Nefesh News

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Thoughts from the NEFESH Conference 2006

Esther Solomon

It is with shock and disbelief that we report on the untimely and tragic passing of Esther Solomon. Esther was a superlative Eishes Chayil, devoted mother, and wife to our President, Nosson Solomon. It is with mixed feelings of sadness and admiration that we publish this article written by our beloved Esther. May she be a Melizes Yosher for her family, the Nefesh community and Klal Yisrael. May her family experience no more grief and be comforted amongst the mourners of Zion.

As we drove to Baltimore, we eagerly anticipated returning to the site of so many pleasurable moments, meeting old friends from distant places who share our commitment to helping the Klal. We chose to participate in the preconference program and found that it was a valuable and professionally enriching experience. The three programs offered the attendees a chance for professional growth and educational enlightenment of therapeutic problems and treatments, as well as insight into our Torah values and how they impact on therapists lives as professionals.

In the institute Transference Focused Psychotherapy for the Borderline Personality Disorder, we were delighted to hear from Monica Carsky PhD of the Personality Disorders Institute (PDI) and a supervising and training analyst, who presented a film of Otto Kernberg's structured interview with a borderline patient. In the discussion that followed, she pointed out how to use limit setting and interpretation in working with this frustrating and difficult population. In addition, she clarified how important it was to bear in mind the three channels of communication, the verbal, nonverbal and the counter-transference in order to understand the patient and the underlying pattern. These are the tools that help the therapist make effective interventions. In another segment of this program, our colleague Hindie Klein PhD. who is an analyst and Director of Tikvah at Ohel, provided the participants with a fascinating case study describing her work with a borderline patient over the course of many years. The resulting interchange, comments and feedback from the participants, as well as comments from Dr. Carsky illustrated that these clients need the caring attitude of the therapist, and the therapist must always bear in mind the transference – counter transference issues that are present in the way that the patient and therapist each other.

Dr. Michael Stone, a Professor of Clinical Psychiatry at Columbia College of Physicians and Surgeons presented some very interesting cases from his work with clients in a forensic in-patient setting as well as with out-patients. When asked, "What is the most important characteristic a therapist should have in working with this population? They devalue the therapist no matter how caring and supportive their interactions are." Dr. Stone simply stated, "humility." The therapist must "become the opposite of the presenting personality of the patient." This stance on the part of the therapist is the most ameliorative. Another problem brought up was that of these client's tremendous feelings of envy. "What is the cure for that?" How can therapists alleviate these damaging feelings that embitter these people's lives? Dr. Stone said that he had published on this subject but he feels Rabbinic literature deals with this subject well.

As members of NEFESH, this comports with our understanding of our tradition and the importance of Jewish midos in the caring relationship.

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Message from the Editor

Dear Colleagues,

NEFESH membership is growing at a steady rate, and this year's conference was well attended. The variety of articles in the newsletter and the scope of activity shown by its members is an indicator of the vibrancy of this organization.

Considering the work that we do, we often encounter issues of a sensitive nature. Many readers of the last newsletter wrote to me voicing concerns about material we printed on the front cover. This sparked some debate, and while we cannot offer the readers a "G" rating for this newsletter, in consideration of those who had concerns about their family members being exposed to strong material on the front page, we will endeavor to take their fears into account without engaging in censorship beyond the front and back cover. (If you are offended by anything we do choose to print, please try not to riot or burn down any foreign embassies. Someone might get hurt.)

Many thanks to those who contributed to this newsletter, as well as the staff and volunteers at NEFESH that make this newsletter possible.

Simcha Feuerman, LCSW
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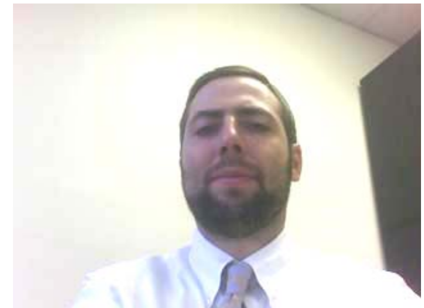

DISCLOSURE

Nefesh publishes articles as a service to its readers. We would like to remind the readership that Nefesh International does not recommend or endorse any particular method, institution, treatment or theory contained within a newsletter hashkafically or psychologically. As with all other religious, psychological or legal decisions you should consult with the appropriate experts in each area before implementing a particular method, decision, or intervention.

From The President's Desk

Nosson Solomon, Ph.D.

So many people have taken the trouble to tell me what an outstanding conference we had, it must be true. Over 400 people gathered in Baltimore last month for days of inspiration and real *chizuk*. It was an extraordinary experience punctuated by exceptional scholarship in both Torah and mental health. As usual, the networking was incredible.

We came together from five different countries. The United Kingdom sent 16 participants, its largest delegation ever. Nineteen states from the USA were represented. Our brothers and sisters from *Eretz Hakodesh* were again among us. Our gratitude is due to Dr. Abe Worenklein, Mrs. Chana Kahn, and Mrs. Nina Glick for a wonderful conference from every viewpoint. In fact, plans are already taking shape for the next International Conference; and innovations and improvements are guaranteed. Information will soon be forthcoming IY"*H*.

The Sixth NEFESH Israel Conference was universally praised as another major contribution to the mental health field there. Drs. Judi Guedalia and Yocheved Berlowitz have again succeeded in creating in Israel the kind of networking and education so valued by NEFESH.

Congratulations are due to our Chicago members for important, groundbreaking work with Rabbis and Rebbetzins. Dr. Vivian Skolnick and colleagues are engaged in some highly successful programming there, and we look forward to more. Kudos, too, to Ms. Miriam Turk for her help there.

And finally, congratulations to Simcha Feuerman, LCSW, upon his election to the NEFESH International Executive Board. We welcome him and look forward to a very fruitful collaboration.

B'virkas kol tuv,

Nosson

NEFESH INTERNATIONAL INTRODUCES

The "FIND A THERAPIST" Service

YOU NOW HAVE AN EFFECTIVE TOOL TO REACH PEOPLE WHO NEED YOUR HELP

Nefesh International is proud to announce the introduction of its " FIND A THERAPIST" service. This tool will enable people who are looking for therapists, to connect with Nefesh members who sign up for this service. It will also provide those listed with a valuable potential source of referrals.

TO SIGN UP:
If you are a full member in good standing of Nefesh International, you are eligible to be listed. The listing fee is $100 per year, but if you sign up now, you will be listed immediately, though the yearly term will only begin on June 1st.To sign up for the service, send the $100 fee to Nefesh International, PO BOX 3027, Teaneck, New Jersey 07666 (make sure to indicate that the payment is for the *FIND A THERAPIST* service). Then go to: http://www.nefesh.org/directory/member_search.cfm and fill in all the information. As soon as payment and eligibility are verified, your information will appear online.

The Psychopharm Consultant

Shalom Feinberg, M.D.

