



President's Message

Janice Victor, LCSW, NCPsyA



As the society has become aware of a loss in the number members, we have felt called upon to review our goals and purpose. A review of our by-laws indicates that "The purpose of this organization shall be to advance and promote the practice of clinical social work by:

- a. The enhancement of the qualifications and functions of clinical social workers and the improved administration of settings in which they practice through promoting high standards of professional education, experience, ethics and achievement.
- b. The active promotion of the public image of clinical social work and the development of prerogatives for clinical social workers and their clients in keeping with other professions in the mental health field.
- c. The increase and dissemination of knowledge through research meetings, reports, discussions, and publications, and to join with other professional groups toward common interests and goals.
- d. Appropriate programs of action for the purpose of operationalizing the above and associated objectives."

Is this purpose still meaningful to clinical social workers?

I think we should use the skills we learned as community activists to advance our interests and concerns. At this moment I have in mind the oppressive rule which ends the historic practice of granting established providers the right to recognize their own productions for continuing education credit, and forcing each item to be reviewed and paid for.

I think all clinical social workers should get behind this effort.

The governor signed into law the attached bill (A4774) which our group supported.

NOW LAW: GREENWALD, ARMATO & VAINIERI HUTTLE MEASURE EXPANDS ACCESS TO OPIOID ADDICTION TREATMENT FOR MEDICAID RECIPIENTS

New Law Lifts Access Barrier of Prior Authorization Requirements (TRENTON) – Continuing efforts to combat the ongoing opioid crisis in New Jersey, which claimed the lives of an estimated 3,118 people last year, legislation sponsored by Assembly Democrats Louis Greenwald, John Armato and Valerie Vainieri Huttle was signed into law on Monday by Governor Phil Murphy. The new law will more quickly provide critical opioid addiction treatment for patients covered under Medicaid by removing prior authorization requirements.

"When it comes to the treatment of people suffering from opioid addiction, every moment matters," said Majority Leader Greenwald (D-Camden, Burlington). "Like any disease, it must be treated in order for a patient to recover. With this law, we're confirming via statute that Medicaid recipients will be able to receive critical treatment when needed and begin their road to recovery. To truly fight this opioid epidemic, we must break down treatment and access barriers for everyone."

The new law (A-4744) requires the Department of Human Services to ensure that provisions of benefits for medication assisted treatment, to eligible persons under the Medicaid program or those who receive services funded through the Division of Mental Health and Addiction Services, be provided without the imposition of any prior authorization requirements or other prospective utilization management requirements. Treatment must be provided by a licensed medical practitioner who is authorized to prescribe and administer methadone, buprenorphine, naltrexone, or other medication approved by the federal Food and Drug Administration, pursuant to State and federal law.

"Research has increasingly shown that medication assisted treatment can be the most effective treatment for substance abuse disorders like opioid addiction," said Armato (D-Armato). "It helps to ease withdrawal symptoms and prevents patients from feeling the effects of any opioids taken during withdrawal. In this way, the treatment helps patients overcome what can otherwise be tremendous challenges in the process. We have to make sure people who desperately need this treatment have access to it in a timely manner, which is exactly what this law does."

"If someone suffering from substance abuse decides to get help, it's critically important that they are treated as soon as possible. By getting prior preauthorization it can delay treatment for several days, which may not be enough time to save someone's life," said Vainieri Huttle (D-Bergen). "If we can provide a simpler avenue towards effective treatment, we open doors to recovery for people whose lives are greatly at risk."

The measure was approved in May by the Assembly, 76-0, and the Senate, 38-0.

**Luba Shagawat, LCSW
Director of Legislative Affairs
New Jersey Society for Clinical Social Work**

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**Retirement Announcement - Office
Space & Practice Available**

For the past 15 years I have been in private practice in Kinnelon, NJ in a lovely office with a waiting room and private restroom. I will retire at the end of 2019 and want to explore the possibility of someone taking over my office space and practice at that time. To discuss the possibilities in greater detail, please contact me:

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***Please contact Kaitlin Vanderhoff at:
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Letter from the Editor

Kaitlin Vanderhoff

For this edition of the newsletter I wanted to write about a topic which has been highly prevalent in my life and in the lives of many including many of my own clients. This topic is social media. Social media is something which has such great power for good but has also come to be highly destructive in the emotional lives of young people. It is good when we are able to use it to provide support to others who are struggling all around the world and spread information and awareness. It can be bad when young people are being cyber bullied and others are being led to low self-esteem and depression because of comparing their lives to the lives others project online. A recent Forbes article explains that, "research has clearly linked Instagram (and overall social media) to depression, anxiety, and loneliness." Further, increased screen time (currently approximately 6-10 hours a day for your average American girl) is only projected to surge these rates even further.

