

# NefeshNews

The International Network of Orthodox Mental Health Professionals



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## ***Esther Solomon Memorial Award* by Neal Goldberg, Ph.D.**

Nefesh International is proud to announce the selection of Rabbi Dr. Abraham Twerski as the 2008 recipient of the Esther Solomon Memorial Award for Outstanding Contributions to Mental Health in the Torah Community.

### ***Rabbi Dr. Abraham J. Twerski***

Rabbi Dr. Twerski's seminal role in the Jewish Community worldwide is evidenced by his work in over the course of 50 years in public education and innovative advocacy. He has fearlessly addressed sensitive issues in the public forum, bringing much needed help to victims of domestic abuse, as well as, to those suffering from addictions and substance abuse. Rabbi Dr. Twerski has exerted an enormous influence on countless Jews and non-Jews throughout with world through his many books, lectures, and his generous availability to those seeking his guidance and wise counsel.

Dr. Abraham J. Twerski is the Founder and Medical Director Emeritus of Gateway Rehabilitation Center, a not-for-profit drug and alcohol treatment center in western Pennsylvania, which has been cited as "one of the 12 best drug and alcohol treatment centers" by Forbes magazine and by also by the treatment guide The 100 Best Treatment Centers for Alcoholism and Drug Abuse.

Dr. Twerski, an ordained rabbi, held a rabbinical post until 1959, when he graduated from Marquette University Medical School and went on to complete his psychiatric residency at the University of Pittsburgh Western Psychiatric Institute. He served 20 years as Clinical Director of the Department of Psychiatry at St. Francis Hospital in Pittsburgh.

Dr. Twerski is recognized as an international authority in the field of chemical dependency. He initiated the first program in Pennsylvania for nurses with alcohol and drug problems, "Nurses Off Chemicals;" served on the Governor's Council on Drug and Alcohol Abuse; and was Chairman of the Pennsylvania Medical Society Committee on the "Impaired Physician." Dr. Twerski also appears frequently as a radio and television guest speaking to audiences worldwide.

A frequent lecturer on a broad range of topics, including stress, self-esteem, spirituality, as well as chemical dependency, Dr. Twerski has written over 50 books and articles including: Happiness and the Human Spirit: The Spirituality of Becoming the Best You Can Be; Substance Abusing High Achievers; Life's Too Short; I'd Like to Call for Help, But I Don't Know the Number; Do Unto Others; Coping With Stress – The 9/11 Generation. He has also notably collaborated with Peanuts comic strip creator Charles Schultz on the books When Do the Good Things Start?; Waking Up Just in Time; I Didn't Ask to Be in This Family and That's Not A Fault...It's a Character Trait. In collaboration with Dr. Yisrael Levitz, Dr. Twerski recently published a pioneering book for rabbis, entitled "A Practical Guide to Rabbinic Counseling."

### ***The Esther Solomon Memorial Award***

The Esther Solomon Memorial Award for Outstanding Contributions to Mental Health in the Torah Community was established this year to honor the memory of Esther Solomon (z'l), the late wife of current Nefesh President, Dr. Nosson Solomon. Esther was a brilliant, well-rounded woman, who truly made giving her life's work. She understood people and, in whatever capacity she found herself, utilized her talents to make a difference in the lives of the people she met. People sensed that Esther cared about them deeply, whether as a friend, who would lend a sympathetic ear and always seemed to have just the right advice to give, a shadchan, a wife and mother, daughter and grandmother, or in her professional capacity as a pediatric physical therapist. Esther is sorely missed by all who knew her, and although she is no longer with us, her spirit lives on in the myriad accomplishments she left behind. This unique award is a fitting memorial to honor Esther and her lifetime achievements to our community.

We hope that you will be able to join us for this most auspicious event at Nefesh International's 12th Annual Conference, Sunday and Monday, January 4th and 5th at the Young Israel of Staten Island. Rabbi Dr. Twerski will be honored at a luncheon taking place on Sunday, January 4th.

**NEFESH**  
INTERNATIONAL'S  
*12th Annual Conference*  
Sunday & Monday  
January 4th & 5th, 2009

*Honoring*



**Rabbi Abraham J. Twerski, MD**  
*The Esther Solomon Memorial*  
Award for Contributions to Mental  
Health in the Torah Community





## MESSAGE FROM THE PRESIDENT

Nosson Solomon, Ph.D.

As we enter the final quarter of the fiscal year, active planning of the January conference begins to heat up and the outlines of the reality, the product of so much planning and work, emerge. Chaim Sender, LCSW, and his committee continue to elaborate on the design of a conference that will respond to the needs of our attendees. The many options for training and education will be offered in a substantial format that will give registrants something to take home with them. Presenters will be experts in their fields. We all have something exciting to look forward to.

However, this Conference is only one part of the continuing effort by the Executive Board to upgrade services to members. Another upgrade in progress is the NEFESH website, which is being redesigned to accommodate an online newsletter and other member services. Additional member services you should consider, if you haven't already used them, are the very popular listserv and the professional literature data base (EBSCO). Both of these offer members free access to the world of mental health ideas.

