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From the President

The recent listserv discussion of Daphne Merkin's article (2010) demonstrates again the great service that Joel Kantor has done AAPCSW by establishing the listserv. Members' reactions to Merkin varied. Some comments focused on the negative attitudes that the *New York Times* has had toward psychoanalysis, some exemplified the poor job psychoanalysts have done in promoting their evolving theory and technique, and some discussed a myriad ways to understand the psychic struggles of the article's author. These are all good points and worth sharing. There is another aspect of Merkin's article that I would like to explore here, that is to say the lack of adequate preparation of the patient when an analyst dies.

We all probably know stories such as Merkin's, where a therapist/analyst went on vacation and didn't come back. I have a patient who every year has some reaction to my break. In part, this is because her last therapist went on vacation and died of a sudden heart attack. There was no goodbye, no preparation. Merkin tells of one such experience during her many years in analysis. In another case, however, Merkin's analyst left because of a recurrence of his leukemia and never had any further communication with her. Again, there was no chance for her to say goodbye. Adding to the complexity of the latter situation was the rigidity with which the clinicians who communicated with her adhered to the rule of anonymity. No one would tell Ms. Merkin what had happened to her therapist; she had to search the obits to find out.

There are two concerns that I had reading this. First, although I believe that it is useful much of the time to privilege psychic reality, the patient's perceptions, and not focus on personal disclosures or opinions by the analyst/therapist, this is not intended to be a rigid rule. Freud was concerned about fellow analysts who were having sexual liaisons with their patients, not with making sure that patients knew little about their analysts. In session, the focus was on the patient's perceptions and experiences, but Freud's patients were routinely exposed outside of sessions to the comings and goings of the Freud family. For some in the therapeutic community, what began as a useful guide has become a rigid and potentially sadistic rule.

Second, such a rigid approach suggests a defense on the part of the analytic/therapeutic community. Death is a universal anxiety, and perhaps some of the reason that patients may not be well prepared or well treated when their analyst is dying is lack of recognition of our death anxiety. I can appreciate that a terminally ill therapist might not have the energy to continue having regular contact with his or her patients. Is it not then important for the analyst's colleagues to be more available to listen to these patients' feelings and concerns? Might the dying analyst give his or her colleagues permission to



Cathy Siebold, DSW

Editor's Word

Time is flying! Our 2011 Conference—Connection in a My Space World: Embracing Culture and Creativity in Psychoanalytic Thought—will be here before you know it. Please save the dates March 17–20, 2011. The conference will take place in Los Angeles, California. Joan Rankin and her committee are hard at work making preparations. We hope you will plan to join us there.

We are excited to present our new column *Working with Children, Adolescents, and Their Parents*. Diana Siskind writes our first article: “Developmental Snags in Early Childhood” (see page 00).

The *Newsletter* welcomes readers' letters; articles and opinions on topics of the day and clinical issues; book and film reviews; notices or reports of conferences; and news of interest to our membership. We encourage social workers that have an interest in writing to use the *Newsletter* as a vehicle for converting their interest into the writing process.

We thank the contributors to this issue—Karen Baker, Beverly Kolsky, Barbara Manalis, William Meyer, Marilyn Palasky, Penny Rosen, Cathy Siebold, Diana Siskind, Jennifer Tolleson, Ashley Warner, and Yvonne Young. ■



Donna Tarver, MSSW

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From the *President-Elect*

There has been an enthusiastic response to the creation of the Child and Adolescent Practice Committee since last spring. The committee has grown to full membership: Karen Baker (MI), chair; Sally Fine (NE); Anne Gearity (MN); Adele Kaufman (IL); Jeffrey Longhofer (NJ); Susan Mendenhall (CA); Erika Schmidt (IL); Susan Sherman (NY); Diana Siskind (NY); and Donna Tarver (TX). In June, prior to the summer break, we had our first meeting by conference call. Once we introduced ourselves to one another, we focused on our mission and possible goals and projects. This discussion resulted in refining the purposes of the committee that were stated in my previous president-elect column of Spring 2010. The refined purposes are

- to promote and expand the educational mission of the AAPCSW by including work with children, adolescents and their parents;
- to develop a national presence for social workers who are child clinicians who practice psychoanalytic psychotherapy and psychoanalysis; and
- to disseminate knowledge of child and adolescent practice, including working with parents.

As a group, we set our sights on some short-term goals that we hope to accomplish through local and national AAPCSW meetings and through our newsletter. You will notice the new section in this issue titled *Working with Children, Adolescents, and Their Parents* (see page 4). This is an exciting addition to the newsletter and is relevant to

the three purposes stated above. I will serve as the section's editor. I would like to thank Diana Siskind for contributing the inaugural article (and for bringing us, in her *Book & Film Review* column, Yvonne Young's review of the extraordinary documentary *Babies*: a perfect complement). On behalf of the committee, I encourage those of you who work with children and adolescents to submit articles or vignettes relevant to the topic. Submissions can be sent to me at kembaker1@comcast.net. I look forward to receiving your articles.

As we enter into fall, there is a continuum of activity happening with the area chairs. Everyone is working to promote our 2011 conference in LA, *Connection in a My Space World: Embracing Culture and Creativity in Psychoanalytic Thought*, as well as expanding membership. In the states with established chapters, area chairs are busy beginning educational activities with scholarly programs and workshops. Other areas are working on developing their local chapters. Be sure to check the listserv and the web page for program announcements.

While there hasn't been much activity with the PR and Fundraising Committee, I am pleased to report that Penny Rosen has joined the committee. As we move forward, you will learn more in future newsletters about the fundraising efforts to benefit AAPCSW. ■



Karen E. Baker, MSW

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Development Snags in Early Childhood

by Diana Siskind, MSW

In recent years I have found that an increasing number of parents consult me about what I will call developmental “snags” in their children’s functioning. Because the children I see are very young, these so-called snags consist of common situations wherein a child does not master a behavior, such as being toilet trained, weaned, able to sleep in his own bed, or separate at the point of nursery school entrance, at an age where ideally this should be possible without undue difficulty. Some other examples of the behaviors these parents struggle with are very restricted food intake, excessive shyness, selective mutism, and great difficulty with any transitions.

Consulting a child therapist is usually the parents’ final resort, after all the information on the Internet, all the books and magazines on parenting, and the advice and reassurance of the pediatrician have been ineffective and the problem persists. And after the sensible advice offered by friends and family and teachers fails to make a dent and still the problems persists. At that point, what might have been viewed as a developmental snag begins to look like a situation that requires professional intervention, lest that snag turn into a developmental derailment and skew future development.

A child therapist with an understanding of early development and of the vicissitudes of the separation individuation process is often able to access the dynamics that have created the particular developmental snag and help the parents gain insight into what needs to be done. Often this can be accomplished in a relatively short time if the therapist is an acute listener who is able to discover what in the parent is creating an obstacle to dealing with what on the surface may appear to be an ordinary situation. The ability to look beyond the presenting problem into the dynamics of the parent-child

dyad and the interplay of anxiety being experienced by both becomes the primary concern. This focus allows the therapist to reach a level of attunement with the parent or parents and provide them with a holding environment. The therapist becomes an ally whose awareness of their unrecognized anxiety and regression helps them regain the equilibrium they need to take charge and help move themselves and their child beyond their stuck point and to resume their dual developmental tasks. What makes the interventions effective is professional training, which provides the tools to connect with and resolve the regressive shift in the parent. In contrast, the giving of advice fails because it does not reach the core problem.

Parental insecurity is rampant in the twenty-first century. This is particularly so among the more affluent and educated parents. Why this is happening deserves a separate paper, but let me just say that a mother who needs to get to work on time after dropping her children at day care and school is going to expect her children’s cooperation in dressing, getting breakfast on the table, and so forth. If she is an ordinary “good enough” mother, she is going to expect her children to be helpful and will instill a sense of cooperation in her family. In contrast, I have found that among the more affluent and educated parents there is pervasive fear of putting any sort of pressure on young children and confusion between pressure and normal expectations.

Understanding the difference between the two has in my experience brought about such “miracles” as getting a child toilet trained after a single consultation with the parents, without ever even meeting the almost-four-year-old who previously would only poop in his diaper.

The fear of doing harm to their child by imposing a demand by asking him to

See Development Snags on page 10

Drum roll, please!

It is with great pleasure that I bring your attention to this new column, *Working with Children, Adolescents, and Their Parents*, which will appear as a regular feature in our newsletter and promises to be a pertinent and stimulating addition. Thanks to Diana Siskind for authoring our first article.

The *Newsletter* welcomes your submissions pertaining to child and adolescent practice, as well as to working with their parents. Contact me at kembaker1@comcast.net or 734.996.8185.

—Karen E. Baker, MSW

Babies: A Documentary

Directed by Thomas Balmès. Los Angeles: Focus Features, 2010.

Reviewed by Yvonne Young, MSSW

Babies. Everyone loves babies! That is the way that this film was advertised when it opened on Mother's Day in May 2010. As psychotherapists we have a special interest in babies because we understand that the earliest experiences of the human being have lasting effects on the person.