So what can we do now when we live in a world that is increasingly reliant on technology and social media for productivity and connection? I decided to look into this further as I am no exception to the negative effects of social media. First of all, I have included two articles in this month's newsletter to serve as further background information on this topic. I will briefly discuss a few suggestions here which might be useful in your own life as well as clinically:

- 1) Decrease your screen time- Every apple phone has a setting which is designed to help you track and decrease the amount of screen time you engage in on a daily and weekly basis. You can access this simply by selecting Settings--> Screen Time-->Turn on Screen Time. Taking a break from social media as a whole is also an option.
- 2) Be mindful and specific about the ways in which you are using social media- For instance, follow only individuals and accounts which make you feel good or commit to using social media only as a means of setting up in-person meetings which promote meaningful social connection.
- 3) Put it all into perspective- Remember that social media posts are only a carefully chosen and often edited snapshot of the overall life of the user. You may even use this process to help develop your ability to recognize the "perfectly imperfect" aspects of your own life and to practice seeing the positive side of things in your own life which at first glance appear negative.

So as summer is coming to an end and everyone is posting those last pictures of their summer vacation and you can't help but compare and feel badly about your own

summer please remember that you are not alone. In fact, later in the issue you will learn how the design of many social media platforms use this phenomenon to keep you coming back to their product. Further, now you have a few tools to use to help you and your clients overcome some of the negative effects of social media.

Sincerely,
Kaitlin Vanderhoff, LCSW

***NJSCSW welcomes new members
Eve Yudelson and Stephanie Capecchi***
by Paul D. Kreisinger, Esq., LCSW

Eve Yudelson, LCSW has a private practice in Teaneck. Eve took her MSW in 2011 at Touro College in New York, and trained in psychoanalysis at the New Jersey Institute for Training in Psychoanalysis, where she is now the Director of their Clinic. She says "I was very fortunate to get most of my hours at the Clinic at NJI. For part of that time, about 3 years or so, I was concurrently directing a vocational program for young adults with cognitive, processing, and emotional challenges." In her private practice, Eve sees individuals, couples and families. Eve joined NJSCSW to share her experiences and develop relationships with colleagues. And she adds "...don't forget to tell them I play bridge! I would love to know if anyone else does, so that we can get a game together."

Stephanie Capecchi, LSW, relocated to New Jersey from Minnesota, as her husband just took a researcher position at Princeton. She received her MSW from the University of Minnesota in St. Paul in 2018 and is transferring her Minnesota LGSW to a New Jersey LSW license. Stephanie is more than halfway toward her LCSW hours (remember counting those each week??). She was working in a residential treatment center for adolescent females with emerging borderline personality traits. "Most had multiple suicide attempts and significant self-harm," she notes; "I practiced individual and family therapy and led DBT groups. I am DBT-trained. I have also begun my training in emotionally-focused therapy for families." Stephanie is looking for a position, and is "open to residential, partial hospitalization, day treatment, or outpatient." She notes "I love my two dogs and go on a lot of hiking/backpacking adventures with them. I also love to cross stitch! This is a big move for us, so we're excited to get to know a new region."

Screen Time

by Andrew Walsh, LSW, LCADC intern

Recently I have been speaking a lot with parents and professionals about issues our youth and young adults face. For the past year I have researched and written a lot on screen time. I would like to share some of my findings here.

What the World Health Organization Says

The WHO is a multinational organization. The WHO gathers doctors and policy experts from around the world. These doctors and policy experts share information on issues and then come up with solutions.

In the past year I realized that the WHO was starting to look at screen time. Initially I was shocked. Warning bells and lights started going off in my mind. The WHO, the organization which has tackled serious diseases such as polio and HIV, is now looking at screen time. Clearly doctors around the world are seriously concerned about the effect of screen time on our youth.

