyder, I. Rozentsvit).

Parenthood is the phase of life when one is a parent, a person who is responsible to and for someone else. Different from parenting that includes the many tasks, activities, duties and obligations of being a parent, parenthood includes our experiences and our ways of "being," rather than "doing," and it is the foundation on which we build a nurturing environment for our children. Our children learn how to live their lives by imitating how we embody and embrace our parenthood, or they go 180 degrees in the opposite direction if that embrace does not happen, as we cannot be empowering to our children if we are not empowered by who we are. That is why examining our parenthood and our ways of being – from our roots, our own parents, and the circumstances of our own growing up, our attachment styles, our brain patterns, our mindset – is the beginning of our bright future and the bright future of our children. So, "love before first sight" is not enough, and the bright future requires building new neuropathways and new experiences – by design. (See more here: https://innarozentsvit.com/neurobiology-of-parenting-love-at-or-before-first-sight/)

Conflicts at the Crossroads of Neurobiology and Psychohistory *by Dr. Inna Rozentsvit*

ALL CONFLICTS in any given discipline start with confusion of tongues. The "rules of engagement" in any field of studies, including neurobiology, psychohistory, and psychotherapy, are determined by words and linguistic identifications, and their connections to other brain/mind functions. If a person, a group, professional or social, or a nation does not identify or appreciate this simple concept – then conflict is unavoidable, and often unresolvable.

This presentation touched upon the rules of engagement in the brain-mattered world of us as members of one (human) species and on how each of us – as an individual – ends up having a very unique mind that exhibits different approaches to the same problem or conflict. These rules of engagement include such neurobiological phenomena as neuroplasticity, neurointegration, laterality principle, connectome-based brain mapping, as well as neuropsychological phenomena of affect regulation, mirroring, confirmation bias, mindfulness, and Triune Brain, among others.

Armed with such awareness and knowledge, psychohistorians and psychotherapists can be less prone to confusion of tongues and able to lead others to conflict "resolution" rather than contributing to the existing conflicts.

Sandra Indig, LCSWR/LP, NCpsyA, ATR-CB,
Committee Chair,
psych4arts@hotmail.com

Inna Rozentsvit, MD, Ph.D.,
Neuropsychoeducation Chair,
inna.rozentsvit@gmail.com

Join Us for a Visit to the Louise Bourgeois Exhibition

At the Jewish Museum,
Sunday, July 11 at 10:50 am

Complementary tickets available.

The Committee is also sponsoring a Zoom presentation on Louise Bourgeois on July 25th at noon.

For both events contact Sandra:
psych4arts@hotmail.com

Louise Bourgeois, Freud's Daughter
Perhaps more than any other artist of the 20th century, Louise Bourgeois produced a body of work that consistently and profoundly engaged with psychoanalytic theory and practice as established by Sigmund Freud. Bourgeois considered the act of artmaking a form of psychoanalysis, believing that through it she had direct access to the unconscious.

Creating Meaning Out of Grief:

How to Holistically Create Answers to 15 Common Grief Questions

Presented by ***Anne Marie Grenchus, LCSW, ACPH-SW;*** *Reviewed by* ***Jacinta Marschke, LCSW, Ph.D.***

Anne Marie Grenchus
LCSW, ACPH-SW

Ann Grenchus, an LCSW and philosopher with extensive teaching and clinical experience in hospice, presented to the Mid-Hudson Chapter on Sunday, May 2. She explored the nature of grief and offered an integrated clinical approach to help individuals and families mourning the loss of a loved one.

Grenchus' presentation could not have been more timely or critical. The pandemic has isolated family and friends from the dying and deceased and restricted mourning customs and rites, healing during the normal grief process has become more difficult.

Her presentation was structured around 15 questions/concerns frequently voiced by the bereaved. Using case material, she gave specific intervention suggestions that resonated with these 15 questions /concerns. Her work derives from Svend Brinkmann's "phenomenological existentialism" (2020) and Daniel Siegel's "mindsight" and "interpersonal neurobiology" (2009). Their work offers us a model to understand how the mind operates in general and provides a multi-dimensional approach to help those facing both normative life struggles like grief and other serious psychological and functional problems in living.

Siegel has integrated the science of brain functioning with the common features of other seemingly independent fields of knowledge to arrive at an expanded definition of the mind. Mindsight, his term for the mind, refers to the capacity to be aware of, understand and focus on our minds and those of others. Mindfulness strategies enhance our awareness of the internal workings of the relational and embodied process that regulates the flow of energy and information in the "mind," thus connecting biological, interpersonal and mental functions. When all these dimensions are balanced, stable, adaptive and flexible, one experiences optimal mental health.