The production values of this film are incredible, using gorgeous shots that are crisp and clear. There is no narration, only ambient sound. We are essentially watching a nature documentary about the human species; specifically, the first year in the lives of four babies from very different cultures. There is Ponijao, from Namibia; Bayar (the only male), from Mongolia; Mari, from Tokyo; and Hattie, from San Francisco.

The subjects of the film are most compelling. Each time that I would start to review a particular scene I would end up watching the entire movie over again. This happened on several occasions. So, then, why does the film disappoint? I think the decision to not use a narrator was a mistake. I was left with so many questions that I ended up feeling frustrated. I kept wondering, Where are all the men in Ponijao's tribe? And I was concerned that Bayar's mother was outside so much of the time. In addition, the film is edited in such a way that it obscures some of the developmental aspects of the babies. I think this film could have been really great had it had a dynamically oriented psychotherapist involved in the editing. As it is, the film ends up being only an entertainment vehicle.

The entertainment is palpable as we watch Ponijao crawl into a stream and drink the water, or when we see her look of pride as she carries a basket on her head. We are anxious as a rooster walks on the bed where Bayar lies swaddled. We have a moment of knowing laughter as Bayar's brother hits him repeatedly in the face and head with a soft rag, or later when he rolls him, in his stroller, out into a field and leaves him there . . .

Sibling rivalry is alive and well in Mongolia.

During one of the several times that I was watching the film I noticed that Bayar is tethered to his bed, which explains how his mother can be so busy outside the yurt.

There is a scene in which Ponijao is curious about sexual difference, and another in which we see Ponijaos' mother discourage a toddler boy from looking at Ponijao's private parts. The notion of private parts in this culture, where nudity prevails, is very interesting. It is the girl's parts that are private. The way that this is reinforced is quite gentle; it is a young boy who covers Ponijao when she is examining herself. We don't know whether this is for his sake or to communicate something to her. This is another aspect of the film that is quite interesting—the amount of learning that goes on between babies and other children.

One aspect of the film that really works is the focus on the acquisition of speech. It is a real pleasure (and surprise) to discover that all baby talk sounds the same the world over.

The Japanese and American babies were the least interesting, as their cultures are the most familiar to me. It surprised me that the Japanese and American families seemed so similar. The difference seemed to be in the importance of books in the American family, which has to do with the class of Hattie's family. At one point Hattie hits her mother. The mother responds, "Ohhh, Hattie," and instantly retrieves a book titled *No Hitting*. Mari is shown playing with a CD as her parents are both on their computers. And inter-

estingly it is these babies who exhibit aggression: Mari in the form of a temper tantrum and Hattie in saying "No" to her mother and hitting her. Well, come to think of it, Bayar and Ponijao are both aggressive toward their peers. I find myself guilty of doing what the director was sure not to do—editorializing about the cultural differences.

See Babies on page 10

Book & Film REVIEWS

The Newsletter welcomes reviews of books and films relevant to membership concerns, and members who author books and/or chapters are encouraged to contact Diana Siskind, book and film review editor, upon publication.

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Diana Siskind, MSW

The Secret Addiction: Suicide

by Beverly A. Kolsky, LCSW, BCD-P

Just the other day I heard over the radio that every sixteen minutes in the United States there is a suicide. And I have read recently that suicide kills some 30,000 Americans every year. It is the leading cause of death among young people; among pre-adolescent children (10–14 years old), it is the third-leading cause of death (Center for Disease Control, 2000). Of these statistics, we cannot know how many of these deaths are the result of suicide addiction. Secrecy is such a powerful ingredient of this addiction that it is the one secret most likely to be carried to the grave.

The purpose of this paper is to facilitate an understanding of this one form of suicide: *suicide addiction*. It is to be differentiated from suicide that results from causes such as clinical depression or other types of mental illness. A more correct phrase than *suicide addiction* would be *an obsession with suicidal thinking*, which, of course, can lead to suicide.

For us as therapists it is important to know that a patient who is addicted in this way will not immediately expose the addiction. Secrecy is crucial to maintaining it. As secrecy is at the heart of the addiction, the therapist is likely to discover that he doesn't know what he is doing because he has not been given enough information to go on. I will speak later to secrecy as an adaptive function for the addict, but first I want to elaborate more on the problems it causes for the therapist. The therapist must connect with the patient in order for the patient to feel that he is understood. Because secrecy keeps the addiction safe, another safe place must be provided as an alternative. And that safety zone grows out of the patient feeling understood in the matrix of the therapist-patient relationship. It is only then that the addict may reveal his obsession.

In addition to the therapist having to make a connection without the necessary information to do so, there is the difficulty of forming a diagnosis for the patient. Transference and countertransference issues are intense. Outside the clinical setting, there are other problems. Legal issues cannot be ignored. Dealing with these issues may either encumber the clinical work or may facilitate it. Always, the therapist must balance himself as if walking a tightrope. This is highly emotional work and dangerous. The employment of theory helps to dilute

those emotions, and, as always, it provides a structure; but balance and exquisite fine tuning are key elements.

The psychoanalytic relationship as I have experienced it with one particular patient who is suicide addicted has been the most intense, the most joyful, and the most loving of my career. It has been a great teacher to me, helping in my work with children and adolescents, where we see the roots of this obsessional thinking and the reasons for it. I was also fortunate to have had an excellent consultant, without whom I probably could not have survived the many episodes of acting-out behavior that were played out in treatment.

I need to say a little about the theoretical framework within which I work, because it underlies a lot of my interventions, and you may be wondering why I did this or that. I derive my theoretical framework from Heinz Kohut's theory of self psychology. Basically, he uses the word *self* to mean the core of one's personality. It is developed by an "interplay of inherited and environmental factors." It relies for its growth on what Kohut terms *selfobject*. That is, the Self has needs; and according to what objects—be they other people or things—are available to meet those needs, the Self will either grow into a cohesive one or one that fragments or disintegrates. When I speak of transference, it is a selfobject transference that I mean, defined as "the displacement onto the analyst of the patient's needs for a response within the matrix of the [therapeutic] setting." The transference represents the revival of childhood selfobject needs that have been insufficiently provided for in the past. These missing aspects are what cause the pathology. It is for the therapist to understand what these missing needs are as they reveal themselves in the selfobject transference. And this is accomplished by using the technique of empathic attunement. It is then the therapist's task to interpret them. In this way the patient recognizes the missing parts of himself, and in the working-through process, the missing self structures are allowed to grow where they had been thwarted in the past.

Why does anyone develop an obsession with suicidal thinking? Because it is the best defense ever. It is an attempt, like alcohol or drugs, to ease emotional pain; but unlike those substances, it is always available. Often people who suffer from addictive behavior have a history

of mental and physical abuse. There is also a history of silence and secrecy that makes putting feelings into words difficult, if not impossible. Breaks in the continuity of the self have left them with low self-esteem, and with feelings of loss and abandonment that are easily triggered in the present. When this happens they experience a fragmentation of the self, a “going to pieces,” a distress that enfeebles them and from which they need a remedy. There is a sense of safety in the isolation of suicidal thinking. There is a haven where one is in total control of what happens to one. No one can get in and only the addict can get out. And there are only two exits: either by re-entry into reality, or by suicide.

At least initially, thinking about suicide can have a calming effect. And that is what attracts the addict’s attention. The suicidal thought can act as a pain reliever, but as tolerance develops, more of the thought is needed to get the same relief. In this way, a cycle of addiction progresses from a fleeting thought to more elaborate ones to rituals to attempts. The addict becomes dissociative and suffers periods of time loss and fugue states. In this article I will be referring to a particular patient who is archetypal in terms of such trauma and in her efforts at relieving it.

In the past, her emotional pain had been defended against by repression of feeling, along with the trauma that caused it. A lot of our work together can be seen as tracing the suicidal thought to the trigger that brought on the flicker of pain that needed to be defended against, that in turn needed to be brought into her consciousness through the analytic process, thus creating change. She had a particular pre-suicidal thought: if she could accomplish great feats either at work or for her family, then the pain would go away. However, the glow from the accomplishments never lasted long and more were needed to abort the feelings of dissatisfaction and despair that ensued. She would think, “If I am going to kill myself and I, alone, have the power to do so, then I have the power to do anything and everything. I can perform great feats, I can accomplish anything that I want to do.” And so she would. It is when those actions failed to satisfy once they were accomplished that the old feelings of inner misery set in and more adrenalin was needed to keep those bad feelings away; so the calm

soon disappeared to be replaced by frenzied activity.

Often, other addictions come into play with the suicide addict, and hers was cutting. It served to keep the level of adrenalin high, so that in the end the only reality became the fantasy of suicide. Nothing and no one else existed for this addict. Logic and reality ceased to matter in the pursuit of the relief from all the hurts and dissatisfactions that life has held. Suicide addiction is the perfect defense, the perfect form of self-protection, except that it has within it its own end, of course.

Suicide is also the ultimate punishment. Fantasies about suicide are as endless as fantasies are in sexually addicted patients. My patient had so many possible ways of killing herself. I’ll share a few of these with you. She had a series of “accident” fantasies. At the first rainy day she would drive her car into a guard rail. That could easily be made to look like an accident and then she could better watch from on high to see how her husband would spend her life insurance money. At another point, she told me that she would hire a hit man to kill her. In that way she would have the intense pleasure of planning it with certainty as to hour, place, and cost. She has also gone online to order a coffin and joked about its delivery to her home.

