

# aapcsw

## American Association for Psychoanalysis in Clinical Social Work

Spring 2018

# newsletter

## From the Co-Presidents

Jerry Floersch, PhD, MSW | Jeffery Longhofer, PhD, MSW

In March the AAPCSW board met at Rutgers University, New Brunswick, New Jersey, for our yearly face-to-face meeting. We wish to thank the twenty-five members present for taking time from their busy lives to attend and for their continuing commitment and enthusiasm for the agenda and emerging proposals.

Here we want to briefly summarize the important outcomes of our meeting. We developed an agenda with a clear emphasis on recruitment and retention. To help focus these efforts, we presented to the board preliminary data on the characteristics of our current membership (see profile summary below).

Roughly 56 percent (476 of approximately 850 total) of our members have been so for seven years or less (150 for one year or less). These data show among other things that while we are a relatively small organization, our commitment to psychoanalysis in clinical social work cannot be measured by our size. Thanks to all of you, we have a stable membership base (850 to 1000 members over the last ten years), a strong biennial conference, an active listserv, a monograph series, an oral history project, and regional conferences.

We need your support and your help. We need sufficient membership to support our conference and goals. We need strategies for retention of current members, especially those who have been members for three years or less (243 of 850, or *nearly one-third of our total membership*). And we must give priority to the recruitment of new members: 150 have been members for one year or less, and the reason our membership base is not

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[www.aapcsw.org](http://www.aapcsw.org)

### AAPCSW Membership Profile Summary

Median (years of membership)	7
Mean (years of membership)	9
Mode (years of membership)	1
Percentage of PhD, PsyD, or DSW overall	17%
Percentage of members with postgraduate, psychoanalytic training	66%
Most popular graduate institution (129 members)	NYU
Most popular state (36% of all members)	New York
Most popular type of membership (59%)	Full Member

# editor'sword

Donna F. Tarver, MSSW



The upcoming Fall issue will be my last as editor of the *Newsletter*. I am happy and feel fortunate to announce that Christie Hunnicutt, who has been working with me as assistant editor for the past two years, will be taking over the editorial duties as of January 2019. Christie is a bright, talented, energetic member of AAPCSW, and I look forward to assisting her in implementing new ideas, adding new features, and continuing the growth of this newsletter. Wendy Winograd will continue as our excellent Book Review editor, and all of this is made possible only with the support of our executive board, committee chairs, and the many members who make contributions to each issue.

AAPCSW has had a spring busy with activities. In March, twenty-five AAPCSW board members met at Rutgers University for our annual in-person board meeting. The focus of this year's meeting—as you will read in our co-presidents' column—was on recruitment and retention of members, and this will be our priority for the next ten years, with a goal of 1100 members by the year 2023 (see board meeting photos by Christie Hunnicutt on page 10).

Additionally, many of you were able to attend the conference at San Francisco State University on March 24 honoring the life and work of Selma Fraiberg. See Wendy Winograd's article on the conference, which was co-sponsored by AAPCSW and the Sanville Institute for Clinical Social Work and Psychotherapy, for more details (page 6), and be sure to read Joel Kanter's article about Fraiberg's career-long involvement and experience in social work education, which is still relevant today (page 3).

A special thanks to our past president and legislative chair Marsha Wineburgh for writing an article describing the past fifty years in the struggle "to achieve legal recognition for clinical social work and to protect our right to practice in all settings, but particularly in private practice." New York State, and Marsha Wineburgh, in particular, have been at the forefront of this movement. In her article, Marsha outlines in detail the accomplishments of the New York Clinical Society from 1968 to 2018 and what it has taken to accomplish the inroads that have been made (page 8). She also reminds us that this is a battle that has yet to be won, lest we become complacent, forget to attend to our interests, and lose what we have gained over the past fifty years.

The *Newsletter* welcomes readers' letters, articles, and opinions on topics of the day and clinical issues; book reviews; notices of or reports on conferences; and news of interest to our membership. We encourage members with an interest in writing to use the *Newsletter* as a vehicle for converting their interest into the writing process. Thanks to all contributors to the *Newsletter*—Denia Barrett, Jerry Floersch, Valerie Frankfurt, Jeffrey Longhofer, Christie Hunnicutt, Joel Kanter, Penny Rosen, Ashley Warner, Marsha Wineburgh, and Wendy Winograd.

## aapcsw

The *AAPCSW Newsletter* is published three times yearly, in February, May, and October. Deadlines for submissions are January 15, April 15, and September 15.

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## Selma Fraiberg on Social Work Education

Joel Kanter, MSW, LCSW-C

Throughout her career, Selma Fraiberg remained involved with social work education and the training of mental health professionals. Her undergraduate course work at Wayne State University in Detroit included social work content and received her MSW from this institution in 1945. From 1947 to 1952, she taught classes on “mental hygiene” and case-work at the University of Michigan’s School for Social Work and was a field supervisor at the University’s Fresh Air Camp. In 1953–54, she designed and taught a human behavior course at Wayne State, and from 1958 to 1962, she served as an associate professor of social work at Tulane University. She taught MSW students at Smith College for several summers in the 1960’s. Later, her program in infant mental health at the University of Michigan offered field internships for MSW students. Fraiberg (1955, 1956, 1961) wrote three articles specifically discussing the challenges of social work education. In this article, I will review her ideas on social work education and reflect on their relevance to our situation today.

Fraiberg’s first thoughts about social work education emerged in a paper she wrote for an undergraduate class at Wayne State circa 1939. Commenting on a book by the psychiatrist Frankwood Williams, she remarks:

I have only one criticism of Dr. Williams. I don’t mind being blasted out of my social worker complacency, but I have not yet succeeded in gathering up the wreckage to achieve some degree of certain again. Dr. Williams has made a penetrating diagnosis, but the whole picture leaves one with a feeling of appalling futility.

I will be graduated from college in a year, “prepared” to enter social work. Perhaps it is right for all young social workers to have high ideals, but as a potential social worker I feel like a quack. My training has consisted of courses in “social disorganization,” “family tensions,” “juvenile delinquency,” and other “theory” courses. . . . Among the things I have not learned is how I can reconcile my sociological training with the real situations I shall find myself in as a social worker. We are treating “symptoms” Williams

writes, and I found myself reading the phrase over several times before I could accept the full import of the statement. No one wants to feel himself a quack doctor of human ills, yet there it is. I suppose from one viewpoint social workers are in the same class as a physician who gives aspirin to a patient with a chronic headache.

During these undergraduate years, Fraiberg explored psychoanalytic writings that did engage her intellect. In one undated essay, she struggled with the question of how the social forces of the Depression era impacted individuals. Referring to the “Freudian analysis” of “civilization and its discontents,” she argued that explaining “cultural patterns on the basis of instinctual drives is to explain away too much.” Instead, she discussed Karen Horney’s critique of Freud in her book *The Neurotic Personality of Our Time*. She concluded her essay “as a potential social worker I have no illusions as to the limitations of clinical treatment of social maladjustment.”

Nonetheless, one social work class in 1939 enabled Fraiberg to lead a “puppet club” with children where she could explore the possibilities involved in such “clinical treatment.” Her application of psychodynamic ideas in social work practice emerges in this sample of her detailed process recording:

Henry’s relationship to his parents has been slowly changing in the past year. When his brother Howard came on the scene more than three years ago, he offered no real threat to Henry’s status with his father. Howard always had a stronger feeling for his mother than his father. The youngest child Joan is now twenty months old, but in the last year she has become a serious rival for Henry’s place in the father’s affections. Henry has a need for his mother which, until now, appears to be unsatisfied. His father to some extent stands in the way of his working out his relationship to his mother. These are normal problems which every child faces, and in children’s play these feelings often come to the foreground.

Reflecting on her subsequent experience in graduate school, Fraiberg recollected how quality

supervision helped her address the challenges of social work practice:

At the time I came into social work in the early '40s, it was the most exciting profession for a young woman. And since everyone in my generation was very much affected by the Depression or the War and by a commitment to actively participate in reshaping the world, social work was really the natural choice.

After graduating, I started out in public assistance in the early days of Aid to Dependent Children without any certainty that I would go on to graduate school. I had one year that I consider one of the most valuable years of my life in ADC. Got a sense of the complexity of human problems—the effects of poverty and the broken family upon children. I learned a good deal about interviewing and listening, and it soon became apparent that if I wanted to be a social worker I would have to go to graduate school. I entered the School of Social Work at Wayne State in 1941—a particularly auspicious time. And very luckily (and all of this WAS luck because so much depends on your supervisor), I got a first-rate, most admirable supervisor, Miss Clarice Freud. This was in a child placement agency, which I think threw me into the depths of human problems. It was very painful for a young social worker to see children removed from their own homes. It was even more painful because of the fact that Hitler's refugee children became to come over and we were responsible for the placement for that group of children.

I wasn't sure I could survive in social work now that I really understand how much suffering one would have to share with patients, and small children especially. . . . It was only through the steadiness of a supervisor who allowed me to feel . . . but also showed me the necessity of containing my feelings so that I could be truly helpful to my children that I stayed in social work at all.

Thereafter, I had a second year in a family agency, again with great supervision. . . . I had a caseload of impoverished families mainly. I learned the methods of social work—methods of social treatment for a wide variety of families with a wide range of problems. I also carried direct treatment cases with children under supervision and again had the feeling of how little I knew and would have to know. (Gottesfeld and Pharis 1977, 182–83)

The second-year internship was with Fritz Redl at the Detroit Group Project. Redl, an unconventional psychoanalyst from Vienna, was also a social work professor at Wayne State from 1941 to 1953.

