

aapcsw

American Association for Psychoanalysis in Clinical Social Work

Winter 2017

newsletter

From the Acting President

Penny Rosen, MSW, BCD-P

Three videos in a series—*Conversations with Past Presidents*—were recently produced and posted on our website (aapcsw.org). The conversations evolved into three themes: (1) the early years, (2) identity, and (3) the future. The idea behind this production was to collect an “oral” history of the organization in order to understand the issues confronted at the time of formation and to identify current issues. Watching the videos, you will hear the professional struggles for survival encountered by clinical social workers practicing psychoanalysis and/or psychoanalytic therapy; how AAPCSW (formerly NMCOP) improved the standing of clinical social workers; our accomplishments; our complex identity; and thoughts about the future of the profession. Take time to view the videos online, with an appreciation for the past and the work ahead of us. At the conference—“Mind & Milieu: From the Consulting Room to the Community and Back,” March 23–26, 2017, Baltimore—during Sunday’s breakfast time, we will view the segment *The Future* and engage in a Q&A with conference participants.

In an earlier column (Fall 2015), I discussed the relevance of preserving a psychodynamic curriculum at graduate schools. This has become a point of interest for us, since the focus in today’s culture is on “evidence-based practice,” with a pull toward “research,” for those in academia. This has implications for the future of psychoanalytic practice. Following the 2015 conference, via an e-mail conversation, the board along with some academics who attended the conference grappled with the obstacles encountered in academia contributing to the diminution of psychodynamic education. To deepen our understanding, the group read articles on this subject (see references), some written by AAPCSW members (Joan Berzoff, Jerry Brandell, James Drisko, Anne Segall, Golnar Simpson, and Jay Williams).

As an outgrowth of this online conversation, facilitated by Mario Starc, former dean of the Sanville Institute, a panel on the subject was developed for the 2017 conference. Mario Starc will be the panel chair and a panelist, along with other panelists who are also university professors—Jerry Brandell (Wayne State University School of Social Work); Jerry Floersch (Rutgers University School of Social Work); Jeff Longhofer (Rutgers University School of Social Work); and Judith Rosenberger

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editor'sword

Donna F. Tarver, MSSW



We look forward to seeing you all in Baltimore in March! Thanks to the conference committee for all their work in planning and preparation for "Mind & Milieu: From the Consulting Room to the Community and Back." See pages 16–17 for more information.

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. The *Newsletter* will be back on its regular schedule this year with deadlines—April 15, September 15, and January 15.

Thanks to all contributors to this issue of the *Newsletter*—Theresa Aiello, Carl Bagnini, Karen E. Baker, Jerrold Brandell, Suzanne Brown, Rita Karuna Cahn, Mary Anne Cohen, Sari Cooper, Ana Falcon, Sharon K. Farber, Daniel Farrell, Samuel Flescher, Jerry Floersch, Leslie Friedman, Velia Frost, George Hagman, Sonia Hsieh, Christie Hunnicutt, Joel Kanter, Beverly Kolsky, Jennifer Kurland, Michelle Kwintner, Lisa Larson, Susan S. Levine, Jeff Longhofer, William A. MacGillivray, Rebecca Mahayag, William S. Meyer, Laudan Moghadam, Maria Elena Oliva, Penny Rosen, Judith Rosenberger, Lesley Seeger, Hannah Smith, Audrey Thayer Walker, and Wendy Winograd.

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.

Newsletter articles are opinion articles representing the authors' viewpoints and are not statements of any positions of AAPCSW itself. AAPCSW is not responsible for the accuracy or content of information contained in the articles.

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A Letter from the Acting President & Co-Presidents Elect

We want to thank Judith Aronson for her contributions to the AAPCSW community while serving her elected term as AAPCSW president, October 1, 2015–July 12, 2016.

According to the bylaws, the president elect fills the vacancy. Co-presidents elect Jerry Floersch and Jeffrey Longhofer assumed that responsibility on July 12, 2016. However, because of responsibilities at Rutgers University, they are unable to assume their roles until their term begins on October 1, 2017. In such circumstances, the bylaws allow for the appointment of an acting president. The executive board met on August 15, 2016, and unanimously appointed immediate past president Penny Rosen to serve as acting president until September 30, 2017. During this period, Jerry and Jeff will continue to serve as co-presidents elect.

The AAPCSW board wants to build our membership and ensure that psychoanalysis and psychoanalytic psychotherapy are preserved. Several sessions at our March 2017 conference—“Mind & Milieu: From the Consulting Room to the Community and Back”—will address this topic as well as other significant topics. (See conference information at aapcsw.org and on pages 16–17 in this issue.)

We look forward to seeing you in Baltimore.

Sincerely,

Penny Rosen, Acting President | Jerry Floersch, Co-President Elect | Jeff Longhofer, Co-President Elect

From the Acting President, continued from page 1

(Silberman School of Social Work at Hunter College, CUNY). The intention of the presentation—“Reveille for Radicals: Advocating for Psychotherapy in Graduate Education”—is to continue the dialogue and to substantiate a place in training and education for psychodynamic theory and practice.

Furthermore, to accentuate our ongoing challenges as mental health professionals, a plenary panel—“Preserving Parity and Long Term Treatment: Psychoanalysis and Psychodynamic Therapy in Danger”—was set up. AAPCSW founder Crayton Rowe, along with past presidents Barbara Berger, Rosemarie Gaeta, Judy Ann Kaplan, and Marsha Wineburgh, will address the relevance of long-term psychodynamic treatment and threats to its existence in the next decade; the importance of maintaining parity with the other mental health disciplines; and the standards of psychoanalytic education.

Along these lines, past presidents Barbara Berger and Bill Meyer will be presenting the session “What About Tomorrow? The Relevance of a Psychoanalytic Perspective in a CBT World,” demonstrat-

ing that it is a quintessential model for the mental health professional doing evaluations and treatment. Other sessions on this topic include “Teaching Pragmatic Psychodynamic Psychotherapy to Graduate Social Work Students” (Debora Schneller, professor, Radford University); “The Therapeutic Relationship in Evidence-Based Psychotherapy: Toward a New Balance in Mental Health Care” (Harold Kudler, chief consultant for mental health, VA Central Office); “Strangers in a Strange Land: A Combat Veteran Consumed with Guilt and a Psychoanalyst Alone in an Evidence-Based World” (Michele Rivette); and “Possibilities amid the ‘Impossible Profession’: A New ‘Golden Age’ of Psychoanalysis” (Mark Smaller).

Foremost, the conference theme lends itself to addressing psychoanalytic perspectives on critical areas of race, violence, and other community-based issues, as well as on topics pertaining to clinical theory and practice.

Plenaries that highlight these themes are “Our Patients’ Relationship to Their Communities: An

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Human Behavior in the Social Environment: Interweaving the Inner and Outer Worlds

By Esther Urdang; Routledge Press, 2016, 3rd ed.; 471 pages

Reviewed by Suzanne Brown, PhD, LMSW

As a professor of social work I find it challenging to identify textbooks that adequately explain the complexities of human behavior across the biological, psychological, and social domains over the course of lifespan development. Esther Urdang's text is that book. In it she offers a deep, rich, and textured understanding of psychological development through the lenses of traditional psychoanalytic theory, ego psychology, object relations theory, self psychology, postmodernism, and cognitive theory. What makes this book special is the ways the author contextualizes psychological development within the domains of biology, family, social systems, and culture. Urdang describes throughout the book the reciprocal interactions between inner and outer worlds and the mutual influence each has on the other, using the term *interweaving* to describe this interactional process. "We can't look at specific dilemmas in isolation," Urdang states in the first chapter. "Our lives are intertwined with other lives, and we are affected by our environments, which are also part of us" (3). This understanding is the foundation on which this book is written.

During my time as an MSW student at Smith College in the early 1990s, one instructor suggested that we "keep it complicated" rather than keep it simple. I give my own students this advice today. Rather than reducing the individual to a diagnosis, a symptom profile, or a receptacle for the most newly developed treatment protocol, Urdang encourages us to view clients and engage with clients in the fullness of their psychological development, contextual milieu, and life stage: "Living among complexities and uncertainties is part of the human condition; people are complex and so is the world we live in" (3). Urdang also enhances our understanding of the impact of life transitions, crises, loss, illness, and disability on development across the life span, and she

includes a chapter on recent technological developments and their impact health and wellness, psychological development, social context, and interpersonal relationships in ways never before imagined, across most developmental stages.

Urdang incorporates many practice examples to illustrate concepts. Here her many years of clinical practice are invaluable in making the concepts understandable, accessible, and applicable for social work practitioners. Unlike many other theory texts that focus primarily on the fifty-minute in-office therapy hour, Urdang utilizes examples from a plethora of practice settings and populations. She presents clients that range from Mary, a twelve-year-old girl losing her eyesight, to Matthew, a thirteen-month-old baby placed in foster care while his mother entered a substance abuse treatment program, as well as practice settings that include medical settings, schools, foster families, and a homeless shelter.