The WHO recently issued guidelines about safe amounts of screen time based on age. The screen time referenced in these guidelines is passive screen time. This is time where a child watches a non-educational show (think YouTube and shows that have no purpose). The WHO guidelines are provided below:

0-2 years old: no screen time

2-5 years old: less than 1 hour per day

6 years and older: not too much screen time

When I read these recommendations I had several thoughts.

I need to tell my brother and sister-in-law about this immediately to protect my nieces and nephews

I know that there are a lot of children under the age of 5 who spend more than 1 hour a day in front of screens

What does "Not too much screen time" mean?

How Much Screen Time are Youths Actually Getting

After I finished my frantic call with my brother I looked at actual screen time rates among our youth. Below are recent statistics:

0 – 8 years old: 50 minutes

8 to 12 years old: 6 hours

13 years old and above: 9 hours

After reading this research I went for a long walk to think.

During my walk I had several thoughts and emotions.

I am scared about babies and toddlers in front of screens but 50 minutes per day isn't horrible.

How is it possible that children between the ages of 8 and 12 are spending 6 hours per day in front of screens What are teenagers doing online 9 hours per day?

What it all Means

Research and my experience has shown me that screen time can be an issue. One important factor to keep in mind is that not all screen time is created equally. Many schools are moving towards being digitally integrated. It is not uncommon for students to have school-issued laptops and tablets now.

I am not anti technology. I myself spend several hours per day in front a screen researching and writing. My concern is children who spend hours per day. One of the most common statements I hear from parents is that their kids spend their entire weekends in front of their screens. With school beginning some kids are going to have less supervision than normal. With few external sources telling them to "get off their phones/laptop/tv/video games" kids are going to be in front of screens high rates which could cause issues such as improper sleep, academic underachievement and lack of motivation.

What to do

Fall should not be a season marked by a lack of supervision. I understand that with parents pulled in so many directions today it can be difficult to monitor their kids. While this isn't easy it is very important to remain aware of what kids are doing. Children should not sleep in a room with screens. This includes phones, tablets, laptops, and televisions. Households should also have rules about what conditions must be met for screen time. These can include exercise, reading a book, doing chores, etc. I also recommend reading the other articles here on social media and video games.

Neuroscience Explains Why Instagram is So Bad For Teen Girls

By Andrew Walsh, LSW, LCADC intern

In one week I will be taking a group of teens to Poland on a service trip. A few nights ago I gathered with their parents to go over the details of the trips and to answer questions. Throughout the trip we will be having a morning lecture

focused on issues youth and young adults face. I asked the parents what issues they were concerned about. Social media use was an overwhelming concern.

Social media is something we write and talk about extensively. As therapists and researchers we have serious concerns about the impact it has on our youth. I have a notification system set up so that every time an article on research of the effects of social media is published I get notified. Recently Forbes published a great article on the neuroscience of social media and teen girls.

Instagram

Instagram is popular to say the least. As of 2018 it had over 1 billion users worldwide. Half of them are daily users. Of the daily users, 60% are females under the age of 34. This is the core group that Instagram focuses on.

One of the co-founders of Instagram was a former student of BJ Fogg. BJ Fogg is the creator of persuasive technology design. His work builds on the research B.F. Skinner. Skinner studied how reward shapes behavior. He famously created a box where he put animals and shaped their behavior by rewarding them.

B.F. Skinner and BJ Fogg found that human behavior could be shaped by rewards as well. Instagram is designed so that users continue to check back frequently. The more users on Instagram and the longer they use it, the more money Instagram can make from advertisements. Scrolling, tagging, notifications and likes all tap into the fear of missing out. If you aren't on Instagram constantly then you might miss something and be left out.

Impact

Teen Instagram users are exposed to idealized images of other women and life in general every time they use Instagram. They compare how they feel internally to what others project externally on Instagram. They usually come up on the short end of the comparison. Research has clearly linked Instagram (and overall social media) to depression, anxiety, and loneliness.

Brain scans have shown that when girls see a highly rated image, their brain associates it with being better. What they don't realize is that many of these likes are either fake or purchased. These likes trigger the reward center of the brain so that they feel good. However they are unaware that they are being manipulated for financial purposes.