We are also continuing our work for the Orthodox community at large. Soon to appear in the Jewish print media, are collections of articles written by NEFESH members on topics of concern to the Orthodox community. We are proud of our Yitti Leibel Helpline Division and the 40 or so mental health professional volunteers that man it. If you are looking for a zechus guaranteed to work in your favor in olam habah, contact Moshe Wangrofsky, ACSW, to volunteer.

On September 21st, we joined with Attention Deficit Awareness for Parents and Teachers (ADAPT) in a community forum, "Building an Educational Partnership." Over 75 teachers and parents came to hear experts in the fields of education and mental health as they pertain to ADHD. The keynote, by Rabbi Yisroel Reisman, offered chizuk to parents.

As I have often emphasized, NEFESH International is intent upon collaborating with other organizations, agencies, and institutions to provide the public with mental health education. We are a member of the Task Force on Families and Children at Risk in the Orthodox Community and the Brooklyn Youth Council. These coalitions serve as active networks for dozens of agencies, organizations, and schools in the Orthodox community. I believe that networking and collaboration are necessary tools in helping the Torah community move forward, and I fully intend to pursue cooperative relationships wherever the opportunity exists.

In conclusion, I want to herald the work of Dr. Neal Goldberg and his committee on the Esther Solomon Memorial Award, to be presented at the January conference. This exciting recognition of an individual for exceptional contributions to mental health in the Torah community, is yet another facet of the role we must play in advocating for attention to mental health issues in Klal Yisroel.

## MESSAGE FROM THE EDITOR

Yeta Solomon, LCSW



Since you received the last newsletter, a decision was made to bring this publication into the twenty-first century! Since you are actually reading this online, it's no surprise for you to learn that, with the exception of a few members who don't have email, the newsletter will no longer be mailed to the membership. We hope you'll be pleased with this latest innovation and that you'll take the time to offer feedback about your experience in being able to access the newsletter in this manner.

This edition of the Nefesh newsletter presents several very informative articles. Dr. Shalom Feinberg's essay on correctly diagnosing and appropriately treating disorders with similar or unclear symptoms, expresses the frustration that he and other psychiatrists experience in their efforts to find the best medication, or combination thereof, to alleviate their patients' distress. Dr. Abe Worenklein draws on his very extensive work in forensics to educate us on the many pitfalls of working with cases of domestic violence and custody negotiations. Rabbi Israel Burns presents a very timely article describing how Torah, in partnership with Twelve-Step Addiction recovery programs, can be very effective in treating addictions. We are given a tiny taste of what the annual Nefesh International Conference will offer in Dr. Pamela Siller's article, which outlines some of the highlights of the upcoming program. Nefesh Brazil's recent conference seems to have been an overwhelming success, according to Dr. Elisabeth Wajnryb, who enthusiastically describes the events of the conference and the very positive reception by the participants. Nefesh Chicago informs us of some exciting new programs to address various needs in the community. Locally, Nefesh held a day-long educational workshop on the use of DBT with Borderline patients. The "Mazel Tov" column will help you catch up on the latest news of the Nefesh family.

There is, obviously, a lot going on in Nefesh!!! We hope you'll find the articles informative, and/or educational, perhaps even inspiring (okay, I know that's pushing it!!) But, if reading about Nefesh events and programs motivates you to become more involved in some way, even if it is to attend a workshop, then we will have done our job! Hope to see you ALL at the Nefesh International Conference in Staten Island!!!

# Nefesh XII International Conference Effective Treatment: A Community Collaboration Staten Island, New York January 4-5, 2009 by Pamela P. Siller, M.D.

As the twelfth Annual Conference of the International Network of Orthodox Mental Health Professionals rapidly approaches, we begin to anticipate the speakers, the networking, and the chizuk. The theme of the conference is "Effective Treatment: A Community Collaboration". The presenters will be giving skills based training, focusing on the various mental health challenges that affect all of us, and addressing how we can work together to compliment each other's specialties and strengths.

Boundary issues, as well as legal and Halachic ramifications, will be explored. The program will also feature experts who will be speaking on the interaction of mental illness and physical health, as seen in eating disorders, and neurological conditions such as PANDAS. Treatment modalities and skill sets will be discussed, as well as the impact of dysfunctional familial relationships.

Some of the highlights of the program include:

**Harav Dovid Cohen** - The Morah D'asrah of Nefesh, Ohel, Hatzala and Gvul Yavitzh – As in past conferences, Harav Cohen will be conducting a session entitled "Ask the Rav". Attendees will have the opportunity to ask questions, to which he will give insights with an halachic focus.

**Rona Novick, Ph.D.** - Many have heard Dr. Novick speak on school based practices and how to deal with bullying. At the conference, she will be giving a practical presentation on skills development in cognitive behavioral approaches with children.

**Victor Fornari M.D.** - Director of the Division of Child and Adolescent Psychiatry at Long Island Jewish Medical Center (LIJ), Dr. Martin Fisher, Chief of the Division of Adolescent Medicine at LIJMC, Rabbi Dovid Goldwasser - Torah personality, lecturer, author, radio commentator, and rabbinic advisor, and Ariella Rosenthal of the Jewish Board of Family Services – All of these well known, dynamic speakers will be coming together to share their vast expertise, and to blend their comprehensive knowledge in order for others to better recognize the many facets of eating disorders, and their impact on the Jewish community.