Fraiberg worked closely with him in group work interventions with children at both the Detroit Group Project and the Fresh Air Camp (Kanter 2017a, 2017b). In 1952, Fraiberg collaborated with Redl to design a year-long human behavior course, which she taught at Wayne State the following year. In the 1955 article “Teaching Psychoanalytic Theory to Social Work Students,” Fraiberg described the considerable challenges of this endeavor:

In teaching psychoanalytic theory, we should not underestimate the difficulties of the student in his first encounters with this most difficult of psychologies. We ask him to give credence to certain ideas which, on the one hand, are repugnant to him and, on the other hand, cannot be verified through personal experience because they have undergone repression, as they should in all normal persons. We teach a science in which the data, to a large extent, are not observable to our students' eyes, cannot be easily confirmed through personal investigation (unless the student has a personal analysis), and cannot be subjected to the tests of validation which the student has been accustomed to employ in other sciences. (243)

Fraiberg explicitly critiqued teaching psychoanalytic theory as a purely intellectual exercise:

The student who has achieved this learning through intellectual detachment of psychoanalytical ideas from their human subject and from himself is in the unfortunate position of becoming a heir to a fortune in non-negotiable currency. (244)

Fraiberg noted that a lecture approach to teaching analytic theory was highly problematic:

The lecturer who deals with topics which were once forbidden and subsequently repressed may find his platform a little crowded by transference phantoms who have gathered there to dispute his theories. . . . The lecturer . . . may be surprised to find that his place at the lectern has been usurped by the ghost of somebody's irate grandmother. (246)

Instead, Fraiberg argued that the “most favorable condition for learning lies in the positive identification of the student with his teacher” and recommended that class size be limited to twenty-five to promote a “spirit of serious scientific inquiry” in which “every student is granted the right to question . . . without feeling that he is being ‘resistant’” (246).

Fraiberg viewed the first task of the human behavior course as “learning to observe,” which she

described as the “education of the student’s eyes” (247). She argued that, for the first months of the two-semester course, she should “cheerfully discard a good part of what [is taught] in classrooms . . . in favor of real experience with children of all ages, infancy through adolescence, in which observation, teaching, and supervision are united in a natural and meaningful way” (247). She believed it was important for students to discover how psychoanalytic concepts emerge in “normal child development and normal behavior.”

However, Fraiberg was aware that arranging for such observations was often difficult, so she acknowledged that films, “records of child observations,” and nursery school trips, and even the reading of novels, could be useful substitutes. During the first months, no psychoanalytic readings were assigned and the focus was on “present functioning” of observed behavior rather than case histories.

The educational task in those early months involved helping students observe and reflect on human behavior without imprecise usage of psychological and psychoanalytic terms.

In the classroom, Fraiberg used commonplace situations to stimulate reflection in her students. For example, in one class, she presented the students with a simple vignette of a “four-year-old child who suddenly show[ed] an extreme fear of the dog next store” and asked the class what they would “want to know” to understand this child. Students might, for example, ask if this fear came reflected the parents’ fear of the dog, if the child had other fears, if the child had actually been bitten, if the dog reminded the child of something else, and so on (Fraiberg 1955).

In another class, Fraiberg asked the students to reflect on a teacher’s note that said, “This is a very aggressive child.” The class was asked to explore what the term *aggressive* meant. Student responses included (a) the child “is hostile; (b) the child “wants his own way”; (c) the child “is destructive”; (d) the child “bothers the teacher”; and (e) the child “is in the teacher’s hair.” Then, understanding the limitations of the descriptor *aggressive*, the class was asked to consider what other information was needed to understand the actual behavior of this child (Fraiberg 1955).

Gradually, psychoanalytic content was introduced to the students. This included understand-

ing common childhood fears and anxieties as well as the defense mechanisms children often use to manage such concerns. In the latter half of the first semester, Fraiberg began a more systematic review of child development, beginning with infancy, continuing through the toddler and school years, and concluding with adolescence. Again, the focus was on “normal” development and the “meaning of the infant-mother relationship,” and the “gradual differentiation of self from the infant-mother unity” was explored (249). As classes proceeded to discuss somewhat older children, the class visited a nursery school to observe young children in a group situation and to consider the everyday challenges of children and their parents during this phase of development. Two psychoanalytic readings were assigned at this point: Anna Freud’s *Psychoanalysis for Teachers and Parents*, and A. Freud and Burlingham’s *War and Children*. Soon after, the students were assigned Sigmund Freud’s “The Anatomy of the Mental Personality” from *The New Introductory Lectures on Psychoanalysis* as well as Anna Freud’s *Ego and the Mechanisms of Defense*. In the second semester, students were assigned additional sections of Freud’s *New Introductory Lectures* along with his brief volume *The Question of Lay Analysis*, which Fraiberg described as “the only elementary presentation of psychoanalytic theory which Freud has ever written” (250). Teaching this volume in the midst of the controversy at the Detroit Institute about her own status as a lay analyst (Kanter 2017b), Fraiberg remarked that “the impressionable young student can be easily be restrained (by the instructor) from taking the argument for lay analysis as an invitation to join its ranks” (Fraiberg 1955, 250).

Summarizing her experience teaching this class, Fraiberg concluded that this course represented the “very beginning of the students’ learning about psychoanalysis”: “They have become acquainted with its theories, but have not mastered even a small part of it” (251).

However, she felt that the educational experi-

**Fraiberg viewed the first task of the human behavior course as “learning to observe,” which she described as the “education of the student’s eyes.”**

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# AAPCSW Goes to San Francisco

Wendy Winograd, DSW, BCD-P

At times, in the social work world, I'm looked at askance by nonanalytic social workers who are suspicious or downright dismissive of psychoanalytic ideas. At other times, in the psychoanalytic world, I am aware of social workers who seek to disavow their social work identity for fear of being perceived as less serious than analysts from other disciplines. My membership and involvement in AAPCSW offers me a home where two important components of my identity—social worker and psychoanalyst—can live comfortably together. Selma Fraiberg embodied both these identities in her passion for social justice, concern for infants and children, and remarkable insight into the unconscious motivations of mothers and their babies. She is a hero for social worker/analysts and, to my thinking, exemplifies just what AAPCSW represents.

On March 24, AAPCSW members Joel Kanter, Whitney van Nouhuys, Mario Starc, and Karen Baker joined with the Sanville Institute for Clinical Social Work and Psychotherapy to offer *The Magic Years of Selma Fraiberg: Clinician, Researcher, Writer*, a unique, moving conference that explored the life and work of Fraiberg. Attendees enjoyed a rich and emotional day in which we were treated to a range of presentations from researched findings into Fraiberg's history and the development of her thought, to personal stories from her students and colleagues, to contemporary clinical research and dyadic work with mothers and infants, to personal narratives of two young AAPCSW therapist/mothers. In all the presentations, intimate and poignant case histories brought the audience members' hearts to the trauma inflicted upon babies and children.

In the midst of yet another spring snowstorm, I left New Jersey with a colleague and our husbands and got out on the last flight before significant weather-related delays. We arrived to a sunny and warm San Francisco. The evening before the conference, we attended a lovely reception hosted by Sanville member Gabie Berliner and had an opportunity to meet members of both organizations.

The next morning, at the conference center at San Francisco State, as I recognized AAPCSW members from Las Vegas, Maryland, Michigan, New Jer-

sey, and Los Angeles, I realized that I was not the only one who considered Fraiberg a hero worthy of a trip across the country.

Joel Kanter, who has made a project of researching Fraiberg's life and work and who initially conceived of this conference, was the first presenter (see recent issue of the *Newsletter* for Joel's three-part series on Fraiberg and an article on the development of the conference). He spoke about Fraiberg's early life in Detroit, delving into the psychoanalysts from Vienna, Fritz Redl and the Sterbas, who landed in Detroit and influenced her early thinking. Had Fraiberg been in New York, she may not have been permitted to complete psychoanalytic training, but in the psychoanalytic frontier of Michigan, she was. Kanter also spoke about her work with blind and older children and included audio clips and video of Fraiberg speaking about her work and ideas.

Kanter stressed Fraiberg's skill in communicating with a wide audience, extending her influence beyond the mental health world to regular, everyday parents. In this way, she was not unlike Winnicott, who spoke directly to mothers through his radio broadcasts. Kanter also outlined Fraiberg's unique treatment protocols of "developmental guidance" done dyadically with mother and infant and including nondidactic instruction, nutritional guidance, exploration of a mother's past, emergency transportation to a doctor, education about child development, and education about a baby's communications.

Following Kanter was Fraiberg's daughter. A career chef, Lisa Fraiberg provided a lovely personal portrait of her mother, setting the tone of this unique experience in which many of the participants had personal relationships with the subject of the conference. Indeed, this was probably the most unusual and poignant aspect of the day.