The design of Instagram is tailored to teen and young adult females. For instance, filters, makeup, lighting, and posing are designed for female use. What teen girls fail to realize is that the pictures they are seeing are not necessarily based in reality.

The popularity of Instagram has also led to the creation of Influencers. These are people with large followings who are paid to post. Kylie Jenner reportedly gets paid \$1 million per advertised post.

Average American girls spend 6-10 hours a day on social media. This means they spend a large percentage of the day in a virtual world that is not necessarily a reflection of reality. This has led to dramatic increases in depression, loneliness, and anxiety.

Disenfranchised Grief Amongst Individuals Returning from Incarceration

By Anthony Gallo, LSW, LCADC intern

Forward

The following article is based upon an interview conducted by the writer with an individual who served a brief sentence in federal prison. It describes the feelings of disenfranchised grief experienced by this individual after his release. All names have been changed to protect the individual's identities. Due to a dearth of scientific research on disenfranchised grief in this context, many of the opinions expressed are based upon anecdotal evidence and extensions of related theory developed in other contexts. The article serves as an introduction to this form of disenfranchised grief for both the counselor and the ex-convict, as well as a call to action in expanding research on this topic.

Coming Home: Disenfranchised Grief

Unable to sleep, John stared up at the ceiling feeling the strangely soft sheets against his skin. The room was quiet, and the night was uncomfortably still. John thought of the men he considered brothers, sleeping far away in less luxurious accommodations. The brothers he had left behind, who had grown to know him better than anyone had before. Though he had to go, John still felt pangs of guilt for leaving. Everyone told him how lucky he was to be out, but he wanted to go back. A tear trickled down his cheek. "What is wrong with me?" he thought as his mind raced back to the night before, when his brothers and he celebrated his last night being "down."

Suddenly the bed rustled, and John glanced over at Jenna, the woman that he loved, sleeping peacefully at his

side. She had stayed with him through thick and thin, to the envy of his friends, and faithfully visited every two weeks. Now they were finally reunited, in a magnificent resort no less, yet John only felt sad and alone that night. He thought of waking her and sharing how he felt, but she was happy to have him back and he didn't want to risk hurting or worrying her. John also knew that he could never fully convey what it was like in there, or who he had to become to survive. There were so many things John couldn't, or wouldn't, tell her out of fear that she wouldn't understand.

After a sleepless night John woke Jenna and they walked together to the resort's fitness center for his daily lifting routine. Working out was familiar, and John wanted to feel a little bit of normalcy again. He picked dumbbells off the rack, finished a set of curls, and placed them down to use the restroom. John returned to find that a man in his late sixties, with thinning white hair and a frail frame, had commandeered his weights to do lunges in the corner. Taking another man's weight was a major disrespect and John quickly began formulating a plan to save face.

John clenched his fists as anger boiled inside of him, threatening to spill out of his mind and into action. Sensing John's tension, Jenna tugged his arm and asked, "Is everything okay?" With Jenna's touch the spell was suddenly broken, and John's rage melted into shame and embarrassment at what might have just happened. John dismissed Jenna's inquiry, afraid of what she would think if she knew that John had planned to confront this man. How could John expect her to understand his thoughts to assail someone older than their fathers over such a minor slight? John was caught between two worlds. His reaction would have made sense to his brothers but would have been deemed highly inappropriate by Jenna. John didn't know where he fit in anymore.

Released the day before from Federal Correctional Institute Ft. Dix, John's time being "down," a slang term for incarcerated, was now over. John had dreamed of this day and coming home was supposed to be glorious. Yet he felt alone, depressed, and overwhelmed readjusting to society. Unknowingly, John was grieving over the loss of some elements of his time incarcerated. John kept most of this grief inside, feeling as if others wouldn't understand or care. He was experiencing a type of grief called disenfranchised grief.

Introduced by Dr. Kenneth Doka in 1989, the term disenfranchised grief refers to any grief that falls outside the norms and rules that society sets for which losses are appropriate to mourn, who can mourn them, and for how long the losses can be mourned. For example, society would allow someone to mourn the loss of a spouse but generally

would not accommodate someone's grief over the death of a mistress or lover. While the relationship with a spouse is accepted to be legitimate and significant, a person's relationship with a lover or mistress is taboo and therefore unacceptable to grieve over. Grieving over the return from incarceration generally falls outside the norms of acceptable grief in our society as well.