**Abe Worenklein, Ph.D., and Norman Blumenthal, Ph.D.** - will be speaking about the impact of divorce on children, as well as the detrimental and destructive effects of Parent Alienation Syndrome.

**Nachum Klafter M.D.** - Medical Director, University Psychiatric Services, Cincinnati OH - Many of us have read Dr. Klafter's varied and enlightening on-line postings and journal articles, focusing on his special interests in psychoanalysis, and boundaries in the small community. At the conference, we will be privileged to hear him speak about how to maintain boundaries in insulated Jewish communities.

**Suzy Shulman M.D.** - Dr. Shulman will be presenting her extensive experience in the recognition and treatment of PANDAS - Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections.

These are just a few of the speakers who will be giving vibrant and meaningful presentations on a wide variety of topics. These workshops are geared for mental health professionals, including social workers, psychologists, and psychiatrists, with a wide range of expertise, career paths, and skill levels. There will also be many workshops of interests to both educators and rabbonim.

For more information, please call or go to [www.nefesh.org](http://www.nefesh.org)

# DBT for Multi-Problem Patients

by Judith Guedalia, Ph.D.

On July 27, 2008, Nefesh International presented a one day workshop on Dialectical Behavior Therapy (DBT), featuring Dr Lisa Lyons, Ph.D., Staff Trainer and Consultant at South Beach Psychiatric Center in Staten Island, New York. Dr. Lyons covered several important topics related to treating Borderline Personality Disorder including, how to structure individual therapy, teaching skills for affect regulation, dealing with frequent crises and chronically suicidal patients, necessary and appropriate boundary setting, and most important for us as professionals, how to take care of ourselves in the context of treating "multi-problem patients."

Although the program was held on a Sunday during the summer, it was also the 'Three Weeks', so no one felt they should be elsewhere, (such as at the beach) and consequently, attendance was good. This event, as all Nefesh gatherings do, facilitated the professional, collegial and special Nefesh networking to which all participants look forward and enjoy. As an added bonus, the food was delicious and ample (even over ample).

Dr. Lyons distributed 18 page Power Point slide handouts that were clear, informative, and erudite. She stated that the over-arching goal of DBT is "a life worth living." Dr. Lyons presented therapeutic guidelines for working with borderline patients, but most important, she stressed the need to maintain a professional stance, to be kind and attentive, and to establish firm boundaries. Dr. Lyons believes that respecting even the most difficult of patients engenders self-validation and positive problem solving.



The Nefesh program chair for this edifying day was Ms. Chaya Mermerstein, LCSW, Clinical Social-Worker and Family Therapy Instructor in the Departments of Psychiatry and Psychology, Beth Israel Medical Center's Psychiatric Outpatient Child & Adolescent Clinic. In announcing this program to the Nefesh membership, Ms. Mermerstein noted that the "multi-problem" patients who were the focus of the workshop are

the ones who therapists await with dread. Hopefully, the knowledge gained by the attendees on this day, will make it easier to approach sessions with these difficult patients.

# Nefesh Brazil: Second Annual Regional Conference

September 3-9, 2008, São Paulo, Brazil

by Elisabeth C. Wajnryt, Psy.D,

This year, we were honoured with the presence of Dr Judith Guedalia, Director of the Neuropsychology Unit of Shaare Zedek Medical Center, Jerusalem, Israel and Co-Chair of Nefesh Israel, and Rabbi Dr. Harris Guedalia, founder and coordinator of the Gimmel Foundation and Torah scholar, ordained Rabbi of Rav J.B. Soloveitchik, and author of two books on his *shiurim*.

We wish to thank Dr. Judith and Rabbi Guedalia for their *chesed* and *ahavat yisrael*, for everything they did for Nefesh Brazil and our Jewish community. Thanks to them, we experienced a wonderful week, filled with many different events that immeasurably enriched our conference.

The first day was planned to pay homage to the teachers, Jewish or not, of *limudei kodesh* and secular studies, of every Jewish school of São Paulo and the 26 other states of Brazil. Dr Judi Guedalia gave a very comprehensive panorama of neuropsychology. She showed how this knowledge could help educators in early prevention of cognitive and emotional difficulties.

The other days were dedicated to visiting schools, lecturing to parents, case supervisions with school psychologists, and some private consultations. Rav Guedalia presented *shiurim* at a synagogue and to the Nefesh group, which has been studying *The Lonely Man of Faith*, by Rav Soloveitchik, over the past few months.

Both Dr Judi and Rav Guedalia were invited to give a conference at the Albert Einstein Hospital, a community medical center and the largest in South America. Dr Judi lectured to physicians, neuropsychologists, psychologists and social workers on early intervention in neuropsychology, trauma and PTSD, and also presented her interesting article relating *Bircat Hagomel* as a community response to acute stress. Rav Harris taught the hospital's group of volunteers (over 80 attended) about his project, which impacts on the lives of more than 7000 people in Kiryat Malachi and other underprivileged cities and development towns in the southern section of Israel.

