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HEADS UP

THE EMOTIONAL HEALTH MAGAZINE

BREAKING THROUGH WALLS

Overcoming Guilt and Shame on the Path to Self-Discovery

Mr Chaim Grunfeld

LIVING YOUR BEST LIFE

Breaking the cycle of worry

Mrs Malka Sonnenberg

SHARING A COMMUNITY

When a client and therapist live in the same community

Mr Shmuly Noe

WHAT IS CBT

Who is it for and how does it work?

Mrs Hindy Schlesinger

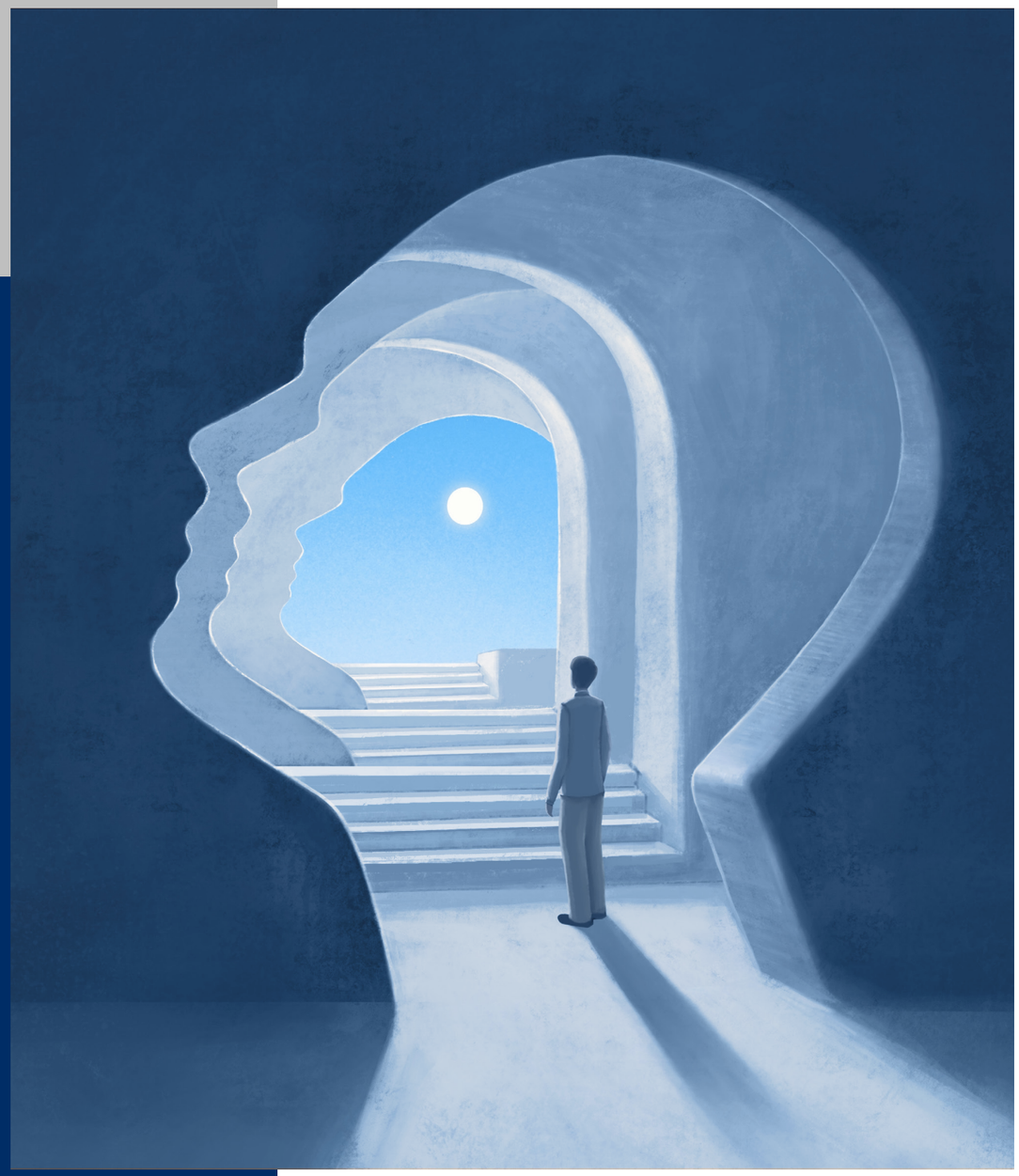
And More



BIKUR CHOLIM

D'SATMAR LONDON

ISSUE 1 • SEPT 2023



Magazine design: CREAT!T

Welcome to Heads Up

Welcome to the first edition of Heads Up, an insightful and informative compilation by our team of therapists. At Bikur Cholim, we pride ourselves in having highly qualified therapists, all from the within the kehilla, who deliver first class talking therapies to top clinical standards in keeping with halacha and hashkafa.

The idea of this magazine came from our satisfied users who were positively influenced by their therapy experience and thought this was a good way of spreading awareness about therapy and the importance of early intervention.

We'd like to make Heads Up a community platform and to do that, we need your input. Our next edition will iyH be Spring 2024 and we want our second edition to reflect the voice of our readers. Please send us your letters, comments, suggestions and contributions to headsup@bikurcholim.co.uk and help make Heads Up, your voice for Emotional Health.

Best wishes,

Mr Dovid Weisz

Mens Therapy Manager

The contents of this magazine have been reviewed and endorsed by local Rabbonim.

BIKUR CHOLIM
D'SATMAR LONDON

Dear Reader,

We are delighted to have been asked to contribute to Bikur Cholim's first edition of Heads Up.

Bikur Cholim first gained accreditation for their counselling service in 2017 and successfully renewed this for another five years last year. Service accreditation demonstrates that they offer an accountable, ethical, professional and responsive service to clients, staff, volunteers and stakeholders. It also reassures clients that the service is safe, secure and professionally managed and includes a strong commitment to confidentiality and to working with their community.

We are delighted to have Bikur Cholim as one of our accredited services.

Rebecca Kirkbride
Accreditation Lead

Sabine Ritter
Course & Service Accreditation Officer

British Association for Counselling and Psychotherapy www.bacp.co.uk

15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB

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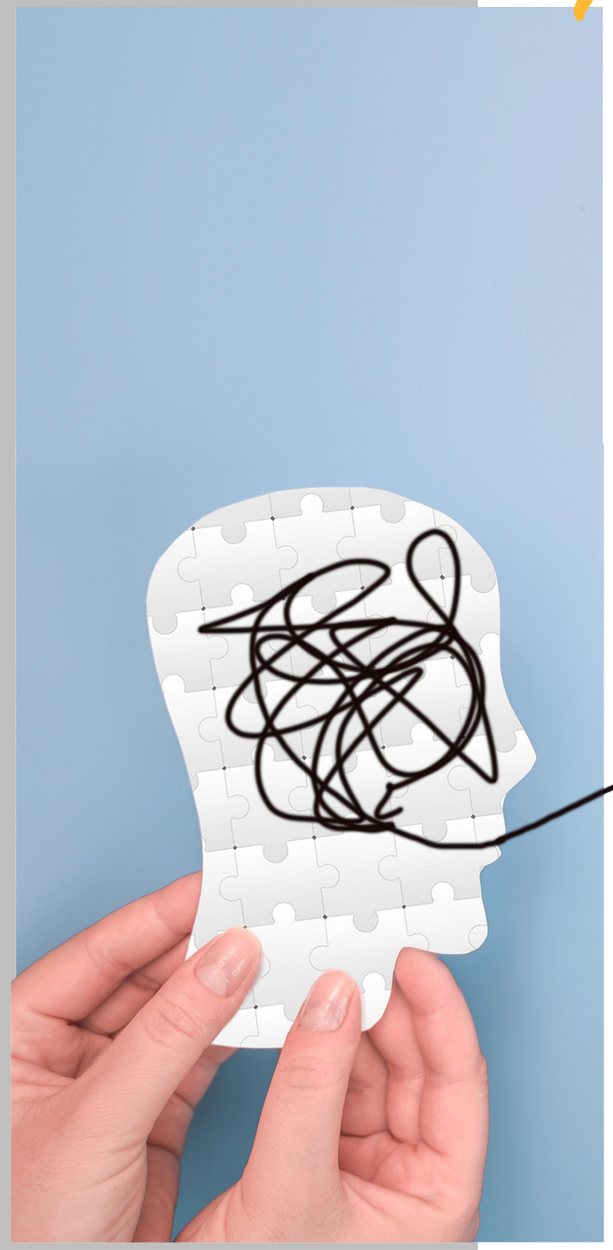
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CLINICAL LEAD AT BIKUR CHOLIM



An Overview

OF BIKUR CHOLIM'S THERAPY SERVICE

I am delighted to have been asked to write a piece for Bikur Cholim's first edition of Heads Up about our award-winning therapy service. I first met Bikur Cholim's Chief Executive, Mrs. Eiger more than 10 years ago, when we were both talking to the London Borough of Hackney's Health Commissioner about our services and what we hoped to achieve for the people of Hackney going forward. At the time I led an NHS team that supported families in a unique community-based way.

On hearing me talk about how we worked, Mrs. Eiger asked me if we could have a chat about her hopes for improving therapy services for the Charedi community. I remember her saying she thought I might be the right person to help as I had talked a lot about how important it is to always see the individual you are working with as part of a family and a community network, rather than as a single person operating on their own. She told me that that chimed well with her community's values and the sort of therapy service she wanted to provide.

When we first met, Bikur Cholim had already started supporting the community by subsidising payments for therapy with private therapists. Being keen to ensure that people were accessing the right therapists and that they were really making a difference, she wanted some help from a senior NHS clinician to review what they were offering and think about how to make it even better. So began a long and fruitful collaboration, during which I have had the privilege to learn more about your wonderful community – although as I frequently say when discussing working with different communities "there is more that unites us than divides us", especially when it comes to the sorts of things that get people down and cause them anxiety. The impact of stressful life events such as bereavements, divorce or job loss affects all of us. We are all prone to anxiety about how well we are doing in our lives and how our relationships are going. Family relationships in particular are so important to us all that when they are not going well, we are often deeply affected. So it has been a real pleasure to bring my experience of running NHS services to collaborate with the fantastic team at Bikur Cholim to develop this therapy service.

Over the years we've recruited an excellent group of registered counsellors and therapists, all from Orthodox Jewish communities, and ensured they are provided with high quality supervision and training. So how does getting therapy from Bikur Cholim work in practice? If you are struggling with difficulties such as low mood or anxiety and think it might be helpful to meet with one of our therapists, the first step is to pick up the phone and have a chat with one of our team. The person you speak to confidentially will help you think about what you want to get out of therapy and whether therapy with us seems right for you.

If we don't think our service is right for your needs, we'll try to help you find somewhere that is. If after your initial conversation you and they agree to proceed, you'll be put on our waiting list for the next available therapist with the right skills for whatever issues you need to work on, and we'll stay in touch with regular calls until your formal therapy starts.