Brinkmann extends our understanding of the grieving process beyond that of an intra-psychological process inside the mind. Rather, he views it is as an extended psychological process that is comprised of the bereaved's subjective mental, physical, and emotional experience (which includes relationships and objects) along with elements of his social, cultural, and material environment.

It was only after I was asked to write a review of this conference that I was introduced to Svend Brinkmann's work, *Grief: The Price of Love* (2020). He uses a phenomenological and existential lens to capture each client's unique meaning and subjective experience of not only grief, but also other presenting concerns. Rather than trying to deductively determine whether someone meets the criteria for a specific diagnosis or pre-defined variable, his understanding emanates from the client in an inductive manner. The goal of the phenomenological approach to is to discover the nature and meaning of the personal, social, cultural, and environmental influences that shape the person's experience. Further, the goal is to understand how they view, manage and cope, rather than establishing how they got this way.

Brinkmann coined the terms "embodied mind" and the "ecology of grief" to capture this extended/embedded societal and environmental orientation. The "embodied mind" refers to one's physical body and brain functioning, culture's imprint, and interpersonal elements. The dynamic integration and coalescence of all these influences result in one's unique experience of grief. In contrast, prior grief literature has focused on the intra-psychological experience within the mind and neglected the importance of these other multi-dimensional domains.

Brinkman views grief as a normal and universal process unique to humans because, unlike animals, humans can understand and accept the finitude of death. This in turn enables humans to experience loving interpersonal relationships and the loss of them through death. Brinkman views death as "the price you pay for love." He is critical of the tendency to medicalize the grief process and society's past tendency to de-emphasize and limit the process of mourning. Rather than "moving on in life as quickly as possible," or redirecting your emotional energy from the deceased to others, he stresses the need to maintain an enduring connection to the deceased. With this connection, the bereaved can proceed in life in an enriched rather than a depleted manner. He also notes that successful healing from grief should address the social, material, and environmental elements of the bereaved's experience.

Dan Siegel defines mental health as the result of optimal balance and integration among four dynamic domains: pre-frontal brain functions, secure attachment (interpersonal relationships), mindful awareness, and wisdom. The nine functions of the pre-frontal cortex area of the brain play a critical role in linking, integrating, and orchestrating all areas of the brain which in turn shape emotions, cognition, and behaviors. Siegel (2009) shows how specific physical areas of the brain relate to specific functions and how these functions can be both disturbed by stress (grief, trauma, etc.) or enhanced with mindfulness strategies.

Nine Pre-frontal Functions of the Brain (Siegel, 2009: 137-138)

Bodily Regulation:	Regulates, coordinates and balances all physical systems
Attuned Communication:	Capacity to "tune into" and accurately "read" another person
Emotional Balance:	Monitor and inhibit limbic firing (emotions)
Response Flexibility:	Capacity to consider possible response options
Fear Modulation:	Capacity to modulate feeling of fear and one's response to it
Empathy:	Capacity to assess what is going on in another person
Insight:	Ability to "tap into" past, and be aware of present/future possibilities
Moral Awareness:	Ability to imagine action for the social good
Intuition:	A "gut knowing" about influences, reasons, and reactions to occurring events

Mindsight refers to the ability to be consciously aware, to monitor, and to regulate the flow of all energy and information among the prefrontal functions and interpersonal relationships. Mindfulness practice (Siegel, 2020) is the psychological process of intentionally directing awareness to one's current internal and/or external experience. It is a process that moves our attention away from engrained, habitual responses, emotional loops, and behaviors from prior learned experience to be aware of and observe one's current experience without pre-conceived attitudes. With the increased awareness and openness that comes from regular mindfulness practice, it is possible to influence all nine prefrontal functions, interpersonal relationships, and mental functioning. When these domains are attuned and integrated, they can be flexible, adaptive, and "unstuck" enough to consider new possibilities when the need arises.

The "normal" mourning process is a time of upheaval in all domains. It requires acceptance of the loss, working through the emotional pain, adjusting to living without the deceased and finding an enduring connection with the deceased at the same time as you move on with living (Wordon, 2018).

Creating Meaning Out of Grief: 15 Commonly Asked Grief Questions

Grenchus used 15 questions as a springboard to discuss the issues that arise during the mourning process:

How can I possibly let him/her go?
I know he/she is in a better place, so why do I feel so guilty?
Will I ever figure out how to live this life without the deceased?
Why am I dwelling on this? It isn't like me.
If grief is so valuable, why do I want to get over it so badly?
How can I be anything but miserable on the anniversary, let alone be thankful?
How can I feel honored to be alive? Isn't that a betrayal of my loved one?
I dread the upcoming special day. How do I grieve while honoring my loved one?
But what if the grief never ends?
How could I have killed my mother?
I was fine yesterday but today I am a mess. Why are my moods so erratic?
Why am I only remembering certain things about the death?
What if I never stop crying? Why is my body being crazy?
What if no one ever cares to know how I feel?
Why can't I stop seeing the death?