Alicia Lieberman, the director of the Child Trauma Research Program at Zuckerberg San Francisco General Hospital, titled her talk "Ghosts and Angels in the Nursery: The Lasting Legacy of Selma Fraiberg." Seamlessly integrating a discussion of her own research and clinical work with traumatized children with memories of her days as a student and then colleague of Fraiberg's, Lieberman indulged us

with an intelligent review of Fraiberg's insights enriched by an understanding of the significance of the contributions that modern attachment theory have made to psychoanalytic understanding. She distinguished between Fraiberg's identification of ghosts in the nursery—trauma transmitted from a parent's past to the child—and what she called "direct real-life events" in the child's experience, and discussed the nuanced differences in treatment for those two, distinct types of traumatic experience.

Quoting Fraiberg, who said, "The human capacities for love and for learning are rooted in the sensorimotor period of development, the first eighteen months of life," Lieberman pointed to two significant influences on Fraiberg's thought, Freud and Piaget, and also stressed how current attachment theory can inform our work in both Freudian and Piagetian ways. She talked about the impact of trauma on attachment, learning, and development, noting Fraiberg's uncanny way of seeing into the mind of an infant or child and being able to understand the impact of trauma. She also reviewed the neurobiological consequences of living through trauma but left attendees with hope that early intervention with at-risk mothers and infants can, as Fraiberg so beautifully illustrated in *Ghosts in the Nursery*, provide healing.

Michael Trout showed us how Fraiberg's ideas are relevant to today's clinicians. Using a word that he said Fraiberg would never have used—*mindfulness*—he demonstrated how Fraiberg's work was based in presence, attunement, wondering, following, and holding. If you can "loan" these core ways of being with mothers and fathers, they will be able to feel their babies. Recalling what he learned from his time studying with Fraiberg, Trout discussed each of these concepts using exquisite and moving clinical vignettes to demonstrate their vital significance. For example, when discussing "following," he talked of "being in a position of being led," or being so fully present that someone feels seen and heard. In effect, he is talking about attuned presence and listening—a way of being with an other. Unlike the manualized treatment protocols that are so popular today, in which the clinician has a "To Do" list of ostensibly effective interventions, Trout stayed focused on the importance of simply being with the patient.

Elizabeth Kita, in private practice in Hayes Valley and a professor in the social work school at

Berkeley, and Rebecca Mahayag, in private practice in Maryland and a board member of AAPCSW, both offered moving and thoughtful narratives of their personal experiences being new mothers and reflecting on the relevance of Fraiberg's *The Magic Years* sixty years after its original publication.

Kita, the mother of twins not yet a year old, shared her own experience of pregnancy and new motherhood, focusing on how it changes us when we become parents. Mahayag used Fraiberg's understanding of the development of conscience in the first five years to reflect on her own ambivalence about instilling guilt in her children. Both Kita and Mahayag noted the particular challenges of becoming a parent when one knows from clinical experience so much about the pitfalls of parenting and the ways one can go wrong. Both left me thinking that despite their own worries, their children are so lucky to have such thoughtful and attuned mothers.

Lenore Terr, who attended Fraiberg's Continuous Case Conference on child treatment for two years, discussed what she called the "gifts" she had received from Fraiberg: writing, meticulous observation (nothing too small to notice), the ability to take criticism, and a focus on the child. It was appropriate to end the day with Terr, whose presentation encompassed her gratitude for all she learned from Fraiberg.

Perhaps Trout's presentation encapsulated best the feeling of the day. He harkened back to Bion's directive that we be with the patient without memory or desire. All the presenters demonstrated in their work, and in the very way they presented it, the importance of being with others in an attuned and present manner. While the content of the conference was rich and rewarding, the very way it brought together social workers and psychoanalysts from around the country to reflect on the work of one of our heroes was itself a tribute to Fraiberg's work.

During the final question-and-answer period, when the discussion veered into places where Fraiberg never went, Lisa Fraiberg, Selma's daughter,

**"The human capacities for love and for learning are rooted in the sensorimotor period of development, the first eighteen months of life."**

**—Selma Fraiberg**

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# Persistence Pays Off: 1968–2018

Marsha Wineburgh, DSW, LCSW-R, Legislative Chair

In 1968, clinical social work had no legal identity in federal law and had extracted only a weak title law from New York State—“Certified Social Worker.” The description of a CSW was so loose that it made disciplinary action by the Office of the Professions nearly impossible. New York psychologists had just introduced legislation, the Biondo bill, to establish psychologists as the permanent supervisors of social workers across all settings.

On the national scene, the National Association of Social Workers (NASW) made a policy decision to recognize the BSW as the entry level into the profes-

sion, replacing the MSW.

This move to embrace the most generic level of social work left the mental health practitioners at the other end of the educational continuum alarmed about adequate representation when it came to clinical issues and private practice.

These were the conditions that mobilized a group of graduates from the Postgraduate Center for Mental Health’s Adult Psychoana-

lytic and Psychotherapy Institute to protect clinical social work practice, primarily in private practice. The Society for Clinical Social Work, as it was first called, was established in 1968, with 125 members; the first president was Robert Lampert, MSW, CSW. The *Clinical Social Work Journal* was also founded by Mary Gottesfeld, MSW, CSW, in that first year.

From the beginning, the mission of the Clinical Society has been to achieve legal recognition for clinical social work and to protect our right to prac-

tice in all settings, but particularly in private practice. The journey has taken us to the New York State Legislature, PSROs, proprietary insurance companies, managed care/behavioral health vendors, the NYS Business Council, unions, and New York City government.

On the federal level, we helped establish the first national clinical social work organization—the National Federation of Societies for Clinical Social Work—and we testified in congress for Medicare coverage, CHAMPUS, and federal employee health insurance and supported the Supreme Court’s decision on confidentiality for psychotherapy.

Our mission to protect clinical social work as a mental health profession continues. Our success with legal recognition and insurance reimbursement for our services needs to be closely monitored and maintained. To complete our inclusion as psychotherapy providers in New York State, LCSWs need to be part of the workers’ compensation mental health program. The exemption allowing agencies to hire nonlicensed staff to deliver mental health treatment must be ended. Other master’s-level professions (known as mental health practitioners) must meet the same minimum standards for education and supervised experience to be licensed as LCSWs.

Persistence and consistent support for solid social policies seem to be an essential ingredient to our successful campaign to establish clinical social work as a traditional mental health profession in New York State and on the federal level. We can be proud of our contributions to our profession and to the larger community. More people have access to competent mental health services than ever before.

What follows on the facing page is a list of our legislative accomplishments in New York State.

**Persistence and consistent support for solid social policies seem to be an essential ingredient to our successful campaign to establish clinical social work as a traditional mental health profession in New York State and on the federal level.**

## child&adolescent

**Working with children, adolescents, and their parents?** The *Newsletter* welcomes your articles pertaining to child and adolescent practice. Contact [kembaker1@comcast](mailto:kembaker1@comcast).

Karen E. Baker, MSW • Child & Adolescent Column Editor





## Where We Started

1965 “Certified Social Worker” legislation enacted

## What We Accomplished

- 1977 THIRD PARTY PAYMENTS LAW (“P” LAW—FIRST INSURANCE LAW)
- 1980 Legislative rally—Survival ’80:  
The challenge to grow toward a working definition of clinical social work
- 1980 Committee on psychoanalysis formed
- 1981 Push for parity: Equal access bill (“R”) introduced into the State Legislature
- 1982 Push for parity successful: Society’s bill passes both houses (“R” Law)
- 1982 Parity campaign begins again
- 1983 500,000 NY State employees covered by CSW Mental Health Services
- 1983 CSWs are “qualified experts,” court rules. Parity bill revised in Senate: Six-year supervision required, SCSWP leads coalition in bill’s support (“R”)
- 1985 FIVE-YEAR STRUGGLE ENDS IN VICTORY AS PARITY BILL BECOMES LAW (“R”)
- 1985 CONFIDENTIALITY LAW EXTENDED TO CSWs
- 1985 LEGAL DECISION EXPANDS PARITY FOR CSWs AS COURT EXPERTS
- 1985 Licensing of professions planned: All psychotherapists to be included
- 1988 Mandated reporting of child abuse and maltreatment by social workers
- 1989 NEW LICENSING LEGISLATION: PROPOSED BILL DEFINES CLINICAL SOCIAL WORK FUNCTION EXPLICITLY
- 1990 STATE SUPREME COURT DECLARES CSWs SIMILAR PSYCHOLOGISTS AND PSYCHIATRISTS
- 1991 Should there be a fifth mental health profession? The dilemma of licensing in NY State
- 1992 NYS SOCIETY LEADS LICENSING EFFORT: LANDMARK LEGISLATION INTRODUCED
- 1992 Is New York’s CSW threatened? Florida loses title certification
- 1995 Professional social work associations agree on licensing bill
- 1999 It ain’t over yet!
- 2002 Licensing, YES. Mandated physician referral, NO!
- 2002 Landmark psychotherapy legislation begins with clinical social work
- 2004 CLINICAL SOCIAL WORK IS NOW LICENSED!
- 2005 Regulations to implement social work licensing in final form
- 2010 State finalizes social work licensing regulations
- 2012 Still fighting for licensing compliance after all these years
- 2016 End the licensing exemption (for state agencies and not-for-profits)
- 2017 Coalitions formed with social work organizations and other independently licensed mental health professions

From the Co-Presidents, continued from page 1

growing is clear: we don't retain new members. Why? How do we change this demographic?

