

In this Issue:
President's Corner
A Conversation with
Jack & Kerry Novick
Editor's Notes (Page 2)
Speaking of the Devil(s)
(Page 7)
Child First (Page 8)

Developmental Lines

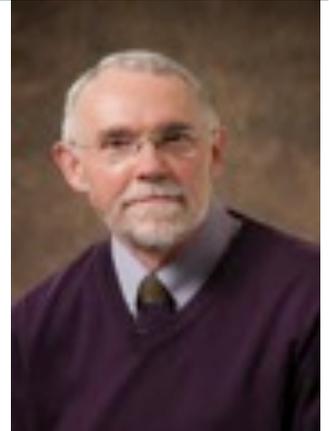
May 2016

Dear Colleagues,

We are very pleased that this edition of our Section II Newsletter features a focus on the important topic of "working with parents." Particularly, we are grateful to Kerry and Jack Novick who graciously consented to be interviewed by Susan Goodman so that we might include their reflections and thoughts about this topic, one to which they have committed much of their thinking and writing over the past several years.

In this context and as a way of providing additional thoughts, I want to share with you something of my experience of training and working for many years at the Hanna Perkins Center for Child Development in Cleveland. I do this because it was at Hanna Perkins that a very particular form of parent work, "treatment of the child by way of the parents," was developed and has long been practiced in work with children of preschool age.

First a bit of background. Hanna Perkins was founded in 1951 by Dr. Anny Katan, a childhood friend of Anna Freud. "Dr. Anny" as she was known to her colleagues and students, completed her analytic training in Vienna prior to the war and came to Cleveland afterward with her husband Dr. Maurits Katan, also analytically trained. While her husband spent the wartime hiding in a barn outside of Amsterdam, Dr. Anny was able to remain in the city and there she was sought out by mothers to assist them with their children who were frightened by the bombing raids. **(Continued on Page 6)**



**President's
Corner**

A CONVERSATION WITH JACK AND KERRY NOVICK



Interviewer: Susan Goodman, LCSW

Jack and Kerry Kelly Novick are noted child, adolescent, and adult psychoanalysts who trained with Anna Freud and were the founders of the Allen Creek Preschool in Ann Arbor. They are Training and Supervising Analysts of the International Psychoanalytic Association, and on the faculty of numerous psychoanalytic institutes. Together, they wrote "Fearful Symmetry: The Development and treatment of Sadomasochism" (1996) reprinted in paperback in 2007; "Working with Parents Makes Therapy Work," (2005) "Good Goodbyes: Knowing How to End in Psychotherapy and Psychoanalysis," (2006). "Emotional Muscle: Strong Parents, Strong Children," (2010) originally written for parents and teachers, is now being used as a developmental textbook in psychoanalytic, social work and residency trainings.

Recently, the Novicks discussed their model of concurrent work with parents of children and adolescents. What follows are edited excerpts from my conversation with them. **(Begin reading interview on Page 2)**

A Conversation with Jack and Kerry Novick

Susan: Both of you originally trained at the Hampstead clinic with Anna Freud. Can you tell me about how the model of concurrent parent work started and evolved?

Kerry: The general format at the Hampstead Clinic was not for therapists to see parents of children concurrently. But we each had cases where it worked to do that. So we had the germ of the experience way back, when we were in training, but we weren't conscious of it then as an alternative model or a different way to do analysis.

Jack: Looking back at it, with Anna Freud, that might have been the official position-- that work with parents would go to another worker. But she was also very flexible. In my first case, I saw the parents of a three-year-old child and there was no question about my doing so. Looking back, we saw that the cases where we worked with parents really turned out well.

Susan: Was that all ages?

Jack: Yes, all ages.

Kerry: That early experience was one of doing what was clinically sensible and useful. In 1977 we moved to Michigan, where we were involved in setting up the Child Analytic training in our institute. As supervisors, we were finding that many of our students were losing cases when it shouldn't have happened. We looked in depth at the details of the situations, and what kept jumping out with these cases wasn't intrinsic to the child or diagnosis but really had to do with issues for the parents --(such as) their views of the meaning of treatment, anxiety, competition, parental pathology, and externalizations. Simultaneously, we were involved with several psychoanalytic pre-schools, where various models of work with parents were being tried out, and data gathered. Out of all this, we began to generate a model and rationale. We weren't necessarily doing work that people hadn't always done. But they'd done it as if it weren't legitimate. Or they didn't talk about it because it wasn't considered kosher in some way.