This book also offers suggestions for "learning exercises," assignments that students may use to gain a deeper and more personal understanding of the concepts discussed in the book. For example, in chapter 4 on postmodern theories, the learning exercise encourages students to examine a biography or an autobiography and illustrate the "development of intersubjectivity" or the "dialogic relationship between storyteller and audience," and thereby gain a deeper understanding of the development of intersubjectivity within the client-clinician relationship. Students are encouraged to ask questions of the biography, such as "How does the writer relate to the subject?" and "How would you describe the narrative voice of the author, and how do you react to this?" In this way Urdang's book creates the conditions through which students may engage in self-re-

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Traumatic Narcissism: Relational Systems of Subjugation

By Daniel Shaw; Routledge Press, 2014; 167 pages

Reviewed by Ana Falcon, LPC

You might be fooled by Daniel Shaw's clear prose, not loaded with difficult terms or obscure paragraphs but nevertheless full of content and creative theoretical constructions. Through his writing he has the ability to be genuinely present, and you'll find yourself listening to him while he takes you into the depth of what he terms *traumatic narcissism*.

Shaw starts us off by framing his theoretical approach within the relational matrix and walks us into his understanding of narcissism as traumatic and traumatizing. He aptly elaborates the concepts of developmental and intergenerational trauma and their impact on recognition, mutuality, and intersubjectivity, and delivers us the notions of the traumatizing narcissist's relational system and the adult child of the traumatizing narcissist. Shaw not only

provides plenty of clinical vignettes, but he also gives us an extensive inside look into the life of cults in a courageous firsthand analysis of this phenomenon, a good scenario to describe the dynamic tension between the grandiose narcissist leader and the traumatic effects on his followers. Better yet, in chapter 4, "Narcissistic Authoritarianism in Psychoanalysis," Shaw offers a candid reflection of his experiences while in psychoanalytic training that will likely resonate with the experiences of old and new graduates and candidates.

The reader is rewarded by Shaw's phenomenological description, theoretical elaborations, and clinical interventions. In his understanding of the impact on the mind of a child brought up in the

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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).
- Copy Barbara Matos, our administrator, on the e-mail (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, MSW • Book & Film Review Editor • wendywinograd@gmail.com

Human Behavior, continued from page 4

flection and consider the ways their selves may impact intervention, relationships with clients, and inform their clinical decisions.

Esther Urdang is a clinician, supervisor, consultant, teacher, and scholar who earned her MSW from Adelphi University and her PhD from the Simmons College School of Social Work, and she holds a Diplomate in Social Work from NASW. Her thirty-five-plus years' practice experience includes work in hospitals, mental health agencies, and family agencies. Currently in private practice, she spent twenty-seven years as an adjunct associate professor in the Boston College Graduate School of Social Work, where she taught human behavior and other clinical practice courses and served as assistant director for field education. Her other authored books include *Becoming a Social Worker: The First Year* and *Parallels between Writing Biographies and Clinical Practice: Impact, Influence, Value*.

In section 1, "The Biopsychosocial Perspective," chapter 1 provides an overview of the book and applies the biopsychosocial perspective to the case of Mary, a twelve-year-old girl dealing with the loss of her eyesight. Chapter 2 offers an accessible review of psychoanalytic and ego psychology theories, with a focus on Sigmund Freud's understanding of the unconscious, the role of dreams, and the power of unconscious conflicts. This is a welcome discussion in an age when rational action theories such as CBT predominate, giving students an opportunity to consider the deeper layers of psychological development motivating human behavior. The chapter continues with Anna Freud's elaboration of ego psychology, including ego defenses and functions, and concludes with Heinz Hartman's development of the average expectable environment—a psychodynamic foundation of social work's person-in-environment perspective.

In chapter 3 Urdang examines the development of object relations theories, incorporating the developments of Fairbairn, Klein, Mahler, Bowlby, and Winnicott. She reviews self psychological concepts

such as empathy and selfobjects, and the chapter concludes with discussions of behavioral and cognitive perspectives on human behavior. One strength of this book is Urdang's ability to describe complex depth psychological concepts and apply them to social work clients and practice settings. This is most pronounced in this chapter and in chapter 4, which includes sections on constructivism, relational therapy, narrative theory, and resilience. Here, Urdang once again reminds us to consider our clients' preferences of approach in that "not every client will be amenable to insight treatment" (89).

Chapters 5 through 8 integrate context and the social environment into our understanding of the internal psychological world. Chapter 5 explores social systems and community, including the physical environment, computer technology, rural social work, communities, social networks, organizations, and social issues such as discrimination, violence, substance abuse, and incarceration. Chapter 6 examines culture and diversity, including social class, immigration, the psychological impact of racism and discrimination, and the importance of the social worker's cultural competence. In chapter 7 Urdang reviews forms and organization of family, including sections on changing roles of fathers and mothers, single parents, blended families, gay and lesbian families, adoption, and foster care. Chapter 8 continues the discussion of family context while interweaving internal psychological structures and problems in family functioning.

Section 2, "The Life Cycle," includes a chapter on reproductive issues, infancy, and early childhood development, including postpartum concerns, attachment, and child maltreatment. Chapter 10 examines middle childhood and adolescence, including school-related concerns, developmental problems such as mental illness and ADHD, adolescent identity development, and suicide. Chapter 11 reviews adult development, including gender identity; stages of adult development as explicated by Erickson and Levinson; family development; and later life stages. The depth and breadth of this sec-

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See page 29 • Online forms and links at www.aapcsw.org/membership/benefits/journals.html

tion offers valuable information pertinent to practice across a wide range of practice settings and is one of this text's many strengths.

Section 3 (chapters 12 through 15), titled "Special Issues," includes chapters on life transitions and crises, illness and disability, mental health problems, and the psychosocial complexities of technological advances. Chapter 15, on technological advances, is new to this third edition and includes many of the complex consequences to human development across the life cycle of such advances as reproductive technology, digital technology—including computer assisted healthcare, social networking, and cyber crime—and organ transplantation. The book concludes with section 4, a case study that provides an opportunity to integrate the perspectives presented throughout the book in the case of Mrs. Billings, a thirty-two-year-old woman admitted to an inpatient psychiatric facility for the treatment of depression. In this final chapter, Urdang weaves it all together, offering a deep psychological understanding of this client within the context of culture and family, during the middle adult stage of adult development, a true biopsychosocial perspective.

Urdang's choice of theories is unapologetically psychodynamic. In the first chapter she explains that "psychodynamic theory helps us develop the sensitivity, empathy, and listening skills to individualize clients, to understand their experiential worlds, and together to build a working alliance" (17). This is a welcome perspective in our current behaviorally oriented intervention climate. I concur with Urdang as she states, "One can develop optimally (as a social worker) if one is not lulled into accepting formulas and neat solutions but searches for a deeper understanding of the human conditions" (454). I highly recommend this book as a primary text for HBSE courses in schools of social work and believe it to be an important tool in helping social work students to develop capacities for self-reflection and that "deeper understanding of the human condition."

Suzanne Brown, PhD, LMSW, is assistant professor of social work at Wayne State University in Detroit and has a private psychotherapy practice in Ypsilanti Michigan. She is the author or co-author of twenty-one peer-reviewed publications and ten book chapters.

Traumatic Narcissism, continued from page 5

traumatizing narcissist's relational system, he expands Fairbairn's moral defense and speaks of

the complementary moral defense: i.e., the assertion on the part of the parent or other adult authority figure, usually implicit and sometimes explicit, that one owns exclusive rights to "the goodness," to innocence, purity, and perfection—and that the child therefore is the locus of any "badness" that arises. The parent who locks into this position, the complementary moral defense, has seized the upper hand, creating fixed complementarity, and destroying the possibility of intersubjectivity, with the child who is now coercively driven to adopt a moral defense. (29)

What's the look of the therapeutic work with the adult child of a traumatizing narcissist parent? Revealing the limited healing effect of the strategies of forgiving, hating, and indifference, Shaw invites us to reflect on the therapeutic value of opening the space for and containing the need for our patients "to bear loss and its accompanying pain." "To bear" (introduced by Stephen Mitchell) is the "sense of pathos for one's own suffering, and the sense of guilt for one's mistakes and wrong-doings, as crucially important for psychological growth" (97).

The process of bearing the pain affects both patient and analyst, since they can't escape the co-constructive nature of the analytic process. Shaw gives us examples of enactments of shame and dissociation in the two members of the therapeutic couple and shows how these become a therapeutic opportunity for experiencing repair, much absent in these patients' lives. The process of repair opens up the possibility to a new "subjectifying experience" that could become the healing element.

Shaw speaks about the therapeutic action of analytic love in chapters 7 and 8. A succinct historical frame of the concept is followed by his definition. Borrowing from Hans Loewald, Shaw suggests that the analyst needs to have "love and respect for the individual and for individual development" (129), while drawing a clear distinction between the analyst's love for his patients and "romantic, sexual, and countertransference love" (119). It is refreshing to read about analytic love and to witness its powerful effect as an agent of change.

Ana Falcon, LPC, is a psychoanalyst practicing in Springfield, New Jersey.

Declaring Peace with Emotional Eating: An Interview with Mary Anne Cohen

Mary Anne Cohen joined the Eating Disorders Resource Catalogue for an interview on the new revised second edition of her book *French Toast for Breakfast: Declaring Peace with Emotional Eating*.¹

Eating Disorders: In your introduction to this newly revised edition of *French Toast for Breakfast: Declaring Peace with Emotional Eating*, you state, “Food is still the most commonly abused anxiety drug. It is, after all, the cheapest, most available, socially sanctioned mood altering drug on the market!” Can you please expand on this declaration?