The board is committed to developing effective strategies for retention and growth. Over the next ten years, we plan to replenish members through recruitment and retain our newest members; we will add 50 new members each year. With this modest goal, we estimate that by 2023 we will have 1100 members. Division 39 of the American Psychological Association has just more than 3000 members, and we strongly believe that AAPCSW should aspire to a number closer to theirs. To reach this goal, the board identified four recruitment and retention themes now organized under ad hoc committees: (1) Conference; (2) New Professionals and Student Outreach; (3) Areas (i.e., local and regional chapters); and (4) Professional Development. Each of these committees has selected chairs: Penny Rosen and Louis Straker will serve as co-chairs of the Conference Committee; Golnar Simpson is chair of New Professionals and Student Outreach; Susan Bokor Nadas and George Hagman will serve as co-chairs of Areas; and Wendy Winograd and Sheila Felberbaum will serve as co-chairs of Professional Development. The executive board will coordinate committee efforts.

In the months ahead, the committees will address questions around two points: (1) how the committees will function, with realistic proposals, to support our broader recruitment and retention strategies; and (2) how best to implement committee goals. For example, What role does the biennial conference (conference committee) play in

recruiting and retaining new members? Do we need to rethink or reimagine the emphasis placed upon the biennial conference? Should we have annual, smaller local conferences? Examples of successful local conferences are the recent Selma Fraiberg conference in San Francisco ([www.aapcsw.org/events/2018/magic\\_years\\_selma\\_fraiberg.html](http://www.aapcsw.org/events/2018/magic_years_selma_fraiberg.html)) and *Disillusionment and Hope* in New York (see [www.aapcsw.org/events/2018/disillusionment\\_and\\_hope.html](http://www.aapcsw.org/events/2018/disillusionment_and_hope.html)). How should the biennial conference be tweaked to effectively encourage recruitment and retention? How do we develop new conference programming to support professional development for potential members? At the March board meeting the committees began to address these questions, and already the momentum is encouraging.

The ad hoc committees will report to the executive board three times yearly, beginning June 25 (see calendar on the facing page, and if you want to offer input, please contact chairs of these committees). Each committee will bring to the executive board reports describing the aims of proposed projects, the tasks involved, a time line, and a budget. The executive board will support proposals with new resources and by integrating the work of the ad hoc committees with the overall aims of the organization.

Workgroups in action at the AAPCSW annual face-to-face board meeting, March 2018



How can you help? First, we plan to raise funds to support the work of these four committees. Second, we have not had an increase in dues for seven years, and our operating costs, with inflation alone, have grown. We proposed at our April board meeting an increase in fees, and with increased revenues we will support proposals emerging from the ad hoc committees. Keep in mind that these four committees will be dedicated to recruitment and retention. Of course, we will develop a fee structure that fits the member: student, new professional, full member, and so on. Third, and most important, we need your ideas, your energy, and your time, especially in the development of local and regional chapters. So please let us know what you're thinking about recruitment and retention and what you have in mind for the organization as a whole, and please feel free to reach out to committee chairs with feedback and ideas:

**Co-Presidents:** jeff.longhofer@gmail.com;

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**New Professional & Student Outreach:**

golsimpson@verizon.net

We would also like to welcome the new chair of Membership, Lance Stern, and thank John Chiaramonte for serving as chair of this committee over

many years. We will be working closely with co-presidents-elect Dan Buccino and Teresa Méndez in the months ahead in developing and implementing strategies. We will be sharing with you the ongoing work of the committees and depending on you to help with these new initiatives.

Warm regards,

Jeffrey Longhofer and Jerry Floersch, Co-Presidents

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### **AAPCSW Monthly Board Meeting Dates**

#### **Ad Hoc Committee Calendar Assignment**

*June 2018–May 2019 • Mondays, 9:00pm EST*

<b>2018</b>	<b>Committee</b>
June 25 .....	Conference
July 23 .....	Areas
August 27 .....	Professional Development
September 24 .....	New Professional & Student Outreach
October 29.....	Conference
November 26.....	Areas
December 17.....	Professional Development
<b>2019</b>	
January 28 .....	New Professional & Student Outreach
February 25.....	Conference
March 28 .....	Face-to-face Durham; All committees report
April 29.....	Areas
May 20 .....	Professional Development

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San Francisco, cont. from page 7

reminded us that to “give voice to the baby” was Fraiberg’s main goal throughout her career—“This was a full time job.” While we were listening to students of Fraiberg’s and deepening our clinical knowledge, children, parents and grandparents all around the country were marching against gun violence in the March for Our Lives protests and thus were giving voice to the children. Indeed, it is still a full time job.

## aapcsw corevalues

- Recognize the dignity and worth of each human being.
- Acknowledge the intersection of each individual’s inner and outer worlds.
- Convey a psychoanalytic sensibility in our work with all populations and in all settings.
- Integrate concerns for social justice with clinical practice.
- Promote inclusivity and affirm the diverse identities of our colleagues and of those with whom we work.
- Cultivate a community of professionals that advocates for open inquiry and respect for difference.

# AAPCSW Response to the Executive Order Eliminating the DACA Program and Recent ICE Raids on Noncriminal Undocumented Immigrants

AAPCSW Diversity & Social Action Committee

The American Association for Psychoanalysis in Clinical Social Work (AAPCSW) opposes President Trump's efforts to undermine current policy and practice protecting DACA youth (Deferred Action for Childhood Arrivals), sometimes called "Dreamers," who psychologically and socially identify as American. The resulting traumatizing uncertainties have significant consequences for the health and wellbeing of these young people. The AAPCSW is also concerned that the Immigration and Customs Enforcement (ICE) has lost its focus on deportation of criminals and is instead targeting peaceful and productive members of our society. Research (see below) shows that undocumented immigrants face many challenges with potential and long lasting consequences on mental health and normal child development. Poverty, limited access to health care and education, discrimination, and living in daily fear of deportation may contribute to a wide range of mental health concerns: PTSD, depression, anxiety. Data shows that migration itself may contribute to trauma and subsequent mental health concerns. Research has also shown that DACA has helped to reduce these negative effects.

The American Association for Psychoanalysis in Clinical Social Work believes that the celebration of our differences combined with sustained focus on our common and shared humanity unifies and strengthens all of us. The United States has proudly portrayed itself as a land of immigrants. However, current policy divides and splits us into natural ("citizens") and unnatural ("immigrant") groups. The AAPCSW shares a long history with the field of social work, with strong commitments to social justice and longstanding support for immigrants. Thus, we oppose the current policies that refuse to support DACA youth and end the destructive practices used by ICE.

As stated in our position on the Travel Ban (see [www.aapcsw.org/pdf/about\\_us/AAPCSW-Response-Travel-Ban.pdf](http://www.aapcsw.org/pdf/about_us/AAPCSW-Response-Travel-Ban.pdf)), which responded to grave "Dignity Violations," silence is not an option. Similarly, in the

case of implementation of the current policies governing DACA and ICE, our civic duty and our professional ethical commitment to human dignity require us to advocate for those faced with dehumanizing policies. We call on Congress to repair our relationships with the young people who have done no wrong and remember no other home through the establishment of pathways to citizenship. And we call on the administration to choose appropriate priorities for enforcement of our laws and to treat the guests of our nation with respect and dignity.

*The American Association for Psychoanalysis in Clinical Social Work is one of the largest professional organizations of clinical social workers in the United States, including researchers, educators, clinicians, and students. Through its local areas and the national organization, it works to produce and disseminate psychoanalytic knowledge to promote human capabilities and flourishing.*

## Research

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American Association for  
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## Through Today's Psychoanalytic Lens

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In these multilayered and challenging professional times, how can we sustain excellence in clinical theory and practice? Our challenge is in safeguarding core values—individual dignity, respect for diversity, social justice advocacy—as we embrace innovations in psychoanalytic knowledge. Holding this complexity in mind, the conference aims to provide a space to explore the human condition in health and illness. We will view these ideas in relation to clinical experience, based on understanding the intersection of the inner and outer worlds. We will also continue to build our legacy for the next generation. Join us in our efforts at facing our challenges, and promoting depth and breadth in our insights about contemporary clinical practice.

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### aapcsw

## aims & purposes

- 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 affect 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.
- To bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and to conceptualize psychoanalytic theory and practice within its broader social-political context.

## The Neuropsychodynamic Treatment of Self-Deficits: Searching for Complementarity

by Joseph Palombo; Routledge, 2017; 284 pages

Reviewed by Ashley Warner, LCSW, BCD-P

As psychoanalysts, we are always looking for new ways to understand and explain our patients' experiences in order to facilitate healing and growth. In his latest integration of neuroscience and psychoanalysis, Joseph Palombo offers a highly accessible yet comprehensive approach to conceptualizing and treating brain-based disorders and their sequelae. Like all good theory, *The Neuropsychodynamic Treatment of Self-Deficits* addresses both psychological development and psychopathology, and the text makes good use of case study for illustration. Although focused on neurodevelopmental and neurocognitive disorders, the book also inspires reflection on the influence of brain function on all patients.

Palombo's contribution is informed by decades of work with patients struggling with impairments such as ADHD, dyslexia, and executive function disorder. An overarching evolutionary viewpoint organizes his phenomenological understanding of the impact of these conditions using a clinical perspective influenced by self-psychology, relational theory, and findings from the field of neuroscience. A nonlinear dynamic systems approach serves to integrate data from these varying disciplines. The unit of study, the "self," is defined as a "complex adaptive system," recognizing that individuals are inseparable from their contexts. A "levels-of-analysis" framework is introduced from which to assess patient functioning in the neuropsychological, introspective, and interpersonal domains. Deficits in these areas, rather than conflict, are seen as the source of psychopathology.