Despite having goals of reforming the inmates they house prisons are generally regarded as horrible places that subject inmates to purely punitive and negative experiences.

Few people choose to go to prison and many spend significant resources in the fight against being incarcerated. Incarceration physically restricts an individual's freedom, puts employment on hold, removes them from their family and friends, and subjects them to elevated risks of bodily harm. Being incarcerated also often strips them of their personal identity, rights, and life purpose while drastically lowering their standard of living.

With incarceration being perceived so negatively, being released from prison is often visualized to be a wholly positive experience for the ex-convict. They have theoretically paid their debt to society and now get to return to their family and friends, re-assume their identities, regain their personal autonomy, and resume their lives and careers. They can more freely navigate the world and make their own decisions and also regain most of the rights they had prior to their time incarcerated. How then, do some inmates grieve over what should be a wonderful moment in their lives?

To answer this, we must begin by acknowledging that not all aspects of prison are bad, and not everyone has the type of traumatic experience that society expects to befall them while incarcerated. This is not intended to minimize the negative impacts incarceration has on many inmates' lives or to justify the major issues caused by the US prison industrial complex, it simply recognizes that some inmates may find parts of their experience to be positive and fulfilling. Ignoring this fact leaves little room for understanding or empathizing with the disenfranchised grief experienced by some inmates returning to society.

In 1943, an American psychologist name Abraham Maslow developed an overarching theory of human motivation called Maslow's Hierarchy of Needs. Adapted to the context of incarceration, his theory helps shed light on why some inmates might miss prison. Maslow theorized that humans have different needs that must be met in a sequence he ordered by physiological needs, safety needs, love and belongingness needs, esteem needs, and

self-actualization needs. Physiological needs are the biological requirements for the body to function and were viewed as essential to have met before satisfying higher needs. Safety needs refer to the protection of the human from the elements and from physical harm, while love and belongingness needs include developing friendship, intimacy, trust, and acceptance. Esteem needs include aspects such as personal dignity, feelings of competence, and status or prestige. According to Maslow, the ultimate goal of meeting a human's self-actualization needs include achieving fulfillment "to become everything one is capable of becoming."

John's experience shows that prison may be capable of satisfying most, if not all, of these human needs. Physiological needs are always met, even if the food and drink are sub-standard, and safety needs are generally met via consistent housing, rules, and structure in the inmates' lives. Many love and belongingness needs can also be met inside the prison walls, either through gang involvement or close friendships. Esteem needs are sometimes met when inmates develop valuable roles in the inmate community, either informally or via their work assignments. Lastly, self-actualization needs could possibly be met through finding one's calling within the walls of the prison, such as the jailhouse lawyer that helps overturn his fellows' cases.

While interviewing John for this article, he shared that he had indeed felt like all his needs, other than self-actualization, had been met while incarcerated. He never had to worry about food or shelter while incarcerated. John also shared that his love and belongingness needs had been met by the close relationships he formed with a select few of his fellow inmates; men he came to regard as brothers more than friends. John also felt that his esteem needs were met through the value he brought to the community by cooking, working in the gym, and serving as a confidant for many inmates who felt comfortable speaking with him about sensitive matters.

John's physiological needs remained satisfied upon release. However, despite having a close-knit family and the presence of Jenna in his life, John consistently expressed that his love and belongingness needs went largely unmet upon his return home. To illuminate his point John made comparisons to the experiences shared by Sebastien Junger, a journalist who spent his career covering military conflict, during a TED talk on why military veterans miss war.

In the talk, Junger describes an interaction with a traumatized soldier named Brendan who had experienced death and vicious fighting on the battlefield. When asked if there was anything he missed about the war, the soldier responded, "I miss almost all of it." Junger theorized that it

was not the violence, death, or the trauma that this soldier missed, but the feeling of brotherhood he had left behind on the battlefield. Brendan missed the human connection he experienced by enduring intense hardships with his fellow soldiers, who he also came to consider as brothers. Junger went on to explain that brotherhood is a mutual agreement in a group that an individual will put the welfare of the group over the welfare of the individual. Humans are intensely social creatures and we tend to immensely enjoy such interpersonal connections. Unfortunately, civilian society's luxuries of independence rarely afford such opportunities for true brotherhood.