During the initial contact, the clinician needs to comprehend the phenomenological existential experience of the bereaved, noting which dimensions are center stage for them. You might ask, how does this differ from a typical psycho-social assessment? I think the biggest difference is in one's mindset. Historically, the goal of the assessment was to identify the symptoms, complete a functional/dysfunctional assessment, and take enough of a family history

to understand current resources, dynamics, and possible etiologies.

In Siegel's approach, you assess specific prefrontal functions, attachment security, and the degree of mindfulness. In all, you are sizing up the relative dominance, balance, stability, functionality, and integration of all these elements. Because these functions and related areas of the brain are so specific, it becomes easier to identify intervention strategies.

It is the use of mindfulness strategies and appreciation of the body/mind connection that makes the approach so different from earlier approaches to assessment. From the point of assessment onward, Grenchus sees her role as a co-creator with the client. Together they work through the grief by embarking on a journey that honors one's continued bonds to the deceased and explores new possibilities to create a "new self" and new "world." At the same time, the client must be supported as he/she attends to the immediate and concrete day-to-day life changes associated with the death (e.g., bills, wills, the deceased's belongings).

Grenchus gives multiple examples of mind/body exercises that resonate with prefrontal functions that may be weak, dominant, or overtaxed. Breathing exercises, like "pursed lip breathing," acupressure, and "butterfly hugs" might be suggested to relax muscles, modulate emotion, distract ruminating thinking, lower blood pressure, or calm the nervous system. Meaning-making activities might be explored, like "special day remembrances," memory albums/collages, and anniversary activities. Cognitive/emotional explorations of the death, prior relationships, self-image, or the client's view of the deceased might be pursued to temper irrational guilt or beliefs.

Grenchus offers an approach to working with the bereaved which is strength-based, normalizes the process of grieving, and integrates an intervention approach that honors the mind/body connection. The work of Brinkman and Siegel suits not only work with the bereaved, but with most individuals struggling with life challenges.

REFERENCES

Brinkman. S. (2020). *Grief: The Price of Love.* Medford, Ma.: Polity Press.

Granek, L. (2010). "Grief As Pathology: The Evolution of Grief Theory in Psychology From Freud to the Present." *History of Psychology*, 13, 46-73,

Levine. Peter. (2010). *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness.* Berkeley, CA.: North Atlantic Books.

Siegel, D. J. (2009). "Mindful Awareness, Mindsight, and Neural Integration." *The Humanistic Psychologist*, 37,137-158.

Siegel, M. D., Daniel J. (2020). *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*. 3rd ed. New York: Guilford Press.

Wordon, J. W. (2018). *Grief Counseling and Grief Therapy. A Handbook for Mental Health Practitioner.* New York, N.Y: Springer Publishing Company.

Jacinta "Cindy" Marschke has been a member of the Mid-Hudson Chapter since 1977 and served as the Society's State President from 1984 to 1986. She has a Ph.D. from Smith College School for Social Work and is in part-time private practice in Kingston, New York.

Certainly, there's plenty of temptation on both sides, patient and clinician, to stay with telehealth practice. After all, it is convenient. There is a certain amount of comfort in knowing that you don't really have to get dressed, only enough to appear so on camera, you don't have to commute except maybe from one room to another, and you have full access to the range of services that are available in your home that you don't have at your office. Patients have much the same feeling and though we could have an interesting discussion about respect for the process and the consulting room around this even less concern about appearing dressed for a session. Personally, I can vouch for the fact that patients are enjoying not having to travel to get to a session. I can also attest that some patients are eager to get back to in-person work because there is greater privacy in my office then in their homes, and they don't have to go sit in their car to have some privacy.

Ultimately, in my own personal opinion, it's going to be a matter of our comfort as clinicians and our ability to work with our patients through the transference to return to the office. I know that for myself, I am looking forward to being in person with my patients again and being able to get the full spectrum of the experience of being with them, something that I have sorely missed during this past more than a year. What about you? I've provided questions; hopefully you have more, and hopefully we will individually and collectively find our answers.

Cyberspace Betrayal: Attachment in an Era of Virtual Connection

Presented by ***Mary-Joan Gerson, Ph.D.;*** *Reviewed by* ***Ellyn Freedman, Psy.D., LCSW***

In Gerson's *Cyberspace Betrayal: Attachment in an Era of Virtual Connection* we traverse a broad and diverse landscape of Internet explorations from novel coupling to what may be considered infidelity marked by betrayal, emotional pain and relational disruption. These wounds to the heart, as in the case of non-virtual "cheating," are considered as ruptures in attachment, the splintering of loyalty and mutual narrative often leading to irreparable damage.