Secrecy, as I have discussed, is a huge factor in suicide addiction. If fantasy keeps external reality at bay, secrecy is the food that fuels it. With no one knowing that other life, one can get lost in its space, where one’s power is endless. There is no check on it. It is safe.

And that is where I came in. I have been trained in object relations, Jungian analytic thought, and lastly, and most deeply, in Heinz Kohut’s self psychology. It is by the use of his most important theoretical tool, that of empathic attunement, that I was able to enter my patient’s inner world. It was a surprise to both of us. She had seen other therapists before and dismissed them because they had taken at face value what she was presenting to them. Her secret remained intact and she quit those therapies triumphant and somewhat contemptuous. She was planning to do the same with me. It was to be her one last attempt at treatment. She entered it as a challenge to her suicide space. It was, in effect, a “dose,” a hit. If she was not

There is a sense of safety in the isolation of suicidal thinking. There is a haven where one is in total control of what happens to one. No one can get in and only the addict can get out.

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understood in this one last effort to get help, then she would kill herself.

For my part, I knew nothing of this in this early phase of treatment. I was struggling to make a diagnosis. I worked with her as if she were presenting an adjustment disorder, which, in fact, she was, at one level. Her children were growing up and leaving home. She had loved caring for them and they had responded well to her devotion to them. She had also had a cancer scare, and her fear was that she might die and wanted to live more. In retrospect this sounds paradoxical, but with her needs for fulfillment in giving to her children now threatened, she did not know how she would be able to get anything out of life. Heinz Kohut teaches us about selfobject needs. Her children had met hers in the way that neither her husband nor her successful career could. They were a part of her, but the good part of herself, and they now no longer needed her.

I was not satisfied with our work in those early months. It seemed to have an “as if” feel to it, and I was still perplexed, trying to understand her world. Then, out of nowhere it seemed, she was saying that she wanted to

kill herself. She had shown no obvious signs of depression. I later came to understand that this was because her rich fantasy life revolving around her suicide kept her depression at bay. It had been her best therapist. As long as she experienced the power she felt at being in total control of her life-death, she knew no pain.

Now I really did not know what DSM-IV category she might fit. I referred her to two psychiatrists, one who did reprimand her for “bullshitting” and so leaned toward a diagnosis of borderline personality disorder; and the other, an expert in Manhattan, admitted to being baffled but offered to start experimenting with medications to see what might work. She was insulted but respectful of the first, who at least had seen through her persona, but she would not return to him. From the second, she started a course of medication; but after a time she felt that it was doing no good and refused all other trials.

She refused medication. She refused hospitalization. She was certainly suicidal, and continued presenting at my office or over the telephone being disoriented, disassociative, and secretive. She was out of touch with reality for short periods of time. I called on Care Plus for an evaluation. By the time they arrived to make an evalua-

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tion, she had sobered enough so that they were rendered useless. I threatened at other times to phone the police. Early on, I had her husband come to the office, so that he would be informed. She had begged me not to do this, as she said it would make her feel worse. I was legally bound to do so and told her that I could not let her die. He came, and responded in the way that she had predicted, and she responded in the way that she had predicted—she became more intensely suicidal.

This patient failed in all attempts at diagnosis. She did not fit into any category, and because of that, she could not be legally restrained. That is when she and I, staring at each other, realized that there was another presence in the room with us and that presence was Death. She turned away from me to stare at Death with pleasure and delight, as an innocent child might delight to play with a scorpion. And I to see him with dread, to feel intense fear, intense anxiety and anger, but also to understand her experience of delighting in Death and the relief it brought her.

Empathic attunement, as Kohut teaches us, is the art of being able to see the world as the other person sees it. It is “vicarious introspection . . . the capacity to think and

feel oneself into the inner life of another person” (Kohut 1984, 82). Working with the selfobject transference and being in the shoes of my patient meant that I could share her delight in the addiction. It meant that I could understand how much peace it gave her and how it helped her to feel emotionally safe. It was by understanding her that I had been led into these secret spaces to begin with; and that was also how ultimately I was able to lead her out of them. Once I was in her space, reality soon followed.

There were other times, however, when my countertransferential feelings overwhelmed me. I could not share in her delight. I was filled with dread, intense fear, and, frequently, anger. I knew that I was in the most dangerous of places and I did not want to be there. My own sense of reality was either outraged, or, equally, it threatened to become obscure. At these times, I found myself behaving in uncharacteristic ways. I began to recognize these situations as the mutual enactments that they were. In the transference, we were reliving her past childhood relationships.

For example, it is a given that the minimum expectation of treatment is to show up for the session. This

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Area Representatives' Corner

California (Orange County)

Reported by Barbara Manalis, MSW, AREA CO-CHAIR

The Orange County Chapter of AAPCSW hosted our annual Spring 2010 event at the Corona del Mar home of our treasurer, Ann Stern. Our meeting was well attended, with a mix of clinical disciplines well represented. We began with a light lunch and time for the participants to meet and mingle. Karen Redding, the Orange County chair, invited those coming for the first time to introduce themselves and to say something about their practices.

Joan Rankin, chair of the Los Angeles Chapter, presented her paper titled "Brain Freeze in the Analyst as a Property of the System of Treatment." Barbara Manalis was discussant. In her paper, Joan examined how a dissociative process of her own was triggered during her work with a patient who, like herself, experienced early mother loss. Joan discussed how this shared early trauma both contributed to a mutuality of understanding and, at times, inhibited it. Most specifically, Joan's focus was on deconstructing the psychological structures that led to "brain freeze," or disorganized and/or dissociative states, in the analyst as a product of that specific interpersonal system and the eventual working through of those treatment impasses.

Joan's paper makes an important contribution to our understanding of the bi-directionality of dissociative processes in the clinical relationship as she takes us with her into the darkness and into the experience of absence. Like the sound of a bell that resonates long after it has rung, so the echo of traumatic experience lingers on in the body/mind, embedded as it is on a cellular, visceral level of felt experience. And, herein lies the rub: it is felt but not necessarily symbolized, not necessarily available to cognition. Here our work begins, with our patients and within ourselves.

The presentation and discussion was followed by a lively group discussion that was both stimulating and thought provoking. A good time was had by all.

Our chapter usually has two events in the spring and in the fall; however, this fall we elected not to have any events, as our chair, Karen Redding, is also a co-chair for the AAPCSW 2011 national conference, and the rest of our committee (Paula Clark, Ann Stern, Judy Friesen, Karen Smirl, and Barbara Manalis) are all helping as well. ■

New York

Reported by Penny Rosen,
MSW, BCD-P, AREA CHAIR

Ten papers presented at the AAPCSW 2009 conference in New York—"Memory, Myth, and Meaning: In a Time of Turmoil"—were published in the September 2010 issue of *Clinical Social Work Journal* (vol. 38, no. 3). Penny Rosen, conference chair, was the guest editor and wrote the introduction to the issue. Following are the original papers published in the issue by our members:

- "Memories Lost and Found: Developing a Connection with a Traumatized, Suicidal Patient," by Susan Fox Horn
- "The Therapist as Psychobiological Regulator: Dissociation, Affect Attunement and Clinical Process," by Susan Gill
- "Memory, Mourning, and Meaning in a Psychotherapist's Life," by Sheila Felberbaum
- "Bruno Bettelheim and His Window to the Soul," by William S. Meyer
- "Persephone Rising: Struggles in Female Adolescent Development in the Aftermath of Rape," by Wendy Winograd
- "A Reconsideration of the Object in the Attachment Process: An Alternative View of Development and Treatment," by Crayton E. Rowe Jr.
- "Reconsidering Therapeutic Neutrality," by Jerry S. Katz
- "Can Anyone Here Know Who I Am? Co-constructing Meaningful Narratives with Combat Veterans," by Martha Bragin
- "The Soldier's Tale: A Discussion of Bragin's Paper," by Theresa Aiello
- "Frozen in Time: Idealization and Parent-Blaming in the Therapeutic Process," by F. Diane Barth
- "Compassion Fatigue and Countertransference: Two Different Concepts," by Joan Berzoff ■

North Carolina

Reported by William Meyer, MSW, BCD, AREA CHAIR

The NC Chapter of the AAPCSW presented "Clinical Dimensions of Infidelity: Concerns, Causes, and Consequences" on Saturday, October 16, from 9:00 to 11:00am



at the UNC School of Social Work, Chapel Hill. The presenter was Constance Goldberg, MSW, and the discussant Nancy Perault, LCSW. The presentation considers some of the origins of infidelity as they exist within both the person in a committed relationship who is unfaithful and in the aggrieved partner. While a great deal of emphasis has rightfully been placed on understanding the motivations and dynamics of the unfaithful person, it is also important to try to understand the experience of the partner prior to the betrayal. This paper explores, by way of the transference, the dynamics of the betrayed partner that may have also contributed to the estrangement in the marital bond. Particular attention is given to forgiveness and the process of healing.