The book's organizing theme is that like all of us, patients with neurocognitive deficits seek out others to enhance or provide psychological functions they are lacking. The author introduces the term *mindsharing* to describe this ubiquitous experience. The concept subsumes many theories of non-

conscious, nonverbal, psychological buttressing—most closely, Kohut's selfobject theory. Winnicott's "transitional object," Siegel's "mental state resonance," and Schore's "shared brains," among other constructs, are also recognized.

The first level of analysis (L-1) to assess patient functioning proposed by Palombo is the neuropsychological domain, which addresses cognition (e.g., memory, attention, or executive functions), affect, and social skills. The author calls capacities resulting from these areas "adjunctive functions." Friends, family, and others nonconsciously provide missing adjunctive functions through mindsharing, often allowing those with neuropsychological deficits to accommodate successfully to their environments. Psychopathology results when the self's innate endowment, adaptive capability, and available adjunctive functions fall short of the expectations of its milieu. This is frequently when therapy is sought.

Those familiar with self psychology will recognize the concept of adjunctive deficits, associated with innate neuropsychological disorders, or the anxiety induced by faulty functioning, in parallel to selfobject deficits, which reflect a thwarting of psychological needs necessary to healthy ideals, goals, and ambitions. The author's introspective domain of functioning (L-2), about the subjectivity of being a self, examines selfobject and adjunctive deficits as illuminated via a patient's sense of cohesion (vitality, competence, integrity) or lack thereof, and measure of self-understanding (ability to create a coherent self-narrative). Compounding interference with self-concept, those with neuropsychological deficits too frequently experience shame as they have been embarrassed or humiliated by their shortcomings, don't understand them, or have been misunderstood by others because of them. Such chronic

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# Introduction to Child, Adolescent, and Adult Development: A Psychoanalytic Perspective for Students and Professionals

by Ivan Sherick; IP Books, 2012; 183 pages

Reviewed by Denia Barrett, LCSW

Generations of Girl Scouts and Brownies have learned a song with the words, “Make new friends, but keep the old; one is silver, and the other gold.” Ivan Sherick’s *Introduction to Child, Adolescent, and Adult Development: A Psychoanalytic Perspective for Students and Professionals* may read like an old friend to some, or like a new one to others less familiar with the Anna Freud tradition in which the author’s ideas are rooted. Sherick trained as a child and adolescent psychoanalyst at the Hampstead Child Therapy Course in London, where he learned firsthand from Miss Freud about her comprehensive “metapsychological” approach to understanding child development. Her 1965 work *Normality and Pathology in Childhood* eschews symptom-based diagnostic categories and instead outlines a model for considering how a child is progressing along multiple develop-

mental lines (or “strands,” as some prefer) and how his or her inner world is becoming structured and organized around object relationships; affects; phase-specific needs, urges, and desires; and developmental anxieties and conflicts, alongside resources and defenses available to deal with all of these. Sherick describes his own perspective as one that does “not lose sight of the continuity of a person, pulled forward by an inherent developmental force, from childhood through adulthood and into old age, as well as the timelessness of experience in the human mind” (introduction). He states that he is interested in “the interaction of the environment with the individual’s maturing inherited potentialities, and the psychological and learned aspects of the mind, resulting in personal experience [out of

continued on page 18

## French Toast for Breakfast

by Mary Anne Cohen; new revised edition, New Forge, 2016; 246 pages

Reviewed by Valerie R. Levinson Frankfeldt, LCSW, PhD

Mary Anne Cohen, LCSW, BCD, the director of the New York Center for Eating Disorders, has worked in the field for more than forty years and has just released the second edition of her book, *French Toast for Breakfast*. I have been eagerly devouring and digesting her delightful, warm, and engrossing book on her work with eating disorders. She “had me” on the first page, at which she differentiated her approach from another practitioner’s who had shared that he likes to provide his patients, who were under hypnosis, with the directive that when they next eat chocolate, it will turn to worms that will “crawl all over [their] mouth and stomach, ripping it apart.” Having gotten our rapt attention, Cohen goes on to show her polar-opposite approach to treatment that helps transform attitudes from constricting and pu-

nitive to accepting and compassionate, to loving and embracing food, feelings, and needs instead of renouncing them.

Her judicious sharing of her own background with food issues confers credibility and a sense of intimacy about the topic. Cohen’s commitment to her patients and to the work is evident; you can feel her passion for creatively involving patients and co-creating recovery. Furthermore, she recognizes the need for an individualized treatment approach in this difficult field. She elucidates in detail differing approaches, all of which can be useful, sometimes sequentially and sometimes concurrently: the Overeaters Anonymous 12-step program; the no diet/no deprivation philosophy, and her own

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Neuropsychodynamic Treatment, continued from page 14

failures of self and milieu are damaging to a sense of cohesiveness, personal agency, and a comprehensive individual narrative, which in turn exacerbates anxiety.

Disavowal and dissociation are common defense mechanisms used by those with neuropsychological self-deficits to cope with anxiety and shame. Disavowal occurs when the cognitive and emotional are severed, serving to guard against intolerable narcissistic injury. A pattern of disavowal, such as the use of grandiosity, can introduce additional challenges as it impacts social interaction and thus self-concept in a circular fashion. It can become difficult to tease out the issues of innate personality versus problems resulting from neuropsychological impairment.

Dissociation reflects a more dangerous threat of fragmentation when the self cannot integrate external and internal stimuli. Because the only possible response is withdrawal, there is no ability to reconcile the clash, re-establish cohesion, and enhance self-narrative for use in later scenarios. Further, ongoing failures of accommodation, including rigid and inadequate defenses of disavowal or dissociation, can become what Palombo calls “attractors.” These are organizing elements on which future interpretations of experience are built.

The interpersonal domain (L-3) of Palombo’s levels-of-analysis construct explores interconnectivity and what he calls a “capacity to dialogue.” These aspects of relationship are intertwined and include both verbal/explicit and nonverbal means of communication. Using a dynamic systems perspective, attention to neuropsychology offers one approach to examining social development. An inability to recognize nonverbal cues, for example, can lead to troublesome interactions with ongoing ramifications because affective experience is an element of encoding as relational patterns are laid down in long-term, procedural memory.

Treatment from a neuropsychodynamic perspective incorporates intervention on all three levels of analysis. Palombo identifies the fit of the therapeutic dyad, mutative factors, and the therapeutic dialogue as determinants in the success of therapy. The functionality of the therapeutic dyad speaks to the ability of the therapist to identify patients’ adjunctive and selfobject needs and to participate in

mindsharing. It also includes the ability of the patient to embrace change and benefit from a growing sense of empowerment.

Mutative factors, or change agents, include the therapeutic relationship, the transference/countertransference dimension of analysis, and the participation by the patient in the treatment process. The therapeutic dialogue is an exchange that unfolds, as in development, in a nonlinear, dynamic way in what Palombo calls “moments.” He identifies three types of moments that comprise treatment: concordant, complementary, and disjunctive.

The therapeutic relationship is the vehicle of change during concordant moments, which are mostly nonverbal, affective expressions as patient and therapist settle in with one another. Each patient brings what A. Ornstein has called a “curative fantasy” to the beginning of treatment, while therapists bring their empathy and intent to help. Initial conditions of treatment also include the patient’s sense of self, their capacity for interpersonal relatedness, and any influence of neurological deficits. Concordant moments center around the activation of hope, or the reestablishment of the relationship after a disruption.

During complementary moments, the transference/countertransference aspect of analysis is in the foreground. From a neuropsychodynamic perspective as well as its influences, the transference is a positive achievement within the treatment process, indicating reactivation of longed-for, missing selfobject and adjunctive functions. As patients in therapy experience complementary responses via mindsharing that are markedly more attuned than those of the past, a restoration of self-cohesion evolves. Additionally, the use of interpretation puts confusing affects into context and clarifies motives driving past behavior. An evolving self-narrative and greater sense of cohesion result in ever more ability to effect positive growth.

Disjunctive moments describe the inevitable ruptures in the therapeutic process, a collapse of complementarity. Flight from treatment becomes a danger at these times, as patients see no alternative but to escape what has felt like an unbearable and hopeless failure by the therapist. Therapists may indeed have been drawn into an enactment or have felt compelled to defend against difficult affects evoked by the treatment. However, while disrupt-



tions in mindsharing bring therapy to a standstill and must be attended to, a successful repair process is most transformative. Both members of the dyad may come out of the disjunctive moment with expanded understanding. Patients may feel less isolated and even empowered by the therapist's acknowledgment of participation in the dynamic.

*Neuropsychodynamic Treatment of Self-Deficits* expands on these concepts and more in an examination of the special impact of neuropsychological disorders and the affect states they generate on patient development and the therapeutic process. Palombo offers useful organizing concepts to aid in this endeavor, including a levels-of-analysis perspective detailing neuropsychological, introspective, and interpersonal domains. Mindsharing is the construct through which empathy is maintained and complementarity achieved. The definition of the self as a complex adaptive system allows for a view of development, and therefore of treatment, as ongoing and layered rather than linear.