The Shabbaton, together with Nefesh members and their families was very inspiring. Judi coordinated an experiential activity

about feelings, "states and traits," and Rav Harris presented an inspiring *shiur* on the *parashat hashavua*.

The main focus of this memorable week was the all-day Nefesh Brazil Seminar for

Jewish Mental Health Professionals.

The theme was how we, our families and our communities, are impacted by violence today. Judi was the first to speak and brought the issue of sexual abuse into the open forum. A

skillful Brazilian psycho-drama specialist conducted an intervention on this topic with everyone's participation. After lunch, Judith presented and 'walked us through' a case study of someone who presented with paralysis in the emergency room of Shaare Zedek Medical Center. Using neuropsychological and clinical information, the differential diagnosis of a Factitious Disorder/Hysterical Paralysis/Borderline Personality Disorder emerged. We were also made aware

through this case of how we, the professionals, must take care of ourselves, especially when dealing with difficult cases. In closing, Rav Harris presented a superb *Shiur* on Anger and Violence in Torah, exploring sibling rivalry in the relationships of Isaac and *Yishmael*, *Yaacov* and *Esav*, and Joseph and his brothers.

We owe the couple an immense *Hacarat Hatov* for the many benefits we gained from their work with us. Certainly, the less concrete and immediate, but nevertheless more important benefit was the introduction of Nefesh

Brazil to the community and inauguration of a more effective network building among psychologists, educators, and *Rabbanim*, and its integration with neuropsychology in Brazil. When you meet them, ask about their impressions of Brazil, our people, the way they were welcomed in every place they visited. Ask them also if they had fun, what about the cashew-nut fruit, and how they enjoyed our jungle and Indians. Maybe you will be inspired to come someday!

Elisabeth C. Wajnryt, Psy.D, Sao Paulo, Nefesh-Brazil Conference Coordinator.

P.S. from Judi Guedalia

We can hardly describe the '*Annanai HaKavod*': Rav Shie Pasternak, Elisabeth and her fifteen member Nefesh-Brazil Conference Committee laid out for us that cuddled our magical week in Sao Paulo. (To those of you who are wondering, Yes, I did have time to buy a pair of shoes!!!)

*B'Shanna HaBaa B'Yerushalayim* – but a detour to Brazil should definitely be on your itinerary, there is no welcome as warm as a Brazilian's welcome, Obrigada to you all!



Nefesh Chicago offered a two-part program this Spring. In March, our community-wide symposium on Autism: The Spectrum, provided awareness and education on issues related to supporting families living with autism.

The outstanding panel consisted of Rabbi Moshe Soloveichick, parent to two sons with Autism; Dr. Marrea Winnega, Director of Department of Psychiatry, Autism Service of Univeristy of Illinois at Chicago; and Laura Wald, LSW, Regional Education Facilitator at IATTAP.

Focus of the speakers ranged from the medical definition and diagnosis of autism to training in schools, from family and social challenges to tolerance in the community.

Our follow-up program on this topic was held in May, and expanded its coverage to educate families living with autism and other mental health issues. The program addressed the legal avenues of obtaining funding for education and services for their family member. The featured speaker was Micki Moran, J.D., an attorney in special education and related issues of children, adolescents, and young adults. Ms. Moran was the lead attorney in a landmark autism special education case.

Both sessions were recorded, and CDs are available for purchase. Contact [menucha@hotmail.com](mailto:menucha@hotmail.com) to order. Please put "Nefesh-Chicago CD order" in the title of your email. Or call (773)-764-4803.

In May, Nefesh Chicago was proud to present the Third Annual Brunch, honoring Chicago and area Rebbetzins. Rabbi Dr. Tzvi Hersch Weinreb presented on the topic "How to Treat Disturbed Families without Disturbing Your Own." The luncheon offered tremendous chizuk to the audience of women, who are daily partners with their husbands' leadership in times of joy and crisis. Rabbi Dr. Weinreb stressed the main points of keeping one's boundaries, having simcha within the family unit, and teaching the client-family to maintain boundaries. The luncheon was graciously sponsored by The Rothner Family in memory of Shirley Rothner, a"h.

# NEFESH CHICAGO

*by Menucha Robeson*

## **Nefesh Chicago Collaborates in a New Series of Programs**

Three highly respected organizations in Chicago have joined forces, forming innovative programs for newlyweds (married up to 5 years) and newly engaged couples. The outcome has been two-fold: enthusiastic attendance and the formation of the committee, "Better Beginnings". The Chicago Rabbinical Council, Project Shalom Bayis of Daughters of Israel, and Nefesh Chicago coordinated their manpower and resources to offer a series of seminars at no cost to the couples.

Better Beginnings, aptly named for its goal, has created a series of seminars to provide young couples with information about and guidelines on marriage. A vital addition to Chosson and Kallah classes, Better Beginning seminars, as the group's name suggests, promote a "better beginning" to building marriages on positive and constructive elements.