Goldberg grew up in the Hyde Park neighborhood of Chicago, graduated from Oberlin College and received her master's from the Columbia University School of Social Work. For five years she worked as a social worker at the Institute for Juvenile Research in Chicago and then for ten years in the clinic of the Institute for Psychoanalysis in Chicago. She was a member of the Founding Board of the Institute for Clinical Social Work and has been on their faculty since 1980. Since 1978 she has been on the board and faculty of the Center for Religion and Psychotherapy of Chicago—a pastoral psychotherapy training institute. She considers both institutions to be her clinical and teaching “anchors.” Last year she was the recipient of an honorary degree from the Institute for Clinical Social Work. Especially influenced by self psychology, she has written on supervision, clinical theory and practice, and the place of religion and spirituality in psychotherapy. She maintains a full time private practice.

Perault is a psychotherapist in private practice in Chapel Hill. She specializes in the treatment of couples and adults. Perault received her MSW from Boston College School of Social Work and currently serves on the national board of AAPCSW. ■

Vermont

Reported by Jennifer Tolleson, PhD, AREA CHAIR

Jennifer Tolleson gave a talk to Vermont NASW about the profession's growing submission of practice autonomy to the exigencies of the (corporate and medical) establishment and its impact on the vitality and creativity of clinical social work practice. Her October 25 presentation was titled “Losing Heart: Giving In and Fighting Back in Clinical Social Work.” ■

A Special Report from the Nevada Area Chair...

Marilyn Palasky, LCSW, PhD

Friday morning, October 1, 2010, it was my pleasure to present a 90-minute, interactive workshop, “Working with Difficult Clients: Psychoanalysis and Clinical Social Work,” as part of the NASW–Nevada Annual Conference, *Social Work: Inspiring Social Action*. This year, the conference took place in Las Vegas (it alternates yearly with Reno, where the state government offices are located, including the offices of Board of Examiners for Social Workers).

Having spoken at this conference a few times, this year my proposal was designed to correlate with the upcoming March 2011 AAPCSW conference in Los Angeles, *Connection in a My Space World: Embracing Culture and Creativity in Psychoanalytic Thought*. With gratitude, I am writing to report the demonstration of two facts.

One, my association with AAPCSW gave me the courage to speak about the core modality of psychoanalysis. Long-time social workers in the state of Nevada had warned me of negative connotations relating to anything psychoanalytic, saying specifically, It takes too long; It is too complex to learn; No one wants to hear about it. Proof positive: although this workshop was limited to CEUs for LCSWs, the room was packed and you could've heard a pin drop throughout.

Two, it was my intention to have a truly interactive workshop and to practice the quality of listening and reflecting, which we learn in psychoanalytic training. I said at the beginning that I wanted to be an example of active listening, a model for hearing the content of all persons speaking during the workshop. I wanted to accept the contribution made by each person expressing an idea. With warm regard, as each person spoke, I would repeat, reflect, or resonate what was said in an effort to connect the speaker to the listeners in the room. It worked to create respectful regard throughout the presentation, as when a good piece of psychoanalytic work is done during a session.

For instance, when an attending senior social work clinician suggested that no one should ever use psychoanalysis with a psychotic client, I asked a question about the difference between practice and principle, because we are talking about psychoanalytic principles, which

See Nevada Area Chair on page 20

Member News . . .

Sharon Farber's second book, *The Hunger for Ecstatic Experience: Echoes of the Sixties*, was accepted for publication by Jason Aronson. Her paper "The Last Word: The Comorbidity of Eating Disorders and Attention-Deficit Hyperactivity Disorder" was published in the January 2010 *Eating Disorders: The Journal of Treatment and Prevention* (vol. 18, no. 1: 81–89).

Presentations include the July 2010 conference of the International Cultic Studies Association in New Jersey: "The Question of Forgiveness." Her paper, "My Patient, My Stalker: Occupational Hazard and Cautionary Tale," was born out of her own harrowing ten-month experience of being stalked, and explores stalking as an occupational hazard for psychotherapists and physicians. This paper was also presented last spring for the Westchester Chapter of NYSSCSW, as well as for Grand Rounds at Montefiore Medical Center Department of Psychiatry.

Also for the Westchester Chapter of the NYSSCSW, Sharon presented on PANDAS, a pediatric neuropsychiatric disorder associated with streptococcus, in which tics and obsessive-compulsive disorder have a sudden onset, producing dramatic and disturbing symptoms. It is not yet in the DSM, but is more prevalent than had been thought. Sharon suggests that if you have children in your life or practice, this is something you should know about, especially because we as therapists may come in contact with PANDAS before physicians do. Sharon learned about it the hard way. Her wonderful little grandson came down with it before turning five, so she dove into researching the disorder to educate herself and was able to help her son and daughter-in-law get the very complex care that was needed. Sharon is considering a parent support group along with her daughter-in-law.

Finally, in November Sharon will present in Stockbridge, Massachusetts, at the ISPS-US (International Society for the Psychological Treatment of Schizophrenia

and Other Psychoses) on dissociative and autistic features in eating disorders and self-mutilation, raising questions about the relationship of the borderline syndrome to psychoses.

As part of the New York Institute for Psychoanalytic Self Psychology (NYIPSP) fall continuing education series, **Daniel Farrell**, LMSW, will present "The Study of a Chronically Homeless Mentally Ill Woman: The Use of Empathic Attunement and Positive Selfobject Transference to Facilitate Successful Transition Out of Homelessness" on December 5. The paper explores the variety of organizing and cohesive functions in the service of self-preservation that homelessness may provide. People who are chronically homeless have been able to carve out an existence, and, at times, feel empowered by their life on the street or in a homeless shelter setting, thus successfully adapting to a state of homelessness. The case of Ms. Z illuminates her successful adaptation of homelessness for over twenty years. Once her experiences were understood and validated as her unique ontological truth, she began to allow the development of a positive selfobject transference, which ultimately facilitated an end to her life in homelessness.

Randy Freeman presented a paper in Salt Lake City at the March 2010 International Psychotherapy Institute Conference on Couples and Families. His presentation was titled "Grandparents as Time Travelers" and discussed how grandparents may identify with their grandchildren and how these transference reactions can be used in treatment as a way for the grandparents to work through their own past and to be there for their grandchildren in a more attuned and supportive way than they might have been able to be present for their own children.

Share Your News

Dear AAPCSW Members—
We want to hear from you!

Please call, write, or e-mail me with your news: graduations, presentations, publications, awards, appointments, exhibits, and so on, are all items the AAPCSW membership would like to acknowledge in the *Member News* column. Feel free to include a photo, if you like.

Ashley Warner, MSW, BCD
Assistant Newsletter Editor
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awarnerlcsw@gmail.com

In addition to her private practice in New York City, **Robin Halpern**, LCSW, DCSW has been hard at work in 2010 creating a series of portrait paintings called “About Face.” She will be part of a three-person exhibit at the Walt Meade Gallery in Roxbury, NY. The show runs from November 6–December 17, 2010. Please visit her website, robinhalpern.com, to see all of her work in living color.



Robin Halpern, *The Orange Necklace*, from “About Face,” 2010. Acrylic on canvas, 30 x 24 in.



Bill Meyer was a guest on the October 14, 2010, WNYC segment, “Backstory.” The episode looked at the ex-gay movement, a collection of religious and psychological groups that propagate discredited theories of human sexuality and claim to be able to “cure” homosexuality. Listen at <http://beta.wnyc.org/people/william-meyer/>.



Florence Rowe, MSW, BCD-P, presented “Reviving the Stalemated Treatment through a Self Psychology Re-Analysis” on October 24 as part of the NYIPSP continuing education series. The paper discussed the treatment of a woman who had been in a twelve-year analysis when treatment became unproductive and stalled. With much trepidation, a self-psychology treatment was undertaken. This paper discussed the difference in the two treatments and what accounted for the patient’s developing capacity to work through her many issues.



Cathy Siebold’s letter to the editor was published in the August 30, 2010, issue of the *New Yorker*, responding to Dr. Atul Gawanda’s article on care of the dying (“Letting Go,” *New Yorker*, August 2, 2010).



Brian R. Smith passed his clinical licensing exam with flying colors and continues to practice as a therapist at Aurora Mental Health Center, Intensive Services, in Denver, Colorado—now as an LCSW. Congratulations, Brian!