However, throughout the paper Gerson poses the question, "should infidelity be defined the same way in cyberspace as in non-virtual affairs?" Does the often suddenness, the shock of exposure, the activity often occurring at home, sometimes in the bedroom, bring distinction to virtual escapades, whether embodied or non-sexual? Gerson contends that virtual liaisons can have a more "addictive" quality as the virtual device may always be available and in a sense provides repeated reward circuitry in the brain.

The possibility of the proliferation of infidelity is explored. As virtual reality expands the parameters of partnering and, as such, provides enormous opportunity to discover new dimensions of the self within experimental dyads, or for that matter, triads and beyond, infinite ways to form human connection emerge. They are initiated by boundless mutual identification on a global scale, for example, political sensibility, unique sexual interest, intellectual discourse or shared experiences of disease or discrimination, stretching the borders of self. The digital stage becomes a venue for lifelong unfulfilled longings, curiosities and imagination. A question then arises: do they enrich otherwise hidden and dissociated dimensions of self? Or do these liaisons mostly carry the potential to gradually corrode the permanency and trust in non-virtual partnering? Are they held as clandestine over time, where fantasy, reliability, and trust are cultivated within some type of solidified bonding, offering refuge to mundane issues confronting couples and families?

We might further ask: do virtual relationships have the same impact if exposed, and can they sustain themselves longer in secrecy because the interactions are mostly done at home? Or do they risk more likelihood of exposure if the betrayed partner has access to a device where the intricacies of virtual relationships are encrypted forever? Is the exposure more sudden when a partner reads a new historical narrative of the affair over many emails, disclosing tender moments in detail? Regarding the virtual sexual realm, more uncertainty arises. For example, does mutual masturbation count as sexual embodiment if the participants never meet? How does the expressed sexual variation impact the sexual relationship with the non-virtual partner? Can it lead to expansion of the sexual experience or diminish it?

Mary-Joan Gerson, Ph.D.

These queries presented by Gerson and acknowledged as only touching the surface of the complexity involved in Internet infidelity provoke the clinician into thinking of boundless clinical dilemmas. Is it a fact that the Internet is becoming a setting for inevitable vital developmental expression that is waiting to emerge, a catalyst so to speak: a field for a coming out, or the birth of a poet formerly confined to a science career, or methods to enhance formerly unexpressed sexual pleasure? Could it spawn a relationship that is accepting, comforting and reliable, thus mastering former insecure attachment patterns? Can it provide relief from oppressive role constriction?

For example, in my practice, a woman in an arranged marriage developed a loving and caring online relationship over years in order to cope with an overriding sense of confinement until she could leave her husband without fear of family abandonment. She never met her online partner in person.

CONTINUED ON PAGE 33

America In Crisis: The Legacy of Lies

Presented by ***George Hagman, LCSW*** *and* ***Harry Paul, Ph.D.;*** *Discussant:* ***Charles Strozier, Ph.D.***

Reviewed by ***Margaret Yard, Ph.D.***

The final lesson of the Influenza Pandemic of 1918 was that "those in authority must retain the public's trust. The best method: distort nothing, put the best face on nothing and try to manipulate no one."

— **John M. Barry,** *The Great Influenza: The Story of the Deadliest Pandemic in History*

America in Crisis: The Legacy of Lies explores with great perspicuity America's state of the nation resultant from the experience and outcomes of the Trump presidency and the continuing "fallout" of that experience.

Our nation continues the transition after the legal election of Joe Biden in 2020 on one hand, while on the other there is a major contestation of this election by Trump. Resistance is codified in the Capital Insurrection of January 6, 2021, as factions of Trump's devoted base and various allied pro-Trump extreme groups participated. Currently, we experience serious re-positioning of the Republican Party regarding voting rights, accuracies, and issues of contestation, each of which adds to the "crisis" noted in the title. Key to the preservation of the democratic process is the critical need to maintain the public's trust. Such trust is currently challenged in the continuing disputes over the legitimacy of Biden's election.

George Hagman, LCSW and Harry Paul, Ph.D. present incisive material delving into the character and dynamics of both Trump and his followers, particularly highlighting Trump's extreme volatile personality, his power dynamics, and the continuing cultish devotion to Trump which, as early as 2017, was identified by 27 mental health experts in *The Dangerous Case of Donald Trump* as creating an unprecedented mental health consequence in the U.S.