Mary Anne Cohen: In 1982, I originated the term “emotional eating” to describe the conflicted relationship binge eaters, bulimics, and anorexics have with food. Emotional eaters recruit their relationship with food to relieve the painful emotions of anxiety, depression, loneliness, anger, sexual conflict, and grief. Bingeing, purging, and starving helps people feel better temporarily by raising endorphins as well as by serving as a distraction and detour from pain by anesthetizing and numbing feelings. And now you get to worry about your weight rather than the issue that was disturbing you before you turned to unwanted food! Food is the most easily accessible, plentiful, inexpensive, legal mood-altering drug.

Although the wish to make yourself feel better is a healthy wish, using food as a drug eventually backfires because no emotional problem ever got solved through devouring a bag of potato chips.

ED: You offer some revealing verbal expressions that connect angry feelings with eating, hunger, food, and so on. What are some of the ways anger relates to eating disorders and/or emotional eating?

MAC: In my psychotherapy practice, I have witnessed time and again the central role that anger, jealousy, resentment, hate, and rage can play in creating and maintaining an eating problem. When the pressure of holding hostile feelings inside becomes too great, emotional eaters will resort to bingeing, purging, starving, dieting, or obsessing about their bodies as a way to circumvent dealing directly with what really agitates them. Women especially are

often afraid to communicate their anger because we tend to define ourselves by how loving and happy our relationships are. Women often fear expressing anger out of worry that it may rupture that closeness.

Eating disorders, cutting oneself, and other forms of self-harm such as promiscuous sex are ways a person vents her aggression against her body. This behavior does give vent to the anger but it also punishes one’s self for being angry in the first place. Eating disorders are an attempt to “digest” our hostility.

The connection between anger and eating disorders was brought home to me many years ago in a comedy club when a comedian declared, “My mother was always a blamerexic—she kept sticking her finger down everyone else’s throat.”² It occurred to me that if a bulimic were to redirect her finger from down her own throat, she would be pointing accusingly at someone else! This would be a fruitful first step toward recovery rather than internalizing her feelings.

Barbara, a teenage bulimic patient, described how she preferred to take her anger out against herself rather than voicing it directly to her mother.³ Barbara binged and vomited to get her mother’s attention, but the mom only seemed concerned about Barbara when she heard her loudly vomiting in the bathroom. Barbara explained sarcastically, “I sacrifice myself to piss my mother off.” She recruited her body and her bulimia to get back at her mother for neglecting her, but the physical pain of vomiting was also self-punishment for being so angry in the first place.

In truth, our anger is a signal worth listening to, since it can be a catalyst for change in our relationships, a fuel that we can harness to actually deepen the honesty in a relationship.

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1. This interview, which published October 3, 2016, on www.edcatalogue.com, has been slightly edited for publication here.
 2. Comedian Vince Gerardi invented this creative expression.
 3. All names and identifying data have been changed for confidentiality.

Emotional eating has been called a disease of isolation because sometimes it is easier to be intimate with food than with people. Food never gets us angry, never disappoints, ridicules, or breaks promises. But, in truth, there is no chocolate chip cookie in the world that can solve our relationship problems or gratify our need for intimate connection.

ED: You quote Judith Viorst, from her acclaimed book *Necessary Losses*: “The road to human development is paved with renunciation. Throughout our life we grow by giving up.” How does loss impact the experience of emotional eating?

MAC: The only thing constant about life is change. We grow as we negotiate these changes, mourn what hurts us, and continue on our journey transformed. To avoid painful feelings, emotional eaters often have a hard time grieving the past and letting it go. Instead, they recruit their eating behavior to avoid this anguish. They get trapped inside their bingeing, purging, starving, and body obsession. This leads to what I call “frozen grief.”

I first began to think about the connection between grief and eating disorders when Patty, an overweight client of mine with a binge eating disorder, discussed the death of her father when she was three years old. She began to cry as the accumulation of thirty-two years of stifled tears came surging up in a tidal wave of pain. “I have never shed tears for my father before,” Patty sobbed. And with each following session, Patty cried deeply about the death of her father. Then, one day, she exclaimed, “I wonder if after so many years, my fat has been like frozen grief. I think with all these tears, my grief is now becoming liquid!” Melting grief is a process akin to digestion. You allow your feelings to emerge and then process, digest, and metabolize them. Sharing them with another person is the beginning of the melting process. Only when we bring our grief out to the clear light of day can we truly create space for healing.

ED: Can you please describe some negative thought patterns and the antidotes to these patterns?

MAC: As Albert Einstein once declared, “We can’t solve our problems with the same thinking we used when we created them.” In other words, for every criticism of “I’m fat and ugly and need to lose weight,” we need to have a more helpful rejoinder,

such as, “I tend to blame my weight on everything that goes wrong with my life. Why don’t I give myself a break for once and figure out that my hunger is not from my stomach but from my heart.”

A recent newspaper article about being shamed at the gym states that people are more likely to be motivated by punishments and insults than by supportive comments (Schuster 2016, 35). This horrifying statement flies in the face of everything we psychotherapists know about how people change. Self-compassion, feeding ourselves supportive thoughts, is what paves the way from gridlock to growth!

To break out of her constant self-criticism when she scrutinized herself in the mirror, Kimberly devised a creative antidote. She taped a large paper over the mirror and wrote on it, “You look just fine!” This was a great resourceful solution to her usual ongoing negativity.



ED: You use one of your chapters to explain psychotherapy, ranging from the first interview to the various types of therapy, like individual, family, and group. What are some of the fears people often have about entering therapy?

MAC: Psychotherapy is a healing conversation that provides an opportunity to repair our inner wounds that have led us to conclude that trusting food is safer than trusting people. After all, food never leaves you, never abuses you, never criticizes you, and never dies.

Eating is a relationship—a relationship that can be nurturing or abusive, supportive or neglectful, nourishing or punishing. Patterns of emotional eating often develop from the early patterns of loving in our family. If we have been hurt by the people we love, we hurt ourselves with food. To then decide to turn to a therapist for help is often a scary proposition because it awakens our fears of being judged, criticized, blamed, or humiliated. After all, we are about to reveal the most secret and vulnerable details of our private eating behaviors.

Secret inner fears about therapy may include “What if you become a crutch to me, just like the food?” or “How can you really care for me if this is just a business and I pay you?” or “Do you ever pre-

tend to care when you really don't?" or "How will I know when I'm ready to leave and will you try to convince me to stay?" Obviously, these questions are laden with meaning that a mere yes or no can't answer. But when a person becomes trusting enough to pose these questions in their sessions, it opens the door to genuine understanding of that person's fears and concerns—not only in the therapy relationship but also about all intimate relationships.

It's so important to find a compassionate therapist who will be curious and nonjudgmental and who will encourage you to be more curious and nonjudgmental as you reflect on yourself and your eating disorder. Emotional eating has frozen our feelings and pain. The relationship with a therapist can help us thaw!

ED: In your discussion on relapse, you note that it "can also occur when life becomes too good!" Can you please briefly explain this reality?

MAC: The tendency to relapse is actually a normal

part of healing, and knowing this can ease our panic and despair. In fact, if we view relapse in more hopeful terms—that our inner selves are sending a message that all is not well and something within us is still asking to be understood and addressed—then relapse is another chance to learn and develop and continue to grow.

Living happily ever after—with our food and weight issues solved—is a dream fostered by diet organizations, health clubs, and our own wishful fantasies. But emotional eating problems are complicated issues that have a way of rearing their heads again and again, leading us down the path from where we came and where we vowed to never return. As Mark Twain ruefully declared, "Quitting smoking is easy. I've done it hundreds of time." Relapse is often set in motion by stress either because of external life challenges or internal lapses of our not continuing to care for ourselves with the conscious awareness that we put into place for recovery. And, let's add, the very process of recovery causes stress

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<p>“Medication with the Addict: Friend or Foe. How DO we feel about medication in the room?” <i>Lynn Higgins, LCSW</i> Jan. 28, Feb. 4, 11, 18, 2017 10am-12:50pm 11.25 CEU's \$250</p>	<p>“Psychopharmacology for the People: Treatment of the Dual Diagnosis Client” <i>Heather Golden, LCSW</i> Mar. 4, 11, 18, 25, Apr. 1, 2017 12:45-3pm 11.25 CEU's \$250</p>
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because we are now asking ourselves to handle life without the crutch of food!

Relapse can occur when life becomes too good because even good things can feel like a stress or pressure and, therefore, an invitation to return to emotional eating. For this reason, even changes for the better, such as a graduation, marriage, pregnancy, new job, new house, vacation, or retirement, can provoke their own worries.

Compassion and taking supportive actions are the most important ingredients in recovering from a relapse. After all, “Anything worth doing is worth doing imperfectly!”

ED: In sum, what are a few of the “take away” messages you’d like your readers to appreciate by reading *French Toast for Breakfast: Declaring Peace with Emotional Eating*?

MAC: Hope. Healing. Health. Wholeness. These are available to almost every person struggling with an eating disorder if they reach outside of themselves for help. Don’t do it alone. Seek support.