Susan: Maybe people struggled with maintaining the boundaries between the two. Could you talk about how you develop a frame for beginning treatment? How you explain the way you work to a family?

Jack: One of the big suggestions we make during an evaluation is that once it's clear the child will come into treatment we present to parent and child the idea that treatment has dual goals. First, it is to restore the child's progressive development (put in the child's own language and understanding.) But also to maximize the parent/child relationship, to help it become more supportive, and potentially a mutual resource lifelong. We emphasize with the kids that they're going to be your parents forever, so we need to work together and help them be the best parents they can be.

Susan: What about when you do an evaluation for a child and the problem lies more with parents? **(Continued on Page 3)**

EDITOR'S NOTE.

Developmental Lines is the newsletter of Section 2 (Child and Adolescence). Child and adolescent clinicians who practice psychoanalysis and psychoanalytic psychotherapy and researchers, offer a unique lens: A developmental perspective with a sense of ongoing/parent child issues; the dynamic interactions between them, and the child/teen's internal world.

The articles in the Spring 2016 issue of Developmental lines, each, in their own way, describe approaches where the clinician must, in Anna Freud's words, stay equidistant from the child or adolescent and the parent.

We welcome your comments about these different parenting models and will devote a section to your responses in the Fall 2016 issue. In addition, consider posting on Section 2's List serve. Be on the look out for an email blast announcing a listserv discussion on working with parents. If you aren't already a member of Section 2, please do join by filling out the membership form in this issue or contacting Virginia Shiller (Virginia.Shiller@yale.edu)

Developmental Lines is here to support our members' professional development. I invite you to contact me with your ideas, submissions and news.

Susan Goodman, LCSW
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A Conversation with Jack and Kelly Novick (continued)

Kerry: If the difficulty is more with the parents than child, we wouldn't treat the child, we'd treat the parent. Often when parents come for an evaluation, we don't start off immediately meeting with the child. We often spend weeks or months working with the parents. Sometimes we can clear up a lot and discover that things are back on track. Or, we've gone as far as we can through the parents.

Jack: And the child has his own source of pain, feelings and inhibitions, inside the child. So this is shared with the parents. I may say, "we have done as much as we can but your child is still unhappy, so I need to work with your child."

Kerry: They feel so much more effective as parents, because they've been able to resolve some issues through their interventions.

Jack: As you continue to work with parents, you make sure they understand you aren't getting rid of them. I say, "We will continue to work, but I will also work with your child." For example, sometimes there's some family secret. A child knows something is being held back. Then I'd work with the parents, helping them be brave enough to share the secret with the child. Or there may be a whole shame dynamic for the child, due to a tyrannical superego. The child may be terrified of parents finding out. We work on why the child is so frightened, what the child thinks the parents would say or do. And that becomes a window into the important therapeutic work of the distinction between the reality of the parents' response from the child's conscience, which is often much meaner than the actual parents.

Susan: What about with adolescents—beginning, middle and late? How do you think and talk about concurrent parent/teen treatment? For example, if it's a 14-year-old who wants privacy and more autonomy?

Kerry: We describe it the same way, and we discuss the big distinction between privacy and secrecy. We say "Privacy" is a given. Everyone's mind is private. No one knows what someone is thinking and feeling unless that person shares it with them. Part of the work is helping parents and children feel more comfortable sharing their inner lives with each another.

Jack: "Secrecy," on the other hand, is a motivated withholding. Secrecy is trying to keep something away from someone else because you have some anxiety about it or some agenda about it, and that's always a power dynamic.

Kerry: I generally meet first with mid- to late teens. I say to the parents that the young person and I will be talking about the situation, and will also include conversation about how to bring their parent into the picture. Then with the kid, there is a natural inclusion of "Did you share that with your parents? What was your parents' take on that?" ... There are various ways to keep parents present in our minds. Then, along the way, as patterns or connections or issues start to become clearer, we talk together about how to help parents understand our evolving thinking about the situation and what we think might help. Then we talk about my meeting with the parents and that's when I ask the kid for her ideas about how to structure that — do we want to meet all together? Or just me with parents, in which case the teen and I plan it, but the actual meeting is me and parents. My experience has generally been that most kids are happy to NOT be there. Only the very distrustful or high-conflict situations seem different - the occasional kid really doesn't want me to see parents at all, but most are relieved.