George Hagman, LCSW

"Mental health consequence" is crisply detailed in George Hagman's presentation of Trump as a "cryptopsychotic" personality. Inclusive as well are forms of narcissistic personality, e.g., Trump's belief that he is special, possessing exceptional knowledge, foresight and entitlement to success and power. Trump is characterized as a "palpable, incontrovertible narcissist." However, Hagman points out deeper invisible delusional underpinnings to Trump's belief system that he describes as an "invisible delusional psychotic process" defined as cryptopsychotic. Hagman points out that Kohut's differentiation of cryptopsychotic character from narcissistic personality disorder is due to the centrality of delusional thinking and to an "inability to truly empathize with another."

One corresponding irony is Trump's need for his base, which he uses a "mirror for his delusional beliefs." His "base confirms his 'grandiosity' in their adoration and mutual absorption of his delusional claims." Hagman identifies the "collective state of merger" with his base as "wiping away shame" (and) "replacing it with a sense of power and triumphant vindication." As is typical with the narcissistic personality, Trump's grandiosity unempathically cancels identification with his cheering crowds (as they are anonymous to him) and he continues to regard them as "lacking in agency or initiative while, at the same time, he orchestrates and manipulates them." Kohut's 1985 quote fits best: "He melts them into his personality so to speak and brings them and their actions under his control as they were his limbs, his thoughts and his actions."

Cryptopsychotic fantasies of hyper-grandiosity meld special archaic twinship ties with some in the crowd who believe with Trump that they too will be triumphant winners, thereby assuaging their shame.

Yet, Trump's need to win and need for revenge triumphs over his followers' expectations. Despite the temporary respite from shame, life conditions remain unchanged for

CONTINUED ON PAGE 30

his followers (with the exception of those arrested in the Capital Insurrection of January 6, 2021).

Hagman introduces the psychological tool of "gaslighting" as a manipulative inducer for behavioral control. It contributes, on one hand, to the radical loss of public trust and, on the other, to a split nation of subjugated and exploited "marks" which some consider a solid voting block – valuable fodder for Trump's thrust for a second run for the presidency in 2024.

George Hagman, LCSW

"Gaslighting" is essential to creating and maintaining relational control and total influence over victims through mechanisms of psychological abuse. Gaslighting introduces seductive innuendos causing emotional arousal states; these contrived states of being encourage acceptance of false and biased beliefs. The methodology is to "manipulate beliefs," thereby creating a delusional character living within a surround of a constructed world of alternative facts.

The high excitement of group inclusion with a massively posturing powerful leader, plus the high purpose of "Making America Great Again" inflates ego since being attached to a greater object increases self-worth and dispels indigenous shame-based self-identity due to the dependent merger with the more powerful other. Concurrently, it creates a fully dependent vulnerability resting on the whims and timing of the perpetrator.

With gaslighting, the entire modus of control rests with Trump's repeated instructions to his base to disregard the evidence of their own senses and instead accept his blatant denials and repeated lies ("What you are reading and seeing is not what's happening"). This is actually a form of emotional abuse.

A larger (less fanatical) group of Trump supporters, having a long and protracted exposure to him, succumbs finally to Trump's reality, thereby dissociating their own realities. The cause is continuous exposure to Trump's "relentless assault on truth," thereby creating sustained distortions of reality which undermine sanity." This statement mirrors the conflicts, consternation, and painful traumatic responses to Trump's very public, very critical distorted condemning discourse to all those who cross his will. Hagman poetically evokes Trump using "Twitter as his oxygen and lifeline to maintain his lifetime."

Most dramatically and enduringly, Trump lives and promotes "The Big Lie," perhaps emulating Hitler, who speaks of the "seductiveness of The Big Lie over the small lie." The Big Lie, of course, is that Trump is the only possible President of the United States. Any other claim to winning is considered a fraud. This remains the "decided or agreed upon belief" of the larger segment of the Republican Party to this day. This "decision" may have more to do with calculated power dynamics and winning at all costs than reality testing.

Underlying this assertion is Trump's cryptopsychotic system of beliefs, his refusal to admit any defeat. This delusional process supports his actions in his pseudo exile. Corrosive lies continue to eat at our body politic. We remain entrapped in political sectarianism, which continues as the (dis)organizing process for dis-equilibrium. We continue to suffer as a country with angst unrelated to the relative success of Covid pandemic preparedness.

The unwieldy and internal disruption lies at the "stuckness" of our two-party system's inflexibility, especially when democracy is reduced to the unconstrained power plays biasing one party. Therefore, "We continue to deal with lies."

Harry Paul, Ph.D.

Dr. Paul deftly explores the phenomenon of the psychological power of shared mind sets which continues to keep Trumpism alive and thriving, albeit during the reign of our newly elected President Biden. Trumpism remains very much alive in the hearts and minds of fervent supporters who continue to extend an undermining confrontational force of underground unaddressed resentments.

Harry Paul, Ph.D.