Since I wrote the first edition of *French Toast* twenty years ago, there have been many beneficial developments: binge eating disorder is now considered a valid diagnosis, which gives legitimacy to people who suffer. New medications have been developed that target the biological underpinnings of eating disorders. More men and women of color are coming forth to seek help, and there is more size and racial diversity in advertising.

From my perspective, the most heartening evolution is that psychotherapists are less constricted by a posture of reserved detachment and have become more interactive and more “real” and not afraid to have a deeply human connection with their patients.

Once we declare peace with emotional eating, the search for meaning and wholeness in our lives still continues. Compulsive eating, chronic dieting, bulimia, and anorexia, each was our attempt to feel whole and cohesive. Now we need to turn toward life and relationships to help us connect in a deeper

way with the inner source of our vitality. Learn to sink your teeth into life, not into your obsession with food!

Mary Anne Cohen, LCSW, BCD, is the director of the New York Center for Eating Disorders and the author of *French Toast for Breakfast: Declaring Peace with Emotional Eating* and *Lasagna for Lunch: Declaring Peace with Emotional Eating*. You can read the introductions to her books at www.emotionaleating.org. Both books have been developed into continuing education online courses for social workers; see secure.ce-credit.com.

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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.

aapcswconversations

Conversations with Past Presidents is a three-part video series focusing on our early years, the identity of clinical social workers practicing psychoanalysis and/or psychoanalytic psychotherapy, and the future of AAPCSW and psychoanalytic practice: www.aapcsw.org/about_us/conversations.html

From the Acting President, continued from page 3

Underutilized Psychoanalytic Perspective” (Dorothy Evans Holmes); “Baltimore Then and Now: A Call to Action?” (Boris Thomas); “The Human Sciences and Psychoanalysis: Rapprochement or Separate Roads?” (Jeffrey Longhofer); “Gender Myths: Elucidation or Obfuscation” (Cathy Siebold); “The Uses of Literature in the Psychoanalytic Process: Clinic, Culture, and Cases” (Vera Camden); and the Plenary Film Presentation—*Life, Animated* (film by Roger Ross Williams, director/producer), with discussant William Meyer.

Many other sessions will address psychoanalytic approaches to demonstrate the link between our inner and outer worlds: “‘The Unconscious Is Like Baltimore in the Morning’: Psychoanalytic Perspectives on Race, Violence, Community, and the Media” (Dan Buccino and Teresa Mendez); diversity themes of race and service delivery (Golnar A. Simpson, panel chair; Kathryn Basham and Janice Berry Edwards); diversity themes and ethnic identity (Golnar A. Simpson, panel chair; Carolyn Gruber and Pamela L. Begay); “Our Interconnectedness in a Complex World” (Joseph Palombo); “Psychoanalysis beyond the Consulting Room” (Joyce Edward); psychoanalysis in schools (three panels: Karen Baker, past president, and Wendy Winograd, secretary; Denia Barrett and Erika Schmidt; Sharon Alperovitz, Elizabeth Hersh, and Silvana Starowlansky-Kaufman); homelessness (Joel Kanter and Brian Smith; Daniel Farrell; and Theresa Aiello); mass incarceration in the U.S. (Elizabeth Kita); themes of social justice and trauma (William S. Etnyre; Laura Groshong; Carol Tosone; Joan Berzoff and Christine Schmidt); and retirement (Elizabeth Herman McKamy; Susan Sherman; Sharon Farber; Janice Victor).

Other clinically oriented presentations will be by Samoan Barish (past president), F. Diane Barth, Margaret Arnd-Caddiagn, Gilbert Cole, David Cooper, Elizabeth Corpt; Amy Eldridge, Christine G. Erskine, Velia Frost, George Hagman, Jane Hall, Steven Kuchuck, Hillary Madux, Kerry Leddy Malawista, Karen Redding, Don Ross, Marilyn Stickle, and Patsy Turrini, among many others.

Other noteworthy features of the conference:

- **Walking Tour:** “Through Baltimore’s Uncanny Place in the History of Psychoanalysis,” Thursday, March 23, 5:00 pm.

- **Opening Reception (and conclusion of the tour):** Sascha’s Café, a funky, but chic, cocktail reception with heavy hors d’oeuvres. Baltimore will feel like Vienna! Thursday, March 23, 7:00–10:00pm.
- **Lunch Reception:** Friday, March 24, 12:00–1:00pm.
- **Post-Movie Hour Reception:** Friday, March 24, 6:15–7:30pm.
- **Luncheon:** Saturday, March 25, 12:15–2:00pm.
- **Ball-ti-More Unmasked Gala at the Grand:** A buffet reception and dinner and live band led by AAPCSW members John Chiaramonte and Jerry Brandell in one of the most historic and elegant buildings in Baltimore. Just as psychoanalysis reveals the secrets of the unconscious, the Grand will reveal more of the secrets of Baltimore in Grand and masked style. Saturday, March 25, 7:00–11:00pm.

Review the conference information on pages 16–17 in this issue. For a fuller description and registration information, visit our website at www.aapcsw.org. It will be a pleasure to meet you in Baltimore, as we explore the mind/milieu dynamic.

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Board Certification for the Clinical Social Worker Psychoanalyst

William A. MacGillivray, PhD, ABPP

The Accreditation Council for Psychoanalytic Education, Inc. (ACPEinc.) is the independent accrediting body for psychoanalytic institutes and programs.

The American Board of Examiners in Clinical Social Work offers a Board Certified Diplomate in Psychoanalysis (BCD-P) credential that is an advanced specialty in clinical social work. It advances the notion that independent accreditation and certification are important steps in the development and recognition of psychoanalysis as a profession requiring advanced training. Yet many institutes and many clinical social work psychoanalysts have not sought independent confirmation of their training standards or training. We want to address what seems to us the curious indifference of our colleagues to independent certification.

Certification is integral to the wider issue of accreditation. Here are reasons why:

- Certification with an advanced specialty (i.e., the BCD-P for social workers, ABPP for psychologists) benefits the profession by clearly recognizing that psychoanalysis is an advanced specialty within clinical social work. Our colleagues worked long and hard to obtain this recognition from the American Board of Examiners in Clinical Social Work (ABE), and this recognition is solely maintained by its use; that is, by demonstrating that psychoanalytic social workers continue to seek this specialty. Regular applications to ABE are necessary, or this specialty may be sunsetted.
- Certification in Psychoanalysis in Clinical Social Work is an important way for institutes and programs to demonstrate that their faculty, supervisors, and graduates have demonstrated expertise to an independent organization (ABE). This parallels the process of having independent accreditation of psychoanalytic institutes and programs through the Accreditation Council for Psychoanalytic Education, Inc. (ACPEinc.). Both certification and accreditation in turn are vitally important in demonstrating that psychoanalysis is an advanced specialty of the mental health disciplines.
- Certification also benefits the public by informing potential patients and candidates that clinical social workers with the BCD-P in Psychoanalysis in clinical social work have demonstrated their expertise to an independent body.
- Finally, certification should benefit the clinical social worker who is able to demonstrate to the public, healthcare and educational organizations, and colleagues that they have demonstrated competence in psychoanalysis.

While the BCD-P may not directly benefit one's practice and income, it would greatly benefit the profession to have more BCD-Ps. We have done a poor job informing our colleagues of the importance of the BCD-P. Even so, a number of clinical social work psychoanalysts have applied for this credential. They have not done so for personal gain or for the lifelong privilege of paying dues to another organization. It is no surprise, of course, that personal connection trumps rational argument.

All of you have shown that we are committed to ongoing psychoanalytic learning. Whether we graduated from a psychoanalytic program or demonstrated learning in other ways, the bottom line is that our members are mainly committed to ongoing personal and psychoanalytic learning. The BCD-P is the best way to demonstrate this dedication.

It is important to acknowledge that obtaining the BCD-P does cost money and does mean a commitment to financially support ABE through membership. We need more of our BCD-P colleagues to take up the challenge, to reach out to your colleagues and peers to apply for independent certification. We need a concerted effort to communicate to our candidates the importance of preparing to seek the BCD-P when eligible. All eligible members who qualify need to be recipients of the one public recognition of our specialty.

When the issue is broached to a colleague, the response often moves to this question: What's in it for me? Hanging out a shingle that says you have a BCD-P in Psychoanalysis is unlikely to result in hordes of potential analysts beating down your

door. The four core reasons listed above may seem largely unrelated to our immediate concerns to make a living at what we love. So maybe a little fear is in order.

The changing climate in healthcare means that all professions will have to demonstrate specialized skills to advance in the profession. Independent certification has become vitally important in demonstrating to the public and policymakers that professionals have recognized competencies. And, the growing recognition and acceptance of ACPEinc. standards in institutes and programs also means that obtaining the BCD-P will be essential for teachers and supervisors in these institutes. Demonstrating that graduates of these programs went on to obtain the BCD-P will be an important measure of a program's success.

Many applied because colleagues asked them and they wanted to be part of an organization that not only would recognize their own commitment to psychoanalytic learning, but also would consolidate their psychoanalytic identity. Here are two proposals: (1) We ask that members who have a BCD-P reach out to at least one colleague and encourage him or her to apply for the credential. (2) We ask every member who does not have a BCD-P to consider applying as a way to support our profession and our institutes as well as recognition of your commitment to psychoanalytic learning.

Adapted with permission from "President's Column" in *The Round Robin*, Winter 2015.