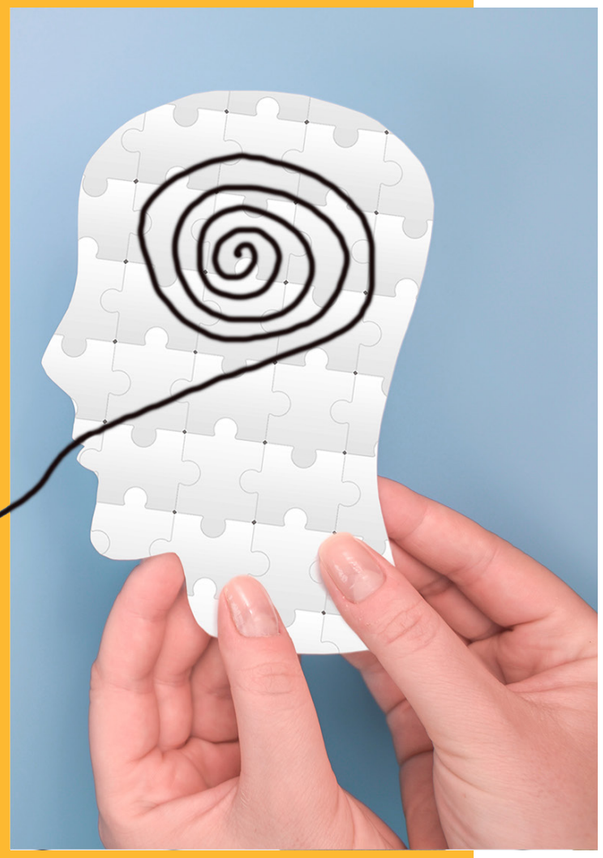
When you start therapy, in your first few meetings with your therapist they will spend time going into more detail with you about what you want to be different in your life, and how you would know if the therapy with them had made a difference. For example, you might want to feel more joy when you wake up in the mornings, or feel more connected to your family, or be able to enjoy social events without feeling anxious. We make sure we think about 'goals' for therapy with all our clients, as our service provides goal-focussed rather than time-limited therapy – we aim to work with our clients until we achieve those goals rather than for a set amount of time.

Once you and your therapist have a clearer idea of what you want to be different, and what the future is that you are aiming for, they will work out with you what is getting in the way of that for you at the moment. For example, for some of us a recent difficult event has jolted us into some ways of being that we can't get out of, for others how we started to think about ourselves in childhood still impacts on us unhelpfully now. When you and your therapist feel you have a good understanding of what's getting in the way of things working better for you, they will be able to give you an idea of how they can help and how long you might be working together. Then they and you will review how things progress and whether you are getting closer to your goals or not with the work together, and adjust accordingly.

To make sure that your therapist is using the most helpful and up-to-date methods of helping you, they will be meeting with a registered clinical psychologist for supervision of their work on a fortnightly basis. Their supervisor will ask them what they are working on with you, how they are trying to help you, and how it is going, and help them adjust their plans if needed. Once you and your therapist start to see progress, you'll start talking about how to keep that progress going without therapy in the future, as our aim is always to help people live their best lives supported primarily by their family and community rather than to make people reliant on therapy.

As part of this process you'll be invited to bring in a spouse or other family member if you think it would be helpful for them to understand you more and support you better in the future. If we or you feel we haven't been able to make the difference you were hoping for we'd think with you about what else might be helpful instead, and can help with referrals on to more specialist services if needed. Finally, after you finish with your therapist we will ask you to tell us about your experience of therapy and any comments you have for us, so that as the clinical leadership team we can act on any feedback to continuously improve the service we offer. Of course, all therapy and any feedback is managed strictly confidentially,

DIFFICULTIES IN LIFE MAKES US BITTER OR BETTER.



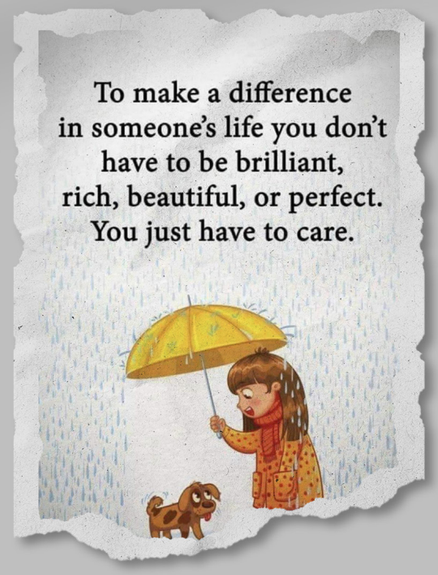
and we have separate staff for men and women to better meet your needs.

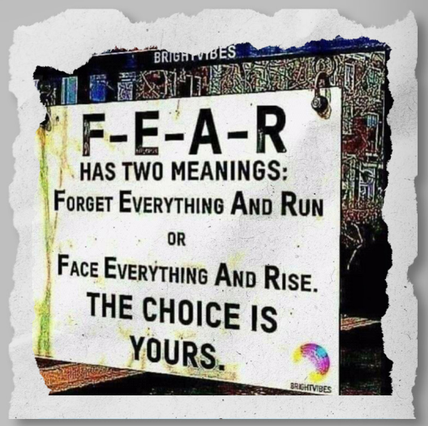
Six years ago we were approached by the local NHS commissioners who asked us if Bikur Cholim would like to provide the NHS Talking Therapies services for the Charedi community on behalf of the NHS, as they were aware that people from the community didn't always feel comfortable going for therapy at the mainstream NHS services. That started off the second leg of our journey, becoming an outsourced NHS therapy provider for the community, maintaining all of Bikur Cholim's values whilst delivering care at the nationally required NHS standards. After jumping through many hoops to prove that we could provide the care expected of Talking Therapies services, we've gone on to outclass most of the standard NHS Talking Therapies across the country, with some of the highest recovery rates for our clients of all services. Bikur Cholim was awarded the prestigious Health Services Journal Award in 2021 for the best Mental Health Service Redesign Initiative.

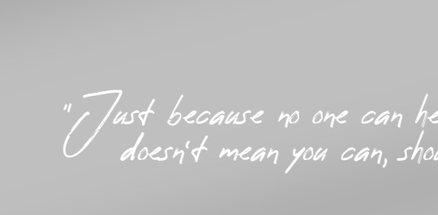
Bikur Cholim is a fantastic organisation to work with – truly dedicated staff and a 'can-do' attitude all round. The therapy service has gone from strength to strength with us now providing family, couples and group work as well as individual therapy and an array of educational teleconferences people can access in their own time. We all experience fluctuations in our emotional health as well as our physical health throughout our lives. Bikur Cholim's therapy service is provided by the community, for the community, to be there for you in your time of need. According to one of our kind clients "A fabulous first-class service: professional, discreet, helpful, practical, sensitive and so much more" – I am very proud to have been part of creating this service, and am delighted at the course of events that have unfolded since Mrs. Eiger caught my ear many years ago... ■

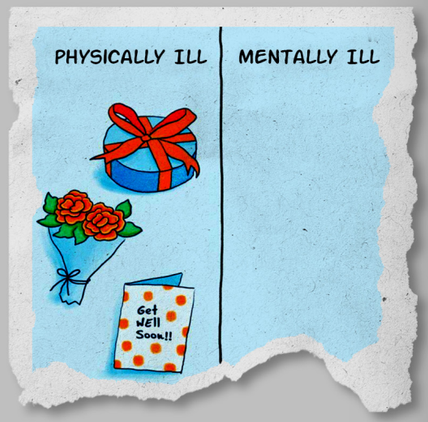
Dr Jenny Taylor is a Consultant Clinical Psychologist registered with HCPC and the clinical lead at Bikur Cholim. She has a Doctorate in Clinical Psychology. She is NHS trained to work across the life span using a range of evidence-based skills, and trained in supervision.

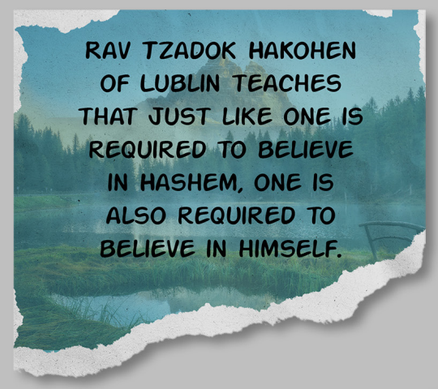
"Just because no one can heal or do your inner work for you doesn't mean you can, should or need to do it alone."

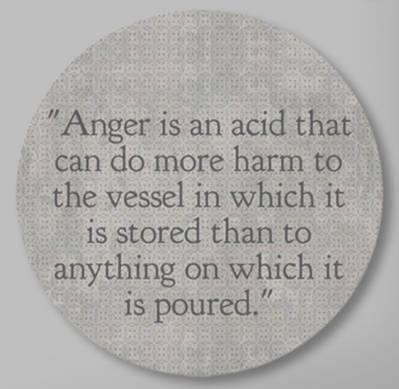












"Emotional health is not a destination, but a process. It's about how you drive, not where you're going."

The Role of the Supervisor

AND HOW GOOD SUPERVISION AFFECTS THE CLIENT'S JOURNEY

DR BEN WEINER

> THE BEST WAY OUT IS ALWAYS THROUGH.

This article aims to share the role of a supervisor in supporting therapists to provide the best possible support to their clients.

WHAT IS SUPERVISION?

It is a professional requirement that qualified therapists have a supervisor. A supervisor is another qualified therapist who meets regularly with a therapist to think through their clinical work. One of the best ways to look at this, which we often share with clients, is that you can get two qualified clinicians thinking about the best way to support you, whilst only meeting regularly with one.

During supervision, therapists will discuss the presenting concerns that have been raised and think with their supervisor about how best to support that individual.

SUPERVISION AT BIKUR CHOLIM

All our therapists at Bikur Cholim meet regularly with their supervisor – we have both male and female supervisors. Therapists are offered 1 hour supervision for every 4 clients they meet with.



WHAT DOES GOOD SUPERVISION LOOK LIKE?

1. Goal orientated

Bikur Cholim is a goal orientated service, meaning we start our assessment and early meetings by thinking with our clients about what changes they would like to see in their lives if therapy were to be helpful.

One of the key roles in supervision is trying to establish therapeutic goals early in on the work. This allows us to monitor how helpful we are being to the people we are trying to support throughout the therapy experience and it helps invite conversations when the therapist and / or client feels stuck in the work.

2. Formulation

Another emphasis in supervision is the role of 'formulation'. Formulation refers to the understanding we share with our clients about what the presenting concern is and what may be contributing towards this (both past and present).

When explaining formulation to our clients, we will often use the metaphor of cooking. Clients arrive at Bikur Cholim with something in their life that is bothering them (this is often what we have discussed earlier when exploring their goals for therapy) and it is our role to work together with our clients to understand this complex recipe and the various ingredients within this.

To think about this recipe, we look at various psychological theories and think together with our clients about which ones we may address to make the biggest impact.

One of the main roles of the supervisor is to support the therapist to ensure that we have a clear formulation and that we can update this throughout our work. In having this understanding, we can offer evidence-based, theory-driven interventions to support our clients achieve their desired outcomes (i.e. their goals).

3. Regular reviews

An additional role of the supervisor is to facilitate conversations about how the therapeutic intervention is going. Supervisors support the therapists to reflect on the progress of the work with their clients and to think about what progress is being made towards the shared goal.