Catie's Story

This is a column about CATIE (no, this is not about a girl who spells her name in capitals!), the landmark Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) study which generated much publicity and media discussion when the phase one results of this research were released this past fall. But before getting to the data and my interpretation of it, I'd like to give the reader some background.

Those of us who treat patients suffering with Schizophrenia understand the potentially devastating suffering, disability and dysfunction associated with it.

While antipsychotic medications play a critical role in the treatment process, the question especially since the arrival of the newer second generation, so-called atypical antipsychotics (olanzapine [Zyprexa], quetiapine [Seroquel], risperidone [Risperdal], and ziprasidone [Geodon] and aripiprazole [Abilify]) in the 1990s and early 2000s, are which drug(s) are more effective, safest and, most importantly, which of these medications will patients keep taking over time. (I must emphasize schizophrenia is a chronic illness and that clinical experience and studies repeatedly demonstrate that medication noncompliance will very likely lead to relapse with the problematic potential consequence of diminished subsequent response to treatment attempts.) However, one problem in trying to make the determination of which drug is better is that the numerous head to head studies to date comparing these various agents have yielded conflicting results. It sometimes seems that each new published study generates a different frontrunner.

One reason for these seemingly contradictory findings is that most of these studies are funded by different pharmaceutical companies trying to promote their respective antipsychotic agent. Heres et al (1) recently noted in their review of all pharmaceutical company sponsored studies which compared antipsychotic drugs that the medication being promoted by a given drug company had the better outcome in a striking 90% of the studies. That is, when drug company A did the funding Drug A did best, When Company B funded the study, drug B did best and so forth and so on…even though these appeared, at least superficially, to be methodologically sound studies. As Heres et al point out (1), the biases that led to these skewed results are subtle and difficult to easily recognize. That is why the CATIE study is so potentially important to clinicians.

The National Institute of Mental Health sponsored this $44 million study, described as the largest, (1,460 participants at 57 different clinical sites), longest and most comprehensive independent trial ever done to examine existing therapies for schizophrenia. This study was not funded by drug companies and it attempted to generate data about real life patients with chronic schizophrenia. There is a virtual treasure trove of clinical data to be mined from this three phased study, with the results of the latter 2 phases not yet accessible to the public. However, even with just the phase one results presently available (2) it is evident that the complexity of this massive project lends to potentially differing interpretations and emphases which has led to media reports drawing different and inaccurate conclusions.

In phase one of this prospective double blind 18 month study of chronic schizophrenic patients who enlisted in this research project seeking a better therapeutic response, patients were randomly assigned, following withdrawal from prior medication, to one of the five medications, Zyprexa, Seroquel, Risperdal, Geodon and the older, less expensive typical antipsychotic perphenazine (Trilafon). Trilafon was selected as the representative of first generation older medications as it is an effective antipsychotic which is less likely to produce neurological side effects than Haldol, the most frequently prescribed member of this group. (Abilify, the newest antipsychotic was not approved when phase one of this study was initiated and was therefore not included.) The two later, as of yet, unreported phases of this study will evaluate switch options for those who discontinued their phase one medicines.

To measure treatment success this study used an unusual but interesting primary measure, "the time to discontinuation". This measure attempted to capture two factors; how long a given treatment was effective and/or how long it was tolerated despite any side effects it generated. The CATIE researchers argued that the most important factor at the end of the day is how long a patient will comply with a given agent, regardless of the reason. What they found was that, disappointedly, nearly three-quarters (74%) of the patients discontinued the study medication before 18 months: 64% of those assigned to Zyprexa ; 75%, Trilafon; 82%, Seroquel ; 74%, Risperdal ; and 79%, Geodon. Stated another way, the average patient placed on Zyprexa stayed on it for over 9 months while patients randomized to the other four meds discontinued them within 3.5 -5.6 months.

One sees that most patients didn't stay on any agent very long in this phase of the study, but as patient and physician knew that they could easily opt for phase two of the study, that might have decreased the patient's/physicians' perseverance in continuing with their phase one medicine. Also apparent was that Zyprexa performed better than the other four agents on the primary outcome, measure, and that Trilafon was equivalent to most of the newer meds. The fact that the older cheaper drug Trilafon did as well as t did versus most of the expensive agents has been emphasized in part to urge clinicians to reconsider which antipsychotic drug they initially select as well as to challenge thepharmaceutical industries intense promotion of these other newer medicines, and perhaps bait them to lower the cost of these drugs. But the story is a bit more complicated. Noting the side effects of each of these agents and specifically the rate of

discontinuation related to intolerable side effects, Risperidone had the lowest percentage of patients discontinuing due to intolerability (10%), followed by 15% each for patients taking Trilafon, Seroquel, and Geodon, and 18% for those taking Zyprexa. Unfortunately Zyprexa's efficacy came with a price. It had the worst tolerability amongst the studied medicines as it produced significant weight gain as well as increases in glycosylated hemoglobin, total cholesterol and triglycerideschanges, all risk factors associated with coronary heart disease. To burden you with more numbers 30% of patients in the Zyprexa group gained 7% or more of their baseline body weight during the trial compared to 7% taking Geodon, 12% taking Trilafon, 14% taking Risperdal and 16% taking Seroquel (2).

Trilafon was touted in the media to cause the same low rate of extrapyramidal symptoms (EPS) as the newer drugs. This was difficult to understand as these movement side effects (such as rigidity and stiff movements, persistent muscle spasms, tremors, and uncontrollable restlessness) are frequently triggered by the older antipsychotics (e.g. Haldol) and was a major factor driving the research that led to the creation of the newer agents. (EPS are a major concern, not just for the suffering and limitation they produce, but as a potential precursor for tardive dyskinesia (TD) a chronic disorder that causes tics, lip-smacking and other involuntary movements.) But, in examining the results, in point of fact, more patients discontinued Trilafon due to EPS, and that was despite the fact that it was prescribed below its typical dosing range. Two other complicating variables are worth noting. The first is that as part of the pre-study selection process patients with TD were not placed on Trilafon obviously decreasing the likelihood that Trilafon treated patients would develop this side effect during the study period. Secondly, as the study population was composed of chronic patients on atypical agents prior to the study, this may have skewed the entire study toward patients with lower EPS. One can not necessarily draw conclusions about the tolerability or safety of a medicine when an acutely ill patient is initially placed on any medication in this class from the CATIE study for it was a study of chronic patients already receiving ongoing medication. As Weiden concludes (3) these facts do not in any way ease ones concern about the tolerability of Trilafon in patients with schizophrenia.

Other findings of note were a confirmation of information that clinicians have already believed. That is, that Risperdal uniquely raises Prolactin (the cause of irregular menses), Geodon is safe, well tolerated and produces slight weight loss, and Seroquel does not cause cataracts as was feared earlier though it is rather sedating. But I remind you, unfortunately, that these three second generation agents were not as efficacious as Zyprexa.

One additional complicating variable in interpreting the data is the different comparative dosing of these agents. Some drugs were relatively under dosed in comparison with their usual range of use while others were dosed above this range. For example, Zyprexa was dosed above its typical range at an average dose of 20.8mg. As Carlat has asked, if dosing were more equivalent would the findings have been altered (4)?