About the BCD-P

The Board Certified Diplomate in Clinical Social Work–Psychoanalysis (BCD-P), offered by the American Board of Examiners in Clinical Social Work (ABE), enables clinical social workers to be recognized for proficiency in Psychoanalysis. For example, the Accreditation Council for Psychoanalytic Education, Inc. (ACPEinc.), expects of its accredited psychoanalytic institutes that their "analysts of candidates" be "certified by their relevant board" (as by ABE and the BCD-P, in the case of clinical social workers) or "demonstrate equivalent clinical expertise through a process independent of the institute or program."

The BCD-P is based on practice competencies identified through research and consultation and embodied in ABE's position statement, *The Practice of Psychoanalysis: A Specialty of Clinical Social Work*. Applicants must hold ABE's advanced generalist certification, the Board Certified Diplomate in Clinical Social Work (BCD), or, in the process of applying, fulfill the requirements for the BCD; and they must meet the criteria (below) whether a graduate of a psychoanalytic institute or not.

To apply for board certification as a Clinical Social Worker Psychoanalyst, email Kate at kab@abecsw.org or call 1.800.694.5285, ext. 16.

Graduated from an Institute:

Training: graduate of a psychoanalytic institute training program

Personal analysis by a training analyst or equivalent (who had at least 5 years of post-graduate experience as a psychoanalyst), in-person, for a minimum of 40 weeks/300 hours during a year (at a frequency of 3–5 sessions per week, on separate days)

Supervision:

- 1) Received supervision in practice for at least 150 hours by a training analyst or equivalent
- 2) Under supervision, conducted 2 in-person adult psychoanalysis cases—at least 1 supervised to completion—lasting at least 2 years in one instance, and at least 1 year in the other

Specialty Practice Experience:

- 1) Within the past year, amassed a minimum of 300 hours of clinical social work practice informed by psychoanalytic theory and formal psychoanalysis with at least 2 analysts
- 2) Within 3 years or more, amassed 4,500 hours of post-master's clinical social work practice informed by psychoanalytic theory

Continuing Education: within the past 3 years, amassed 40 clock hours of clinical continuing education, of which 50% was psychoanalytically oriented

Evaluation of Practice: 2 successful evaluations by colleagues/supervisors/consultants who are psychoanalysts and who are clinical social workers, psychologists, or psychiatrists

Did Not Graduate from an Institute:

Training: achieved equivalency of knowledge in history of psychoanalysis, psychoanalytic theory, psychoanalytic technique, normal and abnormal growth and development within the context of psychoanalytic models, and sociocultural factors and gender issues

Personal analysis by a training analyst or equivalent (who had at least 5 years of post-graduate experience as a psychoanalyst), in-person, for a minimum of 450 hours, meeting at least twice a week

Supervision:

- 1) Received supervision in practice for at least 150 hours by an analyst(s) equivalent to a training analyst and who, at the time of supervision, had 5 years post-graduate experience as a psychoanalyst
- 2) Under supervision, conducted 2 in-person adult psychoanalysis cases—at least 1 was supervised to completion—lasting at least 2 years in one instance, and at least 1 year in the other

Clinical Consultation: in the past 2 years, was a consultee or consultant for at least 20 hours (in formal or informal setting) in the practice of psychoanalysis

Continuing Education: within the past 3 years, amassed 40 clock hours of clinical continuing education, of which 50% can be identified as psychoanalytically oriented

Specialty Practice Experience:

- 1) Within the past year, practiced at least 300 hours (post-grad) informed by psychoanalytic theory and formal psychoanalysis with at least 2 analyses
- 2) Within 3 years or more, practiced at least 4,500 hours (post-grad) informed by psychoanalytic theory

Evaluation of Practice:

- 1) Successfully evaluated by colleagues/supervisors/consultants who are psychoanalysts and who are clinical social workers, psychologists, or psychiatrists, and
- 2) Subject of favorable letter of assessment from at least 1 of 2 colleagues who served as consultant or supervisor while you were obtaining your practice knowledge.

Annual Recertification Requirements to Maintain Credential:

- Currency of practice (at least 300 practice hours) and active practice of psychoanalysis with at least 1 analysis
- 20 hours of clinical continuing education, of which at least 25% must apply to psychoanalysis
- Highest clinical-level state licensure in good standing and adherence to ABE Code of Ethics.

child&adolescent

Working with children, adolescents, and their parents?

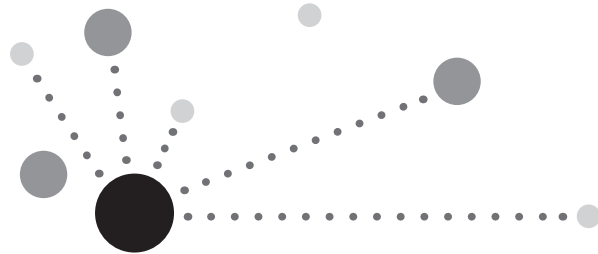
The *Newsletter* welcomes your submissions pertaining to child and adolescent practice, as well as to working with their parents. Submissions should be 800–1000 words and e-mailed to kembaker1@comcast.net as an attached Microsoft Word file. Next submission deadline is April 15.



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

American Association for
Psychoanalysis in Clinical Social Work

AAPCSW



mind&milieu

from the consulting room to the community and back

This conference will highlight the inextricable link between mind and milieu and the complex relationships between our inner and outer worlds. These perspectives are at the core of social work's emphasis on "person in environment" and the importance of relationship. We invite you to Baltimore, the birthplace of American psychoanalysis and home to many prominent thinkers who embraced the significance of the worlds within and beyond the consulting room. Join us as we explore and expand our contemporary understanding of the mind/milieu dynamic.

●
March 23–26, 2017

Baltimore Marriott Inner Harbor at Camden Yards
Baltimore, Maryland

Co-sponsored by The Washington Center for Psychoanalysis and
the National Institute for Psychoanalytic Education and Research, Inc. (NIPER),
educational arm of AAPCSW

Penny Rosen, Conference Chair ● William Meyer, Conference Consultant
Cathy Siebold, Program Consultant ● Dan Buccino & Teresa Mendez, Hospitality Co-Chairs

Plenaries

Our Patients' Relationship to Their Communities: An Underutilized Psychoanalytic Perspective (Dorothy Evans Holmes)

Baltimore Then and Now: A Call to Action? (Boris Thomas)

The Human Sciences and Psychoanalysis: Rapprochement or Separate Roads?
(Jeffrey Longhofer)

Gender Myths: Elucidation or Obfuscation (Cathy Siebold)

The Uses of Literature in the Psychoanalytic Process: Clinic, Culture, and Cases
(Vera Camden)

Preserving Parity and Long Term Treatment: Psychoanalysis and Psychodynamic Therapy in Danger (Barbara Berger, Rosemarie Gaeta, Judy Ann Kaplan, Crayton Rowe, Marsha Wineburgh)

Other Topics

Psychoanalysis beyond the consulting room, including in schools ● Race, violence, diversity, ethnic identity ● Homelessness; mass incarceration ● Trauma

Additional Speakers

Theresa Aiello, Sharon Alperovitz, Karen Baker, Samoan Barish, Kathryn Basham, Denia Barrett, F. Diane Barth, Janice Berry-Edwards, Joan Berzoff, Jerry Brandell, Dan Buccino, Margaret Arnd-Caddigan, Gilbert Cole, David Cooper, Elizabeth Corpt, Joyce Edward, Amy Eldridge, Christine G. Erskine, William Etnyre, Sharon Farber, Sheila Felberbaum, Jerry Floersch, Velia Frost, Laura Groshong, Carolyn Gruber, George Hagman, Jane Hall, Joel Kanter, Steven Kuchuck, Harold Kudler, Hilary Maddux, Kerry Leddy Malawista, Teresa Mendez, William Meyer, Joseph Palombo, Karen Redding, Judith Rosenberger, Don Ross, Erika Schmidt, Susan Sherman, Golnar Simpson, Mark Smaller, Mario Starc, Marilyn Stickle, Carol Tosone, Patsy Turrini, Wendy Winograd, and many more

Walking Tour Through Baltimore's Uncanny Place in the History of Psychoanalysis, passing sites from the psychoanalytic to the religious and political. Thursday, March 23. Register in advance.

Opening Reception (and conclusion of the tour) Sascha's Café, a funky, but chic, cocktail reception with heavy hors d'oeuvres. Baltimore will feel like Vienna! Thursday, March 23. Register in advance.

Special Film Presentation *Life, Animated* (Film by Roger Ross Williams, Director/Producer) with Discussant William Meyer, and Post-Movie Hour Reception. Friday, March 24.

Ball-ti-More Unmasked Gala at the Grand Featuring a buffet reception and dinner and live band led by AAPCSW members John Chiamonte and Jerry Brandell in one of the most historic and elegant buildings in Baltimore. Saturday, March 25. Separate registration. Guests welcome.

CONTINUING EDUCATION—Maximum 17.5 hours offered

See website for detailed information and updates.

Important Disclosure information: None of the planners and presenters of this CE program have any relevant financial relationships to disclose.

membernews...