Susan: How about with late adolescence and emergent adulthood, college-aged kids?

Jack: It's more a practical thing and it depends on the teen. But I like to say I want to talk with the parents, and hear their perspective. I also sometimes suggest that they sit down with a parent to do the developmental history form together. Often, they learn a lot they never were aware of when filling out the developmental history form together.

"We want to communicate the idea that they're your parents and part of your job as a young adult is to transform your relationship with your parents; it's not about leaving them. Growing up is not about separation. It's about being a separate person."

Jack: We say "both you and your parents have to accept you as a separate person. You will find your own voice. And your parents will have to be able to hear your voice and respect it. And if they don't approve, they can talk with me about that."

Kerry: We don't accept what is really an Anglo-American idea that adolescence is a time of rebellion, secrecy, a time of physical separation.

Jack: This topic is most controversial: that adolescence is a time of secrecy and rebellion: 'Don't come into my room, don't read my emails.'

(Continued on Page 4)

A Conversation with Jack and Kelly Novick (continued)

Kerry: Here in Ann Arbor, where there's a major university, we see a lot of late adolescents. You find this paradox: There is this cultural fantasy that somehow at 18, we send them out into the world and think, "You're grownups now and we parents are not supposed to mix in." They are really left alone with this whole idea of "I don't want to know, as long as you're having a good time." And yet, with the advent of cell phones, many college kids are talking with their parents 6-7 times a day instead of the dutiful weekly phone call.

"There is a paradoxical challenge to development in that age group that we aren't really facing as a culture. That's because of the assumption of this notion that adolescence is supposed to be a time of separation rather than a time of transformation into a relationship between autonomous grown ups."

Jack: So we do work with parents, even of our late adolescent patients. Frequency tends to vary. And it depends on the situation and how problematic their relationship is. We may start out with many conversations with parents and it may diminish in frequency as late teens carry more communication to parents, and grapple with things themselves. We often find towards the end, either the kid or parent may request more parent work because everyone gets nervous. It's not part of the conventional wisdom in American psychoanalysis with late adolescents, but we've found clinically we can just get better outcomes. It pushes us to rethink theory and technique.

"It's landed us squarely at looking at what is really going on in adolescent development. Exactly when kids need grownups, they may only have a peer group as a resource, which deprives them of support, wisdom, experience, containment, and information. Kids need grown ups in their lives, not just peers. We shouldn't drop them into a pool of peers just when they need us as well."

Susan: Yes, at a most vulnerable time in their life. So as you're redefining the adolescent phase, you also redefine this phase of parenting?

Kerry: They still have a big job to do. It's a very hard job for parents to transform their relationship, just like it's a hard job for kids. During adolescence, you're transforming the proportions of privacy, autonomy, responsibility but it's not either/or.

Jack: Can you think of another phase in development from infancy on where you absolutely cut yourself off from a lot of interaction with grownups, and from your parents? As an adult if you have a question, doubt, or have something serious going on, you have other adults to talk to. But for a teen, if something is going on, she has no one else to look to but her peers, who are as limited and as confused as she is. In adolescence they tend not to go to parents unless there's something wrong, if they're depressed or anxious. Or they may go to the health services.

Kerry: When older adolescents haven't had the benefit of parents who are involved, it manifests as being incredibly anxious, or incredibly indecisive, or overwhelmed. They're so stressed, because no one is serving those auxiliary ego functions and they don't feel they can internalize parents and have parenting functions inside, because that's babyish and they are not being independent. So they don't know how to be good parents to themselves which is a developmental task of late adolescence.

Kerry: The whole idea of parent work in clinical work with children and adolescents is to raise everyone's consciousness and discover the sources of pleasure and mastery in being available to each other in every phase of development in a new way; so you are just as close, but you are as close at a new level.

Jack: What's interesting clinically is that often with older adolescents and college students, you find yourself being parental. That's one reason why CBT is so popular; you get practical and matter of fact. The kid comes in overwhelmed and you wonder how he's handling assignments. You ask how he's breaking down assignments. That's a parental job. I am thinking of a college student whose father is a top manager. His work is organizing hundreds of people, but he doesn't speak to his son about these things. The only way to stay connected to Dad for this boy is to break down -- it's a mutual idea of failure. So I say, "How come you don't ask your dad?" Like, "Hey dad, do you have any ideas about how I can organize my work?"