Paul employs Intrasubjective Self Psychology (ISP) as a basis of understanding motivation and group process for this powerful phenomenon. He addresses concepts of *leading edge* and *trailing edge*. ISP highlights the algorithmic construction of what psychological power over another consists, and what "belonging" to a group can mean, that is, "finding others who think like me, feel like me." These shared psychological mindsets can be positive or negative depending upon the ethos and belief systems of the group. These are the same concepts used by the Proud Boys, QAnon, and other groups which organize themselves around, in this case, the grandiose persona of Trump.

CONTINUED ON PAGE 31

All humans are motivated by the leading edge, in itself healthy; on the other hand, the trailing edge arises out of trauma. It is characterized by fear, defensiveness, and distrust. We are all aware these are the main elements contributing to chronic trauma in child abuse. Traumatized victims organize themselves by trailing edge defenses, such as grandiosity, where one holds distorted self-fantasies, for example, believing one is "The Greatest Genius." Such thinking protects against feelings of worthlessness.

Donald Trump is a failed trailing edge example creating situations of failed leadership. Trump followers feel dysphoric, discontented, and ashamed, thus privately craving redemption. This creates a platform for "group think," where entrapment is vulnerability to influence. Trump followers report family histories of nascent attachment disorders, lacking in empathy, recognition, and the feeling of emotional congruence. All humans have a basic need for safety, redemption, and relief. They need to be understood, to find something to believe in, including the "belief in a lie," a wish fulfillment which might not be real.

Lying offers an antidote to groups trapped in trailing edges. Psychological vulnerability leaves them susceptible to manipulative leaders; lies or untruths, when broadcast by a President, are exponentially more harmful due to the powerful status of the office.

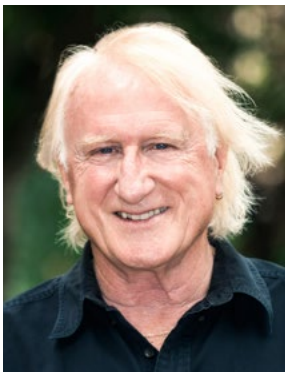
The power of "group think" is that one believes one is understood by like-minded others; this generates relief. Fanatical Trump followers are often those trapped in these edges. The psychological fragility and vulnerability of people drawn to cult groups – to "MAGA as our last great hope" – leaves them susceptible.

Why is it that people accept and believe Trump's Big Lie? Americans experience shattered dreams: experiential failures, system failures, centerpiece racism, distrust, and rage. They find relief and hope in Trump's promise to Make America Great Again. The signs of distrust of the American dream were addressed as early as 2010 by Richard B. Spencer with the launch of The Alternative Right, which espouses white suprematism, populism, anti-immigration, racism, anti-communism, anti-Zionism, antisemitism, xenophobia, anti-feminism, anti-intellectualism, and homophobia, as popularized by the politics of the web forum *4chan*. Since 2014, there has been increased use of trolling and online harassment. The fundamentally paranoid Steve Bannon's website, *Breitbart News*, contributes, while QAnon creates a political stage for conspiracy theories and active insurrection. Trump's tribe continues waiting for a Great Awakening. The Big Lie lives on as a justification for future rebellion.

Charles Strozier, Ph.D., Commentator

Dr. Strozier instructs that a commentator identifies key themes with the purpose of comprehending and suggesting dynamics and analogies which will broaden and inform the larger historical context. He converses with us regarding the psychological climate Donald Trump brings to the table to "take over the table," so to speak. Trump's personality and character alone have been destabilizing enough to require active "exorcism" of his effect on citizens. He begins with an open, informed discussion of such dramatically destructive dynamics and represents in part, at least, the exorcism of the Trump impact. (A possible mental health technique, this writer notes.)

Trump is generally described as having narcissistic behaviors. Strozier offers a philosophically erudite observation: "Trump is more solipsistic than narcissistic." Solipsism is a pre-Socratic philosophy based upon the belief that "*nothing exists*; and that "even if something exists – *nothing is known about it.*" Therefore, for the Solipsist, "objective knowledge is a literal impossibility." This may be the reason Trump feels that *he alone exists*. Trump sees everyone as an extension of himself, eliciting devotion, emotional excitement and requiring adoration. Paranoid leaders project the certainty of the Big Picture, thereby erasing any personal shame for greater gain. Trump alone represents the Big Picture to needy, insecure followers, a portion of whom belong to the cult of Trump: they emulate him, they follow him. On January 6, Trump suggested that they "walk together with him to Congress." Such extortion activated the People's Militia; then Trump suggested teaching Congress "a lesson."



Charles Strozier, Ph.D.