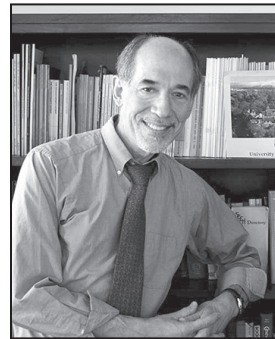
Theresa Aiello, PhD, LCSW, PLLC, presented “Home-staying in the East Village (1980)” at the Narrative Matters Conference in British Columbia, Canada, on June 20, 2016. She also presented “Teaching Oral History in a Clinical Doctoral Program in Social Work” at the Oral History Conference “Beyond Text in the Digital Age,” at the University of Roehampton, London, on July 7, 2016. She presented “On the Whiteness of Sheets: A Narrative of Near-Death Experience” at the Listening to Trauma: Insights and Actions Conference on October 20, 2016, at George Washington University, and will be presenting her paper on the psychological aspects of building community at the AAPCSW conference in March 2017.

She is currently the director of the Advanced Clinical Practice Program at New York University (NYU) Silver School of Social Work and teaches in the DSW program at NYU. She is also a faculty member at the National Institute for the Psychotherapist (NIP) in the four-year program in psychoanalysis.

Carl Bagnini, LCSW, BCD, presented in two video-conference programs for the International Psychotherapy Institute on September 7 and 9, 2016. One presentation focused on altering technique with narcissistic couples. The second presentation focused on resilience of the adolescent therapist and personal history revisited. He published “The Use of Reverie in Making Contact with a New Couple” in *From Reverie to Interpretation: Transforming Thought into the Action of Psychoanalysis* (Karnac 2016), edited by Dana Blue and Caron Harrang.

Jerrold Brandell, PhD, BCD, was recently appointed associate dean for faculty affairs at the Wayne State University School of Social Work, where he has taught since 1992 and currently holds the academic

rank of distinguished professor. This appointment is in addition to his ongoing coordinator role for the school’s doctoral concentration in clinical scholarship. In spring 2016, he was invited to present a half-day workshop on the therapeutic use of children’s autogenic stories in Zurich, Switzerland, at the Zürcher Hochschule für Angewandte Wissenschaften



Soziale Arbeit (Zurich University of Applied Sciences School of Social Work). He also presented several workshops and lectures to clinical organizations, including a lecture in May 2016 on psychoanalytic self

psychology at the Guidance Center, in Southgate, Michigan, where he consulted on a case presented by a member of the Infant-Parent Program team. In April 2016, Sage Publications released a fully revised and expanded second edition of his book *Of Mice and Metaphors: Therapeutic Storytelling with Children*. Jerry has also published two articles. The first, co-authored with Suzanne Brown and titled “The New ‘Bridge to Adulthood’: Searching for Meaning and Cohesion in the Nexus of “Hook-Ups,” Internet Porn, and Instant messages,” was published in *Smith College Studies in Social Work* 86 (January 2016): 1–22. The second, co-authored with Anwar Najor-Durack and titled “Social Work Practice Trends in the United States,” appeared in *Sozial: Offizielle Magazin der ZHAW Hochschule für Soziale Arbeit* (June 2016). Jerry’s book chapter “Tears in Child Therapy” is included in *When Therapists Cry: Reflections on Therapists’ Tears in Therapy*, edited by Amy Blume-Marcovici and slated for publication by Routledge in March 2017.



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.

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

Mary Anne Cohen, the director of the New York Center for Eating Disorders, would like to announce that both of her books have been developed into continuing education online courses for social workers: *Lasagna for Lunch: Declaring Peace with Emotional Eating* is 5 credits (secure.ce-credit.com/courses/102149); *French Toast for Breakfast: Declaring Peace with Emotional Eating* is 9 credits (secure.ce-credit.com/courses/102201). She offered the two-part workshop “Treating the Eating Disorder Self: When Trusting Food is Safer than Trusting People” through ACE, in Park Slope, Brooklyn, in fall 2016. Also in fall 2016, New Forge published the newly revised second edition of *French Toast for Breakfast: Declaring Peace with Emotional Eating*.

Sharon K. Farber, PhD, had two papers published in 2015. The first is about the very first eating-disordered patient she treated—not a fourteen-year-old bulimic, as you might expect, but a sixty-seven-year-old woman who had become anorexic in infancy and lived her life with chronic anorexia: “Tell Them It Is Not Too Late for Someone like Me,” *Attachment* 9 (1): 57–81. The second includes her understanding of the time when she was stalked by someone who wanted to be her patient: “My Patient, My Stalker: Empathy as a Dual-edged Sword; A Cautionary Tale,” *American Journal of Psychotherapy* 69 (3): 331–55. If anyone would like a copy of either paper, please e-mail her at Sharonkfarber@gmail.com. Additionally, her book *Celebrating the Wounded Healer Psychotherapist: Pain, Post-traumatic Growth, and Self-Disclosure* (Routledge) was published in October 2016. She presented on the subject at Smith College in June 2016 and in San Francisco in November.

George Hagman’s book *New Models of Bereavement Theory and Treatment: New Mourning* (Routledge), a collection of essays by psychoanalysts advocating for a revision of mourning theory, was published in April 2016. Also in April, George presented his paper “The Clinical Value of Art” at the Division 39 conference in Atlanta. In June 2016, he read his paper “The Art of Survival: Restoring the Capacity for Creative Living” at the conference of the International Association for Relational Psychoanalysis in Rome, where he chaired a panel titled “Analyst/Artists: Reports from the Frontier

of Art and Psychoanalysis,” based on his book to be released this year. In October 2016, George read his paper “From Repetition to Renewal: Fear and Longing in the Psychoanalytic Relationship” at the International Conference on the Psychology of the Self in Boston, where he also co-led a workshop on sexual boundary violations.

Beverly Kolsky, LCSW, BCD-P, had her article “Empathy and Secrecy: Discovering Suicide as a Form of Addiction” published in the online journal *Mind Consiliums* in late 2015 (see www.mindconsiliums.org/publications/2015/10/2015-10-Kolsky-B-Empathy-and-Secrecy). The paper is about the complexities of working with suicidal patients by focusing on the concept of suicide addiction. Based on her successful extended psychoanalytic work with a suicidal patient, and informed by her long experience with the methods of Heinz Kohut’s empathic attunement, she believes that some patients conceal their suicidal thoughts and use them as others use alcohol or drugs. Her patient’s suicide addiction, as it came to be seen through therapy, contained all the characteristics of addiction, with a particular emphasis on secrecy. The paper also alerts the reader to particular signs that characterize the patient whose own death has become a secret obsession.

Michelle Kwintner, PhD, LCSW-R, was pleased to see the July 2016 publication of her “Wearing Two Hats at the Agency: Disability Determination During Ongoing Psychotherapy” in *Smith College Studies in Social Work* 86 (3): 225–39. Much of the published literature on disability determination focuses on topics like sociodemographics or evaluating eligibility. There is not much literature that addresses the impact on treatment when a clinician is asked to contribute to a disability determination in the midst of ongoing psychotherapy. Furthermore, the clinical literature that does exist is primarily written for psychiatrists. Yet a disability determination during psychotherapy is at the heart of clinical social work practice when it attends to the patient’s environment by offering help with material needs while simultaneously providing relationally-based treatment. Michelle lives and practices in Ithaca, NY, and is entering her fourth year of training at the International Institute for Psychoanalytic Training based in Washington, DC.

Susan S. Levine, LCSW, BCD-P, edited *Dignity Matters: Psychoanalytic and Psychosocial Perspectives* (Karnac, 2016). Her contribution to the book is a paper on the theme of dignity in Alfred Hitchcock's masterpiece *Vertigo*. Andrew Solomon, PhD, author of *Far From the Tree*, writes of *Dignity Matters*: "This eloquent collection falls somewhere between psychology and philosophy; it is a profound look at human dignity, which is so hard to define, so hard to achieve, and so necessary to us all. It is an urgent and timely volume." Esteemed colleague Carol Tosone, PhD, LCSW, writes: "*Dignity Matters* is a stellar and timely collection of philosophical essays and erudite professional papers written by luminaries in psychoanalysis, philosophy, and other fields. Susan S. Levine and her contributors are to be heartily congratulated for bringing dignity to light as a ubiquitous human need, an essential component of the analytic attitude, and as an antidote for the many 'isms' plaguing our modern society."

Dr. **Judith Rosenberger** has published two articles recently. "Enactment and Dissociation: A Retrospec-

tive Journey Applying Relational Theory," developed from her presentation at the 2015 AAPCSW conference in Durham, NC, appeared in late 2015 in *Smith College Studies in Social Work* 85 (4): 453-67. "Trauma by



Omission: Treating Complex Attachment Dynamics in a Chinese Female," co-authored with Han Feng (a Chinese psychoanalytic fellow who was her student in the Chinese American Psychoanalytic Association and is now enrolled at the W. A. White Institute), is forthcoming in the *Journal of the International Federation of Psychoanalytic Societies*.

Audrey Thayer Walker had her article "Point-Counterpoint: Can You Hear Me? A Therapist Listens" published in December 2015, in *Smith College Studies in Social Work* 85 (4).

...&newmembers

Sari Cooper, LCSW, CST, is a licensed individual, couples and AASECT-Certified Sex Therapist and the director of the Center for Love and Sex in New York City. She has been in private practice for more than twenty years. She is a sex coach and clinical supervisor for general and sex therapists. Her postgraduate work was completed at the Ackerman Institute for the Family and the Human Sexuality Program at the Robert Wood Johnson Medical School. Sari graduated from the Juilliard School with an undergraduate degree in dance.