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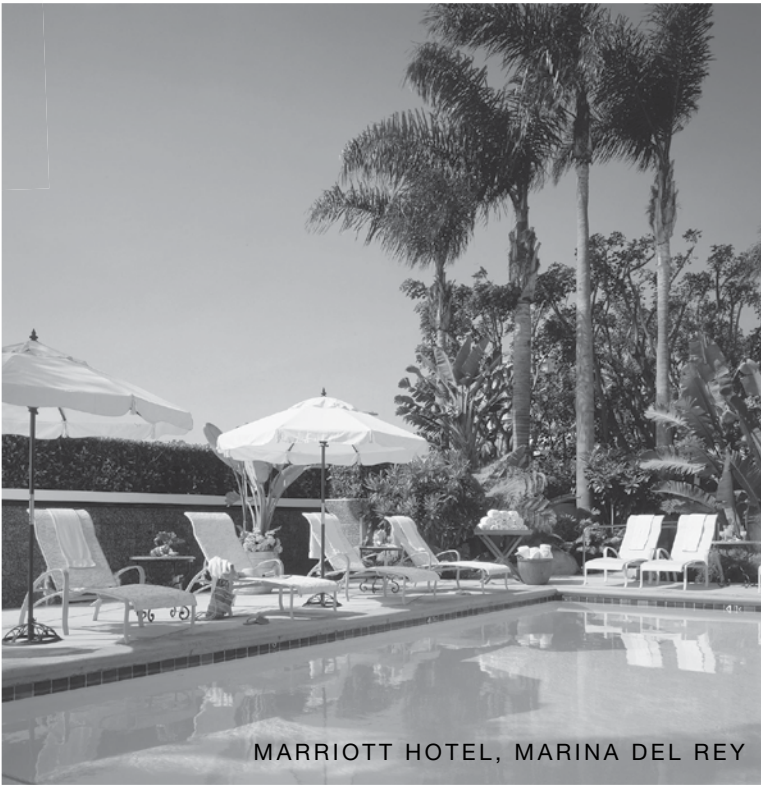
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share the reality of what is happening with the patient? Certainly this does happen with some patients, but as Merkin's situation tells us, it is not a given. Instead, the patient is sometimes told that he or she will be given the name of another analyst whom the patient can contact to explore thoughts, feelings, and fantasies about the loss of the analyst.

Another aspect of this issue is the lack of integration of knowledge. Thanatology, the study of death, emerged in the fifties and sixties, but psychoanalytic theory, despite its emphasis on loss and tolerance for powerful affect, has been slow to integrate the way that the analyst's/therapist's illnesses and death impact their patients. Despite our greater attention to external, real experience, the continued emphasis is on what the therapist believes are the important external events to focus on. Integrating the idea that anticipation and preparation for loss are important aspects of grief continues to be less well understood in psychoanalytic theory. We all seem to know that it is important to talk about childhood, the therapeutic relationship or money. But are we as aware of importance of preparing a patient for the loss of his or her therapist? Are we aware of our own wish to deny the inevitability of death?

Merkin's story tells us that in her experience the clinicians were unable to help her in the way that is consistent with our current knowledge of grief work. Experiencing loss, like attachment, Bowlby (1969) tells us is innate. We are hardwired to mourn a loss. In grief work, we see that grief is eased by preparation and information. Keeping secrets from a patient or refusing to provide information potentially creates a complicated and prolonged grief process.

Topics related to working with patients who are struggling with complicated grief are among the presentations at our upcoming conference in LA. This bi-annual conference promises to offer integration of thinking not only of psychoanalytic theory but of mixed modalities such as dance, art, and theater. The continued expansion of our thought to include multiple ways of thinking and doing as a means to heal psychic pain is a contribution that social work is uniquely qualified to bring to psychoanalytic theory and practice. I look forward to seeing everyone in LA.

AAPCSW has two other educational opportunities. First is the collaboration with psychiatry and psychology to develop a Teachers' Academy. We have several fine

applicants, and the committee will select two social work educators to be part of a mentoring program. As I have noted before, AAPCSW's Education Committee is fortunate to have Diana Siskind and Joyce Edward volunteer their time to be mentors for the selected social work educators. It is our hope, in participating in this program, to encourage coursework that incorporates psychoanalytic perspectives in educational programs that are less likely to include this content. The second initiative that I want to remind everyone about is our new funding for a regional conference in 2012. We are hopeful that some of our members will take advantage of the new funding for a regional conference. Applications and information are available on the AAPCSW website. ■

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Aims & Purposes of the AAPCSW

- To represent and protect the standing and advancement of psychoanalytic social work practitioners and educators.
- To provide an organizational identity for social work professionals engaged in psychoanalytically informed practice.
 - To promote and disseminate the understanding of psychoanalytic theory and knowledge within the social work profession and the public.
- To effect liaisons with other organizations and professions who share common objectives for social work and the advancement of psychoanalytic theory and practice.
- To advocate for the highest standards of practice and for quality mental health care for the public.

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patient would telephone before every appointment and cancel it, inventing one excuse or another or simply say that she was quitting. She would assert herself, dig in her heels, and wait for my response. My responses varied, but I noticed that she would always appear for the sessions. Once that happened, I developed a standard response, which was, "Well, I will be there."

Through this method we came to understand the genetic origins of this replay. Her mother could not tolerate any assertive behavior on my patient's part. Everything had to be done as Mother willed it to be. Her expectations were enormous and they were unpredictable. My patient could meet them all. Highly intelligent, sensitive, and capable, she kept trying to give her mother what she wanted in the hope that she could make her happy. Of course, she never did. The "gifts" that she gave her mother would either be rejected or ignored. Even physical presents would be opened and then unexpectedly hurled across the room and shattered into pieces. In this way, we learned some of the triggers for my patient's own fragmentation experiences that led, of course, to the suicidal thinking.

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And here we arrive at the restorative function of her addiction. She would piece herself back together again by imagining how happy she could make her mother—in fact, her entire family—by her death. That had been what her mother had wanted more than anything; often, at the height of their conflict, she would scream at her that she wished my patient were dead. At last, she would have a connection with her mother . . . toxic as it might be. At

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last she would be able to give her mother that one thing to make her happy.

And here was I telling her that I could not let her die. In the transference I became the controlling mother who would not let her do what she was wanting to do, that is, to die. Before I came to understand that we were in a re-enactment, we replayed this time and time again. I came to understand that by threatening to get the police in-

involved, her husband again, and so on, it helped to keep the boundaries between us. When things are being played out from the past in the selfobject transference, when the present suddenly becomes the past, boundaries can get lost. Invoking authority helped to keep the boundaries and helped to snap her back into the reality of the present.

As we all know, trauma can be contagious. Intense feelings states frequently defy verbal expression. We can find ourselves drowning in the murky waters in which our patients are drowning instead of being in a position of being able to fling them a lifeline from the solidity of the shore. On the other hand, one can be so far away from the shoreline that one doesn't see the drowning patient. These are counter-transference issues. The trauma may trigger the therapist's own history of trauma, causing him to lose a sense of his own identity. It may also cause him to distance himself from the patient which may cause irreparable breaches in empathy. These in turn may re-create the patient's original trauma.

We must be exquisitely aware of our own counter-transference issues. We must be able to acknowledge and admit to our own tattered humanity in these instances or we run the risk of losing ourselves, our patients, or both.

Kohut, especially, teaches that empathic attunement is only half the process. The other is to be able to step out of the shoes of another in order to interpret what we have come to understand about them. In this way, a patient comes to recognize parts of himself that have been disavowed. And in this way internal structure is built. With the new strength, insight is created. The old traumas are brought into awareness, and once that happens, they are able to get under one's own control.

Working with the suicidally

See Suicide on page 20

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addicted patient is often so intense and so isolating that without the support of colleagues and family, friends and consultants, it can seem hopeless. And if we as therapists succumb to hopelessness we have again failed such patients whose own sense of hopelessness brings them continuously to the brink of death. ■

Beverly Kolsky is a graduate of New York University Graduate School of Social Work and of the New York Institute for Psychoanalytic Self Psychology. She has worked in both the US and England, where she was affiliated with the Guild of Psychotherapists and the Society for Analytic Psychology in London. She is in private practice in Englewood, NJ, and works with both children and adults.

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focused on the present,
looking toward the future.***

Nevada Area Chair, continued from page 11

were developed to address the mental structure of human beings. How and when we use those principles designed to work in transference is our practice.

I'm writing this because I wanted to share my surprise with you. I was amazed not only to have my paper accepted for presentation in an area of the country known to teach that psychoanalysis is out of date, but, also, to have such a warm reception, with genuine interest and involvement shown by those who attended. It gives me impetus to encourage Nevada providers to attend the AAPCSW Conference this coming March! ■

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Following is a listing of AAPCSW members who either joined or renewed after the 2010 membership directory was printed. Please remove this section and add to your directory. Also included are miscellaneous changes to members' information in the directory. (The online directory is updated at the beginning of each month.)