Kerry: An area we haven't touched on is the resistances to parent work from within the field and in the history of the field. The main thing, Susan already brought up, is the Privacy/Secrecy/Confidentiality aspect. The other big objection to parent work is that they think it will destroy the transference in the child and adolescent's treatment. The example Jack is giving is that you feel yourself as an analyst giving a dose of reality, common sense, organizing the mental space, organizing the tasks. Those are parental functions. There's an overlap there: between ego support and education that parents do and the potential in treatment for ego support. But if you think psychodynamic clinical work is only about transference, then you have a problem, because then you think this is illegitimate. If you think of the therapeutic relationship as having many more facets than just transference, that it includes the real relationship, being a developmental object, as well as the transference, then you can find a legitimate place in your technique for all different kinds of interventions.

(Continued on Page 5)

A Conversation with Jack and Kelly Novick (continued)

Kerry: Parent work opens up a larger topic, which is what is the quintessential nature of the therapeutic relationship? People talk about transference as something we make happen and nurture, as if it's a fragile flower. Whereas our view of transference is different. Transference is going to come into the treatment no matter what. Transference is ubiquitous. Parent work doesn't stop the child's transference.

Jack: When we talk about concurrent work, you begin to see that, as something moves within the child, you find corresponding movement within the parents. Or if something shifts within a parent, the kid can move forward. There's a very powerful on-going communication between parent and child that they are not aware of. For example, quite often the parent and the teen use the same defenses.

Kerry: That's the most common.

Jack: Take externalization. You find yourself saying to the teenager, "You know, your mother does the same thing and you talk to mother and say, "I notice, you tend to find fault outside and blame others. You know your son does that too; we're working on that now. I asked his permission to talk to you about this, and he said fine. Then they can both talk to one another and instead of blaming we see what they can do about it."

Susan: What about parental guilt? What if you were to say something like that to a parent, and they feel so responsible.

Kerry: I think that's one of the major components of parent work. There are a series of shifts and one is from guilt to usable concern, where they take responsibility for having done something or been a certain way. But they can't go back and rewrite history so what will they do about it now? Guilt is counter-productive, useless...not a good motivation.

But a big part of parent work is dealing with guilt, shame, and feelings of failure and kinds of anxiety. And sometimes it's all put on the kid. As the work progresses and everybody's role gets elucidated, it can be painful for parents. Then there is the working through; how to come to terms with what happened. For example, a mother thinks, "I did have screaming rages with my preschooler. And that terrified her. I feel bad that I lost it when my child was little and now I'm trying to get a handle on it. So a parent can say to a kid who has a meltdown, "I know how hard it is for you when the feelings get so big. Because, as you know, that happens to me sometimes too. I am trying to figure out other ways to use my feelings instead of blowing up and making others unhappy. So we will remind each other." It becomes a kind of enlisting of the parent in the service of the child's needs and the child in the service of the parents' needs. Which is really only possible when you have the DUAL perspective.

Of course for the analyst, this kind of work is tremendously complicated. It's all very nice to have this dual model, but the reality is that it's messy and hard. And we have our own conflicts, biases, and resistances in the process of doing parent work. Everyone does. That's one of the reasons people don't do it. We talk about this in the first chapter of the "Parent Work" book.

Kerry: *"I'm struck with how hard it is with supervisees when they feel pulled to the kid's side or the parent's side. One is juggling multiple therapeutic alliances. Anna Freud talked about trying to stay equidistant between id, ego and superego. In child and adolescent work, we talk about staying equidistant between parent and child."*

Sometimes we see a parent who does something appalling. And you think, how could he/she do that to the child. Of course there are times when you feel judgmental, identified with one party or another or helpless, because no matter how much you've talked about something it still happens.

Susan: How would you work with a parent with an issue you've gone over and over and the shift isn't made?

Kerry: I could imagine myself saying to a parent something like "...I felt myself wondering when we talked about that incident, whether it was different in some way from the other ones we talked about, where you found a different solution. What made this one so much harder? We have talked about this so many times, so I wonder what was going on inside that made it harder for you this time?"

Jack: One of the things that working with parents does is make one empathize with parents, getting past the initial blaming and competing we do with parents. A child or adolescent therapist can fall into the trap often of thinking, "Oh my god, how could you do that?" Many students fall into the pattern of aligning with the child and thinking, "I am going to rescue you from those terrible parents." And you have no empathy for what they are going through moment to moment.