Sari has been committed in her career to helping people connect more authentically in their emotional and sexual relationships. She and her team utilize a combination of techniques



in the CLS practice, including psychoanalytic, family systems, CBT, and meditation, as well as exercises she has reconfigured from her background as a professional choreographer and dancer, to help individuals and couples re-start and re-create a new erotic connection. She writes about sexuality on her blog *Sex Esteem* (www.saricooper.com/blog/) as well as on *Psychology Today*. She is a featured blogger for *Huffington Post* on divorce and sexuality. Her paper "Some Like It Not," about couples who struggle the problem of sexual avoidance, is published in *Issues in Psychoanalytic Psychology*. She is a regular commentator on television shows such as *CBS This Morning*, *The Better Show*, and *Dr. Oz* to discuss relationship issues. Sari is continually called upon to discuss issues in modern relationships in the press, including the *Wall Street Journal*, the *Huffington Post*, *Greatest*, *Vice*, *Bustle*, *Cosmo*, *Men's Health*, *Shape*, *Brides Magazine*, *Barron's*, the *New York Post*, and *Marie Claire*.

Sari continues to give and produce many talks

at national conferences and local institutes and live workshops/webinars for professionals on many topics, including sexual avoidance, out-of-control sexual behavior, affairs, discrepant desire, ADHD, and sexuality in long-term relationships.

In November 2016, she presented the all-day workshop “Mindfulness-Based Cognitive Therapy for Women’s Sexual Issues” in New York. She also presents to the general public and runs Sex Esteem groups on how to explore new sexual avenues in long-term relationships and how to talk to children about sex, as well as on how a healthy sex life improves one’s work life. She was a featured speaker in “Project Respect,” an educational program of the Sex Crimes Unit at the Brooklyn District Attorney’s office on the topic of compulsivity.

Sari and her therapists work in person at her private practice offices in Manhattan on the upper west side and in midtown. She also uses Skype or phone to coach people who live outside New York or travel frequently and who want to focus on present and future goals. Her team’s understanding of body/mind integration, their years of experience, and their specific sex therapy training profoundly informs the CLS practice. She has a direct, warm style of engagement and is an active type of therapist willing to give feedback, assignments to do at home, and advice on other professional referrals, if appropriate. She has deep respect for her clients’ strengths and views therapy and coaching as a means for them to reconnect to their best selves and to revitalize their primary relationships. You can subscribe to her new YouTube channel *Sex Esteem with Sari Cooper*, like her on Facebook @centerforloveandsex, and follow her on Twitter @sari_cooper.

Daniel Farrell, LCSW, is the senior vice president of homeless prevention and rehousing services at HELP USA, a nonprofit provider with programs nationwide that provides transitional and permanent housing and homeless prevention services to this country’s at-risk, literally homeless, and formerly homeless adults and families. Daniel is responsible for multiple transitional housing, shelter, and homeless prevention/rapid rehousing programs in New York City, Philadelphia, and Las Vegas, with revenues exceeding \$45 million, serving more than ten thousand homeless or at-risk single adults and families each year. He is also an adjunct professor at the

Hunter College School of Social Work, a graduate of the New York Institute for Psychoanalytic Self Psychology, and a doctoral candidate of social work at New York University. He has published multiple papers on homelessness, most recently a book chapter titled “Relational Theoretical Foundations and Clinical Practice Methods with People Experiencing Homelessness,” in *Relational Social Work Practice with Diverse Populations* (Springer 2013), edited by Judith Rosenberger.

Leslie Friedman, LCSW, received her MSW from New York University’s Silver School of Social Work, which is distinguished among social work programs for its emphasis on clinical theory and practice. She completed internships at the North Central Bronx Hospital, the New York State Psychiatric Institute, and Astor Children and Family Services, where she received three years of supervised clinical training in trauma-focused cognitive-behavioral therapy (TF-CBT) and the evidence-based attachment therapies parent-child interaction therapy (PCIT) and child-parent psychotherapy (CPP). After graduation, she completed postgraduate training at the Ackerman Institute for the Family and at the National Institute for Psychotherapies, where she was certified in child and adolescent psychotherapy in May 2016. Leslie recently relocated from Manhattan to Long Island and is currently working in a group private practice. Future plans include further training in attachment-based therapeutic practice and developing a private practice specializing in trauma and family therapies.

Laudan Moghadam, LCSW-C, has a master’s degree in social work and recently finished her first year of PhD of clinical social work at ICSW. Lauren has several years of experience working in inpatient psychiatric hospital settings that have provided her the opportunity to become very familiar with the biological/medical model, which is primarily focused on medication rather than therapy for treating mental disorders. This had a reverse impact and highlighted for her the importance of therapy, and more specifically, psychotherapy/psychoanalysis. In her private practice, she works with older adolescents and adults on the impact of their past relationships on their current problems, including specific focus on object relations and attachment styles. The

Washington DC metropolitan area is very diverse and is enriched by various cultures. As an immigrant, Laudan particularly enjoys working with people of different cultures on issues regarding first- and second-generation immigrants, cultural adjustment, and transitional phases in general.

Maria Elena Oliva, LCSW, is a 1984 MSW graduate from Fordham University and a current PhD candidate at the Smith College School for Social Work. She trained and worked primarily with children and their families until leaving to join DMHAS in 2006. Many of the children were involved in the child welfare system and affected by the disruptions in attachment and longstanding consequences of parental neglect. As a result of this crisis, her interest grew in the development of parents' ability to understand the emotional needs of their children and the importance of their relationship for both of them. She currently serves as the director of social work at the Connecticut Mental Health Center in New Haven. As a PhD candidate at Smith, she is interested in the crucial role that language plays in the life of the bilingual individual. She explores the challenges of therapy in the bilingual client's second language and the impact on the therapeutic encounter.

Lesley Seeger, LCSW, is a social worker and therapist in Chicago. She received her MSW from Boston College in 2006 and has been working in mental health in the San Francisco Bay area and Chicago ever since. Most recently she worked as a staff therapist at the Family Institute at Northwestern University, treating individuals, couples, and families, as well as supervising students obtaining their masters degrees. She is currently transitioning to

full-time private practice in Chicago and Evanston, Illinois. She is passionate about psychoanalytically informed treatment and integrates other theoretical orientations as needed in her practice. Trauma and attachment are her specialties, and she is happy to join AAPCSW.

Hannah Smith is currently a second year MSW student at Smith College School for Social Work and is in the process of completing this year's placement at Vassar College Counseling Services. She is also a reg-



istered dietetic technician and looks forward to combining her love of feminist psychotherapy with her knowledge of nutrition in order to treat clients with eating disorders. Hannah's past experience in-

cludes working with women in an infant mortality prevention program, counseling adolescents and families in an intensive outpatient mental health program, and working at a community mental health crisis center. Additionally, she is driven to addressing issues of oppression and marginalization in the field of mental health, especially increasing access to timely and effective treatment. She is currently writing her thesis on the experiences of individuals with eating disorders who hold marginalized identities and the ways their identities impacted their access to diagnosis and treatment; as a follow up, she will also be exploring the degree to which any treatment providers displayed cultural humility in their practice. Her hope is that this is just a first step in an ongoing journey to decolonizing therapy.

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are representatives' corner

Northern California

Rita Karuna Cahn, LCSW, *Co-Chair*

Velia Frost, LCSW, *Co-Chair*

Report submitted by Rita Karuna Cahn and Velia Frost

Over the past several years we have developed a local task force, with all seven members participating in program development and implementation. Thanks to this teamwork, we were able to offer four programs in the 2015–16 year. Our programs typically have thirty to forty RSVPs and a waiting list.

We've been attracting a diverse audience: MSW students and early- to late-career therapists and analysts, from community, agency, and private practice settings. We continue to meet in the lovely home of Gabie Berliner, which offers a setting that allows for intimacy and informality and an easier exchange between participants and presenters, as well as for socializing and professional networking.

Our programs are co-sponsored by two local clinical organizations: the Sanville Institute, which offers a clinical doctoral program, and the California Society for Clinical Social Work, which focuses on clinical training and education, adherence to standards of ethical practice, and a strong presence in the legislature to advance and protect the integrity of the profession.

We faced a crisis when the Society's survival and their ability to provide CEUs for our participants were uncertain. Fortunately, the Sanville Institute has taken over the provision of CEUs, without charge to our LCSW, MFT, PhD participants. Along with offering free CEUs, we've successfully initiated a \$15 requested donation for our programs this year, enabling us to cover costs and build our fund for future programs.

We continue to offer programs focused on topics not usually addressed. In 2015, Norm Sohn, PhD, LCSW, presented "The Therapist in a Straitjacket." In January 2016, Ellen Ruderman, PhD, LCSW, presented "Dealing with the Real," which examined the influence of politics on the treatment relationship. This program drew a large turnout of clinicians eager to explore the place of politics in the consulting

room. One attendee was surprised to find herself quoted in Ellen's paper.