Inviting conversations about reviews, aims to reflect on what is working well and not so well in the therapy. These reviews can also help the therapist and their client think about times when the work can feel stuck and what we may be able to do to address this 'stuckness'.

CONCLUSION

At Bikur Cholim we see supervision as integral in the work we provide and to ensuring we provide the best possible outcomes for the people we meet. Our aim in supervision is to make our therapists the best they can be for the people they meet with, placing an emphasis on goals, formulation, and reviews. ■

Dr Ben Weiner is a Clinical Psychologist registered with HCPC and the male supervisor at Bikur Cholim. He has a Doctorate in Clinical Psychology. He is NHS trained to work across the life span using a range of evidence-based skills, and trained in supervision.

Breaking Through Walls

OVERCOMING GUILT AND SHAME ON THE PATH TO SELF-DISCOVERY

MR CHAIM GRUNFELD

As a person embarks on building their family and deepening their devotion to Hashem, it's no surprise that the *Yetzer Hara* is keenly alert, striving to hinder us from reaching our goals and living the fulfilling lives we yearn for. We are often met with unforeseen challenges that catch us off guard, and life's unexpected turns can overwhelm us. In the busy rush of our lives and while building a Yiddish home, these problems can become high walls that block our way.

The little secret, however, is that these walls often existed all along; we simply hadn't noticed them. Another little secret is that Hashem has prepared us for these challenges. If we delve deep within ourselves, we may uncover the tools He has given us to overcome them. Did you know about these secrets?

As a mental health therapist, I've learned that many of the concerns people bring to therapy come from the unexpected walls of guilt and shame they experience. Moreover, it is common for us to believe that everyone around us can see these obstructions too. All too frequently, the instinctive reaction is to hide behind these walls out of guilt and shame.

Guilt and **shame**: what are they?

The feeling of guilt refers to feeling bad about your actions. You feel as though you need to apologize or correct a mistake. The feeling can be overwhelming, whether it is based on something real or just in your head.

Shame occurs when we feel bad about ourselves. You feel worthless because you don't think you're good enough. It could be something about you or how others perceive you, and it can be one of the most difficult feelings to overcome.

Both guilt and shame can exist at the same time, or they can exist separately. There are many people who feel shame when they are guilty of something they did, and there are some who feel shame even if they have no guilt. Feelings like these can be painful, especially if they occur frequently. They can, however, also help us understand ourselves and our behaviours and help us to make changes.

Think about it this way: guilt is about what you did, but shame is about who you are. Guilt tells you that you've made a mistake. Shame, however, tells you that you are a mistake. People sometimes have trouble coping with these feelings, so they may need professional support.

Just keep it in mind! We all experience guilt and shame from time to time; this makes us human and allows us to flourish personally and socially.

Now let's look broadly at some issues people often discuss in therapy and see how guilt and shame are involved.

Anxiety is one condition that causes people to feel scared or worried constantly, leading to tiredness, difficulty sleeping, and trouble thinking clearly. ***Depression*** is another common concern characterized by constant sadness, lack of energy, reduced appetite, poor sleep, and a loss of interest in previously enjoyed activities. ***Relationship difficulties*** also come up frequently, such as not being able to maintain relationships, arguments, loneliness, or problems connecting with others. ***Low self-esteem*** is another issue, where a person feels less worthy than others and sees themselves as being more likely to make mistakes than others. ***Anger*** is also a common challenge, leading to conflicts with others or the feeling that you are unable to control your emotions. ***Loss***, which is frequently associated with feelings of grief and mourning, whether of a loved one or something significant, can provoke profound sadness, anger, and confusion. Lastly, ***trauma*** is the result of the impact of having been exposed to or experiencing an event that involved death, lasting injury, or abuse.



When dealing with personal issues, it's helpful to consider whether guilt or shame contributes to the difficulty you are experiencing. The more you understand how guilt and shame contribute to personal struggles, the easier it becomes to recognize their impact on your own life or struggles. Reflect on instances when you felt overwhelmed by worry, filled with sadness, or isolated for an extended period. Perhaps you struggled with self-acceptance, faced intense conflict in a relationship, or experienced a traumatic event. Now you're seeking a change. Yet, you may struggle with feelings of guilt and shame. You may ask yourself: 'Why didn't I do anything until now?', 'Why didn't I foresee this?', or even 'If only I had been warned', or 'Why can't I deal with it on my own?'



When you muster the courage to seek professional help, you may feel guilty for not having acted earlier or ashamed that you're struggling to overcome these issues by yourself. Also, while therapy aims to help you understand what's holding you back, it can sometimes seem to worsen the struggle. Feelings of guilt and shame might cloud your ability to recognize your strengths. You might mistakenly perceive yourself as weak or incapable. Yet, it's important to remember that these feelings are a part of the process, and you are much stronger than you believe.

So, how can therapy help you overcome these obstacles, enabling you to discover your strengths and become the person you've always wanted to be or live the life you've always hoped for?

It takes a unique journey to understand and navigate personal challenges. The therapeutic process reflects this uniqueness, integrating techniques from diverse methodologies tailored to the needs of each individual. Each person experiences and perceives life differently, which is why therapy doesn't apply the same approach to everyone.

A crucial part of this process involves the use of principles from the 'Humanistic Approach.' This method stresses listening and acknowledging as fundamental to therapy. By fostering a supportive environment, therapy can provide you with the understanding you seek, enabling you to explore your feelings and experiences more deeply.

Our past also plays an important role in shaping our present, which is why elements of 'Psychodynamic Approach' can be helpful. During therapy, you can uncover threads from your past experience, making sense of how they shape your worldview and reactions to life's challenges, and begin to see the challenges and the world in a new light.

In order to foster growth, it is often necessary to address specific issues or develop new skills. With the use of the 'Cognitive Behavioural Approach', therapy can help you identify areas that you would like to work on, whether it is a particular behaviour or thought pattern.

Let's look at how the therapists at Bikur Cholim work. Bikur Cholim places emphasis on working out with you what you want to be different in your life, so that the therapist can use the right approaches and techniques to help you get there. Taking a goal-oriented approach also encourages progress by defining specific, measurable targets to guide the therapeutic process. With this structure, each session can take a significant step towards overall improvement and recovery, which is the purpose of every session.

NOT EVERYTHING THAT IS FACED CAN BE CHANGED BUT NOTHING CAN BE CHANGED UNTIL IT IS FACED.

But what if you've tried all of these and still feel stuck? This is where guilt and shame often come in, blocking progress.

Here's a look at how to handle these feelings. People often feel guilt and shame when dealing with mental health or personal challenges. These feelings can make us avoid dealing with our problems, like a wall that stops us from moving forward.

Understanding these feelings is important in therapy. Knowing where these walls come from and understanding what they are can help us to move forward. It's like finding a hidden door. Once we open it, we can move forward again.

Let's consider Yossi's situation. Yossi is constantly worried and unhappy due to feelings of anxiety and depression. Often, Yossi wonders, 'Why can't I be as joyful as others?' or 'Why do I behave differently to others?' His guilt and shame are triggered by these questions, making it hard for him to see improvement.

The following are some steps Yossi can take to address these feelings:

Normalize Guilt and Shame: It is important for Yossi to comprehend that guilt and shame are normal emotions, and they are not an indication that he has done anything wrong. Keeping in mind that these feelings are a natural part of human nature is important for him.

Self-Compassion: Yossi can practice treating himself with the same kindness he would show a friend. A positive shift in self-talk can help him better manage his emotions and build resilience. For example, instead of saying, 'Why can't I be like others?' he can say, 'I'm unique and I'm learning to address my challenges in my own way.'

Shared Struggles: Yossi can feel less alone in his struggles by realizing that everyone faces challenges.

Mindfulness: Yossi can practice mindfulness by observing his feelings without judgment. For example, when feelings of guilt or shame emerge, he can acknowledge them by saying to himself, 'I'm experiencing feelings of guilt right now, but these are just feelings and they will pass.' This awareness helps him recognize the nature of these emotions and contributes to self-understanding.

Using these strategies will boost Yossi's therapy effectiveness and foster his personal development. Therapy will help him understand that his feelings are valid and can be named. He will also learn that feelings such as guilt and shame can worsen his anxiety and depression, as well as how to manage and overcome them.

Breaking down the walls and confronting feelings of guilt and shame on the path to self-discovery and growth is key, especially when you're feeling stuck. Don't be discouraged. It's not about ignoring or dismissing these emotions but rather about understanding and acknowledging them. Remember, it's okay to ask for help and to experience these feelings as they are a part of being human. With the right approach, guilt and shame don't have to be barriers. Instead, they can become stepping stones towards a deeper personal understanding and a better relationship with the world around us. ■

Mr Chaim Grunfeld is a therapist registered with BACP. He has core training in integrative counselling with adults.

When Good Enough Is Best

MRS NINA LANDAU



Borrowing the stewardess' instructions 'should there be a drop in air pressure, apply the oxygen mask to your face first and then apply your child's,' I begin my weekly chat with the new mothers at Beis Brocha. Knowing that this goes against the general core belief that the mother's needs come a long way after everyone else's - I have their attention.

As part of my work at Bikur Cholim, I have been running weekly group sessions at Beis Brocha for over a year. I now feel quite passionate about using the opportunity to officially give mothers permission to take it a little easy, somewhat longer than the usual few weeks that they allow themselves post-partum.

It seems that people feel it's O.K to take extra care of themselves for a short while and that this is seen as acceptable. But then, even though they feel that they are not physically up to it, they believe they are being spoilt and indulgent to drop the high standards that they expect of themselves, for any longer. They feel guilty towards their husbands and children, who have already been so patient during the pregnancy and the time that they were away at Beis Brocha. This sentiment seems to resonate with all the mothers.

And yet their bodies sing a different song. They aren't ready to snap back to normal, either physically or emotionally.

We speak a little about the seemingly universal struggles; no one wants piles of laundry, or toys strewn all over the place, children need to be dressed and ready for the van, home-made snacks prepared and nourishing dinners steaming and ready when everyone comes home in the evening.

Life doesn't stop because the mother of the home brought back a new precious bundle. So what can be done?

After a lively brainstorming chat going through all the different options that people come up with, I introduce the concept of the 'good enough mother.'

> CHANGE WHAT YOU CAN, MANAGE WHAT YOU CAN'T.

The idea is to tolerate a different standard just for a little while longer. This respects the mother's needs and may help to prevent burn out from the emotional and physical load of motherhood and keep mothers from the brink of exhaustion.

We talk about going back to bed for a nap, being aware of saying 'I'll just' about chores in the house, accepting any help from friends and family with meals, housework and shopping. Making time for themselves; reading, listening to music, having a warm bath.

Husbands and children will follow their cues, if mother is not quite ready to get back to normal and that is communicated.

I think it's helpful for little boys and girls to see what a normal recovery after birth looks like which will allow them to normalise it for themselves when it is their turn to be a father or mother.

I do a little psycho education on baby blues which is totally normal and being able to recognise the signs of post-natal depression should they arise. Much of what we cover in the session is known to be preventative, getting enough sleep, eating a healthy diet, exercise and fresh air. I gently mention that if they find themselves crying for no obvious reason, have difficulty bonding with their baby, or feel negative, hopeless and in a constant state of worry, they shouldn't ignore these feelings. Rather, they should reach out to someone close, such as a family member or friend, who should help them reflect whether they are taking enough care of themselves and getting enough support or are they 'playing super mom'. If, despite the increase in self-care, the symptoms persist, they should consult their G.P.