Presenters are Nefesh mental health professionals with experience in discussing important and relevant topics of:

- *Responsible, respectful, and open communication*
- *Meeting one another's needs in healthy ways*
- *Keeping Shalom Bayis with extended family*
- *Expectations and their impact*
- *Rewards and challenges with extended family*

Couples are offered the opportunity to discreetly email questions in advance of each session, so that within the presentations, their personal issues will be addressed.

Better Beginnings inaugural program featured Rabbi Tzvi Hirsch Weinreb, Rabbinic Liaison for Nefesh International, Executive Vice President of the O.U., and Executive Committee of the Rabbinical Council of America. Nefesh Chicago was delighted with the outstanding attendance, which not only exceeded our expectations, but

represented the entire spectrum of Orthodoxy.

Fall/Winter Schedule of Seminars for Newlyweds [married up to 5 yrs] & Newly Engaged In September:

In-Laws: Your family, my family, our family.

Presented by: Mara Tesler Stein, Psy.D. and Eliyahu Weinschneider, Psy.D.

In November: Are you listening? The Road to Intimacy

Presented by: Dr. Vivian Skolnick and Rabbi Dr. David Montrose

In January: Can we love each other and still disagree?

Presented by: Sharon Chambers, LCSW and Rabbi Yehuda Krohn, Psy.D.

# Torah and the Twelve Steps

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24 HOURS / ANYTIME

## **Torah and the Twelve Steps, Inc.** Addiction Recovery Program in South Florida

Jewish faith-based Drug and Alcohol Residential Rehab and Spiritual Counseling Center  
by Rabbi Israel Burns

There are few individuals who are completely unaffected by substance abuse, whether the user is a family member or friend, a business associate, or the neighbor next door. Many influential people in our society have had, or currently have a serious addiction to drugs and/or alcohol. Often we hear of people who seem "more intelligent than that," fall into a pattern of self-destructive behaviors, leading to embarrassment or worse, in loss of career. Addiction is one of the most complex and misunderstood conditions in man's history. It defies that which is normal and it takes away the most important aspect of man, the power of choice. It literally enslaves the victim and overpowers the basic instinct of self preservation.

Interesting enough, addiction is almost universally recognized to be a spiritual malady. According to anonymous recovery programs, it is considered to be an illness that only a spiritual experience will conquer. The vast majority of treatment programs advertise that they support involvement in 12-Step fellowships originating with Alcoholics Anonymous (AA). Certainly prayer, faith, and selfless acts of kindness play a part in the healing of many diseases, such as cancer or diabetes, but almost no one looks at these as the primary treatment. These diseases are primarily biological in origin, unlike addiction in which it is the soul or the spirit that is sick.

While the body has a compulsion for more of the substance once the substance enters the system, the body is not the central focus of treatment. So what is? In the "12 Steps," the

foundation of the recovery process is to turn one's life over to the care of G-d, make a moral inventory with confession, followed by a commitment to change, and the performance of restitution. Next, the program advocates a lifestyle based on seeking a conscious contact with G-d through self inventory, prayer and meditation, with selfless service to others, especially by carrying this spiritual message of recovery to other addicts and alcoholics. The treatment is primarily spiritual. Where is there a better source of spiritual healing for Jews seeking spiritual help than in the Torah itself? Thus, when a clear "Torah and the 12 Steps" message is presented by one who obviously has a real answer to this problem, then the alcoholic can acquire the ability to listen. Interestingly, the addict/alcoholic can only fully concede the depth of his problem, when at least subconsciously he senses he is being offered a real solution.

Let us explore from within Torah to get a better historical perspective on addiction. Wine is mentioned throughout Torah and is a central theme of man's history

was actually a grapevine; Chava crushed grapes and gave Adam wine to drink. The angel "who rode on the serpent," is named Samael, literally the angel of drugs. Corresponding to this is the Torah, which is called the Tree of Life, the solution to the dangers of the grapevine or possible addiction. We see wine again in the story of Noach. When he left the Ark, Noach planted a vineyard and he later became intoxicated to the point of unconsciousness. It states he was uncovered in "his tent", yet the Hebrew word for "his tent" is written in the feminine gender, which doesn't correspond to Noach who is a man. Rashi states (Genesis 9:21) that the feminine use of "his tent" refers to the ten tribes of Israel, who are called interchangeably, "Shomron" and "his tent." This refers to the wine they drank, which was the source of the exile of the Northern Kingdom of the ten tribes of Israel (Amos ch.6). That's correct! One of the main reasons the ten tribes of Israel went into exile, was because of alcoholism! We teach our clients that they are not alone, as the whole world in a way needs a spiritual recovery.