By working with parents, it makes you think about the parents. For example, say a parent had cancer, and she thinks she was a bad mother, and she wasn't there for the child. I might share with mother "You were in this terrifying position and, when you're anxious, of course you can't focus on someone else."

Then with the adolescent, I can talk about what she experienced as a kid when her mother was so anxious. And say, "You didn't know she was anxious. You thought she was disappearing." And I find out what the kid's theory was about what happened. **(Continued on Page 6)**

A Conversation with Jack and Kelly Novick (continued)

Kerry: *"The family narrative gets revised and integrated so it becomes a family narrative that's emotionally true for everybody rather than each having their own version."*

Susan: How can this training be expanded to reach more people?

Kerry: We teach in a lot of places and we try to write about it. The parent work book has been translated into Italian, German, Finnish, and Hungarian. As theory changes these ideas will be more self-evident. If our theory of adolescence gets more realistic then it will trickle into this area as well.

Jack: *"This kind of work makes it easier on the therapist, because you aren't totally responsible. What happens is that therapists often take over the responsibility of the child, especially in adolescence. They don't include, even in their thinking, the parents. Then they have the whole responsibility. If the kid is suicidal, cutting, you're staying up nights, worried."*

Kerry: As Jack is saying, working with the parents, you feel part of a team. And then you aren't carrying the whole burden yourself. And it makes us not so alone in the world."

Susan: Indeed!

Susan Goodman, LCSW, is a child, adolescent and adult analyst who has private practices in Manhattan and Westport, CT. She is the Editor of "Developmental Lines" and is on the Board of Section 2.

President's Corner - Tom Barrett (continued)

As noted by Elizabeth Dauntton (a child-analyst trained by Anna Freud and recruited by Dr. Anny to the training faculty at Hanna Perkins in the mid-1950s), in an unpublished paper presented to her Hanna Perkins colleagues in June 2011, "Dr. Anny's belief that treatment via the mother could play an important role in a therapeutic nursery school was based on her experience of work with mothers in Holland in the late 1930s. She recalled how she responded to a mother who had traveled for three-and-a-half hours to see her, requesting that she would see her four-year-old daughter. (Dr. Anny) proposed instead to work with the mother and her success in this case encouraged her to work with other mothers in this way."

It was of course Freud who first worked with parents on behalf of their preschool age child when he met the parents of "Little Hans." (Freud, 1909). As Freud understood then and as Erna Furman (a child analyst also trained by Anna Freud and recruited to work at Hanna Perkins) noted, "One of the basic premises for such work is the unique relationship between the mother and her under-five, an interaction characterized by an unusual mutual unconscious closeness... With the onset of latency the child's personality structure changes and his relationship with his mother loses these earlier striking qualities" (Furman, E., 1957, p 250).

Furman and other authors¹ recognized that prior to the onset of infantile amnesia, the preschool-age child not only has greater access to preschool memories but borrows on the memories of his parents, his mother in particular, to make meaning and gain understanding and mastery over the emotionally laden experiences of his early life. It is for this reason that, if parents are available to work with a therapist on behalf of their child, therapeutic efforts are greatly facilitated.

In a long out-of-print text, *The Therapeutic Nursery School*, edited by Robert Furman (Director of Hanna Perkins from the early 1950s until 1990) and Dr. Anny (1969), therapists working at the Hanna Perkins School detailed how, in lieu of working individually with the children enrolled, they met weekly with the parents of all of the children in the school and along with weekly observations in the child's classroom and weekly conferences with the child's teacher, someone with whom parents had daily contact during drop-off or pick-up times. In this way, treatment via the parent model was a team effort that included parents, therapist and teacher. As ideas formed regarding what lay beneath or contributed to a child's troubles, parents were supported and encouraged to talk at home with their child in a way that could lead to insight, understanding and eventual working through.

Erna Furman wrote at length about the treatment via the parent model used in the school and of the particular importance of the work with parents.

"The work with the parents aims at: (1) helping the parents as educators (furthering all aspects of ego development, lending age-adequate support to the child's ego in dealing with internal and external demands); (2) enabling the parents to help their child with conflicts between the child and his environment (external conflicts); (3) helping the parents to do therapeutic work with their child when the child has not internalized conflicts, whether these are phase-adequate or not. The successful pursuit of these aims also implicitly results in an improved and strengthened parent-child relationship" (E. Furman in Furman, R. and Katan, A. 1969, p. 68). [\(Continued on page 7\)](#)

President's Corner – Tom Barrett (continued)

Erna Furman articulated three essential aspects of how one might assess parents in the context of parent work.