I have tried to scratch the surface of the intricacies connected to the phase one CATIE data and will try to offer some summary comments. What one can say is that these drugs are really quite different from each other and one has to weigh the risks and benefits to a given patients when choosing an antipsychotic. Doctors and patients need to have a range of available options, even if that is expensive for insurance companies. This study confirms that treatment must be individualized as no one drug fits all. It is evident that the first treatment is not always the final treatment and therefore persistence and focus on enhancing the ongoing therapeutic alliance is crucial. Support of this therapeutic alliance is one of the many important roles that psychotherapy needs to play in the treatment process. The inadequacy of medication, as evidenced in CATIE, reinforces in my mind that while antipsychotic agents are crucial in the treatment of schizophrenia, psychotherapy is also essential.

At this point it appears that there may be more of a clinical role and indication for the better tolerated older antipsychotic drugs, such as Trilafon, in selected patients, than we clinicians presently appreciate. Another issue is that the newer antipsychotic meds were originally promoted to more effectively treat the so-called negative symptoms of schizophrenia, as well as the chronic cognitive symptoms of this disorder, but the jury is still out on the veracity of this issue as we await further data from CATIE. It is also quite evident that we certainly need better medications. That is, drugs that do not increase the risk of TD, weight gain, diabetes or coronary heart disease.

I've attempted to try to help the reader understand this rather complicated but important study. If I have failed to do that, the consolation (or threat) that I offer is that I hopefully will have another opportunity to write about CATIE when data from the subsequent two phases are published over the next 2 years.

Dr. Feinberg is Associate Clinical Professor of Psychiatry at Albert Einstein College of Medicine and maintains a private practice in Queens, New York.

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Hassidic Children, Standardized Testing and Curricular Issues

Helen Lichtman, Ph.D

In a previous Nefesh newsletter, I wrote an article entitled “Hassidic and Gifted”. In that article I highlighted the difficulty inherent in using standardized intelligence tests normed on the general population of children in the United States to identify gifted Hassidic children. I also explained why the skills that are recognized and cultivated in the early years in the cheder setting (most notably the mastery of rote auditory memory skills) are not likely to be the skills that will identify future scholars or successful businessmen and distinguish them from their peers. I further suggested that the amount of time spent on the teaching of rote memory skills was so significant, that the teaching of abstract reasoning skills often fell by the wayside. The cultivation of deductive, inferential thinking abilities so important for the later, higher level study of gemorah – the development of “the gemorah kup” – then is not addressed until it was too late, particularly for students who are not innately endowed in this area.

In this article, I will discuss how children in the Hassidic community in Kiryas Joel have fared on a range of intelligence and developmental tests, and also to point out the significant gender differences that have emerged. I will conclude by commenting on changes that I believe would be helpful in creating a more effective total learning environment.

Over the past 15 years, psychologists in Kiryas Joel have conducted a significant amount of research by testing hundreds of children in the normative (non-clinical, non-referred) population, using the Differential Ability Scales (DAS), the Drawa Person Test (DAP) ,the Wechsler Preschool and Primary Scale of Intelligence – 3rd edition (WPPSI-III), and the Bender Gestalt test. The children involved in these evaluations were selected from the general population in Kiryas Joel, and were not referred for evaluations because they were experiencing academic difficulty. Rather, they were children attending regular classes. Many attended the Headstart program which was mandated to gather some information about the developmental level of all of their students, all of whom had permission to evaluate forms on file. Hence, these tests provided information about their cognitive and developmental skills.

Results of Test Findings

Here is a summary of our findings, to date. Younger pre-school children (age 3) typically fared somewhat better than older children (age 5) on the WPPSI-III and the DAS, particularly on the verbal subtests of standardized intelligence tests, largely because there are fewer culturally biased items at the younger ages. However, our youngest children (age 2 ½) sometimes performed more poorly than their 3 ½ year old siblings, because they were more reticent to open up to strangers and some of them appeared to have less language than their peers in the general population, in the earliest years of language development.

Girls consistently outperformed boys on virtually all tests administered and these differences typically became even more significant as these children got older. Areas of pronounced differences between the genders emerged in the areas of writing and copying skills (involving paper and pencil tasks), general information, and overall language ability. Boys did equally well on tasks involving the assemblage of block designs, however, and on tests of rote auditory memory and visual scanning. Overall, the rote auditory memory skills of children in the Kiryas Joel community were significantly higher than that of children in the general population.

Most pronounced were the delays the average boy in Kiryas Joel displayed on grapho-motor tasks. However, as the boys grew into adolescence, a disparity emerged between those who used a pencil well, and those who didn’t. Some boys drew highly sophisticated drawings, each with it’s own unique style, while the majority drew primitive stick figures. The girls, on the other hand, drew pictures of average quality for their age, but all of their figures looked the same. It is as if they were taught, by the same teacher, “This is how you draw a picture of a person”. In addition to experiencing difficulty on items that were culturally unfamiliar (involving pictures or words) girls and boys in Kiryas Joel typically had difficulty on verbal tasks that required them to engage in tasks that required higher level, deductive, inferential reasoning skills. An example of this emerged on the Similarities test of the WPPSI and WISC, wherein children were asked to think about how two words are alike. For example, when asked the sample question, “How are red and blue the same?” 6-7 year old

children typically replied, “I don’t know”, “They’re not,” or “Nobody taught that to me, yet” missing the point that they were expected to exercise independent critical thinking skills. Often, they responded by giving concrete, as opposed to an abstract, responses. For example, they might say, you have a red pencil and you have a blue pencil, but don’t draw the inference that they are both colors. Interestingly, children in the Kiryas Joel community performed somewhat better on non-verbal tests of abstract reasoning (such as Block Design and Picture Concepts) than they did on verbal tests of abstract reasoning.

Interpretation of Test Findings

Although children in the Kiryas Joel community typically perform more poorly on standardized intelligence tests than their more Americanized peers do, their relatives who do not attend ultra-Orthodox Hassidic schools (and share a similar same gene pool) do not. In screening children entering Kindergarten in other, non-Hassidic yeshivot, my colleagues and I have found that these children do as well and often better than the national norms. The fact that the difficulties that our children manifest fall in specific areas suggests that a lack of familiarity with certain areas that are assessed by specific subtests is responsible for this difference. For example, children from the Kiryas Joel community exhibit pronounced difficulty on verbal and pictorial items on tests involving objects or words that they have never been exposed to. This is a clear example of the cultural bias of the test. A more subtle finding is the difficulty they demonstrate on tasks that involves the verbal abstract reasoning of words that they are familiar with. Here, they are often familiar with individual words, but not with the kind of thinking required. As mentioned earlier, when asked how blue and red are the same (testing is conducted in Yiddish), school-aged children of normal intelligence in Kiryas Joel are typically perplexed. They will often tell the evaluator that red and blue are not the same because they look different. They fail to grasp the common denominator – the concept that they are both colors. Some have commented that they cannot answer this question, because they have never been “taught” the answer.