John shared that he felt this sense of brotherhood amongst his closest friends in prison and he was unable to replicate it in life after prison. John had grown to rely upon those men for his safety and emotional well-being. He trusted them to share their limited resources when in need and to expose themselves to physical danger to protect him, and they knew he would do the same in return. Spending so much time together, with nothing to do but talk, he had formed incredibly close bonds with these men and felt that they knew him better than anyone had before. When he returned home, he questioned what his friends at home would really do for him when the chips were down. How could he ever hope to feel as intense of a connection with friends who wouldn't be willing to give their life to protect his? He wondered whether they could ever understand him and worse, whether they would judge him for the humor and customs he had developed while incarcerated.

It is not known how common John's experience is amongst inmates returning from the criminal justice system. In researching John's experience this writer was unable to locate any scholarly research on disenfranchised grief relating to release from incarceration. There is significant work showing the impacts of maladapted traumatic grief on incarceration and recidivism but seemingly none on the grief experienced after release. There is also much study of the similar concept of "institutionalization" but the articles reviewed largely focused on recidivism rates due to mental health, substance use, traumatic grief, and unemployment. However, this writer did find ample anecdotal evidence that John's experience was shared by other ex-convicts by reviewing posts in online forums. The following excerpt is from one of those forum threads:

"I just think sometimes how damn stupid it all sounds.... I mean being down for 5 years in abasically max security prison and getting out and missing it. I think to myself what the hell is wrong with me? I do love my freedom I don't want you to misunderstand me. And when I was locked up I wanted to get out so badly. And I do love life and freedom.....it's just....I am so changed in every way and feel

so alone sometimes. What's weird though is being surrounded by people bothers me and all I can think about is leaving where I am." - Skitten1208

John's and Skitten1208's experience of wondering "what is wrong with me?" struck the writer as extremely poignant examples of the difficulties posed by disenfranchised grief. When individuals experience an acceptable loss, society has already set an expectation of grief and they understand that it is okay to feel and express sadness. Additionally, they enjoy the healing benefits of empathy and understanding from friends and family, as well as an ability to engage in social mourning rituals. With disenfranchised grief there are no such expectations or emotional support for the grieving individual. These grievers therefore may not understand their grief or that their emotions are in fact natural and healthy. They may also feel intense alienation and shame for missing something that society deems that they shouldn't.

With no research available on this specific form of disenfranchised grief, work with ex-offenders should focus on the general therapeutic concepts of treating disenfranchised grief. After exploring the patient's feelings, the counselor should introduce the concept of disenfranchised grief. The counselor should stress that the grief is indeed valid, despite falling outside of societal norms, and that there is nothing wrong with the individual for grieving. Furthermore, the counselor should take time to listen to the individual and allow them to express their feeling of loss. The time in session may very well be the individual's first opportunity to do so. It is also important that the counselor expresses an understanding of the loss through techniques such as reflecting, paraphrasing, and summarizing. The longer an individual's grief goes without acknowledgement the more the loss and hurt may be compounded, as "it isolates and abandons the bereaved in their sorrow" (Attig, 2004).

In addition to working with the affected individuals, this writer believes it is vitally important to begin conducting research on disenfranchised grief in this context. If this experience is not recognized or studied by the very professionals who make a living examining such concepts, then how can we expect impacted individuals and mental health professionals to recognize or understand it themselves? In fact, the lack of research seems to prove exactly how disenfranchised this type of grief truly is. We need to understand how common this type of grief is, how it impacts the individuals affected by it, how to treat it, and how it may play into the larger examination of recidivism in the criminal justice system.

It is this writer's hope that this article can spur conversation and research around the topic. At the very

least, the writer hopes to have shown individuals like John and Skitten1208 that there is, in fact, nothing wrong with them at all. Though society might not yet accept it, this article can play a small part in validating their experience and right to grieve.