It may be that they need some intervention either in the form of medication or talking therapy or both. Preparing for a baby takes time and it makes sense that recovery also needs to be allowed for. ■

Mrs Nina Landau is a therapist registered with BACP. She has core training in integrative counselling for adults and additional training in CBT and DBT skills.

Living your Best Life

BREAKING THE CYCLE OF WORRY

MRS MALKA SONNENBERG

"There were many terrible things in my life and most of them never happened." - Michel de Montaigne

We all worry about all sorts of stuff because, to a certain extent, worrying is a normal part of life. However, when the worrying starts to become overwhelming and seems to be taking up more and more of our headspace, impacting our functioning and reducing our quality of life, then the worrying has become a problem in and of itself. Instead of the worry working for us as a positive mechanism to help identify real issues that we can then take practical steps to resolve, it becomes a vicious cycle of 'what ifs' that impairs our natural enjoyment of life and undermines our confidence and general well-being.

The good news is that a person doesn't have to stay stuck in a worry-ridden existence. Tried and true interventions can help get things back on track. By empowering people experiencing common issues such as social or health anxieties, low mood, panic, worries and intrusive thoughts with a whole toolkit of strategies to help manage their thoughts and emotions, a relatively brief period of Low Intensity (LI) therapy can provide the insight and ability needed to enable a person to live their life to the full.

The story is told of a mythical town of foolish folk, who decided to build a bridge over the local river to enable travellers to cross with ease. However, in their haste to complete the project, they forgot to put up guardrails along the sides. One pedestrian after another fell into the river and so the town committee gathered to discuss how to resolve the issue. Their 'Sage' came up with a brilliant idea! "Let's place lifeboats beneath the bridge to save all the people who fall off!"

Fortunately, there is a wiser solution. LI therapy can teach people how to put up 'guardrails' and stay firmly on the bridge by employing a wealth of skills that have the power to break the vicious cycle that's knocking them off balance. No lifeboats needed!!

Suri is a 35-year-old wife and mother running a busy household, who teaches part time in a local school and has always been a bit of a worrier. Although she has been teaching successfully for many years, the appointment of a new head-of-department nine months ago, triggered a whole cycle of worries regarding her abilities as a teacher. Her fears surrounding her performance and the possibility of losing her job were preoccupying her thoughts and keeping her awake at night. She started experiencing headaches and became impatient with her children which further fuelled the cycle of self-doubt as she began to question her ability to be a good enough mother. She was still functioning well overall but sought constant reassurance from others and felt horrible about her life.

Suri decided to go for help. In LI therapy, she learned to identify and challenge negative thoughts and doubts, being guided through various techniques to break the cycle of fears and gain control of her worries. Suri discovered that her worries were often based on irrational beliefs and that she had the power to choose more helpful perspectives. With support, she was soon able to use a 'worry diary' and 'worry time' to manage her worries so that they no longer took over her whole day. She was also more able to problem-solve her practical worries instead of allowing them to fill her headspace. Suri learned mindfulness techniques that enabled her to be more present for her family and found herself sleeping better and feeling more confident at work. She was encouraged at how much calmer she felt all round and felt reassured in her ability to manage her life.

Mrs F is an older lady who never liked going to social events by herself. For a long while she relied on her daughter's companionship to navigate the social scene, but recently her daughter left home. At a wedding that she attended alone, she spilled a drink all over her dress which triggered an enormous amount of anxiety. She noticed how she was avoiding attending functions, which spiralled into a downward cycle of social anxiety that caused her to stop going to her weekly shiur and eventually absenting herself even from family get-togethers. When she found herself making excuses to avoid attending her niece's wedding, she realised how much she was missing out in life and decided to go for help.

In therapy, Mrs F gained insight into her own beliefs and assumptions that were feeding the cycle and learned some simple techniques that empowered her to change them. Gradually, she began to understand the connection between her thoughts, feelings and behaviours and learned to separate her thoughts from the reality of the situation. She discovered the power of gradual exposure and learned techniques to manage her anxiety in social settings, feeling supported throughout the process. After a relatively brief period of time, Mrs F was able to resume going to her shiur and felt significantly more comfortable when entering busy shops.

Both Suri and Mrs F are normal people living normal lives that were being deeply impacted by excessive worries and fears. Through seeking help and learning how to set up 'guardrails' for themselves, they are now able to live fuller and happier lives.

Anxiety and worry can affect anyone, but it does not have to define us. By challenging negative thoughts, increasing self-awareness, and building valuable skills, LI therapy offers a pathway to freedom from the debilitating effects of anxiety and empowers us with a renewed sense of confidence in our ability to 'stay on the bridge' and navigate life successfully. ■

Mrs Malka Sonnenberg is a CBT and Systemic coach. She has a Postgraduate Certificate in systemic skills to therapy and CBT training in LI approaches to anxiety and depression. Her subsequent trainings include DBT skills.



DR JONA LEWIN



Perinatal Mental Health

AND HOW THE FAMILY CAN SUPPORT THE PATIENT DURING THIS JOURNEY

The perinatal period is regarded as the time in the life of a woman from when she becomes pregnant until her baby is one year old. This is a period when a woman is at an increased risk of experiencing mental health problems.

The most commonly experienced mental health problems in this period are depression and anxiety, but women may also experience symptoms of OCD (Obsessive Compulsive Disorder), manic episodes or postnatal psychotic episodes. Women who have pre-existing mental health problems are at increased risk of experiencing relapses of these conditions in the perinatal period.

There has been an increased recognition of the importance of mental health care for pregnant woman and women with young children for a number of years. During the last few years, specific perinatal community mental health teams were set up across England. The capacities of psychiatric Mother and Baby Units (MBU), where women in the late stage of pregnancy and women with babies up to the age of 1 year, can be admitted for treatment, have also been increased.

Both, perinatal community mental health teams and MBUs, are staffed by a range of professionals, including psychiatrists, psychiatric nurses, occupational therapists, psychologists and psychotherapists with specific training and experience in perinatal mental health. The MBUs and some perinatal community mental health teams are also staffed by nursery nurses who assist mothers and advise mothers on the care of their babies.

A major driver in the establishment of these services was the increasing recognition that babies thrive better when they receive loving care from their mothers who are able to prioritise and meet their emotional and physical needs. A significant aspect of the treatment of women in the perinatal period is to help mothers to develop an emotional bond with their babies before and after birth and be able to parent their babies and meet their needs. There are specific psycho-therapeutic interventions which can address difficulties mothers may experience in forming an emotional bond with their babies.

For a mentally healthy person it may sound strange that a mother may find it difficult to form an emotional bond with her baby, but unfortunately this does not always occur and there may be a variety of reasons for this including mental health problems in the mother. When an emotional bond is not established between mother and baby, the mother tends to have significant difficulties in meeting her baby's physical and emotional needs and prioritise her baby's needs. In best of times, healthy mothers are often physically and emotionally exhausted looking after their babies, but mothers with mental health problems tend to find this even more challenging.

There is evidence that improving the emotional bond between mother and baby does not only benefit the baby, but it also has emotional benefits for the mother. A study of women with postnatal depression showed that those women who attended regular baby massage sessions recovered more quickly from depression than women with post-natal depression who were not offered this intervention. Both groups of women were receiving standard treatment for depression.

Research evidence has also shown that it is the quality of mother-infant interaction and not the quantity of time that a mother spends with her baby which is of benefit to both mother and baby and leads to the development of a good emotional bond. A mother who may spend a lot of time with her baby, but is exhausted and tired will find it hard to interact meaningfully with her baby. However, a mother, who is refreshed and able to dedicate limited but meaningful interactions with her baby will find that these are quality times, which are of great benefit to herself and to her baby.

Mentally well women often rely on support from their husband, extended family and friends. This becomes significantly more important for women with mental health problems. However, these women may find it difficult to express their struggles as they may find it hard to talk about their mental health problems due to feelings of embarrassment.

It seems to me that during the last few years



the stigma of mental health problems and particularly the stigma of perinatal mental health problems has reduced and hopefully women are more able to talk about their mental health needs. Women with mental health needs often find it helpful to confide and talk about their emotional difficulties and being listened to can in itself be very helpful. However, like any other women with young children a mother with mental health problems will also benefit from practical support regarding the care of her baby, the care of her other children and household chores.

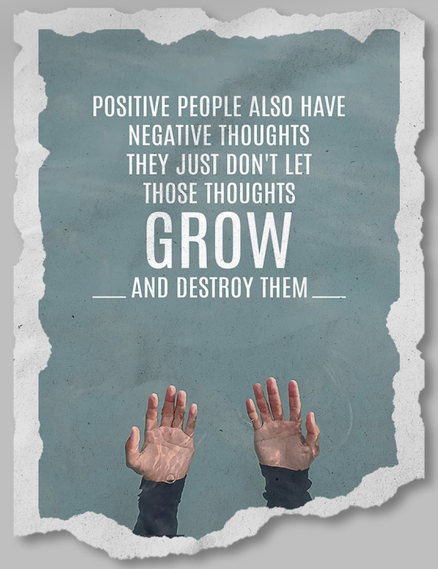
In addition to the treatment offered by NHS perinatal mental health services, Jewish charities are available to support pregnant mothers and mothers with young babies in various ways and provide psychological interventions. These organisations have links to NHS services and are able to give advice regarding NHS services.

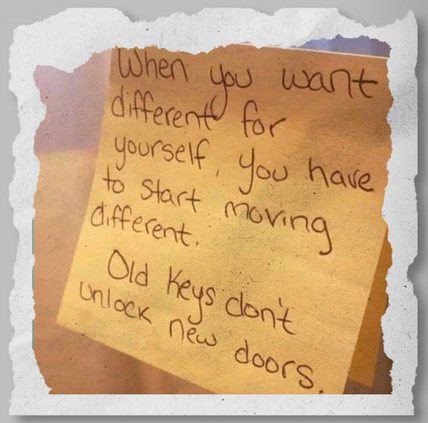
The treatment of perinatal mental health problems is important for the mothers, but as mentioned above mental health problems in the mother can adversely affect the mother's ability to form an emotional bond with her baby and her ability to care for her baby. Successful treatment of the mother's mental health problems by professionals and support of the mother by family and friends will also be of great benefit to the wellbeing and development of the baby and to the emotional wellbeing of other children in the family and relationships within the family. ■

Dr Jona Lewin is a Consultant Psychiatrist at Coombe Wood Mother and Baby Unit, Park Royal Centre for Mental Health.

IF A PERSON DOESN'T KNOW HIS LACKS *OY*, IF A PERSON DOESN'T KNOW HIS STRENGTHS *OY VA VOY*.