PHOTO OF DR. STROZIER: DONNELLY MARKS

Key themes relate Donald Trump to his persona and to the powerful, dynamic outcomes and results of his behavior on the nation, for example, the construction, maintenance and seduction of his base as a projective means of control and ego reinforcement. To clarify further, cryptopsychotic is not a diagnostic category, but a psychological explanatory model which opens discussion on character and the presidency. Another explanatory factor contributes as well: as citizens, we are deeply imprinted, some of us partially traumatized, through Trump's "occupation" of digital media platforms, his Bully Pulpit, where he has broadcast some 30,000 lies and counting. Strozier points out that

the sheer obscenity of this wall of lies biases the public, as we naturally (physiologically) shield from the overwhelming noxious input.

Demographics don't favor Republicans; more than half the population is non-white. One reason Trump was not elected was that many Independents were more favorable to Biden because he condemned Trump's overglut of lies.

There is a spiritual argument to be made that liberalism has lost its soul. There is an argument that America is stronger free from the shackles of government. Yet, the Conservative Movement is not making these arguments. Instead, it is morphing in an increasingly unhinged direction, populated with violence and paranoid behavior suggested by the recent tsunami of vaunted conspiracies citing improper and illegal votes in selected Republican controlled states.

Strozier states that the "Biden election was appropriate as a long-term conclusion. This political crisis shows some indicators thus far for a healthy democracy," (whilst we continue to live) in a "world adrift in authoritarianism."

Margaret A. Yard, Ph.D., Responder

Slowly, the aura of American exceptionalism wains. The democracy I felt (perhaps naïvely) as a "a forever" feels fragile. As a nation, we are recovering from over 16 months of harboring in place because of the Covid pandemic, where states (and countries) responded differently, where there was uneven advancement, uneven pockets of denial and, in some places, dangerous lethality. We have lived under chaos and the strain of Trump's official denial of the U.S. death toll, now over 600,000.

As we are removing masks and walking out into safety (with rational precautions given conditions), we hear evocative phrases: healing the rifts, binding the wounds, repairing the systems, re-uniting the traumatized immigrant children, and restoring a damaged national image. Some of us sense a fatal, clinging fatigue, a woundedness, a continuing listlessness, an underlying inhibitive fear repressed for so long that, even with the "opening up" and release into anticipation of a return to normalcy, indirect traumas could be resultant from the over-saturated Trumpian exposure. Only future mental and public health studies will tell.

A soft totalitarianism floats across swaths of the U.S. (no longer a "united us") that divides into split ideologies and savage word wars. The split lies between the traditional establishment (GOP) and progressive libertarian ideologies. For a portion of us, democracy seems vulnerably at stake the longer Congress remains impacted, and the GOP blocks all proposals.

For clinicians, character studies in personality inform the psychodynamic of psychopathy. "The psychopath suffers a 'fundamental dis-identification with humanity; the dominant idealization of the self is that of predator; the dominant idealization of the object is one who will perfectly serve the interest of the psychopath (often as prey)." Kernberg (1995) views psychopathy as a subset of narcissism, in which the grandiose self defends against dependency and shame. As early as 2017, 27 psychiatrists and mental health experts felt, without APA endorsement, they had the "duty to warn," and hundreds of articles and commentary were written, including 94 books just last year about "the Trump Effect."

No doubt exists of Trump's legacy of contributing to America in crisis; however, despite his looming, brooding presence, America's blindfold is partially off. We are still "working through" the political and structural price to be paid for giving license to pathology without safeguards. We need a curative relationality as well as safety, held in the arms of a generative stewardship. We each deserve a regenerative hope, not only for our country, but for the world.

Footnotes are available from author upon request.

Contact **margaretyard@icloud.com**

Dr. Margaret Yard is a psychoanalyst, sociologist, and scholar in the "precarity" of life, relational psychoanalysis, neuropsychoanalysis, and trauma. She is a poet, writer, librettist, and playwright.

NOTE: Julie Bondanza, Ph.D. was another distinguished speaker at the conference. Her presentation, *Construction and Destruction: The Opposites Converge in Secrets and Lies*, will be reviewed in a coming issue.

HEADQUARTERS UPDATE

After a crazy year, it is so nice to see some normalcy on the horizon. TMS is back in our office finally. The pandemic taught us all to improvise and be ready to learn new things quickly.

With that being, said we are proud to announce that we have had 26 programs held virtually. The virtual programs were well attended with terrific presenters. It was a learning experience for all for sure. Hopefully, the fall will bring the opportunity to be together in person or in a hybrid setting.

This summer, we plan to do some updating to the website and social media platforms. We would also like to help members to update their profiles.

We hope you all enjoy the summer months and look forward to better times ahead.