On the other hand, the children in the Kiryas Joel community typically outperform their peers in the national sample on tasks of rote auditory memory. This is because this skill is extremely well developed in the Hassidic community. They are taught to memorize from a very young age. In fact, most pre-school children recite large portions of davening, by heart. By default, children whose ability is slightly below average or even average compared to their American peers in the national sample are likely to be at a disadvantage relative to their Kiryas Joel peers. In my experience in Kiryas Joel, children of otherwise normal intelligence who display weakness in auditory memory are identified much earlier as having academic difficulty than are children who have strong auditory memory skills, but more limited overall ability. Children with weak auditory memory skills are also perceived as being less intelligent than other children of comparable intelligence, by their teachers.

Most interesting were the differences that emerged between the genders. The fact that girls outperformed boys, nearly across the board, suggests that the curriculum that the girls follow is more conducive to developing the skills that are assessed by these tests. Typically Kiryas Joel girls outperformed their all –American peers on tests of grapho-motor dexterity and speed, while Kiyas Joel boys of normal intelligence exhibited significant delays on these same tests! Girls copied accurately and quickly, and were able to produce age-appropriate pictures. Boys, on the other hand, were very clumsy in their attempts to transcribe symbols into little boxes and they also typically did poorly in drawing pictures.

In summary, differences that have emerged on intelligence and developmental tests suggest that the performance of children in the Kiryas Joel community is determined by their educational and communal experiences. They underperformed the general population on most tests, but outperformed them on a few other tests. When separated according to gender, Kiryas Joel females performed more similarly to the general population and significantly outperformed Kiryas Joel boys on most measures. On grapho-motor tasks, for example, females outperformed the general population, but boys performed significantly more poorly than the general population!

The gender difference on motor tasks can be explained by looking at curricular differences between the Girls and Boys schools. Girls are expected to color carefully between the lines in preschool and are required to exhibit neat handwriting skills by the time they graduate first grade. They engage in grapho-motor exercises until a high degree of competence is reached. For the boys, the demand is on reading and memorizing, not on writing. Boys spend very little time learning how

to write and this instruction typically occurs long after they have become proficient readers. Girls take written tests, boys take oral tests. In class, girls take notes and do written homework assignments, while the boys do not.

The ramifications of our findings are significant from an educational and socio-economic perspective. The men in the community are less prepared to engage in writing tasks than the women are, and their written and oral English language skills tend to be poorer. Yet there is the expectation that the men will have the pre-requisite skills that they need to earn a living to support their large families, which their wives are very busy caring for. Given that they begin their working careers without any formal education (and very minimal English language, literacy and computational skills), their success is dependent on their innate cognitive skills along with their social intelligence! Without specific training in a career or a trade, they are far more dependent on their motor dexterity, linguistic, social, and thinking skills to be successful than are their more educated peers. Historically Jews have been successful merchants and bankers. Certainly, the rote memory skills that have been cultivated from early childhood onward come in very handy.

But the fact that the thinking skills of younger Hassidic boys has not been cultivated in the elementary school years, makes it virtually untenable for weak learners with poor reasoning skills to be successful in the halls of the Bais Medresh, as they get older. Interestingly, these higher level thinking skills are very similar to the skills that they will need to have an advanced or successful career. Focusing on the development of critical thinking skills from an early age will increase both the number of boys who successfully learn gemara in their High School (and post-High School) programs while also better preparing them for the rigors of making a living.

The development of these skills is crucial among the most learning disabled youth who typically graduate Yeshiva having memorized pieces of the weekly learning, but not being able to independently learn gemara. They often cannot proficiently add or subtract, manage a checking account, and sometimes even have difficulty telling time. Often their parents have spent large amounts of money on tutors, but their instruction typically focuses on familiarizing them with what is being taught in class and not on teaching them how to learn, or instructing them in arithmetic or life skills.

In discussions with Rebbeim in the Boys school, they have noted that they are more successful in “catching up” the younger boys by pulling them out of class and privately re-teaching early reading skills, than they are with the older boys who are expected to “understand” what they are learning. My observation is that the strategies that they employ to remediate these deficits at the younger ages - while very effective in the short term - are of limited value in the long run. The reading of words is remediated and the the chumash text that is taught in school is, at long last, often recalled (by the students) by using the techniques of constant repetition and memorization. Reading fluency is often achieved and with private re-teaching, these boys are ultimately able to “tell over” what they have learned during the week. This makes both parents and teachers happy. For boys who are weak students across many academic areas (as is often the case), however, this remedial strategy is short-sighted. These boys would be better served by spending some of their private tutorial time learning “critical thinking skills” at an earlier age, even though its benefits might not show up right away in the cheder setting.

The over-emphasis on the teaching of rote skills is an issue in the Girls Elementary School as well, but to a lesser degree. This is because these girls are also expected to demonstrate proficiency in mastering arithmetical concepts and in acquiring English reading comprehension skills. If they don’t, this weakness manifests itself in the early Elementary School grades and exposes the weakness of girls who have difficulty in this area at a younger age. This results in the implementation of more effective and comprehensive intervention strategies at a younger age in the Girls school than it does in the Boys school.

In conclusion, significant differences were found in the performance of Hassidic children on specific subtests of standardized tests, as compared to the national, normative population. Additionally, very significant gender differences emerged between Hassidic girls and boys, with girls typically outperforming their male counterparts. A focus on teaching critical thinking skills and grapho-motor skills to elementary school children (particularly in the boys elementary school) would enhance the academic and vocational success of these children as they move into high-school and ultimately into Yeshiva Gedolah or vocational positions.

Notes from the Field: The Psychological Impact of Genetic Testing

Chaya Feuerman, L.C.S.W

Knowledge: a Burden… or a Right?

Surprising as this may seem, at least one in four individuals of Ashkenazi Jewish descent is a carrier for a genetic disease common in this population. Having recently become intimately involved with the technical and emotional process of genetic testing and counseling, I found that I had a number of misconceptions about how best to counsel individuals in this regard, stemming from a conflict between social work, Jewish, and secular values. I thought this might be of interest to my colleagues both on the merit of the subject matter itself, but also on the merit of the universal theme of the conflict between knowledge and the potential for emotional harm.