Abada, Hilary, LCSW Office: 286 5th Ave., #10D, New York, NY 10001, (347) 624-4066 **Email:** femhil@aol.com **Graduate School:** Yeshiva Univ **Post-Grad. Training:** Barilan Psychoanalytic Pgm, Tel Aviv, Israel; IPSS, NY **Practice Areas:** YAD,AD,OAD,EOL,I,C

Adler, Susan, LCSW, ACSW Office: Oak Park, River Forest, Illinois, (708) 771-4636 **County:** Cook **Website:** www.SusanLadler.com **Fax:** (708) 689-8038 **Graduate School:** Jane Addams College of Social Work Univ of IL-Chicago **Post-Grad. Training:** Family Systems Program, Inst for Juvenile Research, Univ of IL **Practice Areas:** YAD,AD,I,G,C

Babushkin, Anton, MSW, LLMSW Office: 32841 Middlebelt Rd., Ste 411D, (248) 851-7739 Ext 119 **Home:** (248) 910-1815 **Email:** anton.babushkin@gmail.com **Graduate School:** Wayne State Univ **Post-Grad. Training:** Michigan Psychoanalytic Inst **Practice Areas:** IN/CH,ADO,YAD,AD,AD/O,CISD,MTN,I,G,F

Becker-Dunn, Eileen, LCSW Office: 291 Whitney Ave., #304, New Haven, CT 06511, (203) 772-6644 **Home:** 12 Shore Drive, Branford, CT 06405, (203) 481-3104 **Cell:** (203) 444-0126 **Email:** eileenbd@me.com **Graduate School:** Columbia Univ **Post-Grad. Training:** Western New England Inst for Psychoanalysis **Practice Areas:** IN/CH,ADO,YAD,AD,AD/O,D/OE,I,C,F

Beltzman, Mary Anne, MSW Office: 2020 Hogback Rd., Ste 19, Ann Arbor, MI 48105, (734) 786-8090 **County:** Washtenaw **Home:** (734) 769-7221 **Email:** mbeltzman@hotmail.com **Graduate School:** Univ of Michigan **Post-Grad. Training:** MPI Study Groups; Conferences **Practice Areas:** YAD,AD,OAD, D/OE,I,G,C,F

Bennett, Marshall, MDiv Office: (512) 508-6819 **County:** Williamson **Home:** 2403 Dior Drive, Cedar Park, TX 78613 **Email:** cbennet3@austinct.edu **Graduate School:** Univ of Texas **Post-Grad. Training:** Austin Society for Psychoanalytic Psychology **Practice Areas:** AD,CISD,I,G

Beren, Phyllis, PhD Office: 11 E. 87th St., New York, NY 10128, (212) 369-5155 **County:** NY **Home:** (212) 595-4478 **Fax:** (212) 595-4478 **Email:** pberen@nyc.rr.com **Graduate School:** Univ. of Chicago, Sch. of Soc. Serv. Admin. (MA), NYU Sch of SW (PhD) **Post-Grad. Training:** IPTAR Work: Private Practice **Practice Areas:** CH,ADO,YAD,AD,I,C

Boslow, Mindy, MSW, LCSW Office: 210 Riverside Dr., Ste 3G, New York, NY 10025, (212) 865-2473 **County:** New York **Home:** (212) 662-6168 **Cell:** (917) 685-0205 **Email:** mboslow@earthlink.net **Graduate School:** Hunter College Graduate Sch of SW **Post-Grad. Training:** NY Counseling Ctr, Certif in Psychoanalytic Psychotherapy **Practice Areas:** ADO,YAD,AD,AD/O,D/OE,I,C

Bowyer, Sherri County: Stark **Home:** 1312 W. Broadway St., Alliance, OH 44601, (330) 823-5124 **Email:** sherribowyer@yahoo.com **Practice Areas:** ADO,YAD,AD,OAD,AD/O,I,G,C,F

Braun, Aviva, MSW Office: (212) 575-4100 Ext 509 **County:** Kings **Home:** 4223 Bedford Ave., Brooklyn, NY 11229 **Cell:** (917) 699-6831 **Email:** aviva4223@yahoo.com **Graduate School:** New York Univ **Post-Grad. Training:** The Women's Therapy Centre Institute **Practice Areas:** ADO,AD,AD/O, D/OE,I,G

Brown, Cheryl Dolinger, MSW Office: 302 West 79th St., #1D, New York, NY 10024, (212) 595-0986 **County:** Manhattan **Email:** soulwisdom@aol.com **Graduate School:** Hunter College Sch of SW **Post-Grad. Training:** Psychoanalyst-NPAP, Adv Imago clinician and consultant, certified Somatic Experiencing practitioner **Practice Areas:** AD,OAD,EOL,I,G,C,F

Burke, Kim, MSW Office: (718) 584-9000 Ext 5333 **Email:** kimdburke@gmail.com **Graduate School:** Fordham Univ **Practice Areas:** YAD,AD,OAD,AD/O,I,G,C

Case, Karen, LCSW Office: Kaiser Mental Health Dept., 2213 Buchanan Rd., Ste 203, Antioch, CA 94509, (925) 779-4925 **County:** Contra Costa **Home:** (925) 693-0089 **Email:** Karen.Case47@yahoo.com **Graduate School:** Virginia Commonwealth University **Post-Grad. Training:** The Sanville Inst, Certif Course in Theory and Practice of Psychodynamic Psychotherapy **Practice Areas:** YAD,AD,OAD,CISD,I,G

Casey, Jacquelyn, LCSW Office: PO Box 4761, Chattanooga, TN 37405, (423) 266-6003 **Home:** (423) 266-4102 **Email:** jahcasey@bellsouth.net **Graduate School:** Loyola Chicago **Post-Grad. Training:** Advanced Psychodynamic Psa Pgm by Nashville Psychoanalytic Study Group **Practice Areas:** AD,OAD,D/OE,EOL,I,G,C,F

Coffin, Julia, LICSW Office: 1415 Beacon St., Ste 200, Brookline, MA 02446, (617) 733-7686 **County:** Norfolk **Fax:** (617) 507-8329 **Email:** jcoffin.licsw@gmail.com **Graduate School:** Boston College **Post-Grad. Training:** Post-Grad Fellowship at MIP 2010-2011 **Practice Areas:** IN/CH,ADO, YAD,AD,I

Comer, Sally Davis, MSW, LCSW Office: 867 Washington St., Raleigh, NC 27607, (919) 833-5869 **Home:** 709 Runnymede Rd, Raleigh, NC 27607 **Cell:** (919) 302-3023 **Fax:** (919) 833-5859 **Email:** scomer3470@aol.com **Graduate School:** UNC, Chapel Hill **Post-Grad. Training:** Smith Doctoral Student (2nd year) **Practice Areas:** YAD,AD,AD/O,I,C

Cristy, Barbara, MSW Office: 8830 Cameron St., #207, Silver Spring, MD 20910, (301) 565-0021 **Email:** barbaracristy@verizon.net **Graduate School:** Catholic Univ. **Post-Grad. Training:** Wash. Schl. of Psychiatry **Practice Areas:** YAD,AD,I,C

Cronin, Joseph, LCSW Office: 122 S. Michigan Ave., #1431, Chicago, IL 60603, (312) 939-2503 **Email:** JCronin454@aol.com **Graduate School:** Smith College **Post-Grad. Training:** Chicago Institute for Psychoanalysis **Practice Areas:** ADO,YAD,AD,OAD,I,C

DiBiase, Beth, LCSW Office: 521 West 57th St., 4th Floor, New York, NY 10019, (646) 557-3853 **Home:** (917) 319-3060 **Fax:** (646) 557-3911 **Email:** Brdibiase@yahoo.com **Graduate School:** Columbia Univ Sch of Social Work **Post-Grad. Training:** NY Sch for Psychoanalytic Psychotherapy and Psychoanalysis (NYSPP) **Practice Areas:** YAD,AD,OAD,I,G

Dishell, Bella, PsyD, MA Office: 450 N. Robertson, 2nd Fl, Los Angeles, CA 90048, (310) 364-0434 **County:** Los Angeles **Cell:** (310) 422-5055 **Email:** Dr.Bella.D@gmail.com **Graduate School:** California Sch of Professional Psychology/Alliant Univ **Post-Grad. Training:** Wright Institute **Practice Areas:** YAD,AD,OAD,D/OE,EOL,MTN,I,G,C,F

Doernberg, Alison, Med County: Orange **Home:** 205 B West Poplar Ave., Carrboro, NC 27510 **Cell:** (510) 914-3385 **Email:** alisond@email.unc.edu **Graduate School:** UNC Chapel Hill (MSW expected 2012), Lesley Univ (Med, 2002) **Practice Areas:** IN/CH,ADO,YAD,AD,D/OE,EOL,CISD,MTN

Dolinko, Arlene, LCSW-R, BCD Office: 817 Broadway, 9th Fl, East Suite, New York, NY 10003, (212) 533-4340 **County:** Manhattan **Home:** (212) 794-1229 **Email:** arlenedolinko@hotmail.com **Graduate School:** Hunter College School of Social Work **Post-Grad. Training:** Training Institute for Mental Health **Practice Areas:** YAD,AD,OAD,D/OE,I,G

Duggan, Debbie, LCSW Office: 21 Tamal Vista Blvd., Ste 160, Corte Madera, CA 94925 and 2504 Clay Street San Francisco, CA 94115 **Phone:** (415) 388-2223, (415) 388-2223 **County:** Marin and San Francisco **Website:** www.debbieduggan.com **Cell:** (415) 269-2226 **Email:** debduggan@pacbell.net **Graduate School:** University of Southern Calif **Post-Grad. Training:** Candidate: San Francisco Ctr for Psychoanalysis **Practice Areas:** YAD,AD,OAD,AD/O, D/OE,EOL,CISD,I,C

Dury, Cheryl, MPS Office: 66 Main St., Bedford Hills, NY 10506, (914) 522-0079 **Email:** cheryldury@yahoo.com **Graduate School:** Fordham Univ (MSW), Pratt Institute (MPS in Creative Arts Therapy) **Post-Grad. Training:** Advanced Psychoanalytic Candidate at Westchester Inst for Psychoanalysis and Psychotherapy **Practice Areas:** IN/CH,ADO,YAD,AD,OAD,I