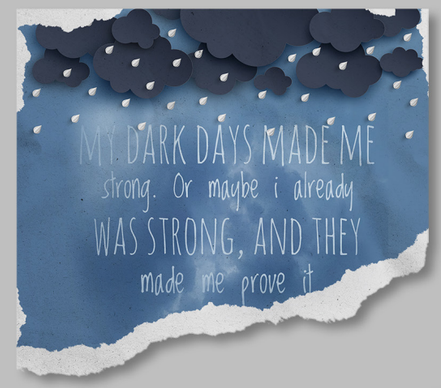
"Crying is not a sign of weakness it's a sign you were strong for too long."

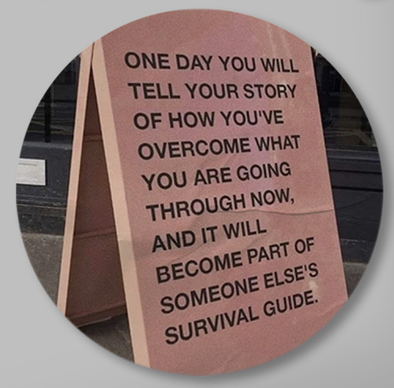












"I can't change the direction of the wind, but I can adjust my sails to reach my destination."

ערשטמאליגע אסיפה מיט פילע רבנים צו באהאנדלען די טעמע פון גייסטישע געזונט

אסיפה אפגעהאלטן דורך בארימטע 'ביקור חולים' | פארגעקומען בבית הקהל דהתאקה"ח | רבנים פון אלע קהילות בעירנו באטייליגט | אינהאלטסרייכע דרשות דורך רבנים און מענטעל העלט פראפעסיאנאלן | ציל צו ברענגען אויפוואכונג און צייטליכע שריט אין דעם פעלד | בריאות הגוף והנפ"ש

אין א היסטארישע דורכברוך האבן פילע רבנים פון דא אין סטעמפארד הילל זיך משתתף געווען ביי א גאר וויכטיגע אסיפה - די ערשטע זיינס גלייכן דאהי - איבער די ברענענדיגע נושא פון 'מענטעל העלט'.

די זיצונג איז ארגאניזירט געווארן דורך די בארימטע 'ביקור חולים' ארגאניזאציע, וואס זענען די פאן טרעגער אין אלעס אנבאלאנגט גייסטישע שווערigקייטן ביים היימישן עולם, און איז געווארן אפגעהאלטן דורך התאקה"ח אינעם בית הקהל.

די ברייטע באטייליגונג דורך די פילע רבנים פון אלע קהילות אין סטעמפארד הילל שפיגלט אפ די וויכטיגקייט פון די נושא און טיפע פארפליכטונג צו ברענגען אן אויפוואכונג אין די פעלד פון בריאות הנפש.

דער אוועטס האט געעפנט **הר"ר יהושע חיים גריסגאט הי"ו**, חבר הנהלה פון ביקור חולים, וואס האט באגריסט אלע פאזאמלטע און זיך באדאנקט פאר זייער שטענדיגע שטיצע פאר 'ביקור חולים' און ספעציעל פארן שטיין שטענדיג גרייט צו ענטפערן קאמפלעצירטע הלכה'דיגע שאלות וואס מאכט זיך אינעם פעלד פון מענטעל העלט.







דערנאך האט אויפגעטראטן **הגה"צ רבי משה מנחם וויס שליט"א** אב"ד סאטמאר. דער רב שליט"א האט שטארק ארומגערעדט איבער די ראלע פון די רבנים אין מענטעל העלט סופארט. ער האט ארויסגעברענגט די וויכטיגקייט פאר א רב צו פארשטיין און ארויסהאבן די סוגיא פון מענטעל העלט על בוריה, און צו וויסן אז זייער אסאך מאל קען אונטער א פשוט'ע שאלה ליגן אסאך טיפערס; זאכן וואס דארף פראפעסיאנאלע הילף און דער רב צו וועם מען קומט דארף זיכער מאכן דאס אויפצוכאפן און שיקן צו די ריכטיגע אדרעס.

דערנאך האט דער רב שליט"א ארויסגעברענגט די חשוב'ע פעילות פון 'ביקור חולים', און געזאגט אז אלע ביקור חולים מענטעל העלט סערוויסעס ווערן געגעבן דורכ'ן זיך האלטן שטארק צו די הלכה און ריכטיגע השקפה.

דערנאך האט אויפגעטראטן **דר. ר' דוד פוקס הי"ו** מיט אן אינהאלטסרייכע וויכטיגע דרשה. ר' דוד איז א בארימטער פסיכאלאג און קליניקל דיירעקטאר פון די בארימטע "חי לייפליין" ארגאניזאציע אין אמעריקע.

ר' דוד האט צענומען אביסל די נושא פון 'טראומא', מיט זיין גרויס באהאוונטקייט אין דעם פעלד האט ער אין קורצן געגעבן צו פארשטיין וואס טראומא איז און ווי שטארק עס קען אפעקטירן א מענטש, ער האט ארויסגעברענגט די וויכטיגקייט פון באהאנדלען טראומא סימפטאמען באצייטנס און אויף א ריכטיגע וועג.

צום ענד האט ער געשילדערט די ארבעט פון די ניי געגרינדעטע טראומא סופפארט טיעמס אין סטעמפארד הילל און אין גאלדערס גרין, פאר וועמען ער האט נארוואס געענדיגט צו געבן די ריכטיגע טרענירונג און ער וועט זיי וייטער באגלייטן און ארויסהעלפן אויף טריט און שריט.

דערנאך האט אויפגעטראטן **הר"ר דוד ווייס הי"ו**, מענעדזשער פון די מענער אפטיילונג פון ביקור חולים טעראפי סערוויסעס. ער האט ארומגערעדט אויף די שטארק געבויעטע פראצעדור וויאזוי עס גייט צו טעראפי ביי 'ביקור חולים', אנגעהויבן פונעם 'רעפערל' וואו יעדע איינצ'גסטע קעיס ווערט איבערגעקוקט זיכער צו מאכן אז זיי קענען האבן די מאקסימום בענעפיטן דורך דעם סערוויס. דערנאך גייט מען דורך צו זען וועלכע סארט טעראפי וועט זיין די בעסטע פאר אט די קעיס.

די טעראפיסטן ביי 'ביקור חולים' גייען דורך א 'סופערוויזשען' יעדע צוויי וואכן און ווערן געוויזן צו ארבעטן מיט א ספעציפישע גאול וואס ווערט באשטימט דורכ'ן באטרעפנדן אליינס. עס איז דא א שטארקע איבערזיכט אויף די טעראפיסטסן זיכער צו מאכן אז מען רוקט זיך כסדר פאראויס און מען זעט פאקטישע שינויים לטובה בעז"ה.

ר' דוד האט אויך דערמאנט אז אלע פעולות וואס ווערן געטון דורך 'ביקור חולים' ווערן געהאלטן אין שטרענגסטן געהיים און יעדע איינצ'גסטע דעטאל פונעם קעיס ווערט געשיקט בלויז דורך א פריוואטע קאוד, און עס ווערט בשו"א נישט דערמאנט קיין נעמען אדער אנדערע פערזענליכע דעטאלן פאר קיינעם וואס איז אינוואלווד אינעם קעיס, אריינגערעכנט דער קלינישער פירער און סופערווייזערס. "קאנפידענטשיאליטי שטייט די גאנצע צייט אין שפיץ פון די ביקור חולים סערוויסעס," האט ר' דוד אויסגערופן.

באזונדער האט ר' דוד אונטערגעשטרייכט די בענעפיטן פון וואס דער באטרעפנדער גענייסט וועלן ער קומט צו 'ביקור חולים', וויבאלד דאס פארזיכערט אז דער מענטש איז אונטערן אויפזיכט פון 'ביקור חולים', מיט אלע פארשידנארטיגע סערוויסעס וואס 'ביקור חולים' שטעלט צו, אריינגערעכנט עמאציאנאלע סופפארט, סאפערס פאר די משפחה, וואלונטירן פאר וואס עס פעלט אויס וכו' וכו'.

צום לעצט האט מען אויפגערופן **דר. יונה לעווין** הי"ו וואס האט ארויסגעברענגט פארשידענע אנטוויקלונגען וואס קען זיך ח"ו מאכן נאכן געבורט פון א קינד און די וויכטיגקייט פון נעמען די ריכטיגע שריט באצייטנס. דר. לעווין האט ארויסגעברענגט די וויכטיגקייט אז ווער עס גייט דורך אזעלכע שווערע מצבים זאל האבן ברייטע שטיצע דורך די ארומיגע משפחה, באקאנטע און נאנטע וואס האט א דירעקטע השפעה אויף א לאנג טערמיניגע ריכטיגע ערהוילונג בעז"ה.דערנאך זענען די רבנים שליט"א צוריקגעגאנגען צו זייער הארעווען און הרבצת התורה, נישט פארן אויסדרוקן זייערע טיפע דאנק געפילן און באגייסטערונג פאר די ביקור חולים עסקנים וועלכע האבן דאס צושטאנד געברענגט און זיי געגעבן א קלארערע און טיפערע פארשטאנד וויאזוי צו האנדלען אין פארשידענע פעלער וואס קומט אן צו זייער טיש.

אין ליכט פון די געוואלדיגע הצלחה פונעם כינוס פיבערן שוין די 'ביקור חולים' עסקנים מיט געדאנקען איבער נאך צוקונפטיגע ענליכע מעמדים אין די קומענדיגע תקופה וואו מען וועט באהאנדלען פארשידנארטיגע ספעציפישע מענטעל העלט פעלער, מיט די האפענונג אז די פארמערטע אויפוואכונג אין בריאות הנפש וועט צוברענגען אראפצונעמען די 'סטיגמע' וואס מאנכע האבן אויף גייסטישע הילף און צוברענגען א פארשטערקערטע שטיצע דורכן ציבור צו מענטעל העלט.



Caring for Our Carers

MRS CHANNI KAMPF



> YOUR PRESENT CIRCUMSTANCES DON'T DETERMINE WHERE YOU GO; THEY MERELY DETERMINE WHERE YOU START.

Caring for someone is one of the most meaningful and loving acts a person can do, a test that brings out strengths they never knew possible.

Carers usually try to do the very best they can. But when caring for someone, whatever the age or reason, it's like being on a plane when the emergency light comes on. You have to put on your own oxygen mask first, or you won't be able to help anyone else.

Doing the best you can, means evaluating the role of the carer. Caring can be emotionally, mentally and physically taxing. It may also be challenging to maintain the standard of caregiving so you need to give yourself good, loving care so that you can continue to be there to care for your loved one.

Carers may become stressed about the person they are caring for. They may worry if they are doing a good enough job and may be fearful about the future. These worries can sometimes be difficult to ignore, and constant ruminating can disrupt sleep and normal functioning.

If the carer has given up work or changed their routine, the loss of structure and social interaction can lead to feelings of isolation and even depression.

Here are some of the warning signs to watch out for:

- Having less energy and constantly feeling tired, even after resting or sleeping
- Getting sick more often
- Neglecting your own basic needs, such as eating and personal care
- Difficulty relaxing
- Feeling overwhelmed, helpless and hopeless

How do we manage these feelings? How can we help ourselves? How can I care for myself so I can care for you?

The buzzword today is self-compassion, and if you are caring for someone, it is an essential part of your tool kit. We all recognize Rabbi Akiva's famous saying, *"Vahavta lereicha kamocha"*. Love your neighbour as you love yourself. Only when we can love ourselves can we project that love to others.