Respect for the pure, unadulterated truth is one of Western society's most venerated values. The notion that each individual has the right to know what is happening to him or her - even if the truth hurts, is considered sacred. But Jewish ethics, while placing a high value on honesty, consider the emotional health of a person to be primary. Consider for example, the traditional practice of not informing a sick person of a loved one's death if there is a suspicion that it would be deemed harmful[1]. So too, when it comes to genetic testing for carrier status, Rav Moshe Feinstein, z'tl in a *teshuva* was wary of the impact that this knowledge would have on a young man or woman. Though Rav Moshe, z'tl was well aware that being a carrier for a genetic disease has absolutely no impact upon the individual or the offspring (so long as the other parent was not a carrier for the same disease) he feared that the knowledge of the results would still be the cause of debilitating anxiety on the part of the identified carrier. He actually made specific mention of the "Serious illness of nerves, which seems to be prevalent in America" [2]

In point of fact, many in the Orthodox community use an ingenious confidential testing system devised by ***Dor Yeshorim***, which, via coded identification numbers allow young uncommitted (unmarried and unengaged) men and women to be tested without actually learning of their carrier status. In this way, the stigma and psychological burden of knowledge is not imposed upon individuals who seek genetic compatibility but do not need to know if they carry one mutated gene or another. Of course, when a couple is found to be incompatible, carrier status is revealed and counseling is offered. Rav Moshe z'tl ultimately gave his approval and endorsement of this method, in addition to many other *Gedolei Yisroel* who endorsed the confidentiality method of testing.

Protective or Patronizing?

There are individuals who have argued that this system is presumptuous and deprives people of their 'right to know' their own individual health status. However, experience has taught that even the most sophisticated, enlightened and educated individuals, when faced with actual carrier status information, have had serious psychological difficulty processing and integrating this information. Dr. Michael M. Kaback in his book Human Genetics, asserts that "From an ethical perspective, it is reasonable that an individual *have the right not to know information about himself…"* [3] But even those who have strenuously insisted that they can "handle" carrier status results, upon being told they are a carrier for a specific disease, become irrationally distressed. One case that comes to mind is that of a physician whose son was informed that he was found to be genetically incompatible with a prospective marriage partner, and subsequently called the DY office with a tone of disbelief and incredulousness to say, "It is impossible that my son would be a carrier! There must be some mistake…it simply cannot be!" This reaction, although it may seem simpleminded and perhaps even foolish, is actually the typical response of many individuals, irrespective of the social, religious or educational background upon being told that they possess a faulty gene.

Research documented in the American Journal of Medical Genetics that studied the effects of carrier status knowledge in Cystic Fibrosis carriers, found that carriers experienced "*an increase in feelings of guilt...felt less positively about themselves…The researchers referred to this as self stigmatization".*[4] And a recent review of several

studies published by the American Psychological Association reported that *"A seven year followup... evaluation indicated that notification of carrier status resulted in anxiety, embarrassment,…inferior social status……non-carriers experienced relief and a general sense of well-being toward their future childbearing…carriers reported feelings of hopelessness regarding the health of their offspring."*[5]

Additionally, many non-carriers unjustifiably feel that they should marry only non-carriers and ignore the fact that they likely are carriers themselves for an as yet untested disease. In the above mentioned research article, this point is clearly acknowledged: *"20% of parents reported that they requested that their non-carrier children not marry a carrier, even though such an arrangement would not result in any offspring with the disease."* If this faulty belief were to permeate the majority of communities, carriers would eventually be left to marry only other carriers and thus would be at even greater risk for producing genetically diseased children.

To what can we attribute this irrational ideation?! Remember, simply being a carrier for a genetic disease has no impact whatsoever on one's own health or that of any offspring, so long as the spouse is not also a carrier for that same disease. As mental health professionals, we are aware that no-one wants to view him/herself as challenged or tainted, in any way, even if it is via a tiny, invisible gene. For, this is what it means to be human – feelings and beliefs, however primitive, often dominate over the intellect. As a letter to the editor in the New York State Journal of Medicine entitled 'Confidential Tay-Sachs Carrier Screening' states "The social stigma of being a carrier of the Tay-Sachs gene is not fully appreciated…people may look at carriers in the same manner as patients with epilepsy and leprosy were looked at half a century ago…" [6]

Dor Yeshorim has taken into consideration the concerns and research outlined above and has been successfully utilizing their confidential screening program since 1983. To date, over 200,000 individuals have been tested and over 800 genetically incompatible couples have been identified, thus preventing families from the agony of watching genetically diseased children deteriorate and die in addition to the many other associated familial difficulties resulting from such tragedy.

Summary

In conclusion, tests to detect carrier status and genetic compatibility are helpful (and necessary) when performed before commitment to marriage, and with adequate supports in the event that results yield incompatibility. The premarital confidential system works for the following reasons: 1. It prevents sick children from being born into our families without the accompanying psychological damage and social stigma of carrier status knowledge; 2. It helps families already affected with genetic disease by allowing their unaffected members to enter the social mainstream and marry without fear of stigma; 3. It prevents carriers from social stigma and the very real potential of being excluded from marrying non-carriers who would likely choose to marry only other non-carriers; 4. It prevents anxiety, depression, hopelessness, embarrassment and a sense of inferiority from psychologically affecting carriers; 5. It prevents the necessity for prenatal genetic tests that inform parents if they carry genes for genetic diseases – expectant parents who have already been tested, do not need to be frightened by their physicians who inform them that there is the potential risk of having affected offspring. (A valuable community resource has recently been established to assist expectant parents in navigating the maze of the current proliferation of prenatal testing – the Rabbinical Committee for Patients Rights is available at 718-213-4940); 6. It saves the numerous hours of genetic counseling that would be necessary upon revealing carrier status to the many individual carriers in the Ashkenazi Jewish population.

Dor Yeshorim offers counseling, referral and support to unmarried couples who have been found to be genetically incompatible, in addition to sharing their wealth of knowledge and experience with families already afflicted with disease, sometimes becoming actively involved in the treatment of the patient and testing of other family members. **DY** also collaborates with several universities world wide in research to identify new tests for other diseases plaguing the Jewish community.

The **DY** program is available to unmarried and unengaged individuals who have not tested elsewhere for any disease on the DY testing panel. Dor Yeshorim's primary function is to provide genetic screenings through high schools, yeshiva's, seminaries and colleges and to provide premarital compatibility results to potential couples. For more information or to request a brochure, contact **Dor Yeshorim** at 718-384-2332.

Chaya Feuerman, LCSW serves as Director of Operations for *Dor Yeshorim*, a non profit organization that provides premarital genetic screening, genetic counseling and education regarding genetic diseases to the observant Jewish community worldwide. *Dor yeshorim* is also affiliated with *Kehila Cord, Inc*. through which umbilical cord blood collection and storage can be arranged, free of charge, for transplantable stem cells needed by patients suffering from a variety of blood disorders. To arrange for cord blood donation, call *Kehila Cord, Inc*. at 718-218-8280.

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Change in New York Licensing Laws for Mental Health Professionals

By: Marcia Kesner, MS, LPC, LMHC

Beginning January 1, 2007 the practice of psychotherapy will be restricted to licensed professionals in New York state. The new law establishes four new mental health professions: Mental Health Counseling, Marriage and Family Therapy, Creative Arts Therapy and Psychoanalysis by adding Article 163 to Education Law, and was enacted to protect patients from "poorly trained, unscrupulous providers". According to a New York Magazine Article dated December 26, 2006, State Assemblyman, Steven Saunders, who sponsored the bill, was quoted prior to the bill saying "anybody could advertise themselves as psychotherapy something-or-other and you didn't know who you were going to."