Eilenberg Wilson, Mara, MSW, LCSW Office: 1051 Riverside Dr., New York, NY 10032, (212) 543-5335 **County:** New York **Home:** (212) 927-8134 **Cell:** (917) 623-2603 **Fax:** (212) 543-5171 **Email:** maraeilenberg@gmail.com **Graduate School:** NYU **Post-Grad. Training:** American Inst for Psychoanalysis **Practice Areas:** ADO,YAD,AD,I,F

Falcon, Ana, LPC Office: 110 Hillside Ave., Ste 204, Springfield, NJ 07081, (908) 456-2699 **County:** Union **Cell:** (908) 456-2699 **Fax:** (732) 326-9708 **Email:** anaboclin@aol.com **Graduate School:** Univ of Buenos Aires, Argentina **Post-Grad. Training:** New Jersey Inst of Trng in Psychoanalysis (3rd year candidate) **Practice Areas:** ADO,YAD,AD,I

Farrell, Daniel, MSW Office: (212) 570-1461Ext 115 **Home:** 150 Ocean Pkwy, Apt 2A, **Cell:** (696) 784-8953 **Email:** danielcfarrell@gmail.com **Graduate School:** Hunter College Sch of SW **Post-Grad. Training:** NY Inst for Psychoanalytic Self Psychology **Practice Areas:** AD,OAD,I

Faust, Janet R., PhD, LCSW Office: 671 Hoes Lane, Piscataway, NJ 08854, (732) 235-4994 **County:** Middlesex **Email:** faustja@umdj.edu **Graduate School:** NYU (PhD) SSW; Huner SSW (MSW) **Post-Grad. Training:** Hunter College SSW: Postmasters Program in Advanced Clinical SW **Practice Areas:** YAD,AD,OAD,I

Gallant, Helen, MSW Office: 4333 California St., San Francisco, CA 94118 and 1587 Timothy Rd., McKinleyville, CA 95519 (707) 840-0396, (415) 751-8030 **County:** San Francisco and Humboldt **Home:** (650) 401-6887 **Email:** **Graduate School:** Univ. of Ottawa, Canada **Practice Areas:** YAD,AD,OAD,AD/O, CISD,I,C,F

Gower, Maxine, LCSW, NCPsya Office: 2885 Aurora Avenue, Ste #8, Boulder, CO 80303, (303) 875-5046 **Website:** www.maxinegower.com **Home:** (303) 440-3938 **Cell:** (303) 875-5046 **Email:** psychotherapist@maxinegower.com **Graduate School:** Hunter College Sch of SW, NY, NY **Post-Grad. Training:** Colorado Ctr for Modern Psychoanalytic Studies, Boulder, CO and Albuquerque, NM **Practice Areas:** ADO,YAD,AD,OAD,D/OE,EOL,MTN,I,C,F

Grace, Gail, LCSW-R Office: 145 Old Mill Rd., Manhasset, NY 11030, (516) 627-3383 **County:** Nassau **Home:** (516) 627-1861 **Cell:** (516) 330-0593 **Email:** gailgrace8733@aol.com **Graduate School:** New York Univ **Post-Grad. Training:** Certified Psychoanalyst (Adult Analytic Trng Pgm @ The Post graduate Ctr for MH) **Practice Areas:** YAD,AD,OAD,D/OE,I,G,C

Green, Laurence, MSW, PsyD Office: 2811 Wilshire Blvd., Ste 620, Santa Monica, CA 90403, (310) 828-0121 **County:** Los Angeles **Home:** (310) 836-6212 **Cell:** (310) 460-9222 **Email:** laurencegreen@msn.com **Graduate School:** UCLA **Post-Grad. Training:** ICP **Practice Areas:** ADO,YAD,AD,I,C,F

Harrington, Rebecca, LCSW, NCPsA Office: 49 West 24th St., Ste 1001, New York, NY 10010, (212) 675-9041 **County:** New York **Email:** rhlcsw@yahoo.com **Graduate School:** NYU (graduated 1998) **Post-Grad. Training:** PPSC (graduated 2006) **Practice Areas:** AD,I,G,C

Hollman, Barbara, MSW Office: 175 Cedar Lane, Ste 2, Teaneck, NJ 07666 **Ph:** (516) 938-4355, (201) 567-9042 **County:** Bergen **Cell:** (201) 970-8866 **Fax:** (201) 567-3190 **Email:** Bhollman2000@aol.com **Graduate School:** Adelphi Univ **Post-Grad. Training:** Manhattan Inst **Practice Areas:** ADO, YAD,AD,OAD,D/OE,I,C

Houston, Christopher, MSW County: Marion **Home:** 15327 Wandering Way, Noblesville, IN 46060, **Cell:** (765) 716-6470 **Email:** houstocs@umail.iu.edu **Graduate School:** Indiana Univ Sch of SW **Practice Areas:** ADO,YAD,AD,AD/O,D/OE,CISD,FOR,I,G,F

Johnson, Kimberlee, MSW Office: 223 Commerce St., Ste F, Greenville, NC 27858, (252) 227-0305 **County:** Pitt **Cell:** (252) 227-0305 **Email:** kjohnsonMSW@gmail.com **Graduate School:** ECU **Post-Grad. Training:** Rock Spring Institute (current) **Practice Areas:** IN/CH,ADO,YAD,AD,OAD,CISD, I,G,C,F

Kaufman, Edward, BS, MFA, MD Office: 33971 Selva Rd., #125, Dana Point, CA 92629-3734, (949) 488-3332 **County:** Orange **Home:** (949) 499-6889 **Cell:** (949) 433-9745 **Fax:** (949) 488-7840 **Email:** ed.kaufman@cox.net **Graduate School:** Jeffer Sch Medical Antioch Univ **Post-Grad. Training:** Columbia Psychoanalytic Inst, NYC **Practice Areas:** YAD,AD,OAD,AD/O,FOR,I,G,C,F

Kearby, David, BSW Office: (317) 709-8547 **County:** Marion **Home:** 6413 Kentstone Dr., Indianapolis, IN 46268, (317) 709-8547 **Cell:** (317) 709-8547 **Fax:** (617) 709-8547 **Email:** dkearby@iupui.edu **Graduate School:** Indiana Univ **Practice Areas:** AD,I

Kintner, Susan, PhD County: Fairfield **Home:** 8 Pebble Beach Lane, Westport, CT 06880-6723, (203) 226-4546 **Cell:** (203) 820-6827 **Email:** susankintner@hotmail.com **Graduate School:** NYU Westchester (MSW Candidate) **Practice Areas:** AD/O,D/OEOL,

Klee, Terry, MS Office: 153 Main St., Ste F4, Mt Kisco, NY 10549, (914) 400-3955 **County:** Westchester **Email:** tak2108@caa.columbia.edu **Graduate School:** Columbia Univ Sch of SW **Post-Grad. Training:** Westchester Ctr for Study of Psychotherapy and Psychoanalysis (WCSPP) **Practice Areas:** ADO, YAD, AD,OAD,AD/OD/OE,EOL,CISD,I,G,C,F

Krumholz, Estelle, MSW, LCSW, BCD Office: 37-A Village Road, Florham Park, NJ 07932, (973) 443-0200 **County:** Morris **Website:** www.therapists.psychologytoday.com/41521 **Cell:** (973) 495-8441 **Fax:** (973) 443-9723 **Email:** eklcsw@aol.com **Graduate School:** Wurzweller Sch of SW of Yeshiva Univ **Post-Grad. Training:** Ctr for Psychoanalysis and Psychotherapy of NJ **Practice Areas:** ADO,YAD,AD,OAD,CISD,I,C,F

Lane, Gloria R., DSW Office: 63 Cobalt Lane, Westbury, NY 11590, (516) 997-2070 **County:** Nassau **Fax:** (516) 334-6669 **Email:** DrGloriaLane@aol.com **Graduate School:** Adelphi University **Post-Grad. Training:** Adelphi University **Practice Areas:** ADO,YAD,AD,OAD,EOL,CISD,I,C,F

Lieber, Suzy, MSW, LCSW Office: Ofc 1: 19 West 34th St., Penthouse, New York, NY 10001 Ofc 2: 26 Court St., Brooklyn, NY 11242, (917) 842-6680 **County:** Kings **Website:** <http://therapist.psychologytoday.com/56753> **Home:** (718) 783-7238 **Email:** suzylieber@aol.com **Graduate School:** Fordham Univ (Aug 2001) **Post-Grad. Training:** Postgrad Ctr of MH, certifi in adult analytic psychotherapy (June 2006), EMDR Part III (Feb 2010) **Practice Areas:** AD,I,G,C

Linder, Janet, MSW Office: 4112-24th St., San Francisco, CA 94114, (415) 285-1131 **Cell:** (510) 847-6075 **Email:** janetlinderlcsw@yahoo.com **Graduate School:** Post-Grad. Training: Sanville Institute (current PhD student) **Practice Areas:** ADO,YAD,AD,AD/O,D/OE,I,G,C