Kristin

Kristin Kuenzel, *Administrator*
Jennifer Wilkes, *CMP*
Concetta Tedesco & Debbie Crusco, *Admin. Assts.*

New York State Society for Clinical Social Work
c/o Total Management Solutions, Inc.
55 Harristown Road, Suite 106
Glen Rock, NJ 07452

Tel: 800-288-4279 | **Fax:** 718-785-9582
E-Mail: info.nysscsw@gmail.com
Website: nysscsw.org
Facebook: facebook.com/NYSSCSW/info

Cyberspace Betrayal Continued from page 28

Additionally, in my practice I find that a recorded online narrative of an emotional or torrid Internet relationship, when discovered, is much more painful and compelling. In one case, it led to a woman's attempted suicide by threatening to jump off the top of a building, only to be rescued by her husband.

I agree wholeheartedly with Gerson that the Internet has infiltrated the clinician's practice with enormous challenges, at times leaving us with "ambivalence and ambiguity," as well as moral dilemmas involving transparency. Gerson's presentation has prompted me to conclude that when betrayal causes hurt and emotional trauma, it does not matter where it occurred, whether on or offline. Often the online explorations must be terminated for the preservation of the relationship if the multi-dimensionality of the self that was engendered in the virtual world can not be integrated into the non-virtual relationship. As therapists, we have come to realize the delicateness of our role as navigators in this process.

Ellyn Freedman, Psy.D., LCSW is a supervising and training analyst at the Institute of Contemporary Psychoanalysis in Los Angeles. She has a special interest in psychoanalysis and couple therapy. She has published articles on complexity theory, couple therapy, and culture. She maintains practices in New York City and Miami.

ACE FOUNDATION | *By Marsha Wineburgh, DSW, LCSW-R, ACE President*

We are very pleased to announce that Arthur Gray, Ph.D., a psychologist, supervisor and lecturer in individual and group psychotherapy, has joined the ACE Board. We look forward to the contributions of this experienced practitioner to our planning and programing.

Plans continue to develop our website and improve our brand recognition across the mental health community, both in New York State and across the country. Among other initiatives, we will be launching an ACE Facebook page.

We are awaiting a response to our application to the State Education Department (SED) for approval for offering Psychology CEUS. Pre-Covid, it could take up to three months for a response.

Utilization review of our programs seems to indicate that having fewer education programs per year increases attendance for Zoom meetings. Half day programs are particularly well-attended.

NYSSCSW

On-line Licensing Study Group

This group is appropriate for individuals studying to take both the ASWB Masters Exam and the ASWB Clinical Exam. A free study group for members only, it meets once a month via Zoom for 1½ hours. Members can register on our website.

For information about joining NYSSCW go to:

www.nysscsw.org/benefits-of-membership

Monthly Mentorship Group Program

FOR SOCIAL WORK STUDENTS AND NEW GRADUATES

The Barbara Bryan Mentorship Group Program is designed to help social work students and new graduates cope with professional life before and after graduation.

Mentorship groups are small and meet once a month. They are led by senior licensed clinical social workers. They provide both practical and clinical information about our evolving field.

At monthly meetings you will:
- Get help planning your career.
- Get information and support for job searches.
- Participate in case discussions.
- Review professional ethics.
- Learn about options for further training.

Participation in the program is FREE with membership in the New York State Society for Clinical Social Work.

Student membership (for students and new graduates) is $48 a year for the first year.
A $5.00 fee is charged per group for non-members.

For more information, contact the Met Chapter Mentorship Committee Chair, Chris Ann Farhood, LCSW at 212-582-7326 or **chrisfarhood@yahoo.com**

NYSSCSW CHAPTERS:
Metropolitan (Met), Mid-Hudson, Nassau, Queens, Rockland, Staten Island, Suffolk, and Westchester.
New group forming in Brooklyn.

New York State Society for
Clinical Social Work, Inc.
55 Harristown Road, Suite 106
Glen Rock, NJ 07452

Connect → Participate → Grow

Join the New York State Society for Clinical Social Work Today!

We are a community of highly trained clinicians committed to maintaining standards of professional education and practice in clinical social work psychotherapy. We provide mental health services in a variety of settings including private practice. Join us and network with LCSWs, LMSWs, MSW students, institute candidates, and other mental health professionals.

→ **Advance Your Professional Education** • *Continuing Education Programs, Conferences, Peer Consultation*

→ **Advocate for Clinical Social Work** • *Lobbying, Coalitions, Legislation, Practice Management*

→ **Build Professional Networks** • *Mentoring, Study Groups, Teaching, Job Listings, Referral Opportunities*

→ **Collegiality & Connections** • *State & Chapter Events, Committees, Listservs, Website, Facebook, Newsletters*

***For more information please contact our office at* info.nysscsw@gmail.com**

www.NYSSCSW.org | 800-288-4279 | info.nysscsw@gmail.com | www.facebook.com/nysscsw/info