The law will now also require a limited permit for individuals gaining supervised experience to meet the requirements for licensure. The previous law which included only psychology, social work, medicine, registered professional nurses, nurse practitioners and individuals in exempt settings was amended to include the newly licensed professions.

Exempt settings are listed by the NYS Education Website, stating "The law does not prohibit or limit individuals, churches, schools, teachers, organizations, or not-for-profit businesses from providing instruction, advice, support, encouragement or information to individuals, families or relational groups". In addition, until January 1, 2010 the law exempts individuals in programs that are operated, funded, or regulated by the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Office of Alcoholism and Substance Abuse Services and Office of Children and Family Services from requiring licensed professionals.

The law, which had been scheduled to take effect January 1, 2005, was delayed by the backlog of applications received but not yet processed by the State Education Department Office of the Professions and Board of Regents. The current estimate is that over 5000 applications for licensure in the four new disciplines were received, but approximately only 2000 of these have been processed as of yet.

New York was the 48th state to enact such licensing regulations; with only California and Nevada not yet recognizing or authorizing a license for mental health counselors to practice psychotherapy. For more information, you can contact the State Board for Mental Health Practitioners at www.op.nysed.gov or the New York Mental Health Counseling Association at www.nymhca.org.

A Letter from Judith Guedalia, Ph.D

Dear All,

The Sixth Annual Nefesh Israel Conference which took place Tuesday, Wednesday and Thursday (Jan. 17-19) was a major uccess. We had close to 300 people a day for three days. The conference title was Building Bridges in Mental Health, and that it did. Attendees and presenters ranged in every 'hue' of the religious rainbow, they came from Australia, Brazil, Canada, England, Holland, the United States, and of course Israel; from as far north as Zefat and as south as below Be'er Sheva. We came together with one purpose, to network, connect and bridge the gap with other Torah-True mental health professionals who 'are' and/or work with the religious community. The high academic and culturally diverse level of the presentations began with the Hitnatkoot or Akira (Separation or Uprooting) from Gush Katif/Gaza. HaRav Yigal Kaminetzky the former Rav of Gush Katif (or Rav of the former Gush Katif) formally opened the Conference. The other topics, which are too many and too varied to list here, made significant inroads to our understanding and knowledge. (Please go to the website www.nefeshisrael.com for the full conference schedule, abstract book, pictures and soon digital voice recordings of the sessions which (B'EH and B'N) will be available for downloading.)

Leah Abramovitz, MSW, and I as co-chairs wish again to thank our committee: Rav Dr. Ephraim Becker, Dr. Yocheved Burlovitz, Mr. David Emanuel, Mrs. Rivka Friedman, Rav Eliezer Glatt, Mrs. Rachel Gottesdiner, Rabbi Dr. Yisrael Levitz, Rav Dr. Baruch Shulem, Mrs. Sarah Beth Solomont and conference coordinator Ms. Elana Walhaus. The Conference was supported by the generosity of Mrs. Estanne Abraham Fower, Mrs. Ellie Bette Nussbaum and the Tobin Family Foundation.

LeHitraot B'Shanna HaBa B'Yerushalyim HaKedosha (Plan to have the 7th Annual Israel Nefesh Conference in Jerusalem before or after Parshat Shemot), Till then see y'all in Baltimore, Dr. Judi Guedalia-- Co-Chair Nefesh Israel

Judith Guedalia, PhD.
Director, Neuropsychology Unit
Senior Medical Psychologist
Shaare Zedek Medical Center, Jerusalem, Israel
Tel: (972) (0) 2 655-5451
Fax:(972) (0) 2 666-6979

Rabbi Nosson Sherman, Rabbi Tzvi Hersh Weinreb and Richard Joel at the NEFESH Convention.

Abe Worenklein
Co-Chair of Nefesh Conference

Dancing at Melava Malka

Mordechai Glick at the Melava Malka

The "first annual" Rebbitzens'Brunch was held on November 13, 2005, in Chicago, to honor the Rebbitzens of the Orthodox Jewish community.

The program was jointly sponsored by the Chicago branch of NEFESH and the Task Force on Families and Children in Crisis, of New York. Special recognition was given to Miriam Turk and Faye Zackheim for spearheading the organization of this event.

Dr.Vivian Skolnick, representing the Chicago branch Of NEFESH, opened the program with introductions and awarded framed certificates of achievement to the Rebbitzens. NEFESH is The International Network of Orthodox Jewish Mental Health Professionals. "We Want to give back to Chicago's unsung heroines what they have given to our community," Dr. Skolnick said. "The Rebbitzen is on the front line. She is often the first person people talk to when calling the Rabbi for help. Women often feel more comfortable talking to the Rebbitzen. They do much good work both behind the scenes and in the public eye but receive little public recognition for it. We all know how open their houses are, how open their ears are, and how open their hearts are," said Dr. Skolnick.

Rebbitzens' issues were discussed by Rebbitzen Esther Reisman, a moving force behind the Task Force on Children and Families in Crisis in New York, who also gave a Dvar Torah. Rebbitzen Reisman said that we each need to find our strength and use it to help others find their special gift to the world. Our struggles should be seen as Hashemn's gift to us, inviting us to develop our strengths. This is especially true, Rebbitzen Reisman said, when dealing with Post Partum Depression. We need to ask for or get whatever help we need, whether it be music, a mentor, or professional help, and our Creator.

Post Partum Depression was clearly and concisely explained by Dr. Joyce Rydzinski, a psychiatrist in private practice and professor of Psychiatry at the Albert Einstein School of Medicine in New York. She quoted a line from a poster: "Depression is a flaw in chemistry, not character. Too often, the general public sees depression, especially in women, as possibly the fault of the woman for taking on too much, or being too self-concerned. This is not true. Depression is a biological illness," said Dr. Rydzinski, "caused by chemical imbalances that involve the body, mood, and thought. It is not a sign of personal failure. When a person is depressed, they cannot just pull themselves together. Without psychiatric/psychological treatment, depression can last from months to years and cause significant damage to families."

Dr. Rydzinski said "research shows that negative moods can be brought on by the normal changes in the estrogen and progesterone levels in women who have a biological vulnerability to depression. These women are just more sensitive to the shifts in the hormonal connections between the brain, the pituitary gland, and the reproductive organs."

Dr. Rydzinski reported full recovery of 50 percent of patients treated, 6 months after diagnosis. At the end of two years, eighty per cent will be significantly better. Like many other common medical illnesses, a combination of genetic, psychological, and environmental factors are involved in the onset of depression.

Dr. Rydzynski encouraged the audience to take away from the meeting, if nothing else, the fact that depression is a biological, treatable illness and should not be treated as a stigma, and we should all spread the word.