How do we love ourselves?

Rabbi Paysach Krohn's shiur on caring uses the acronym S.A.F.E. Carers need Support, Alone-time, Food and Exercise. We will look at each one.

SUPPORT

Share your feelings with someone you trust. Caring can often feel challenging, but having someone who will listen to you with care and with no judgement is essential. Just as important is having someone to hear about your joys, accomplishments and success stories.

Join a support group focused on supporting and understanding your particular requirements.

If you are aware of changes in your own emotional health or personality that may be impacting others, especially important relationships, therapy might be a good option.

Carers UK information and support is available at 0808-808-7777 (daily 9am – 6pm).

Stay in touch with family and friends and accept offers of help. If you can, be honest about what your needs might be. None of us wants six potato kugels on Shabbos or seven visitors, all arriving at the same time.

ALONE TIME

To get the time you need alone:

- Read a book or magazine
- Say some Tehillim
- Take a warm bath
- Listen to a shiur
- Connect to nature – go to a local park
- Stroll around your garden or sit and enjoy the sun (weather permitting)
- Do something creative- painting, baking, knitting, sewing or writing
- Get some headphones and listen to your favourite music

When alone time is not an option, find moments of intentional internal calm and try to connect to your inner core.

FOOD

Nourish your body and soul with good food. Try to make sure you are eating balanced meals regularly. If you have no time to cook, it's ok to ask for help or buy take-away. Treat yourself to something you enjoy – you deserve it.

EXERCISE

Do your best to find ways to become physically active. Listen to music and dance around the house. Join an exercise class. Go walking with a friend.

So, let's put on our own oxygen masks and remember to use the S.A.F.E. strategies.

Just knowing there is someone supporting the carer is one of the most thoughtful and meaningful acts a person can do. ■

Mrs Channi Kampf is a therapist registered with BACP. She has core training in Psychodynamic theory and practice, experience in working in school settings and with adults. She has additional expertise in perinatal mental health and disability, and subsequent trainings in CBT, IPT and DBT skills.

Demystifying Mental Health

AND GETTING TO KNOW OUR MENTAL HEALTH PRACTITIONERS

MRS ESTHER ROSENBERG

> THERE IS NO STANDARD NORMAL. NORMAL IS SUBJECTIVE. THERE ARE SEVEN BILLION VERSIONS OF NORMAL ON THIS PLANET.

Mental health has been gaining much popularity in recent years. From the media to the workplace and in our own lives there is growing noise about mental health that indicates new awareness and understanding and most of us will be familiar with these words. It is a term we see all over, on billboards, in magazines, and commonly included in conversations with health practitioners.

As human beings, it's interesting to think about how long it took for us to truly understand the significance of mental health. For too long, our focus was primarily on physical well-being and almost completely ignored the importance of mental health. However more recently people are becoming more and more interested in their own mental well-being and that of those around them. Suddenly, mental health isn't something to be brushed aside or hidden away in shame. It is something people are becoming more comfortable discussing, and is getting more publicity and understanding. We can see this in the increasing number of individuals who are seeking help and treatment for mental health issues, as well as in the growing number of public figures who are opening up about their own struggles.

However as much as we read about it, hear about it and use the words it might surprise you that the term 'mental health' is frequently misunderstood. Not surprisingly when presented to an audience about their understanding of mental health - most often the response will include OCD, anxiety, depression, PTSD and more and there is a hush of shame and stigma associated with all of these.

But is mental health, illness? The answer is no. In fact most importantly, contrary to what is commonly understood, mental health is more about wellness than illness. It refers to a state of well-being, in which a person can cope with life's challenges and have positive relationships with others.

The World Health Organisation (WHO) defines mental health as 'a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community'.

Essentially, mental health represents the quality of our inner lives and how we experience and respond to the world around us.

Mental health is like the garden of our minds. It's where we grow and cultivate our thoughts, feelings, and behaviours. Just as a garden needs water, nutrients and sunlight, mental health requires the same level of care and thought to flourish. We need to focus on our mental state and hold awareness to ensure that we are giving it care and attention to make sure it is in a good place. Just as a garden needs to be tended to daily, so does our mental health. It's not a one-time task, but a lifelong journey that requires attention, care, and maintenance.



In terms of looking after our mental health, there are a few key strategies that can help promote wellbeing. These might include things like exercising regularly, practicing mindfulness, getting enough sleep, eating a healthy and balanced diet, seeking support from friends and family. The key is to develop healthy habits and routines that support our mental and emotional health over the long-term. By taking care of our mental health, we can achieve a greater sense of inner peace, happiness and well-being making us more resilient in the face of life's regular stresses and ups and downs.

However, sometimes, weeds may grow in our mental garden which may interfere with our regular functioning, such as increased stress, anxiety, life changes or low moods. But with proper care, we can pull those weeds out

and replace them with positive and healthy thoughts. We can nurture our mental health by engaging in self-care activities as above and often that is all the intervention needed to get us back to good wellbeing.

It is important to remember that just like our physical wellbeing, mental health can sometimes be compromised and require professional attention. Sometimes we need more help than just talking to a friend or the usual self care. We need the support and guidance of trained mental health professionals to get us through a challenging time or particular disorder. Just like it is not shameful to seek help from a GP or other medical professional when we are experiencing pain or feeling physically unwell, seeking professional help for our mental health is not a weakness but a sign of strength and resilience.

So, let's make sure we tend to our mental garden with care and responsibility, reaching out for help if the need arises, to let it flourish and grow in a healthy environment.

However, since awareness of mental health is still evolving, often it will be difficult and confusing to access the right help. It is useful to know who our mental health professionals are and how they differ in their work.

Mental health professionals in the UK include psychiatrists, psychologists, counsellors and psychotherapists. For the uninformed these terms can sound confusingly similar and it is important that we know our professionals and what their different roles are.

Psychiatrists are NHS-trained doctors of medicine who have specialized in the diagnosis and treatment of mental illnesses. Their specialist expertise is in understanding how biology impacts on mental well-being and how medication can help with mental health issues, although they are often trained in providing therapy as well.

Clinical Psychologists are NHS trained doctors of psychology, whose specialist expertise is in understanding how our lives and relationships impact on our mental health. They can carry out complex assessments to understand why someone is struggling and what might need to change to make things better. They often provide therapy themselves, as well as providing supervision and support to other staff providing talking therapies.

Registered counsellors and psychotherapists all have specialist training in particular types of talking therapy aimed at improving mental health and well-being, and promoting personal growth and self-awareness. A therapist may help a client unpack the baggage they have been carrying for so long and identify the root causes of their problems to understand what is keeping them stuck. Through careful observation and empathetic listening they work to understand thoughts, feelings and behaviours, to help them think about what can help improve their lives and reach optimal functioning. There are many different approaches in psychotherapy such as cognitive behavioural therapies (CBT), psychoanalytic therapies, and humanistic therapies but they all share core features to be registrable by the BACP in terms of formal study, supervised therapy, codes of conduct etc.

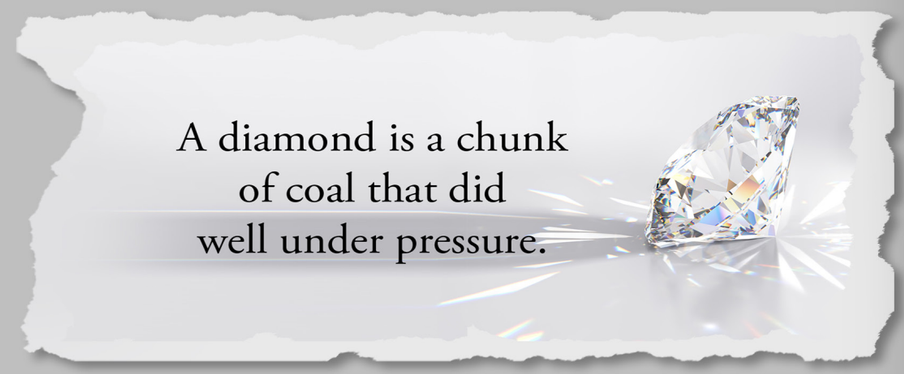
The team at Bikur Cholim have a variety of specialist trainings between them, but all work similarly in terms of starting out by working out with the client where they want to get to, and then thinking with them and their supervisor which way of working will help them get there. With exploring and guidance, clients learn how to develop better coping mechanisms, reduce their stress levels, and improve their overall mental well-being to reach the place they set out to.

Looking back on how far we've come in terms of understanding mental health, it's both exciting and humbling to reflect on how much this has changed within our own community. Bikur Cholim has been a wonderful powerhouse to pioneer these changes and offer awareness and learning opportunities on subjects related to mental health, as well as offering accessible and affordable therapy. Let's continue to grow in awareness and understanding of our own and others' mental health, with a focus on improving both our physical and mental well-being. ■

Mrs Esther Rosenberg is a therapist registered with BACP. She has core training in integrative Psychotherapy and additional trainings in child and adolescent counselling, IPT, CBT, DBT skills and trauma.

"Health isn't just about what you eat.
It's about what you are thinking and feeling too."









"A year from now you may wish you had started today."

"JUST WHEN THE CATERPILLAR THOUGHT THE WORLD WAS ENDING, HE TURNED INTO A BUTTERFLY.

Couple Therapy

FOR DEPRESSION

Developed by the Tavistock Centre for Couple Relationships around 20 years ago, Couple Therapy for Depression (CTfD) is an evidence-based approach to helping a person experiencing depression, by working with their couple relationship.

The basic idea of CTfD is that, if one member of a couple is depressed then this will either be:

a) Partly *caused by* the relationship they're in, or
b) *Impacting on* the relationship they're in, or
c) *Helped* by improving the couple relationship.

If one member of a couple is depressed, that depression is probably affecting the couple's relationship. For example, the depressed member of the couple feeling withdrawn, sensitive, 'needy' or irritable and the other member of the couple might not know how to deal with this or how best to support their spouse.

If there are already difficulties in the couple's relationship, then it could maybe be making the depression worse.

But at the same time, the support, caring and connection potential within the couple's relationship can be a really powerful resource for helping the depressed person feel a lot better.

So, CTfD argues – and the evidence backs this up: if we can improve the relationship then we have a really powerful chance of reducing the depression.



FOR CTFD, DOES SOMETHING NEED TO BE 'WRONG' WITH MY RELATIONSHIP?

There doesn't have to be anything 'wrong' with your relationship for you to come to CTfD. CTfD is there to help you use and develop your relationship in the best way possible to help you deal with the depression as a couple and to help the person who is depressed feel better.

However, at the same time, if you feel there are problems with your relationship, CTfD can be a really good opportunity to understand those problems and start to turn them around.

WHAT CTFD AIMS TO ACHIEVE

CTfD aims to achieve: recovery from depression, better communication and ability to work together, greater awareness of each other's needs, a better sense of closeness between the two of you, being less stuck in repeating patterns in your relationships, help with feelings of anxiety and stress in facing the challenges of your relationship and family life, help with coming to terms with life changes such as the birth of children, and greater confidence about the future.

HOW DOES IT WORK?

In general, some people are thinkers and some people are doers. In a similar way, some types of therapy focus on understanding issues better and some types of therapy focus on doing things differently. CTfD is unusual in that it does both.