Wine is symbolic of man's fall,

### Addiction Recovery Program with Residential Transitional Housing

and final redemption. It is explained in the Talmud, tractate Sotah, that the Tree of Knowledge of Good and Evil, which caused mankind to fall into physicality and bodily death,

as it represents all forms of pleasure and man tends to determine what is good, or evil in relationship to what feels good, or what feels bad. Wine can be good and it can be bad,

## Getting it right: A Psychiatrist's self reflection

by S. Shalom Feinberg, M.D.

relative to the drinker. If there is a selfish or self motivated need for the drinking, it can be destructive. Proper drinking of wine can expand the mind and even enhance wisdom, therefore, it can also be good. Thus, even a tzadik such as Noach, who was in mourning over the destruction of the world from the flood, drank wine to intoxication because he was in emotional pain, and this affected the nature of his drinking. Let us not forget that wine, used in the proper context, is synonymous with kedusha: we make kiddush over wine, wine is a central part of chupa and bris milah, and what would our seder be without four cups of wine, representing freedom and geulah? The ultimate expression of this is Yakov Avinu's vision of Yehudah as Melech HaMoshiach, who is represented as (Breishis, 49:11), "He washes in wine his garments and in the blood of grapes his royal cloak. His eyes are reddened with wine and his teeth with milk." This refers to the tikun of the aitz ha'daas tov v'ra, as Hashem brings the final geulah through the very tree that brought death. At that time, wine will be only kadosh/ tov, as we will all be able to drink the wine "guarded since the six days of Creation." Hence, we will all have "recovered" from the fall through the grape.

The source of pure spirituality and genuine "corrective" pleasure is the holy Torah. We, at Torah and the Twelve Steps, Inc., have developed a residential addiction treatment program based on applying the spiritual principles and insights found in Torah and directly using this in treatment with the Twelve Step structure. This is the essence of return or teshuvah, which is nothing less than a complete personality change with a totally new perspective on reality, whereby inner purpose and healthy pleasures replace the need

to fill the "void" with drugs or other compulsive behaviors. There is an additional depth to the recovery process resulting from 5000 years of our tradition that, at each Step in recovery, multiple topics are explored which enhance the understanding and the level of personal commitment. Every Jewish soul needs to find its root and this process literally rewires the soul into a higher plane, and once this core identity is found, the acting out of facades and the manipulation stops, and a life of happiness and blessing truly begins. Through the past darkness of the addiction, one can better appreciate the light of Torah knowledge even more. This is the truth of leaving the land of Egypt, the house of bondage.

The faith based treatment structure encompasses fifteen weekly one-hour spiritual groups, which focus on building healthy relationships with G-d, self, and others while resolving intimacy issues. Emphasis on community service and involvement is a goal. We challenge our thinking and learn to question old ineffective beliefs. We practice an in-depth moral inventory to identify inner values in order to develop a clear vision for this new life. Over fifty topics related to the recovery process and existential questions are addressed from classical Jewish sources. Eight hours per week of individual sessions are utilized to uproot the core level causes of self destructive behaviors. Family groups provide spiritual counseling for the family members to enhance understanding of the recovery process and to assist in strengthening the family unit. Interactive classes inspire questions, and motivation for learning is enhanced through the study of basic Kabbalistic thought. We use classical texts on mussar to enhance personal character devel-

opment; the practical application of Halacha is discussed in relation to each subject. Prayer and meditation are taught through Jewish liturgy, and the main concepts of the davening are studied to increase kavanah with wholehearted worship of the Creator; this leads to increased sensitivity and openness for spiritual growth. Torah observant clinicians are available for any other mental health issues. Our various community classes and our students in 12 Step fellowships, provide a supportive network for those leaving the treatment phase.

We need to understand that Torah living is a practical defense against falling prey to addictions. The AA text (2nd edition, p. 92), states that when helping the apparently religious alcoholic," Call to his attention the fact that however deep his faith and knowledge, he could not have "applied" it or he would not drink. Perhaps your story will help him see where he has failed to practice the very precepts he knows so well." Someone who "applies" a life of Torah will not develop addiction. This may be difficult for one to accept, but it is a divine truth. Why? Because learning Torah and keeping mitzvos channel spirituality into this world. The addict who genuinely begins to practice the Torah in his life after the 12 step teshuvah process, will be "fully in recovery", and will know shalom or peace and will not need to use mind



altering chemicals again.

**For information or help now, please call Rabbi Israel Burns, MS, RM-HCI, (305)776-3794**  
**For help info@torahtwelvesteps.org**

At a recent simcha, a young man, overheard that I was a psychiatrist and promptly spewed forth an angry monologue about the over-prescribing of psychostimulants by psychiatrists. He complained that psychiatrists are only interested in money, and when given the right buzz phrases quickly and easily prescribe meds to his friends, seemingly diagnosing Attention Deficit Hyperactivity Disorder (ADHD) on limited clinical information. Without sharing any more of his provocative thoughts, I will only say that he topped off his criticism of my discipline by comparing psychiatrists to drug dealers.

Over the last decade many research articles have been published in prominent journals noting how easily depressed patients are misdiagnosed. A patient presenting with depressive symptoms may be mistakenly diagnosed with unipolar depression when in fact they actually suffer from a Bipolar Disorder (1). This diagnostic error is not clinically insignificant if one believes what seems like a recent avalanche of research noting the uselessness of antidepressants in treating bipolar depression, recommending instead the use of mood stabilizers as the drugs of choice.(e.g. 2,3) (The pharmaceutical industry as well has jumped on this bandwagon, aggressively promoting FDA approved mood stabilizers.) Additionally, researchers have pointed out that many unipolar depressed patients, believed to be treatment resistant to antidepressants, appear that way because, in fact, they suffer from Bipolar Disorder (4).