As Palombo describes, we are more than the sum of our parts. Brain-based disorders are the product of complex factors of innate endowment and environment; a deficit does not necessarily lead to dysfunction. We are challenged to refrain from reducing patients to a cluster of symptoms, while identifying similarities among them that enhance durable understanding. With clarifying examples, including a particularly illuminating essay written by a patient with an executive function disorder, Palombo has achieved the balance of humanizing difficult experience while offering the keen perspective of a master theoretician and clinician. We are all the better for it.

*Ashley Warner, LCSW, BCD-P, is affiliated with the New York Institute for Psychoanalytic Self Psychology and is on faculty at the Psychoanalytic Psychotherapy Study Center. She has written on trauma and creativity and maintains a private practice in Manhattan.*  
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## Book Reviews

Psychoanalytic social workers are writing more and more books! Following is our new system for handling reviews:

- When you have written a book you wish to have reviewed or have read a recently published book that you feel would be of interest to our members, please send the book title and a sentence about the subject of the book to the Book & Film Review Editor, Wendy Winograd ([wendywinograd@gmail.com](mailto:wendywinograd@gmail.com)).
- Copy Barbara Matos, our administrator, on the e-mail ([barbara.matos@aapcsw.org](mailto:barbara.matos@aapcsw.org)) and send the book to her. She will keep records of all books received. Once she receives the book, we will choose a reviewer, and Barbara will send the book to the reviewer.
- If you have a colleague in mind as a reviewer of your book, please let us know. We are always interested in adding reviewers to our list.
- Reviews should be four to six double-spaced pages. The book title and publisher should appear at the top of the page followed by the reviewer's name. At the end of the review, the reviewer should include a sentence or two about themselves.
- The review should then be sent to Wendy so she can read it. She will then send the review to Newsletter Editor Donna Tarver for publication in the *Newsletter*. We review only books; we do not review book chapters or articles.
- On some occasions, a film relevant to our field may be reviewed, and if you see such a film and would like to review it, please write directly to Wendy.



We thank all the authors and reviewers who have made such excellent contributions to the *Newsletter* over these many years.

Wendy Winograd, DSW, LCSW, BCD-P • Book & Film Review Editor •  
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Introduction to Child, continued from page 15

which] the mind develops.” Here you see the “gold” of ego psychology, and he goes on to add some “silver” when he speaks of factors that introduce “non-linear discontinuities that can be transformative in their consequences.” Similarly, he refers to contemporary contributions from those exploring neuropsychology (mirror neurons), attachment theory, and mentalization as these add to our accumulating understanding, rather than replacing the valuable insights of observers from the past.

Part 1 of this introductory text begins with a chapter titled “The Decision to Have a Child” and goes on to cover infancy, early and middle childhood, preadolescence, and early, middle, and late adolescence. Along the way Sherick takes up such topics as infertility, multiple births, adoption, day care, and same-sex parents, and he discusses some of the interferences that can become evident in early years through problems in feeding, sleeping, toilet mastery, and learning. Readers, especially students, will find that the author’s descriptions and explanations of complicated developmental occurrences are provided in easy-to-follow prose. His presentation of the classic psychoanalytic theory of oedipal develop-


ment in chapter 7 is a prime example of how he shares what he has digested in a way that is easily digestible. Sherick is very much present in this book as he speaks to the reader, offering his own opinions on matters and the rationales behind them in a straightforward, neutral style. “Others, or you yourself, may disagree but here’s what I think and why” is the consistent tone. A strength of this book is that Sherick conveys the power of his convictions without pushing his point of view or moralizing. Students who are new to working with parents may find many examples of how one can speak with them with respect and clarity about complex matters.

Part 2 of the book is substantially shorter than the sixteen chapters of the first part. There are chapters on early adulthood, middle age, grandparenthood, and old age. In this section there is also a chapter on sexual orientation and object choice in adults. Here and elsewhere, Sherick acknowledges shifts in psychoanalytic thinking about gender and human sexuality. In the chapter on old age, he reflects on technological advances, commenting, “What many old people can do that a computer cannot is to engage in self-reflection about their knowledge and frame the experience in a perspective that is uniquely human with feelings. It is this that earlier generations can profit from” (164).


I would conclude this review by applying this same assessment to the book. Earlier generations of analysts who have treated patients across the lifespan (by this I mean their own lifespan and their work with patients of different ages) are in a privileged position to engage in self-reflection about their knowledge and frame their experience in a perspective that is uniquely human with feelings. They are able to see both the silver and the gold of older and newer views on development. In my view, this is an important contribution Sherick’s book can make to a new generation seeking to understand the complexities of human development.

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tailor-made combination of analytically informed psychotherapy and behavioral and attitudinal modification.

Of course, no treatment is possible without the therapist's ability to forge a trusting connection with the patient and tolerate and manage the torrent of acutely painful feelings that emerge when unraveling long maintained and habitual compulsions. Eating disordered patients often suffer from traumatic interactions from earliest development, so the therapist must negotiate establishing a sufficient attachment with people who are coming in already extremely mistrustful that another human being could care and be genuinely helpful. Patients need to be shown that the therapist, unlike the original caregiver, will not just use them to satisfy their own unmet narcissistic needs. Cohen is up to the task. In a feast of case examples, her intense dedication to her patients jumps off the page. She conveys important values of expansiveness and abundance (rather than constriction and deprivation) in the array of treatment options she offers and the generosity she shows to patients and in her writing as well. She works to help patients to come to trust their own ability to make nurturing food choices.

The book itself is a wonderful springboard for those in the grip of an eating disorder, be it compulsive overeating, bingeing and purging, or starving. Given the fear and mistrust with which a potential patient is bound to have of a therapist (especially being afraid of being controlled), Cohen demonstrates her approach by describing in detail how she helps each patient, one small step at a time, to become more self trusting and more willing and able to substitute relatedness and toleration of feelings for the substance of food. She includes at the end of several chapters her "Food for Thought" exercises that are a nonthreatening beginning for people to consider what might underlie their disturbing, shame-ridden behaviors. For many, the very idea that something besides obsessing about food and weight might be involved in the problem is new. For example, in the chapter titled "How to Plan Your Own Path," under the rubric of the no-diet-no-deprivation approach, a sample of the questions she provides are:

- Do you generally know when you are hungry?
- Are you comfortable letting yourself get hungry between meals?

- Are you willing to avoid going on another diet?
- Would you consider trying to legalize all foods—even your binge foods—if this meant you could finally learn to eat in moderation?
- Does a party or holiday or weekend automatically mean you will binge or purge or starve?

And for therapists she provides many useful techniques, including a template for conducting a comprehensive eating-disorder consultation. Possible questions would gently explore diet and weight history; help determine the origination of the particular eating disorder and whether there was a precipitating factor such as a loss; and elicit information about the nature of the bingeing, purging, and/or starving (when, what, where; related to menstrual cycle?) so the therapist and patient can proceed with a plan such as keeping a journal of eating—feelings, events, and foods related to the problem.

Cohen describes in detail what behaviors constitute each discrete food disorder and what place medication (with the latest findings on what medications are most effective in the treatment of eating disorders)—as well as meditation—has in a treatment regimen. Finally, she normalizes relapse and provides many tools for relapse prevention as well as picking yourself up, dusting yourself off, and starting over again without self-recrimination. I enthusiastically ingested her book and was quite satisfied by the end.

*Valerie R. Levinson Frankfeldt, LCSW, PhD, is the director of training at the Psychoanalytic Psychotherapy Study Center in Manhattan, where she maintains a private practice treating individuals, groups and couples, and conducting clinical supervision. She is a certified imago relationship therapist with a specialty in addiction. Her paper "The Compatibility of the Disease Concept with a Psychodynamic Approach in the Treatment of Alcoholism" (Alcoholism Treatment Quarterly 2, no. 1 [1985]) discusses the importance of modifying traditional treatment for compulsive behaviors.*  
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Effective June 10, 2018, AAPCSW Administrator Barbara Matos has new contact information.  
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# membernews...

**Karen E. Baker**, MSW, is the Child Development Director at Allen Creek Preschool in Ann Arbor. Allen Creek Preschool is a founding member school of the Alliance of Psychoanalytic Schools, an international consortium of schools that integrate psychoanalytic ideas and education into the curriculum. This year Karen taught the course “Exploring the Sibling Relationship” to the teachers and family consultants. She recently published a chapter titled “School Social Work with Parents: Developmental Guidance Groups in a Preschool Setting,” in *The Social Work and K-12 Schools Casebook: Phenomenological Perspectives*, edited by Miriam Jaffee, Jerry Floersch, Jeffrey Longhofer, and Wendy Winograd (Routledge, 2017). On March 18, the Michigan Council on Psychoanalysis and Psychotherapy held the symposium *Through a Prism: Multiple Perspectives on a Case*. Karen was one of four discussants responding to a case presentation.

**Diane Barth**, LCSW, announces a new article in the *Clinical Social Work Journal* titled “Not Good at Friends: Bringing a Woman’s Friendships into the

Frame in Psychodynamic Psychotherapy” (vol. 46, 1–7). On May 5, she presented “The Myths and Realities of Women’s Friendships and their Role in Therapy” in Chapel Hill through the AAPCSW North Carolina Area chapter.

**Alicia Brackman**, LCSW; **Prue Emory**, LCSW; and **Laurie Sloan**, LCSW, are part of a group of mental health professionals who have founded a new group on Long Island, NY, called Here to Help Military and Families. The mission of this group is to provide free and confidential psychological counseling in their private practice offices to post-9/11 military personnel and family members. Anyone practicing on Long Island wishing to refer a patient, to become a clinical volunteer, or to help with outreach should visit [www.heretohelpmilitaryandfamilies.org](http://www.heretohelpmilitaryandfamilies.org) or call 631.602.0075.