1. **Parenthood as a Developmental Phase:** Borrowing on the concept introduced by Benedek (1959), the essential point to evaluate as one progresses in the work with a child's parents is the reliability of their capacity to put the needs of their child ahead of their own – a capacity that might differ between the parents and might be more or less reliably available in each, from one time to another based on the stressors they encounter.
2. **Motivation:** Here one assesses the degree to which parents are able to feel distress and concern (Furman used the word “guilt”) when their child's development is challenged or impaired. Furman asserts that what is important is to “assess the presence of available motivating guilt and its relative prevalence over other forms of pathological guilt or narcissistic injury” (E. Furman in Furman R. and Katan, A. 1969, p. 72). In our work at Hanna Perkins we came to refer to this as “useable guilt.” Admittedly, some find this term off-putting but in conversations with many parents over the years, I have noted how they in fact refer to feeling “guilty,” even when they know it is not rational, when their child is hurting or suffering. The point is to distinguish between those parents who can use this feeling to motivate their support of their child in the therapeutic process versus the parents who want either to “turn over” the child to the therapist and have no further involvement or, to the other extreme, are too guilty or narcissistically wounded to allow their child to receive help.
3. **Capacity to identify with the “aims of the work:”** This leads to the third aspect of parental assessment identified by Furman. If parents are sufficiently in the phase of parenthood and if they are adequately motivated by their distress over their child's developmental difficulties, it should follow that they will be able to participate in and support a “working relationship” with their child's therapist. This would apply to an initial evaluation, developmental guidance work (including “treatment via the parent for a preschool age child), as well as a recommendation for individual treatment, should that be recommended. By contrast, one should be aware of the parents who, during meetings scheduled to discuss their child, seem only to be able to talk about themselves, including those parents who seem to wish that they could be the ones in treatment with their child's therapist. In such instances it is important to sensitively support the parents in finding their own therapist.

One last caveat we all strive to remember when working with children : It is important to notice and resist the temptation periodically felt by all child therapists to “become the better parent” of the child with whom we are engaged in a treatment relationship. No matter how problematic – or even abusive – a parent-child relationship may be, a child's relationship to his or her parents is psychologically meaningful and powerful and must be carefully respected lest a “loyalty conflict” develop within the child.

While I fear that I have included more in this “President's Message” than is typical, I hope you find these “reminder” points useful. I know that in my teaching of graduate students in psychology and social work, I have consistently received feedback that they are grateful to have help thinking about how best to assess and work with the children referred to their care. I trust all our members of Section II will find it helpful to revisit and consider these ideas that are so central to our work.

With best regards, Tom

Speaking of the Devil(s)

By Francesca Schwartz, PhD



There have always been outsiders :demons, witches, hysterics. Shall we add the Psychoanalyst? What about the adolescent? Indeed , the outsider comes to embody the psyche in its darker, more disruptive aspects, speaking a cryptic language from an invisible place. Freud warned us about this alien part of ourselves when he noted that, in discovering the Unconscious, he was “disturbing the peace of the world.”

The Psychoanalyst is resonant with this subterranean world, but what happens when he or she leaves their chamber and enters the secular world? This is the challenge of the Psychoanalytic consultant in the educational system.

The consultant is a visitor, an immigrant who must learn the customs of a new land while retaining his singular way of listening to the Other. Now he may encounter strangers who are confounded by his strangeness, but there is a constituency who may find resonance with his position- the adolescent, who holds a privileged (in so many ways!) position in development. Adolescents inhabit Otherness as they become outsider to the childhood self. Like the Psychoanalyst (and the witch and other demons) he is the repository for the projection of strangeness we can feel within. Who wants to be reminded that we all have disquieting impulses and desires, when we can identify this chaos in the Other?