Malkie Shick, a survivor of depression, presented a vivid, powerful picture of her struggle with depression -- at first denying it, eventually facing it, and finally coming out of it after much hard work in therapy, and with strong support from her family. She went from vehement denial, to anger, and finally, acceptance and the hard work of recovery. The stigma of depression, of which Dr. Rydzinski spoke, appeared to play a large part in her refusal, like that of so many others, to accept her depression as a physical illness with psychological involvement. "See, a psychiatrist!?" No. I'm not crazy, and I'm not depressed." With this attitude, as with many other women, it would take some time, and more than one therapist, many self-help books, tapes, and exercises, to arrive at the truth and seek the help she needed.

NEFESH is a source of referrals for the community, programming for professionals and other community organizations. The job of NEFESH is supporting the spirit in the spirit of Torah.

Recent Programs of Chicago NEFESH:

A Rebbitzen's Brunch in November, jointly with the Task Force on Families and Children in Crisis, of New York, in which Rebbitzens' issues were discussed, followed by the clinical and personal aspects of Post Partum Depression. On March 5, 2005, The Dilemma of the Agunah: Halachic, Clinical, and Personal Issues was presented. And on March 26th, Nefesh Chicago and the Rabbonim of the Midwest jointly presentesd a paneldiscussion titled "Entrapments of Technology: Combating the Dangers of the Internet."

Great News!

THE JEWISH INTERNATIONAL RESOURCE DIRECTORY
Of Mental Health and Social Service Agencies

A Joint Project of **NEFESH**, Ohel Children's Home and Family Services, and **Yitti Leibel Helpline**
With the Generous Support of **TARGUM SHLISHI**, a **Raquel and Aryeh Rubin Foundation**

NEFESH has initiated the development of an International Resource Directory. Our hope is to have an on-line searchable database of social service and mental health agencies that serve the Orthodox Jewish community. This database will be available on the web as a tool for mental health professionals who serve this population.

But we need **YOU** to help us grow this database. Please send us information about any agencies you know of in your area, so they can become listed. You may do so by either logging on to: www.nefesh.org, or filling out the form below and faxing or mailing it to our NEFESH office.

THE JEWISH INTERNATIONAL RESOURCE DIRECTORY
of Mental Health and Social Service Agencies

A Joint Project of NEFESH, Ohel Children's Home and Family Services, and Yitti Leibel Helpline

ORGANIZATION NAME: ____

ADDRESS:____

____

TELEPHONE:____________________________FAX:_________________________

WEBSITE:______________________________EMAIL:_______________________

DATE OF COMPLETION:____

SERVICES PROVIDED:

Alzheimers
Assistance in Obtaining Government Benefits
Bereavement Services
Camps
Case Management
Child Abuse Treatment and Prevention
Community Education
Community Services for Elderly
Crisis Intervention
Day Programs
Domestic Violence Prevention
Domestic Violence Shelters
Domestic Violence Recovery
Early Intervention
Family Therapy
Financial Relief
Food Programs
Genetic Counseling
Holocaust Survivor Aid
Homecare
Homeless Services
Hospice
Hotline
Individual Therapy
Inpatient Addiction Services
Inpatient Eating Disorders
Legal Aid
Marital Therapy
Mediation
Medical Services
Outpatient Addiction Services
Outpatient Eating Disorders
Outpatient Mental Health
Parent Education
Psychiatric Evaluations
Psychological Evaluations
Referrals
Residential Services
Residential Services for Elderly
Respite Care
School-based Programs
Services for New Immigrants
Sexual Abuse Recovery
Sexual Offender's Treatment
Sexual Orientation Services
Social Supports
Special Education Services
Support Group
Support Services for Cancer Victims
Support Services for Terminally Ill
Trauma Recovery
Traumatic Brain Injury
Treatment Groups
Vocational Rehabilitation
Youth at Risk
OTHER

POPULATION SERVED

Bereaved
Elderly
Families
Immigrants
Persons with Developmental Disabilities
Persons with Gender Identity Conflicts
Persons with Learning Disabilities
Persons with Physical Disabilities
Persons with Psychiatric Disabilities
Persons with Life-Threatening Illnesses
Pre-school Children
School-Age Children
Victims of Abuse
Victims of Trauma
Youth at Risk
OTHER

LANGUAGES:

Arabic
English
Farsi
French
German
Hebrew
Russian
Spanish
Yiddish
OTHER

FEES:

Fee for Service
Medicaid
Medicare
No Fee
Sliding Scale
Third Party Insurance
OTHER

Comments (If you checked other in any of the fields, please elaborate here.):

____

____

This section is for internal information and will not be published in the directory:

Whom may we contact for further information and updates?

NAME:___________________________ POSITION:_________________________

TELEPHONE:___________ FAX:_____________ EMAIL:______________________

For More Information About This Application Contact:

Simcha Feuerman, L.C.S.W., Fax 686-4275 Simcha_Feuerman@ohelfamily.org

Elin Weinstein, Ph.D., Fax 718 969-0975 Elinweinstein@aol.com

FrumSupport.com: The Online Support Network for Frum Families Coping with Illness

When Shloime H. learned last year that his young son would need to undergo serious surgery, he was distraught. Most distressing of all, Shloime and his wife had nobody to turn to for help. Like most frum families, they were reluctant to discuss their serious medical problems publicly. But Shloime, a Boro Park-based web programmer, understood that families like his, when faced with crisis, need somewhere to turn.

"You can have two neighbors suffering from the same medical problem, but not knowing about each other," Shloime observed. "If they would be able to open up to each other, it would ease their pain. They're suffering double: they're suffering from the condition, and they're suffering from having no one to talk to."

In response, Shloime created FrumSupport.com, a unique blend of gemilas chasadim, bikur cholim, and technology. FrumSupport.com's anonymous discussion forums help frum individuals and families like Shloime's cope with serious medical issues by discretely sharing their experiences and drawing support from others in the same situation.

The site now boasts over 730 members. It receives about 250 unique visitors every day, among them the ill, their families, and caring observers who wish to share their experiences or comfort others. Many members are survivors or doctors who join solely to help others who are in need.

FrumSupport.com is completely anonymous and completely free. The site, intuitively organized and easy to use, offers discussion forums in every major area of medicine, divided into appropriate subtopics. Certain forums, such as Mental Health and Crohn's disease, are especially active. Anybody can browse the forums and read the discussions, but only members can post their comments. Membership is free. All of the posts are monitored, and certain forums are password-protected for tznius reasons.

Some discussions are enhanced by the insights of doctors who volunteer to moderate forums in their field of expertise. One such moderator is Dr. Avraham Lynn, supervising psychologist at the Bikur Cholim clinic in Rockland County, who moderates the FrumSupport.com's mental health forum. "Because it's anonymous," he says, "people are more likely to disclose issues that concern them." Dr. Lynn says support seekers often find the community they're looking for when they visit FrumSupport.com. "They're getting support, encouragement and validation. It's invaluable that they feel that they're not alone."

In his role as a moderator, Dr. Lynn sometimes takes direct questions, giving specific advice or counseling families how to select a doctor for a loved one.

"It's important that the frum community access mental health services, but the website is not the forum for one-on-one therapy. People have to get themselves the mental health services they need. I try to de-stigmatize it."