**Cecilia McKay**, MSW, LCSW-C, has been accepted into the Psychoanalytic Study Program at the Washington Baltimore Psychoanalytic Institute for Fall 2018. She has a private practice in Rockville, Maryland.



**What’s your news?** Graduations, presentations, publications, awards, appointments, exhibits, and so on are all items the AAPCSW membership would like to acknowledge in the this column. Feel free to include a photo. **New to AAPCSW?** We invite you to introduce yourself. Contact me at [christiemhunnicut@gmail.com](mailto:christiemhunnicut@gmail.com).

Christie Hunnicutt, MSW, LCSW • Member News Editor; Associate Editor, *Newsletter*

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## newprofessionals

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Selma Fraiberg, continued from page 5

ence would have been enhanced if students had more substantial opportunities to observe and interact with children. Reflecting on the class's brief visits to observe the nursery school, she "realized for the first time how much of what [is] call[ed] 'observation' depends on participation and interaction": "Without a continuing relationship with the child observed, or with the group, the students lack a practical demonstration of the principles of development" (251).

Fraiberg also articulated an underlying objective of such an introductory course:

We want our students to know not only what psychoanalysis is, but what it is not. Psychoanalysis should not be regarded as an instrument for the production of prefabricated insights. . . . It is the study of the transmutation of primary human drives and tendencies into a unique human character which should occupy the student and excite his imagination. The student who understands psychoanalysis in this way will never lose his indispensable quality of wonder before his human subjects. . . . If we succeed in our teaching, the student will find that he can always make new discoveries in his work, that each person is a discovery and that everything that is learned about him is new. (252)

While Fraiberg's 1955 article about this course at Wayne State reflected on her recent experience teaching a human behavior course, she published a brief humorous essay in 1956 titled "On Therapy" that satirized the resistance in social work academia to teaching anything that might be characterized as psychotherapy. Referring to the Lewis Carroll classic, the essay begins:

Sometimes at social work meeting I have longed for an Alice, a blunt and impertinent child who might come uninvited to our Tea Party and ask crucial questions. Over the years the fantasy of Alice has taken form in my mind, and I see her now as a second-year graduate student . . . , earnest, intelligent, and unabashed. I really had no intentions of letting her into this paper; she doesn't belong here any more than she belongs in our closed meetings, but here she is, unbidden, and determined to be heard. (11)

Alice enters the faculty meeting pursued by a six year old "urchin" with a water pistol. The department chairman tells Alice that the Tea Party "is not

open to students" as the child sprays water onto the chairman's face before "bolting out the door in a gallop." A dialogue ensues between Alice, the graduate student, and the chairman about how to help the bed-wetting child. Alice asks the chairman what she is doing. He replies, "It should be obvious to you that what you are doing is casework." Reflecting on her lack of progress with the child, Alice wonders, "Isn't there something that I might be doing that I'm not doing?" The chairman responds, "My dear young lady. . . . Are you suggesting, or are you about to suggest, that a caseworker can do Therapy?" Alice replies, "What does that mean, that word?" The dialogue continues about the meaning of the word *therapy*. The chairman then addresses Alice:

My dear Alice, the desire to cure or heal is not abnormal. We now know that these desires arise in all caseworkers and there is no need to be ashamed of them. It's like hunger or thirst. But when the desire to cure or heal leads a caseworker to commit Therapy, then she is going too far. If there are caseworkers who are doing Therapy, then they must know in their innermost selves that they shouldn't be doing it.

Alice responds, "What happens to the caseworker who does Therapy?" The chairman answers, "The caseworker who allows herself to go All the Way, who commits Therapy, will lose something very precious to her, something that can never be replaced." And Alice replies, "You mean she loses her technical virginity in the field?" The chairman responds, "I wouldn't put it so coarsely . . . and if I were the dean of your school of social work, I'd want to have a talk with you—soon."

It is not hard to imagine Fraiberg's identification with "Alice," not only as an instructor in a school of social work but also as a clinician whose legitimacy to practice and teach psychoanalysis had been recently challenged by the Detroit Institute's exclusion of lay analysts (Kanter 2017b). The controversy at this institute was largely precipitated by local physician psychoanalysts who engaged the support of the local Medical Society in arguing that any lay therapists were practicing medicine without a license.

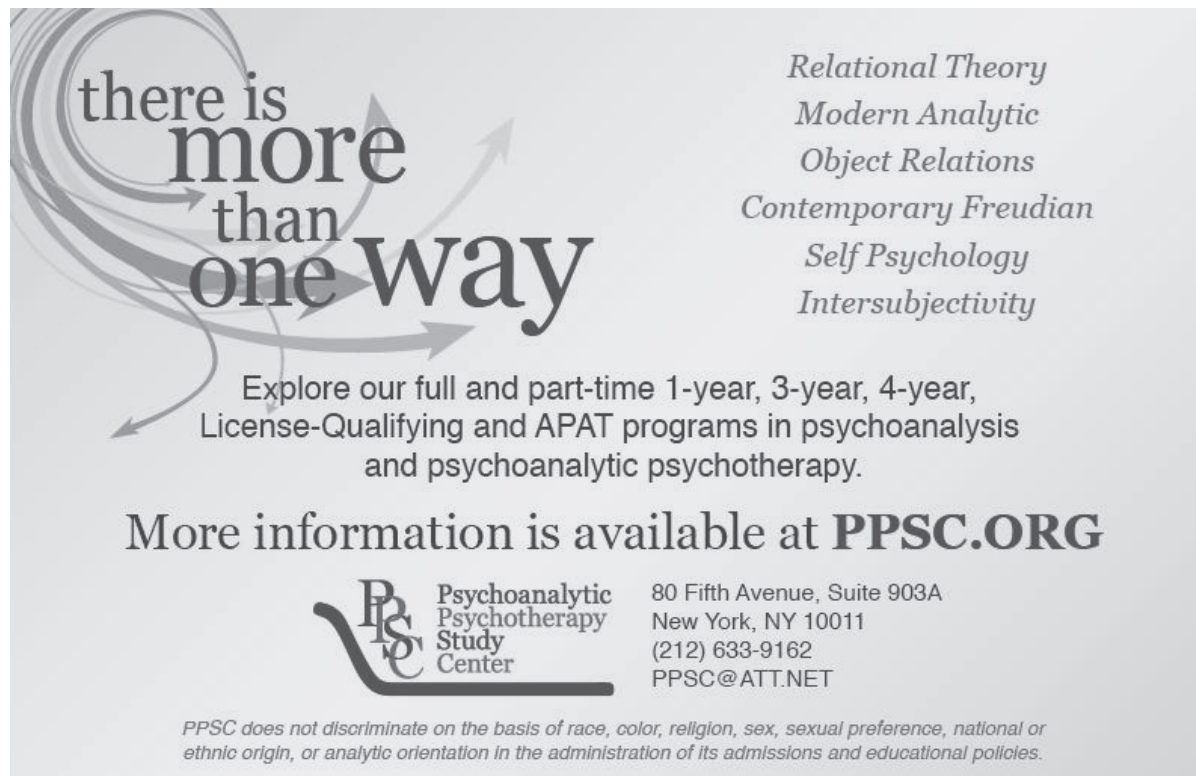
In 1958, Fraiberg moved to New Orleans and was appointed an associate professor at Tulane's School of Social Work, her first full-time academic appointment. During her tenure there, she became

actively involved with several local agencies and directly addressed social work practice in agency settings. While at Tulane, Fraiberg discussed the role of psychoanalysis in the training of “caseworkers.” In “Psychoanalysis and the Education of Caseworkers” (Fraiberg 1961), she reviewed all the agency cases that had come to her for consultation in recent years and “attempted to identify the psychoanalytic knowledge that was employed in diagnosis and treatment.” She then asked the question, “Will another theory explain these data better or provide better remedies for the problems presented?” (197). The paper goes on to discuss four extended case vignettes of children and adults she was familiar with. Using the treatment objective of “enhancement of social functioning” that was defined by Tulane’s curriculum study, Fraiberg explored whether psychoanalytic theory helped the caseworker understand each client and provide direction for effective interventions.

Unlike her earlier experience teaching part-time at Wayne State, Fraiberg was now in a quite different role as a professor immersed in the midst of a school of social work. Teaching social work practice, she recognized that the scope of her students’ hu-

man behavior courses was “so vast” that the psychoanalytic content might be only a “small fraction of the total.” She noted that “psychoanalysis fares no worse than other disciplines represented at this smorgasbord . . . [a] mélange of ink-blot, chicken pox, chromosomes, cortisone, ego, libido and Trobriand Islanders” (215–16). She recognized that the few classes to teach psychoanalytic theory in such courses might leave students studying “the names of defenses with the same dutiful feeling that he once learned the Latin name for plants and with a little expectation that it will do him any good” (216).