"The Fledgling"

By Janet R. Faust, PhD, LCSW

I had just gone outside to play with my four-year-old granddaughter when we heard a loud splat noise on the metal part of the garage. Then we saw a bird in the driveway flapping around, trying to get up. We looked at each other and wondered what to do. We called my daughter, who was inside, and showed her. I thought we should wait to see if it could take care of itself because I had read that that was the best option for wildlife. When the bird seemed to be helpless, my daughter remembered The Raptor Trust, a wild bird rehabilitation organization in New Jersey. I told them the bird had righted itself but didn't seem to be able to move. They said to put the bird in a shoebox with a towel in the bottom, put the top on, and bring the bird in. My daughter got the box and lifted the bird in (I was squeamish). I brought the bird in and they said it was a "fledgling robin," or a baby. I said I had seen it with another robin. They said it looked like one wing was bent. They rescue numerous birds like that, and take care of them for two to three months with others of their own species, and then release them. I said "Oh, its mother will be looking for it!" They said it would be comfortable with its own species and that it will do fine if it recovered. Are birds sensitive to separations and losses the way elephants have been shown to be?

I read the website for the Raptor Trust – it said that some birds do not recover enough to be released but are kept as permanent residents and care for younger birds brought in. They said that bringing the bird gave it the best chance of survival. They really cared about this one little bird. I really cared about it too. But lest I portray myself as a wildlife advocate (which I am), let me confess that I am a hypocrite. I only care when it is convenient. I live in a suburban area of New Jersey, formerly farmland, where deer, turtles, rabbits, coyotes, red foxes, and even black bears roam around. I fenced in my property so deer can't eat my flowers and I am not very compassionate about mice that might get in my house. I don't like beetles that eat my roses. I am also a grandmother, and a clinical social worker, and I understand about attachment. I am aware that because of my

intervention, that little bird is no where near its mother. But I hope that it will survive.

Speaking of elephants, on Sunday July 14, there was an extensive article called "The Swazi 17" about 17 elephants brought from Africa to American zoos (NY Times Magazine). The author, Robert Siebert, points out that the transport of the animals was rationalized because they had eaten bare their allotted space and had to be moved out of Africa. They had portrayed the elephants as having to be rescued or killed or "culled." They were sent to various American zoos. The "exquisiteness of its senses and sensibilities," similar to those of human beings, render elephants "susceptible to various psychic pathologies that afflict imprisoned humans" like boredom, depression, and stereotypical behaviors like pacing and rocking, "zoo animal psychosis." Normally elephants roam up to 50 miles a day, states the author: with "lifelong familial and social bonds" and "finely tuned sensors in the padding of their feet." Through these sensors, elephants pick up distress of someone in their herd. Scientists and zoos have found over the years that elephants do not do well in the confined spaces of zoos. More die early than are born. Those held in zoos, despite the fact that elephants normally travel in herds, are randomly dispatched around the country, thus separating them for established bonds. (Elephants are drugged and transported in crates that are too small for them to lie down. Not all of them survive the trip.) Some experts have concluded that elephants do not belong in zoos: "'Captivity,' Judge John Segal wrote in his opinion, 'is a terrible existence for any intelligent, self-aware species, which the undisputed evidence shows elephants are.'" Elephants have roamed the earth millions of years before human beings appeared. You have to respect them for that.

I had told my granddaughter that elephants are one of my favorite animals. "You like turtles," she retorted. It's true I like turtles. There is a turtle who comes to my property every year and lays eggs. This year I didn't see it, maybe due to all the rain. But I am getting off the subject.

That subject of separation comes up again: separating an injured bird from its environment and its mother; separating elephants from their natural environment and from their bonds with their herd. (Need I mention separating babies in arms from their mothers at the southern border?) Baby birds belong with their mothers, elephants belong in their natural environment with their herds. We have justifications for uprooting animals and people.

Oh – I just found out today -- Fledgling No.19-1284 was euthanized on June 13, 2019 due to a central nervous system issue that did not respond to medication. There was "no hope of repair." Human interventions with wildlife are not always successful, but I thank The Raptor Trust for trying.

Working with the Asperger's Patient and Broadening our Therapeutic View

By Estelle I. Krumholz, LCSW, LMFT, CEAP

On an ominous wintry day in March, a group of intrepid psychotherapists gathered at my home for the CPPNJ Essex/Morris/Union/Somerset get-together to discuss "Treating Patients with Asperger's Syndrome Psychoanalytically."