At this point you may be asking what these two issues have in common. I will explain but let me first elaborate on each of these topics

As older clinicians recall and prevalence studies have reported, until the 1990s, ADHD was a relatively rare diagnosis (5). Additionally, the fear of

prescribing medications with abuse potential scared many clinicians and families from psychostimulants. The broader diagnostic criteria presented in DSM-IV for ADHD and the increased education of both professionals and the lay community as to the possible symptoms of ADHD are factors in the increased prescription of these drugs. Cynics will argue, and are partially correct, that the source of much of this education has come from pharmaceutical companies whose agenda is to market their branded psychostimulant drug (e.g. Concerta and Adderall).

I think that one of the positive consequences of this greater focus that I have seen, is a steady stream of young adults and on occasion, middle-aged adults, with flagrant, so called "textbook" ADHD who had never been correctly diagnosed or pharmacologically treated. Once treated with psychostimulants, one sees the positive impact that appropriate treatment has on these lives. One can only speculate how different their lives might have been (and from how much pain they may have been spared,) had they been adequately diagnosed and treated as children.

Returning to the diagnostic challenge of differentiating bipolar depression from unipolar depression, you may have noticed that I was actually raising two issues. The first issue was that it appears that clinicians had for many years been missing, and therefore under-diagnosing, Bipolar Disorder. The second issue is that a group of prominent researchers argue that the appropriate treatment of bipolar depression should not involve antidepressants, either

or, even worse, may exacerbate the illness by precipitating a more refractory rapid cycling mood state. What is one result of urging clinicians to think "bipolar?" The answer described in one recent study by Zimmerman et al, entitled, "Is Bipolar Disorder over diagnosed?" is that Bipolar Disorder is actually now incorrectly overly diagnosed by clinicians when in fact patients are suffering from different psychiatric conditions(6)! The authors of this study wonder whether the diagnostic pendulum is now swinging from an era when Bipolar Disorder was being under-diagnosed to one where it is being over-diagnosed.

As noted above, recent studies seem to suggest that, in general, antidepressants are not very useful in bipolar depression, particularly in Bipolar I disorder. This finding has been pushed with such intensity and certainty by some researchers, that it has resulted in scaring clinicians away from prescribing these potentially useful agents in severely depressed bipolar patients, even after they failed pharmacotherapy with multiple mood stabilizers. In fact, a prominent psychopharmacologist, Ivan Goldberg, has recently noted "I have been seeing for second opinions patients with Bipolar Depressions, who have been depressed for months, because no one has been willing to prescribe antidepressants for them."(7)

Well, do you see the connection yet? The fact is, that this column is about how difficult it is for us, as clinicians, to get it right. ADHD and Bipolar Disorder are two of many conditions in which we struggle to get the diagnosis and the subsequent treatment plan right. Zimmerman et al in the paper referred to above, speculate about a number of possible reasons for their finding, but, the overriding fact is that correctly diagnosing Bipolar Disorder is complex and difficult. Additionally, keep in mind that while it may be true

## How do we deal with these issues?

because they are just useless for this condition,

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that on average antidepressants do not work well in treating Bipolar Disorder, it does not mean that a given individual patient will not successfully respond to them.

Diagnosing mental illness is an inexact science. Lacking blood tests or imaging studies to arrive at diagnoses, a mental health professional relies on personal and family clinical history, pattern of symptoms, and the mental status examination. We appropriately look toward the recommendations that emanate from current clinical research to help guide us in treating our patients. And, yes, as noted by my confrontational friend in the opening paragraph, unfortunately sometimes, regardless of one's years of clinical experience, patients can successfully manipulate us, or lie to us in order to further their own agendas.

How do we deal with these issues? One key step is being aware of the limitations of our field and, when appropriate, letting our patients know that, as well. It is also useful to be aware of influences and pressures, such as the subtle and the not so subtle pharmaceutical industry marketing ploys. Ongoing formal supervision or informal discussions with colleagues may be useful. As I stated in a column two years ago (8), one should read research studies with a critical eye. For example, one should be sensitive to weaknesses in methodology that might suggest that one cannot extrapolate a study's conclusions to one's clinical practice. Lastly, one has to be flexible in formulating diagnostic opinions and treatment plans and open to changing them when evidence suggests they need modification. While, of course, we'd like to get it right immediately to help a suffering patient, but if not, persisting with treatment until we alleviate his/her suffering is also getting it right.

# Mazel Tov

• Dr. and Mrs. Rosenshein on the marriage of their granddaughter Shana Gitel Kornbluth to Matis Cohen.

• Moshe and Noemi Landau on the birth of a granddaughter. (Parents Dovid Osher and Simcha Schnurmann)

• Dr. Abe and Sylvia Worenklein on the marriage of their daughter, Dalia, to Michael Breiner.

• Dr. Abe and Sylvia Worenklein on the birth of their granddaughter, Adina Tzirel.

• Noach Schwartz and his family on the birth of his grandson, Avrohom Zev. (Parents Menachem and Miri Schwartz).