Firstly, it aims to help you and your spouse explore and understand more about your difficulties, talking about and gaining insight into the issues that trouble the two of you. You will gain a greater understanding of your own and your spouse's feelings. This in itself can make it much easier to accept and deal with issues. But CTfD goes beyond this.

Having gained greater understanding, you will use this to work on strategies and solutions. Some of this could involve learning new communication and problem-solving skills. It can also involve experimenting with different ways of behaving with each other.

WHAT ARE THE SESSIONS LIKE?

Your couple therapist will help to ensure that your sessions take place at a regular time (normally once a week for 50 minutes), in a setting where you can be sure of confidentiality. There are normally 20 sessions, and usually divided into 3 parts:

- The first few sessions in which you'll work out what the issues are and what's keeping them going.
- The middle section, normally around 12 sessions, in which first you'll work on greater understanding, tolerance and acceptance and then work on practical solutions.
- The ending section, in which you'll look back on what you've achieved in therapy and how you can carry these achievements forward and continue to make improvements, once the therapy ends.

Your couple therapist will not take sides, although they may point out things that go on between you that you might not be very aware of, helping you to gain more awareness and understanding and then guide you towards a range of possible solutions to the issues you're dealing with.

WHO IS CTFD FOR?

It's for any couple in which one or both of the members of the couple are depressed.

What does depression look like? Some of the common experiences people have when they are depressed are loss of interest and enjoyment in everyday things, feeling tired, tearful and irritable, loss of interest in relationships, not being able to sleep or sleeping much more than normal, loss of appetite, not being able to concentrate and not feeling worthy of love or of loving. These experiences often come with feelings of guilt, worthlessness and low self-esteem.

If one of you is experiencing some of these symptoms then CTfD is recommended by the UK's National Institute for Health and Care Excellence (NICE) guidelines. ■

Rabbi Daniel Glass is a therapist registered with BACP. He has core training in integrative and existential psychotherapy with adults. His subsequent trainings include using CBT & DBT skills and Couples Therapy for Depression (CTfD).

When the Client and Therapist Share a Community

BENEFITS AND CHALLENGES

MR SHMULY NOE

The decision to go and see a therapist is one of courage, bravery, and a hope for things to be different. It can seem so much simpler to just allow things to remain the way they are and not to 'rock the boat'. People can get to feel comfortable with the uncomfortable, at home with the pain, and used to the unbearable. To shake up the status quo, and to seek out professional help and support in improving one's own life, and by default the lives of those nearest and dearest to them, is a decision to be admired.

When seeking out a therapist, a client has several different factors to weigh up and consider. These can include the therapist's location, experience, areas of expertise, and clinical orientation. But what about the therapist's cultural and religious background? Should a client specifically look for a therapist who has an inside understanding into the nuances of their community and belief system? In our terms, the question would be whether a client would potentially benefit from choosing to work with a therapist from within the frum community or not. This article will briefly touch upon some of the possible benefits, and challenges, of working with a therapist from the same or similar background as oneself.

Let us first begin with some of the possible benefits of a client sharing a similar cultural background to the therapist.

It is crucial for the therapeutic work for a client to feel understood by their therapist, and for their therapist to truly understand their clients' challenges. Obviously, having a therapist who understands the client's language and their way of expressing themselves is vital. Research has shown that it is expected that therapists from the same culture as their clients will be better able to communicate and understand the language and cultural background of their clients than therapists from other cultures.

But it goes beyond plain linguistics. Struggles with mental health and emotional wellbeing can impact any human being. According to The World Health Organisation, 1 in every 8 people worldwide struggles with their mental health. That is close to one billion people. Clearly, anxiety, depression, phobias, relationship issues, and a host of other difficulties do not differentiate between race or religion. But the way in which they can express themselves totally does. Think of the anxiety of a frum man who finds it a challenge to go to shul or to family simchas and community events, and the impact that this has on his social, emotional, and religious life. Think of the obsessive thoughts of a frum woman, overly worried and concerned about the *halachos* of separating milk and meat, not from a place of *Yiras Shomayim*, but struggling with an invasion of overwhelming and persistent thoughts of her kitchen having somehow become *treif*. A client can really benefit from having a therapist who understands their cultural and religious background, and by extension their unique needs, difficulties, and struggles.

The same holds true with the specific interventions that the therapist may suggest. Research has found that it is important for a therapist to consider the client's language, culture and context when suggesting evidence-based treatment or intervention. In other words, this would mean ensuring that the interventions suggested fit the clients *halachic*, religious, and cultural circumstances and needs. Interestingly, it is for this reason that Rav Moshe Feinstein (Igros Moshe YD 2:57) advises the potential client to try and seek out a frum clinician if possible. (See further in Psychotherapy in Halachah, p. 15).

Another angle of the therapy work that may benefit from a therapist who has an inside understanding of the frum world is the possibility of introducing further support systems around the client. Psychological and emotional wellbeing can be challenged, and certainly exacerbated, by non-psychological challenges. These can include physical illness, financial difficulties, challenges around housing accommodation and home management, amongst other things. A client's mental wellbeing can also be enhanced and supported through



EMOTIONAL HEALTH PROBLEMS DON'T DEFINE WHO YOU ARE. THEY ARE SOMETHING YOU EXPERIENCE. YOU WALK IN THE RAIN AND YOU FEEL THE RAIN, BUT YOU ARE NOT THE RAIN.

family, neighbours, community, Shul, Kehilla etc. A clinician who has inside knowledge of the many organisations and opportunities for support available to the client can be very beneficial.

A final potential benefit worth highlighting is the trust that a shared background can create. For the therapy to be effective, the client needs to feel safe, respected, and understood by their therapist. Studies have found that when engaging with a therapist from a different cultural and religious background, frum clients may fear that their therapist will not approve of their way of life, or may even attempt to influence or change their religious beliefs. Consequently, frum Jews may be on the look-out to examine whether their therapist respects their religious values and practices. In truth, a skilled and well-trained therapist will respect their clients' religious beliefs, no matter how different they may be to their own, and they will make no effort at all to change them. However, a client may still find that they do feel safer and more trusting of a therapist from the same or similar cultural or religious background.

Indeed, there is some evidence that when clients do see therapists of the same background, treatment outcomes may be better, and research has found that the lack of culturally adapted mental health treatments has actually resulted in low-level engagement and poor outcomes amongst minority cultural groups.

And now for the challenges that can present themselves when specifically working with a therapist from within the frum community.

In 1929, the Hungarian poet and author Frigyes Karinthy devised the 'six degrees of separation theory'. Six degrees of separation is the idea that all people are six or fewer social connections away from each other. As a result, a chain of 'friend of a friend' statements can be made to connect any two people in a maximum of six steps. In the Jewish world, it is perhaps only a step or two. Some clients may therefore feel safer working with a therapist who is from outside the community, and thus further removed from them and their family and friends. It can also be a challenge for the therapist to hear a different perspective about people that they may already know or be acquainted with. One client's abusive boss may daven in the same shul as the therapist. Another client's difficult sister-in-law may be the therapist's niece's next-door neighbour. You get the picture. At Bikur Cholim we pay special attention to this issue given our close-knit community, and wouldn't assign a therapist to a person if the connections were too close. Again, in truth, a skilled and competent clinician will always respect, value, and trust the client's perspective, and the client's confidentiality and privacy is sacred in the therapeutic world.

One further possible benefit of going outside the community for therapy, is the need that it can create for the client to really express



themselves. When a client has to explain themselves and their story to a therapist with little or no understanding and knowledge of their community and culture, it can help them further understand and clarify their own story. The therapist cannot assume to understand what the client means when discussing certain experiences that are unique to their cultural background, and will need to be curious and inquisitive to make sure that they truly understand the full picture.

Ultimately, it is the client's own personal choice and preference whether they specifically choose a therapist with a similar background, or not. Either way, there is respectful, thoughtful, and professional help and support within arm's reach. The client just needs to reach out, and with *Siyata Dishmaya*, a supportive hand will be there on the other side, ready to listen, learn, and begin the walk together towards a brighter and healthier future. ■

Mr Shmuly Noe is a therapist registered with BACP. He has core training in integrative counselling with adults, focusing on person-centred and solution-focused skills. He has subsequent trainings in CBT and compassion-focused skills.

THE CHANGES WE DREAD MOST MAY CONTAIN OUR SALVATION.

What is CBT

WHO IS IT FOR AND HOW DOES IT WORK?

MRS HINDY SCHLESINGER



CBT, which stands for Cognitive Behavioural Therapy, is a type of talking therapy. It covers a family of interventions that are widely recognised as a set of psychological treatments with the most extensive empirical support. This means that there is the most evidence that this kind of therapy is effective in treating anxiety. CBT focuses on addressing current issues in the here and now and empowering individuals to take control of their problems in a healthy and adaptive manner.

CBT has evolved over time with distinct eras or waves. The first generation of CBT focused on behaviour therapy, based on the idea that all behaviours are learned, and that unhelpful behaviour can be changed. Cognitive therapy was based on the idea that people's emotional distress arises from their thoughts about an event rather than the actual event itself. By the late 1970s behaviour and cognitive therapy had moved into the era of classic CBT pioneered by American psychiatrist Dr Aaron T. Beck combining cognitive and behavioural therapies. CBT involves methods and concepts focused on the role of maladaptive thinking patterns in emotion and behaviour.

Unlike some other therapies, CBT emphasizes the role of an individual's interpretation and construction of situations, rather than the situations themselves, in shaping people's thoughts and feelings. This approach aims to modify unhelpful core beliefs that lead to automatic thoughts triggering negative emotions.

Automatic thoughts refer to thoughts that arise spontaneously and contribute to unhappy or unpleasant feelings. These thoughts can take the form of words, images, dreams, or daydreams. Many people are not fully aware of their automatic thoughts, and CBT helps individuals develop the skill of noticing their thoughts when experiencing emotional shifts or strong emotions.

CBT teaches individuals to identify, evaluate, and respond to unhelpful thoughts and beliefs. It utilizes various strategies, such as psycho-education and behavioural experiments, to empower individuals to try out new approaches and break down problems into manageable components. CBT enhances awareness of one's thinking, actions, sensations, feelings, promotes positive self-regard and provides practical techniques to improve coping with everyday life challenges. While CBT tends to focus more on the present, it may also explore past experiences to understand the origin of current unhelpful behaviours and thoughts, enabling individuals to make sense of their problems and facilitate change.

Traditional CBT primarily aims for symptom reduction, and more recently third-wave CBT approaches take a broader perspective. These third wave CBT models and interventions include acceptance and commitment therapy, dialectical behavioural therapy, mindfulness based cognitive therapy, compassion focused therapy and several others. These expanded treatment possibilities allow for addressing more complex issues such as, bipolar disorder and complex personality disorders These approaches aim to foster a different relationship with one's inner world of experiences, reducing internal resistance and promoting a more peaceful inner state. There is an emphasis on acceptance that can help individuals develop skills that increase awareness of their inner processes, as well as improve the quality and quantity of meaningful activities in their lives.

CBT, including third wave intervention, is now the first choice treatment for depression, low-self-esteem, clinical perfectionism, phobias, panic disorder, social anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder and prolonged grief.