For most, the idea itself was intriguing, as many psychoanalytically inclined theorists and practitioners do not believe that psychodynamic psychotherapy can be an applicable method of treatment for the Asperger's population. Not so, says Alan Sugarman in his paper *Psychoanalyzing a Vulcan: The Importance of Mental Organization in Treating Asperger's Patients*. Although the group also read Simonetta Adamo's *On not being able to enter Noah's Ark*, our conversation focused on Sugarman's paper.

Along with warm camaraderie, our group shared delicious snacks and a like-minded intellectual curiosity about this condition as well as poignant personal experiences. Many of us pointed out, from both clinical as well as personal experience, that intimacy - such as direct eye contact, conversation beyond the most rudimentary and physical affection such as a hug - generally makes the Asperger's person uncomfortable. In turn, this disappoints and upsets the other person who is desirous of greater connection.

The etiology of Asperger's Syndrome remains baffling. Many parents report that they knew that something was "just not right" with their baby, even in infancy. As a result, this syndrome appears to be more constitutional than acquired. And, as with Sugarman's patient, many Asperger's patients have not suffered extreme trauma or parental misattunement that would account for their functional handicap of lack of attunement to themselves and others.

The questions before the group were: What can be done, if anything, to help the Asperger's patient avoid a life of shallow interpersonal experience and oftentimes low-level vocational attainment? Can our skills as psychoanalytic practitioners be used to help the Asperger's patient extend beyond his/her natural predilection toward isolation and avoidance of intimacy?

And if we, as psychoanalytic psychotherapists, treat the Asperger's patient, can we truly call our work "psychoanalytic" if we are not working with the unconscious, or at least attempting to uncover unconscious material and eventually offer interpretive feedback?

I think we all admired Sugarman's description of his work with his patient: an overly-intellectualized young adult who saw himself as a "Mr. Spock-like" person who related only to what can be understood rationally. (His inability to mentalize and his lack of empathy were akin to Star Trek's half-Vulcan half-human Mr. Spock.) The patient, to whom Sugarman refers as Spock, was a bright young man with good verbal skills but who lacked the ability to connect with others. His narcissistic ideal of himself left no room for self-insight or understanding of others.

In the initial stage of treatment, Spock dismissed Sugarman's comments and interpretations with a "that would not be logical" rebuke. The therapist's traditional attempts to uncover inner conflicts were met with disdain and rejection. Sugarman admits that it took a little while before he realized that the patient's main difficulty lay with Asperger's Syndrome. At that point he wisely abandoned that approach. Instead, Sugarman began to focus on forming a bond with young Spock by appealing to his Vulcan logic and enlisting him to wonder why he could not maintain male friendships or the interest of any female. Our group easily understood the value of forming a bond with the patient and engaging with him on a level that was meaningful to him in the present.

Through the therapeutic alliance, young Spock became curious about his analyst's mind and subsequently about his own. This was the beginning step in mentalization. From many personal examples shared by those in our group, one of the main symptoms among Asperger's patients is the inability to comprehend how much the person's own actions influence how others respond. In the therapy, Spock grew to understand the importance of his own thoughts, feelings and actions as active elements of his interpersonal life. Spock's human side began to develop.

As a group, we concurred that Asperger's patients can be treated psychoanalytically if, like Sugarman, we accept the idea that our essential work is to facilitate curiosity and self-awareness in our patients. This idea is the kernel of psychoanalysis. Exploring the unconscious, although sought after, need not be the sine qua non of a psychoanalytic experience.

Psychodynamic psychotherapy, more than any other psychological modality, values the transference and countertransference facets of the patient/therapist bond as crucial to being a formative change agent. Working with the Asperger's patient is no exception to this approach.

As the anticipated snowstorm began, everyone took her last nibble from the array of treats and high-tailed it home.

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Poetry Corner

Broken Brain

By: Carol Felder Freund

*Paranoid schizophrenic Michael
a Jew with the name of an archangel*

*He sits on a blue beach blanket
unable to attend to people he is with*

*His jitteriness is constant
lodged deep in his muscles
gritty as sand
loud as the waves*

*He wonders if a machine
is amplifying the sound
of his heartbeats*

*He and the ocean bang against the shore
Against other people, against his body*

*If he hadn't learned better he would talk about
this merger and pain.*

*If he hadn't learned better he would talk about
the way some thoughts hurt*

*If you are interested please submit your poetry to be published by emailing me directly at kaitlin.vanderhoff1@gmail.com

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