• Dr. and Mrs. Yosef Rosenshein on the birth of their first great grandchild, Reene Farkas.

• Leah Thurm and her family on the engagement and upcoming marriage of her son, Yitzchok Moshe, n"y to Yocheved Deutsch of Miami Beach.

• Meshulem and Rivky Epstein on the birth of a girl, Esther on Aug 28th.

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## The Role of Domestic Violence in Custody/ Access Determination

by Abe Worenklein, Ph.D.



Allegations of violence are increasingly being alleged in the courts as a reason why an individual should or should not be awarded joint or sole custody. Often such claims are, unfortunately, valid and are verifiable through medical and police reports. However, one needs to consider that it has been found that the great majority of women in fact, do not call the police. One needs to consider that such allegations are increasingly raised to strengthen a parent's position in the highly adversarial and litigious legal system. Unfortunately, many custody evaluations do not appropriately address the issue of violence when considering child custody recommendations in the best interests of the child.

It is extremely important to take into account whether there is a history of domestic violence since not considering



this possibility can place the child in a situation in which the child is either

exposed to the violence and/or exposed to the role modeling of a parent who may have an extremely short fuse and inappropriate methods of conflict resolution and discipline. Even if this parent has not been physically violent to the child, the effects on the child of such exposure can have significant effects on the child's development, behaviour, and future relationships. Clearly, the presence of domestic violence is extremely relevant and needs to be considered when an expertise is conducted to determine the living arrangements that best meet the needs of the child. One needs, as well, to seriously consider that, as Jaffe, Lemon and Poisson (2002) point out, "Separation is not a vaccination against domestic violence."

Yet, many parents do not recognize that children are very much aware of what goes on between them and consequently, parents may delude themselves into believing that their children are not aware of the spousal violence that has taken place between them. In fact, children are quite sensitive to what is taking place between their parents and may not discuss the violence of which they are aware, because they recognize that their parents may have attempted to hide it, that their parents do not want to discuss it and because they believe that their parents cannot deal with such discussion.

One needs to consider that although "there is probably agreement that a perpetrator of chronic family violence who has demonstrated a pattern of abusive behaviour over time, with little remorse or investment in treatment, and whose main focus is on punishing an ex-partner rather than fulfilling a parenting role should have either no access or very limited access supervised by highly trained professional staff. At the other end of the continuum, an isolated incident of minor family violence (e.g., a shove),

which is out of character, accompanied by genuine remorse, responsibility taking, and did not induce fear or trauma in the other parent, would not in and of itself preclude the possibility of a co-parenting arrangement. In between these extremes is a canyon of gray in which matching parenting arrangements to families is challenging, and dependent on analyzing a host of factors."

In fact, Canadian statistics indicate that for approximately 25% of victims of domestic violence, the violence became more severe after separation, compared to pre-separation violence (Statistics Canada, 2001). One needs, as well, to include in the custody evaluation questions specifically directed toward the presence of domestic violence even when there has been no police involvement since as few as 25% of women call the police.

In addition due to the fact that many perpetrators of domestic violence have the need to control, such individuals often will use access and visitation as an opportunity to further control their former spouse and to further control what their former spouse does post separation/divorce. One needs also to consider that as a result of past exposure to significant conflict and/or violence, children, even in the absence of violence during access, may become extremely anxious at the prospect that their parents might be in the same place and that an altercation may ensue.

One as well needs to recognize the research which suggests the high co-occurrence of spousal abuse and child abuse. Edelson (1999) reported that a large number of children whose mothers had been victims of domestic violence were themselves likely to be abused.

Furthermore, children often look to their parents for guidance and for role modeling as to how to deal with and resolve conflicts. They clearly learn powerful lessons from the role modeling with which they are provided and imitate their parents' behaviour when faced with frustration. Self-control and moderating one's emotions are not role modeled by a parent who demands that things are done his/her way and demonstrates emotional outbursts culminating in violent behaviour.

Children whose parents are in the midst of litigation unfortunately are increasingly often not allowed to disengage from the parental conflict and/or furthermore enmeshed in what takes place between their parents often leading to overburdening the child, parentifying the child as well as triangulating the child and placing the child in a position of extreme conflict of loyalty. Many perpetrators of domestic violence blame the victim for whatever has gone wrong and for the violence that the perpetrator has inflicted. Such individuals may also blame the non-abusive parent for the divorce. Children at times identify with the aggressor, and/or often begin to question their own judgement and reality testing.

When doing a custody evaluation, as well, one needs to recognize that a perpetrator of violence particularly when the violence is chronic, continues to be abusive when no interventions have been provided for him/her. In fact, one research study found that 58% of male offenders were abusive of their new spouses/companions in new relationships, after the previous abusive relationship was dissolved (Jaffe et. al, 2003).

Finally, custody evaluators need to be aware that very often the abuser will use the court system to emotionally, physically and financially drain the ex-spouse/victim by frequent relitigation in the perpetrator's quest for maintaining a "relationship" through the child(ren) for narcissistic or vindictive reasons, particularly when the victim initiates the separation/divorce.

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