So how does CBT work in practice? CBT begins with a comprehensive assessment of an individual's problems, which serves as the starting point for therapy. Often, when someone is struggling, they may experience a range of uncomfortable emotions that they don't understand and feel overwhelmed by. The assessment process, typically lasting one to two sessions and possibly extending over multiple sessions, aims to clarify and make sense of an individual's difficulties. It involves a collaborative exploration of the causes, consequences, and maintaining factors of the problems. The therapist works with the individual to examine how the problems affect their thoughts, physical sensations, and actions. The assessment also takes into account the individual's life history, circumstances, experiences, skills, and emotional resources. Based on this information, the therapist formulates a personalized treatment plan tailored to the individual's specific circumstances and problems. The treatment plan or formulation may involve a more traditional CBT approach or incorporate elements from the newer third-wave psychotherapies.

The therapist can provide guidance regarding the duration of CBT therapy. Some individuals may benefit from a relatively short course of CBT, typically involving 12 to 15 sessions. However, depending on the complexity, chronicity, and depth of the problems, medium-term therapy (30 to 40 sessions) or long-term work may be necessary. In cases involving childhood trauma, CBT therapy

> DON'T JUDGE EACH DAY BY THE HARVEST YOU REAP BUT BY THE SEEDS THAT YOU PLANT.

often requires an extended duration to address deep-rooted difficulties, taking into account the individual's specific needs.

A crucial aspect of CBT therapy is establishing a safe therapeutic relationship between the individual and their therapist. After identifying the maintaining features of the presenting problem the therapist assists the individual in exploring ways to better manage their difficulty. This could include a range of interventions such as psychoeducation, cognitive restructuring, behavioural experiments, exposure, emotional regulation and thought diffusion, mindfulness and calming techniques and more. Moreover, the therapist helps the individual apply their new insights to their daily life. These skills enable individuals to manage or reduce their symptoms and prevent them from negatively impacting their future lives.

At Bikur Cholim's Emotional Health service we are all sensitive to the culturally specific needs of our Kehillah. We take every precaution to safeguard our values and principles. We endeavour to ensure that everyone accessing our service feels safe and comfortable. We also have specialised knowledge and understanding with specific cultural disorders like OCD involving religious or moral obsessions. Working within the community necessitates absolute confidentiality, and our policies and commitment ensure just that.

Doing CBT is a commitment, and with patience and focus on living our lives in the best possible way, it's a journey worth taking. ■

Mrs Hindy Schlesinger is a therapist registered with BABCP. She has a master's degree in CBT with adults and additional training in Couples Therapy for Depression (CTfD) and DBT skills.

"SPIRITUAL GROWTH IS MEASURED BY DISTANCE COVERED, NOT BY DESTINATION REACHED.



Therapy Groups

THE HEALING POWER OF UNITY

Come on in, pull out a chair, and take your seat in the circle.

Discover a realm where you embark on your own adventure accompanied by fellow seekers, where collective courage provides the motivation for mastery, where a compassionate community propels personal growth.

Welcome to the immersive world of Therapy Groups.

Let's delve into the dynamics, uncover the profound impact of groups, while exploring the unique benefits as well as potential barriers that arise.

Therapy groups are a form of psychotherapy in which a therapist/s work with a small group of individuals, typically ranging from 5 to 12 participants. The group members come together to explore their thoughts, feelings, and experiences in a supportive and confidential environment, and / or to gain empowering skills to better manage shared challenges.

There are different types of therapeutic groups, such as Support Groups, Process Groups, and Group Therapy which offer supportive holding and empower people within a validating environment to cope with their challenges. These groups are so valuable; they deserve their own exploration.

Then there are Therapy Skills Training Groups which are designed for people who are looking to create change in their approach / behaviours etc. in a supportive setting. In the space constraints of this article I will be exploring only the latter.

Therapy Skills Training Groups are not a substitute to individual therapy and in fact they complement individual work with the focus on skills.

THERAPY SKILLS TRAINING GROUPS

The primary aim of skill based groups, is to equip participants with practical tools to improve specific areas of functioning. The emphasis is on learning and practicing techniques and strategies to manage symptoms, cope with challenges and approach perhaps the same situations in new healthier ways.

Group meetings are somewhat structured and include a combination of psychoeducation, open discussions, guided group activities / exercises, and practicing specific therapeutic techniques.

Rabbi Dr Abraham J. Twerski ZT''L strongly encouraged joining Skill based groups, saying; ''Just as *Tefilla B'Tzibbur* is superior to individual prayer, so too when mastering therapy skills, *Eitzo B'Tzibbur* (skill based group therapy) is more effective than individual counselling''.

I am particularly passionate about Skills Training Groups, fueled by the recent positive experience and feedback, of co-facilitating a pilot Emotion Skills-Training Group alongside Dr. Lisa (Malka) Kagan, through Bikur Cholim.

Let me give you a peek into our group, how it ran, what we learnt through the process of co-facilitating and what participants have shared about the experience.

BIKUR CHOLIM'S "MASTERING EMOTIONS" SKILLS TRAINING GROUP *Summer 2023*

We piloted an eight-week course where we met one morning a week for 90 minutes, in a discreet

yet easily accessible venue with ample room for comfortable seating.

Our goals were to journey with participants in mastering the following Emotional skills modules;

Mindfulness Practice: including exercises and practices that help develop a more compassionate and non-reactive stance toward ourselves and others.

Enhanced Emotional Regulation: where we learnt to identify emotions, understand their function, and proactively take care of our mood. We developed strategies to manage intense emotions in healthy and adaptive ways. This also reduces mood swings, impulsive behavior, and emotional reactivity.

Distress Tolerance and Crisis Management: These skills are improved to navigate crisis, reduce self-destructive behaviors, and promote healthier coping strategies.

With a subtle focus on **Improved Interpersonal Effectiveness:** where members develop the skills to assert their needs, set boundaries, and navigate conflicts in relationships, thus building self-esteem and fostering healthier interactions with others, enhancing relationships all round.

We paid close attention to Introductions and Establishing Ground rules: This included maintaining confidentiality, punctuality, respecting others, and creating a safe and non-judgmental environment.

We spent time checking-in each week, grounding ourselves and following up on how the tasks were embedded or useful during the previous week.

We recognized struggles and did some joint troubleshooting as well as celebrated each other's achievements, establishing a sense of camaraderie, and reminding ourselves that engaging in new skills and implementing them in real-life situations requires practice and perseverance!

We then spent time exploring and experimenting with specific ideas through psychoeducation, engaging group discussion, worksheets and group / partner exercises.

Group member's feedback provided insights, perspectives, and suggestions. Group feedback also fostered a sense of belonging, boosted confidence and a sense of competence.

Towards the end of each session, we planned for the week ahead, scheduling time to practice techniques regularly, in addition to using them when triggered. This weekly consolidation encouraged reflection, and helped participants integrate the session's learning as new coping strategies, building emotional resilience.

Throughout the group process, we facilitators were mindful of ensuring a safe and supportive environment, promoting healthy communication, addressing conflicts, and providing guidance and feedback to participants.

Overall, the group offered a unique therapeutic experience by harnessing the power of the group dynamic, providing multiple perspectives alongside the targeted skills being mastered in a supportive and collaborative environment.

While Skill Based Groups can be highly beneficial, several barriers can get in the way of individuals accessing or fully benefiting from the experience.

We know in a close knit community, joining a group was a courageous move and every participant has shared that they are grateful they overcame the barriers, giving themselves this opportunity.

WHAT ARE THE POTENTIAL BARRIERS TO GROUP THERAPY IN GENERAL?

We have found that the greatest hurdle is the social **stigma** associated with seeking help; the fear of being judged or labeled may discourage people from seeking the support they need or want.

Concerns about sharing personal information in a group setting; this includes a fear of others knowing their struggles or breaches of **confidentiality**.

People feeling **socially anxious;** the fear of scrutiny by others can make it difficult for them to open and share their thoughts and feelings.

In rare instances the **Group dynamics** can present barriers. Group members may have different personalities, communication styles, or conflicts that impact the cohesion and safety of the group. Difficulties in connecting with others or feeling alienated within the group can hinder participation.

Some individuals may have **specific concerns or needs** that are not addressed adequately in a group therapy setting. For example, individuals with severe and complex mental health issues



may require more intensive treatment.

What would then encourage an individual to take the leap and join a Group?

With the help of group participants, I share with you **The benefits of group therapy.**

Group therapy provides a **supportive** and empathetic environment where individuals can share their struggles and receive **validation** from others who may have similar experiences. The group members can offer understanding, encouragement, and support, which can alleviate feelings of isolation and provide a sense of belonging.

Suri* shares her journey from resistance to appreciation; "I initially felt hesitant about joining a skills group, but it's been one of the best decisions I've ever made. The validation is truly meaningful when it comes from peers who can say - "I understand; I have been there too."

Group therapy exposes individuals to **multiple perspectives** and shared learning experiences. This exposure can broaden their understanding, help them gain new insights and alternative viewpoints, and access to more creative strategies for change. Chana* illuminates this point; "Hearing how other group members are implementing the ideas we discussed, has enhanced my understanding of the concepts in a deeper way than individual therapy could ever achieve."

In addition, feedback and reflections from group members can help individuals recognize patterns, blind spots, and underlying issues. This **increased self-awareness** can also lead to personal growth and positive changes.

Engaging in group therapy can enhance **social skills & interpersonal effectiveness.** It provides a safe space to practice communication, active listening, and assertiveness. Participants can receive feedback and support in improving their social interactions and relationships.

Group therapy can provide ongoing support beyond the therapy sessions. Participants often form connections and relationships within the group, creating a **network of support** that extends beyond the therapeutic setting. This network can provide ongoing encouragement and friendship.

Naomi* appreciates the **accountability** and support in this skills group. "The group members have become my cheerleaders, celebrating my progress and holding me accountable for practicing the skills outside of the sessions."

"The empathy and validation I received in this group," shares Faigy*, "was incredible. It was such a relief to realize I am not alone in my struggle. The continuous motivation to practice the techniques taught me that change is possible; I now have the tools to regulate my emotions and make better choices in real time. Skill groups are truly empowering."

Having now been a participant / facilitator, I wholeheartedly agree, because the power of group therapy lies in the collective wisdom and shared experiences of the group. When this power is harnessed safely, it provides improved self-awareness, enhanced broader perspectives and increased motivation and encouragement to integrate the skills being mastered, resulting in robust emotional resilience.

So lean back in that chair and give it a try. Take the courage to get past the initial obstacles of joining a group and together you will soon move from the barriers through to the benefits and reap the blessings. ■

**Names changed*

Mrs Yitti Gross is a therapist registered with BACP. She holds an Advanced Diploma in Psychodynamic & Integrative Humanistic Counselling, as well as a Certificate in Systemic Practice. She has subsequent trainings in IPT, CBT, Trauma Focused CBT, and DBT skills.

BIKUR CHOLIM

D'SATMAR LONDON

BIKUR CHOLIM, GROUND FLOOR, 2A NORTHFIELD ROAD, LONDON N16 5RN
TEL: 020 8800 7575 EMAIL: RECEPTION@BIKURCHOLIM.CO.UK

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