The site was developed with a grant from the Mishkan Yecheskel Foundation. Shloime H. solicits donations to support the site's $3000 a month advertising budget, but nobody at FrumSupport.com takes a profit. "I just sit there sometimes and cry, reading what people are going through," Shloime says. "FrumSupport.com is filling a void in klal yisrael."

Please tell your friends about FrumSupport.com

Nefesh Members at Large & What They're Up To

Mazal Tov to:

Rav Dovid and Rebbetzin Leah Cohen on the birth of twin grandchildren.

Shimon Solnica on the birth of a son.

Mrs. Ahuva Litke and her husband Gedalia of Monsey on the marriage of their daughter Avigail to Chaim Stern.

Rabbi and Mrs. Jonathon Dove upon the marriage of their daughter Ruchama to Yaakov Barr of Manchester, England.

Dr. David Pelcovitz and his wife Lani for being honored by the Young Israel of Great Neck.

Dr. Norman Blumenthal upon the marriage of his daughter, Aliza.

Member News

Rabbi Mordechai Glick recently ran parenting Shabbatonim at the Kemp Mill Synagogue in Silver Spring, Maryland and at the Adath Israel synagogue in Montreal, Canada. In both cases he led sessions on Inculcating Values, Self Esteem, and Discipline Without Damage.

With Sorrow

Condolences to Mrs. Chana Kahn on the passing of her mother.

With sorrow, NEFESH informs our members about the passing of Esther F. Samber PsyD, Esther Chana bas Shaul Dov, on November 26, 2006 at age 69. Esther received her Doctorate from the Illinois School of Professional Psychology. She worked for many years at Elgin State Institution and later went into private practice. Esther was an avid student and continued her studies for many years in a weekly study and supervision group. Her interests led her to become active in NEFESH, both in the Chicago chapter and as a board member. She served the Chicago community often by doing chessed discreetly and without fanfare.

Esther was an active member of the NEFESH book review group where she endeared herself as a friend as well as displayed her competency as a clinician. In her personal and professional endeavors she projected a commitment to Torah values and a loyalty to NEFESH. NEFESH provided Esther an opportunity to widen her scope of friendships and to develop her leadership abilities.

She is survived by her husband Marty, a retired lawyer, and three sons who are all deeply involved in Jewish education at the day school level and the yeshiva level. Esther's religious and educational investments left a profound impact on her children and grandchildren. Her colleagues and friends shall all miss her.

LISTSERV AND WEBSITE INFORMATION

As you are all aware, the listserv is a wonderful tool for Nefesh members and a great benefit of Nefesh membership. To ensure that we maintain the high quality that we've come to expect from the listserv, please re-acquaint yourself with the following rules and policies: There are two different listservs: the Nefesh International listserv & the Nefesh Israel listserv. As a member, you can subscribe to either listserv or to both. If you are not currently receiving the listserv and would like to subscribe, simply send a blank e-mail with the word "subscribe – Nefesh International," "subscribe – Nefesh Israel," or "subscribe – International and Israel" in the subject line to nefeshil@nefeshisrael.com. If you would prefer to receive postings once a day, rather than as they come through one by one, you can receive them in digest form. To do so, just send a blank email to the appropriate listserv address with "digest form" in the subject line. If you would like to change the e-mail address that the listserv is being sent to, send the appropriate information to nefeshil@nefeshisrael.com.

As a member, you can post a message to either listserv or to both. Please note, however, that the reason people are not automatically signed up to both listservs is that some people may not wish to receive all the postings and may feel that the Israel postings including requests for a referral in Israel, programs offered in Israel, Hebrew notices, etc. don't apply to them – or the other way around for people in Israel. Therefore, to avoid people receiving a lot of postings twice – from the Israel AND the International listservs, please post your message strategically. Thus if you are seeking a referral in Boston (or in Efrat) it would probably make sense to post the message only to the applicable listserv. If, however, the posting is of a general nature - e.g. the recent discussions about boundaries or eating something after going to the mikvah, these might be of interest to everyone. To post an item to the International listserv, send it to nefeshint@nefeshisrael.com. To post an item to the Israel listserv, send it tonefeshil@nefeshisrael.com. To post an item to both listservs, you must send a separate post to each.

ADVERTISING POLICY

ADVERTISING ON THE LISTSERV IS ACCEPTED (AND VERY EFFECTIVE!) THE COST IS $50 FOR EACH INSERTION. If you would like to place an advertisement on the listserv, contact the Nefesh Secretary (secretary@nefesh.org) to arrange for payment and then post the advertisement as you would post any item to nefeshint@nefeshisrael.com).

a) any member may post notices about services for clients or professionals at no cost as long as the services are provided at no charge and are not offered to induce people to eventually use services or items that they will have to pay for.
b) members looking for jobs, office space, etc. may post queries at no cost. Responses, however, should be made only to the sender and not to the entire listserv.
c) Advertisements for services, products, jobs available, etc. may generally be purchased for $50 per insertion by individuals (members or nonmembers), agencies or businesses.
d) On a case by case basis, persons offering office space and/or making practice announcements, and/or offering a unique service may be allowed to do so free of charge in cases where there is a compelling value and interest to Nefesh's community of professionals (for example some unusual course offering or unusual area of specialty, or low cost, etc.)

PLEASE MAKE NOTE OF THE FOLLOWING LISTSERV PROTOCOL:

Those of you who have been making use of the listserv are undoubtedly finding it very helpful & useful. To ensure that the Listserv is used properly and to everyone's benefit, and to make sure that none of your postings are rejected, please make sure to follow the following protocol in posting messages:

1) Make sure to put the topic of your post in the subject line.
2) All postings must be concluded with the name and credentials of the sender.
3) The Listserv is available only to Nefesh members. If you are not a member in good standing, you may not post items to the listserv even if you, for some reason, are receiving items from the listserv.
4) MAKE SURE that no postings about clients or cases contain any information that someone could possibly recognize. If you cannot completely disguise the details, do not post it!
5) Make sure that all comments - especially about someone or something that someone else posted – are respectful. You can certainly disagree with an opinion, but it must be done respectfully - *otherwise it will not be put through.*
6) The listserv is a professional forum for members to share or seek information. Requests for tehillim, tefillos, etc should not be sent to the listserv, nor is it a site for people to discuss political issues.

As Nefesh International Listserv Moderator, it is my job to ensure that all postings that go onto the listserv are appropriate. Please help me by ensuring that all your postings follow the above rules.

Thank you!
Mordechai Glick

Dear Nefesh Members,

Our December Conference was especially successful. We are aware that CEU's for social workers and CE's for psychologists are important since many participants accumulated their annual required courses at the Nefesh Conference.

We had some issues in terms of processing the continuing education credits and offer our sincere apology to those of you who experienced a delay in the process. We are hopeful that we've caught up with the work and that our next conference will offer a far smoother operation.

Sincerely,
Nosson Solomon, President **Phyllis Mayer, CEU Coordinator**

Nefesh
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