Mandell, Risa, MSW Office: (215) 742-7815 **Home:** 121 W. Tulpehocken St., Apt E207, Philadelphia, PA 19144, (215) 621-6674 **Email:** rmm635@gmail.com **Graduate School:** Hunter College Sch of SW, CUNY, NY, NY **Post-Grad. Training:** IPTAR - one year NPAP - 3 years **Practice Areas:** IN/CH,ADO,YAD,I,F

McEwen, M. Katherine, MSW Office: 315 E. 86 St., Ste 1G East, New York, NY 10028, (212) 289-2121 **Cell:** (646) 382-5666 **Fax:** (212) 828-2739 **Email:** kathiemcewen@aol.com **Graduate School:** Columbia Univ Sch of SW **Post-Grad. Training:** NYIPSP (NY Inst for Psychoanalytic Self Psychology) **Practice Areas:** YAD,AD,OAD,I,C

Mezo, Barbara, MSW Office: 3708 Mayfair St., Ste 2, Durham, NC 27707, (919) 683-1800Ext 151 **County:** Durham **Cell:** (919) 699-2850 **Email:** msmezo@hotmail.com **Graduate School:** New Hork Univ **Practice Areas:** YAD,AD,OAD,AD/O,EOL,I,G

O'Malley, Jeffrey, LCSW Office: 80 Fifth Ave., Ste 1408, New York, NY 10011, (917) 865-8438 **County:** Kings **Cell:** (917) 865-8438 **Email:** omalleyjeff@yahoo.com **Graduate School:** NYU **Practice Areas:** ADO,YAD,AD,OAD,AD/O,I

Orellana, Walter, MSW Office: 520 Hope St., Providence, RI 02906, (401) 276-4020 **County:** Providence **Cell:** (401) 323-9846 **Email:** latmass28@aol.com **Graduate School:** Rhode Island College **Practice Areas:** IN/CH,ADO,YAD,AD,OAD,AD/O,CISD,I,G,C,F

O'Shea, J. Mark, MSW Office: 4906 E. Millridge Parkway, Midlothian, VA 23112, (804) 744-5611Ext. 11 **Home:** (804) 739-1629 **Fax:** (804) 739-1691 **Email:** markoshea2@aol.com **Practice Areas:** IN,ADO,YAD,AD,CISD,MTN,I,G,C,F

Paskowitz, Ginger, MSW, LCSW Office: 4119 Montrose Blvd., #300, Houston, TX 77006, (832) 488-4830 **County:** Harris **Cell:** (832) 488-4830 **Email:** gingeroneal3@hotmail.com **Graduate School:** Smith College Sch for SW **Post-Grad. Training:** Fellowship, The Menninger Clinic **Practice Areas:** ADO,YAD,AD,I,G,C,F

Pfeffer, Doris, MSW, EdD Office: (212) 362-6567 **Home:** (and office) 295 Central Park West, #11-B, New York, NY 10024, (212) 362-6567 **Email:** **Graduate School:** Columbia USSW **Post-Grad. Training:** Teachers College **Practice Areas:** YAD,AD,I,G

Pizzanello, Heather, MSW Office: (203) 228-1899 **County:** New Haven **Cell:** (203) 228-1899 **Email:** heatherpizzanello@hotmail.com **Graduate School:** Univ of Connecticut, PhD student at Smith **Practice Areas:** IN/CH,ADO,AD,D/OE,I,F

Puntigam, Marissa Cell: (206) 419-1851 **Email:** mpuntiga@smith.edu **Graduate School:** Smith College Sch of SW **Practice Areas:** AD,I

Reynolds, Martha Felt, LCSW Office: 3202 Third Avenue, San Diego, CA 92103, (619) 297-2611 **Fax:** (619) 220-7456 **Email:** mreynolds@sanrr.com **Graduate School:** San Diego State Univ **Post-Grad. Training:** San Diego Psa Society and Inst, Grad in psychoanalysis and psychotherapy **Practice Areas:** YAD,AD,OAD,I,C

Ross, Edward, MSW Office: 21 West 86th St., #308, New York, NY 10024, (212) 721-8733 **County:** New York **Fax:** (212) 585-6209 **Email:** ewsr@msn.com **Graduate School:** Hunter College Sch of SW **Post-Grad. Training:** Nat'l Psychological Assn for Psychoanalysis; JBFCS Educational Institute **Practice Areas:** ADO,YAD,AD,OAD,AD/O,I,F

Rubin, Lynne, PhD Office: 300 Central Park West, Ste 1E, New York, NY 10024, (212) 496-7252 **County:** New York **Fax:** (212) 724-3621 **Email:** LynnesRubin@gmail.com **Graduate School:** NYU **Post-Grad. Training:** NYU (PhD) **Practice Areas:** ADO,YAD,AD,I,C

Sacks, Steve, MA Office: 2907 Butterfield Rd., Ste 240, Oakbrook, IL 60523, (773) 551-6728 **County:** Cook **Home:** 431 S. Kenilworth Ave., Unit 2, Oak Park, IL 60302 **Email:** sacks_steve@hotmail.com **Graduate School:** Roosevelt Univ (MA Clinical Psychology) **Practice Areas:** IN/CH,ADO,YAD,AD,I,G,C,F

Satkin, Richard, MSW County: New York **Home:** 340 W. 28 St., Apt 17F, New York, NY 10001 **Cell:** (917) 359-7367 **Email:** Rsatkin@aol.com **Graduate School:** Fordham Univ **Practice Areas:** I,G

Scheer, Marjorie, MSW Office: 3726 Jackson Rd., Durham, NC 27705, (919) 309-4852 **County:** Orange **Home:** 3726 Jackson Rd., Durham, NC 27705, **Email:** marjorie.scheer@gmail.com **Graduate School:** Hunter College Sch of SW **Practice Areas:** YAD,AD,I

Shaft, J. Peter, MSW Office: 30 N. Michigan, #1621, Chicago, IL 60602, (312) 201-8087 **County:** Cook **Home:** (708) 386-5895 **Fax:** (708) 386-1888 **Email:** jps30nomi@gmail.com **Graduate School:** Washington Univ, St. Louis **Post-Grad. Training:** Chicago Inst. For PSA (CAPT), Psychoanalytic Education Program **Practice Areas:** CH,ADO,YAD,AD,I,F

Sheehan, Linda, MA Office: Wharton Professional Building, 400 South Main St., Wharton, NJ 07885, (973) 222-3822 **County:** Morris **Fax:** (973) 989-9030 **Email:** linshe2000@aol.com **Graduate School:** Fairleigh Dickinson Univ., Madison, NJ **Post-Grad. Training:** NJ Inst for Trng in Psychoanalysis/Certified Child/Adolescent Psychotherapist **Practice Areas:** IN/CH,ADO,I

Silberstein, Judy, LCSW Office: 80 East 11th St., Ste 535, New York, NY 10003, (212) 757-4488 **County:** Manhattan **Cell:** (017) 371-0024 **Email:** judyasilb@gmail.com **Graduate School:** Hunter College Sch of SW **Practice Areas:** YAD,AD,OAD,AD/O,D/OE,EOL,CISD,I,C,F

Smith, Jan, MSW, LICSW Office: 1409 Willow Street, Ste 300, Minneapolis, MN 55403; Boynton, 410 Church St., Minneapolis, MN 55455, (612) 816-1321 **County:** Hennepin **Email:** j-smit@umn.edu **Graduate School:** Univ of Minnesota, Twin Cities, Sch of SW **Post-Grad. Training:** psychoanalytic Psychotherapy Training Program **Practice Areas:** ADO,YAD,AD,OAD,I,G,C

Sterlin, Ruth, LCSW Office: 3330 Dundee Rd., Ste N3, Northbrook, IL 60062, (847) 480-9159 **County:** Cook **Home:** 2237 Strawberry Ln, Glenview, IL 60026, (847) 480-7439 **Cell:** (630) 951-1976 **Email:** rasterlin@comcast.net **Graduate School:** Jane Addams College of SW U. of Illinois **Practice Areas:** IN/CH, ADO,YAD,AD,OAD,EOL,I,C,F

Tischler, Abigail, MEd, ATR-BC Email: abigail.tischler@gmail.com
Graduate School: Smith College Sch of SW

Trueman, Leslie Email: ltrueman@truehaus.net Graduate School: Univ of New Hampshire Practice Areas: AD,OAD,AD/O,FOR,I

Urman, Janet, MSW, LCSW Office: 137 E. Franklin St., Ste 30, Chapel Hill, NC 27514, (919) 967-6170 County: Orange Home: (919) 544-3350 Fax: (919) 967-6170 Email: janeturman@aol.com Graduate School: Boston College Grad Sch SW Practice Areas: YAD,AD,OAD,I

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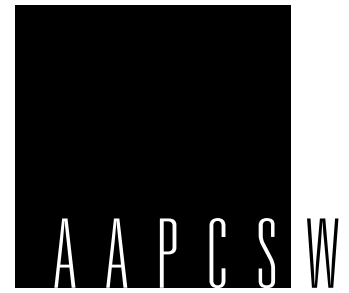
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