Fraiberg struggled to teach analytic theory in a more meaningful way. She offered an example of a class that discussed the meaning of *sublimation*. A student asked, “What makes sublimation different from any other form of displacement? If I am mad at my boss and I come home and kick the door or yell at my wife, is *that* sublimation?” (217). Fraiberg appreciated the question, but realized that an answer would require her “to lead the students into rough theoretical territory”: “Hartmann’s concept of ‘neutralization’ which could lead us out of this tangle could just as easily bring our class into chaos. Hartmann, understandably, is not on the Casework III

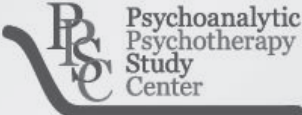


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reading lists” (218). After describing how she addressed the issue in her class, Fraiberg concluded:

[The] fragments of theory which I had given my students had no meaning when they were plucked out of context of the larger theory. . . . If psychoanalytic knowledge is to be made useful to our students we will need to find ways in which the fundamentals of psychoanalytic theory can be taught as a coherent body of knowledge. . . . If (the student) understands the principles that govern unconscious mental functioning, he will be able to understand defense, symptom formation, transference, and delusional states, and he will also understand the relationship of the ego to the id. (218–19)

At this point, Fraiberg seemed to be recommending something close to a comprehensive education in psychoanalytic theory, but she also appreciated the futility of her position, given the time constraints of social work education. She noted that “the best gifts of the (social work) teacher may be exhausted in the attempt to present coherent theory within the framework of a course that covers nothing less than the whole of human functioning” (219).

Soon after she left her academic position at Tulane, Fraiberg (1962) addressed these issues in a published letter in the journal *Social Work*. She argued that social work makes “severe demands upon the intellect, upon self-knowledge, and the whole of one’s education,” but the current curriculum was “intellectually meager and obfuscated by educationist learning theory[,] . . . an education for practice that somehow diminishes the practitioner, since it is undemanding in its aims, narrow in its course offerings in . . . treatment methods, and shallow in its expectations for practice.”

She advocated the expansion of “advanced clinical study to prepare a group of expert practitioners to take over teaching and leadership in the field”: “This should probably be a doctoral program . . . because a serious student of practice needs about three years of supervised clinical work and theoretical class work and at the end of this period he should receive an advanced degree for his efforts—and a PhD is a suitable degree.” Further, she recommended that all schools of social work make it possible for all faculty to spend at least a third of their academic teaching job “in practice.”

Soon afterward, in 1963, Fraiberg assumed her position as a professor in the Department of

Psychiatry at the University of Michigan and had formal teaching responsibilities in this department. Yet she had no direct involvement with the university’s School of Social Work apart from accepting a small number of MSW students for field placements in the Child Development Program.

While Fraiberg’s pioneering interventions explicitly had significant psychoanalytic underpinnings, there was no didactic training in psychoanalytic theory in the infant mental health program that she directed. Apart from one psychoanalytic consultant, none of the staff had formal psychoanalytic training, though several psychologists had significant coursework in psychoanalytic theory. John Bennett, a social worker in the project, described the “training” as follows:

Broadly, psychoanalytic concepts were not taught. The *Gesamelte Werke* were referred to often, as were subsequent works in the field by Anna, etc., but they were not taught in a pedagogical framework. It was sort of understood, before you came on board, that you had a working knowledge of theory. The focus theoretically was on the transference relationship (between) mother and baby (*Ghost in the Nursery*, etc.), and the technical challenges involved in fanning the flames of the transference over the baby while dousing them over the therapist, and how this transference could be used in the service of repairing and setting back on track the normative attachment processes. So, the design of this experience would more accurately be described as a focused application of aspects of psychoanalytic thought (e.g., the transference) to a particular clinical situation than a general grounding in the theory and practice of psychoanalysis.

Fraiberg’s Child Development Project attempted a more comprehensive attempt at training clinicians in infant mental health using a grant from the State of Michigan. In 1973, the Child Development Project initiated a program to train a handful of clinicians from around the state. Each trainee was employed in his or her home community in a community mental health program and came to Ann Arbor every other Friday over the year for a day of intensive training and supervision in infant mental health. Michael Trout, one of the initial trainees in this program recalls the training:

We were thought of as clinicians, not as students. Even tho’ I was woefully inadequate in my training, at the time—not even qualifying for the “clinician”



title—nonetheless, we were treated as if we were. This meant that it was understood/assumed that we were reading, filling in theoretical gaps, passionately struggling to answer our own questions about both theory and practice. When I scan the library at the Project in my mind’s eye, I’m as likely to see *Infancy in Uganda* as I am to see a classic child psychoanalytic text. I think I began to acquire and devour back copies of the *Psychoanalytic Study of the Child*—as well as Anna Freud’s series—only after the training course was over in 1975. I have to say that I think it worked. In other words, I think Fraiberg’s principles about training were spot-on. I learned far more in one session in Ann Arbor that I ever did in a whole semester in a psychoanalytic seminar.

While the trainees in this program went on to become leaders in the nascent infant mental health movement, only one, to my knowledge, pursued further training in psychoanalysis. The legacy that remained was not the comprehensive understanding of psychoanalytic theory that Fraiberg had championed years earlier at Wayne State and Tulane but rather what we might now characterize as an intersubjective approach to clinical supervision. Referred to as “reflective supervision” throughout the infant mental health field, the organization Zero to Three describes this supervisory model:

The goal is to create an environment in which people do their best thinking—one characterized by safety, calmness, and support. Generally, supervisees meet with supervisors on a regular basis, providing material that will help stimulate a dialogue about the work. As a team, supervisor and supervisee explore the range of emotions (positive and negative) related to the families and issues the supervisee is managing. Reflective supervision . . . is focused on experiences, thoughts, and feelings directly connected with the work. Reflective supervision is characterized by active listening and thoughtful questioning

by both parties. The role of the supervisor is to help the supervisee to answer her own questions and to provide the support and knowledge necessary to guide decision-making. In addition, the supervisor provides an empathetic, nonjudgmental ear to the supervisee. Working through complex emotions in a “safe place” allows the supervisee to manage the stress she experiences on the job. It also allows the staff person to experience the very sort of relationship that she is expected to provide for infants, toddlers, and families.

What remains, nearly forty years later, of Fraiberg’s ideas about social work education is not the reading lists or precise understanding of psychoanalytic terms but rather an approach to clinical supervision that enabled Fraiberg herself, as a student, to learn: “[I learned from] the steadiness of a supervisor who allowed me to feel . . . but also showed me the necessity of containing my feelings so that I could be truly helpful to my children” (Gottesfeld and Pharis 1977).

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# American Association for Psychoanalysis in Clinical Social Work

AAPCSW promotes psychoanalytic education, advances clinical social work, facilitates the production and dissemination of knowledge, and advocates for high standards of practice. The AAPCSW website (www.aapcsw.org) offers an array of information about AAPCSW. Information on benefits, listservs, programs (both local and national), activities, items of interest, our history, resources, newsletters, video series, and other areas of interest can be found there.

## Want to join AAPCSW?

*You have two options*

**Online:** At www.aapcsw.org, go to **Membership / Join**, where you can complete the membership form and pay with a credit card or PayPal; you may also send a check (see address below).

**By Mail:** At www.aapcsw.org, go to **Membership / Join by Mail** and download and print the membership form. Return the completed form with your payment (check payable to AAPCSW or credit card information) to AAPCSW; Attn: Barbara Matos, MS, AAPCSW Administrator; PO Box 67; Boonsboro, MD 21713.

## Already a Member?

*Here are some helpful things to know about our current membership system and your AAPCSW membership*

**Username:** Your email address is your username, unless you change it in your **Member Profile**.

**Password:** When you joined, you were assigned a password by our membership system. Please make certain that you save your password where you will be able to locate it. Nobody has access to your password but you! If you change your password and want it to be kept in your member profile, you can send it to the Administrator (barbara.matos@aapcsw.org) and ask that it be added to **Notes** in your profile.

**Resetting Username/Password:** If you forget either your username or password (or both), go to www.aapcsw.org and click on the **Get Help with Username and Password** link. You will receive an email that will allow you to reset one or the other (or both). Again, please make certain that you save this information where you will be able to locate it.

**Membership Renewal Notices:** The current database will send you a reminder regarding renewal 30 days prior to the expiration date of your membership. If you do not renew, you will receive another

reminder at 14 days prior to the expiration date and again at 7 days. If you do not renew by the end of your current membership, a notice of expiration of membership will be sent. At that time, you are moved to inactive membership and removed from any listservs you may have joined, since those are a member benefit. *Please note: If you renew after an inactive membership, you will need to request to be added back to listservs.*

**Member Profile:** You can edit your **Member Profile** at any time by going to www.aapcsw.org. After logging in, click on **Member Center**, then **My Profile**, then **Edit Profile**. If you make any changes, please remember to click **Save** when you are done.

**Email:** AAPCSW is an email-driven membership organization. If your email has changed, please log in and update your **Member Profile**. Otherwise, you will miss important AAPCSW notifications.

## Need to Renew Your Membership?

*You have three options, none of which takes long!*

**Online:** Log in at www.aapcsw.org and go to **Membership / Renew Online**, where you can renew quickly with a credit card or PayPal; you may also send a check (see address below).

**By Mail:** Send a check payable to AAPCSW to AAPCSW; Attn: Barbara Matos, MS, AAPCSW Administrator; PO Box 67; Boonsboro, MD 21713.

**By Phone:** Contact Barbara Matos, Administrator, at 301.799.5120.

## Membership Questions?

Barbara Matos, MS, AAPCSW Administrator  
barbara.matos@aapcsw.org | 301.799.5120

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# newsletter



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