To make matters more complicated, let us now add the parents. As adolescents can feel alien to themselves, they can also seem alien to the (m)other and father. No longer the familiar child, they have left the field of childhood but have not landed in the future. The adolescent is an immigrant within himself, his parents and the new world; he inhabits the place of the uncanny, still himself but not quite. **(Continued on Page 8)**

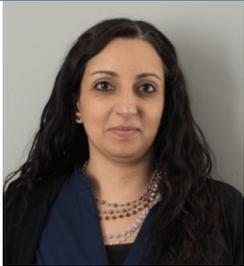
Speaking of the Devil(s) continued

It would serve us in this tangled web to appreciate that a symptomatic teenager can also be the voice of the Unconscious in the parent(s). Every parent is unwittingly connected to his child through libidinal resonances. Children suffer on behalf of parental silences. How many times have we encountered a troubled teenager only to trace their acting out to a disturbance or upset in the parent (think: the angry and rule-defying teen partnered with his withdrawn, inaccessible parent). We behold a teenager in distress, but we may discover the roots of understanding it elsewhere. The adolescent's symptom guarantees misrecognition of its source and meaning, daring us to look further into its origins.

Now we can begin to see the location of the Psychoanalytic consultant, attuned to the unconscious communications of the adolescent, aid to the parent in embracing the newness in their beloved stranger.

Dr. Francesca Schwartz is Director of Psychological services at the Speyer School in New York City. Prior to Speyer she was the School Psychologist at The Brearley School for 21 years. She maintains a private practice in Manhattan, serves on the faculty at the Institute for Psychoanalytic Training and Research, and as Clinical Supervisor of Doctoral candidates at

ChildFirst By Salam Soliman, PsyD



I serve as the Connecticut Clinical Director for Child First, Inc., a home-based program that helps struggling families build strong relationships that heal and protect young children from trauma and stress. We use a two-generation approach and are firmly grounded in Alicia Lieberman's Child-Parent Psychotherapy as our main therapeutic intervention.

At its core, this treatment approach ascribes to the Winnicottian idea that there is no such thing as a baby, only a baby and someone. Based on a firm belief that it is only in holding the parent that the parent can hold the child, teams, consisting of Clinician and a Care Coordinator, work with caregivers to enhance their ability to mentalize the infant. The model is grounded in the understanding that early traumatogenic events lead to neurologic changes in the young child that damage the developing brain, leading to long-term problems in mental health, learning, and physical health. Addressing relationship and environmental issues as quickly and decisively as possible minimize the impact of toxic stress on the child.

Furthermore, research has shown that responsive, nurturing relationships between young children and their caregivers lead to secure attachment and serve as powerful, protective buffers to damaging stressful experiences early in life. Secure attachment prevents the rise of cortisol when a child is exposed to stress.

Child First achieves the goal of improving the parent-child relationship in two ways: First, directly decreasing family stress by connecting them to services. This helps develop a positive transference to the team and sets the stage for the intense therapeutic work to follow. Further, it allows the parent previously preoccupied with concrete needs to focus mental and physical energy towards the child. Secondly, by enhancing and repairing the parent-child dyadic relationship through the use of trauma-informed assessment and treatment, the child is provided with a nurturing relationship well beyond the work with ChildFirst.

With this framework in mind, parent work takes center stage. In fact, a child is never seen alone except if one team member is meeting with the caregiver. As the team begins to hold the parent and simultaneously present the child's mind to the parent, a shift occurs and the parent begins to better understand their child's behavior. Recently, I was witness to a dramatic shift during treatment: At the beginning stages of treatment, a parent began to wonder: "I wonder if he is doing that because he saw my husband hit me and he is trying to understand why that happened."

There is an additional holding layer between the supervisor and the team. Intensive clinical supervision ensures that the team working with the families is engaged in deeply reflective relationship with their supervisor, a parallel process, re-created with the family. The two-person team meets weekly for one-hour individual supervision, one hour of team supervision, and a weekly multi-team supervision.

In a 2009 book chapter (Jurist, Slade & Berger (2009) *Mind to Mind*, Other Press) Arietta Slade described Dorothy Burlingham's suggested guidelines for working with parents at the Anna Freud Centre: She purportedly suggested three possible ways for dealing with parents: (a) ignore them, (b) take the children away from them, and (c) the most difficult and least advisable-work with them.

It is my hope that we have come a long way.

Salam Soliman, Psy.D. serves as the Connecticut Clinical Director for Child First, Inc. Her work has primarily focused on children, with particular interest in disrupted attachments and the long-term effects of trauma on children. She received a doctorate in Clinical and School Psychology in 2006 from Pace University.

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The Editors of Developmental Lines invite you to submit articles, and story ideas/proposals for the next edition of the Section 2 Newsletter. Please let us know if you are interested in writing for the next edition. We encourage you to send us news of conferences, and workshops you have attended and news of your achievements, such as recent publications or future presentations

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