In March 2016, Robyn Stukalin, LCSW, presented an in-depth look at her work with a trans-identified patient who had suffered severe childhood trauma and developed a psychotic defensive structure. There was a rich discussion, including attention to generational differences in use of language and in understanding and responding to gender-nonconformity. We completed our 2016 offerings in May with a presentation from Karen Redding, PhD, LCSW, on integrating mindfulness meditation with her psychoanalytic psychotherapy practice.

We are committed to offering programs that will be meaningful to our diverse clinicians in our San Francisco Bay Area.

Michigan/Ohio

Karen E. Baker, MSW, *Co-Chair*

Lisa Larson, LMSW, *Co-Chair*

Report submitted by Jennifer Kurland, graduate student, University of Michigan, School of Social Work

"Intensive Short-Term Dynamic Psychotherapy: Basic Concepts, Tools, and Techniques" was presented by Peter Wood, MSW, on November 2, 2016, as the inaugural event of the relaunch of the Ann Arbor chapter of the AAPCSW.

Peter presented on concepts, tools, and techniques of intensive short-term dynamic psychotherapy as developed by Davanloo and elaborated by Jon Frederickson. Peter has previously co-lead a training course on intensive short-term dynamic psychotherapy for the Michigan Council for Psychoanalysis and Psychotherapy (MCPA). His expertise in implementing this model of treatment was evident as he walked the audience through the triangle model of feelings, anxiety, and defense and that of the person, object, therapist, and figure from the past.

With an audience of approximately sixteen, consisting of both students and long-practicing clinicians, Peter presented the basic principles of intensive short-term dynamic therapy. For me, as a

graduate student, Peter's presentation was a trove of valuable insights on the way anxiety and defenses manifest in therapy. With depth and clarity, Peter addressed the way a deeper understanding of a client's suffering and adaptations can create true change and the way the therapeutic relationship is instrumental in this endeavor.

Peter's explanation of the way impulses and feelings, perceived to endanger the attachment relationship, trigger anxiety that is then defended against provided a framework for understanding the development of our own emotional lives and the lives of our clients. In conjunction with a thorough explanation of the way defenses serve both to operate on one's internal world such that one can avoid dangerous feelings and to keep others, including the therapist, at a safe emotional distance, Peter outlined what occurs within the therapeutic relationship as well as within the client.

The presentation concluded with a role-play using an example provided by an audience member, demonstrating the application of these principles. A list of additional resources was provided for further information. Peter's expertise in intensive short-term dynamic psychotherapy clearly exhibited that when providing any mode of therapy, a deep understanding of the client's inner world equips the therapist with the tools to more thoroughly conceptualize the client's experience and to be more deliberate and effective in choosing interventions.

North Carolina

William S. Meyer, MSW, BCD, *Co-Chair*

Sonia Hsieh, MSW, *Co-Chair*

Report submitted by Samuel Flescher, MSW, LCSW-A, Clinical Social Worker, the Lucy Daniels Center for Early Childhood



"Selma Fraiberg, James Robertson, and Clare Winnicott: Lessons from Three Social Work 'Heroes'" was presented for the North Carolina Chapter of the AAPCSW on April 30, 2016, at the University of North Carolina School of Social Work, by Joel Kanter, MSW, LCSW-C, with discussant Kris Evans, MSSW, LCSW.

In his presentation, Kanter introduced the lives and accomplishments of three courageous social

work heroes: Selma Fraiberg, James Robertson, and Clare Winnicott. Using video and audio recordings of these three groundbreaking clinicians, as well as presenting his own thoughts on their immense contributions to social work, Kanter established Fraiberg, Robertson, and Winnicott not only as clinicians of great determination in spreading their pioneering research but also as titans within the social work field who contemporary social workers can view as true heroes within our profession.

Kanter began his presentation by displaying charming photographs of Fraiberg, Robertson, and Clare Winnicott as he detailed the tendency of psychoanalytic social workers to idealize such figures as Freud or Donald Winnicott: great psychoanalytic heroes but not social workers. Quoting Kohut, Kanter described the need for the "libidinal fuel of idealization," and how social workers require a sense of twinship by finding heroes to idealize within our discipline. Kanter offered Fraiberg, Robertson, and Clare Winnicott as such figures.

Beginning with James Robertson, Kanter briefly outlined his history, from his birth in 1911 in Scotland to his conversion to the Quaker religion and his position as a conscientious objector during WWII. Kanter spoke of Robertson's work, conducted with his wife Joyce, at the Hampstead Wartime Nurseries with Anna Freud. Robertson's work with Freud taught him lessons in caring and methodology that would influence his future work.

A fundamental piece of Robertson's work would be his progressive, and at the time disdained, research into the disruptions of attachment for hospitalized children. During the 1940s, children were allowed only brief, if any, visits from their parents while hospitalized. Additionally, hospital staff were instructed specifically not to form relationships with the children, prizing a quiet ward above all else. Robertson's fieldwork at hospitals helped him establish the three stages children experience when separated for extended periods from their attachment figures: protest, despair, and detachment.

Despite Robertson's revolutionary research, his work was met with much resistance within the medical community. In response to the difficulties in spreading his research and advocating for changes to the hospital system, Robertson filmed children experiencing separation from their parents so as to present doctors with physical evidence of hospital-

ized children's struggle. Kanter played clips from Robertson's films, including *A Two-Year-Old Goes to Hospital*, presenting Laura's progressive dysregulation during a week-long hospital visit, and *Importance of Substitute Mothering*, showing the experience of John at a residential nursery while his mother was hospitalized for childbirth. These videos and Robertson's findings took many years to catch on in the medical community, but they were instrumental in eliciting lasting change in the way we view attachment and how hospitals approach child patients.

Moving on to the Clare Winnicott, Kanter began by displaying pages from the Alison Bechdel graphic novel *Are You My Mother?*, giving narrative to the meeting and relationship between Clare and Donald Winnicott. This relationship was given further character when Kanter invited an audience member to read a letter written by Clare to Donald, which in fiery prose both reprimanded and thanked Donald for his involvement in her life and their work. Kanter also presented an audio recording of Clare Winnicott describing her first meeting with Donald, her expectations before meeting him, and how she learned to use him in her work with troubled children.

Clare Winnicott was born in England in 1906. After completing her social work training, she met Donald during WWII, when she was working in Oxford managing five homes of troubled evacuee children. Kanter expounded on her work with these children and her innovation of methodology. Managing the evacuee homes, Clare Winnicott noticed that children whose parents visited them presented in healthier ways than children with no parental contact, and she took it upon herself to seek out the children's parents and find ways to reestablish connection when possible, either through visits or by bringing back gifts from the parents for their children. Thus she included therapeutic consultation as a vital aspect of child work.

Kanter also revealed Clare Winnicott as first coining the term holding (later popularized by Donald) in her own article. She practiced tolerating the

evacuee children's most intense behaviors in her five homes, be it running away, setting fires, or retreating to the rooftop of the home, in order to foster healing relationships between the children and staff. Clare Winnicott's work on formulating and practicing holding, as well as her later work in setting up the child welfare system in England, are powerful examples of her heroic achievements in social work.

Finally, Kanter spoke about the life and work of Selma Fraiberg. Fraiberg was born in Detroit, Michigan, in 1918. By 1945 she was married and had earned her master's degree in social work. Fraiberg was part of a close network of social workers, and much of her training was through weekly meetings in which she and other clinicians engaged in deep readings of psychoanalytic texts. Fraiberg's first published article was her thesis on drama in therapy in 1945, an important text still relevant today. By the 1950s, Fraiberg had written eight published articles and was teaching at two psychoanalytic institutes.

Fraiberg's research into attachment techniques between blind children and their caregivers was particularly inspiring. At the time, Fraiberg was unable to secure funding for her research, since she willfully admitted she had no qualifications on the subject. However, through perseverance and a drive to do good, despite the difficulties set in front of her she was able to make a lasting impact on families and within the social work field as a whole.

Fraiberg's work with children and caregivers in the home was also truly revolutionary. Kanter played the only known voice recording of Fraiberg, discussing her work from *Ghosts in the Nursery*. Fraiberg illustrates the benefits of working congruently with mother and baby in the family's home, to simultaneously address the mother's past and present, working on new solutions to old problems, while also developing the communication between mother and baby. It is also noteworthy the degree to which Fraiberg advocated and supported her clients, not only performing developmental guidance but also assisting in the daily necessities of life.

diversity/otherness

The AAPCSW Diversity/Otherness Committee responds on February 21, 2017, to the unfolding executive order on immigration and the travel ban: aapcsw.org/pdf/about_us/AAPCSW-Response-Travel-Ban.pdf

Kris Evans's discussion following Kanter's presentation was both captivating and inspiring. She lamented some of the current trends in social work and the tensions arising for analytic social workers in a field becoming increasingly dominated by narrow definitions of evidence-based practice. Evans called for social work heroes to arise to shake up our profession, and she praised Fraiberg, Robertson, and Clare Winnicott for their past heroics.

Evans also outlined three criteria for social workers to become heroes within our profession. To start, social work heroes must be affected by moving experiences; we must bear witness to the world and be profoundly changed. We must listen and observe and then do something with our gained experiences. The second criterion is that social workers must develop tools to intervene, both in theory and in practice. We must advance new ideas in our field and hone ourselves as necessary tools for intervention. Finally, like all heroes, we must learn to fight. It is our job to challenge existing ideas and attempt to advance new, innovative views.

We need heroes to look up to in our profession, heroes who have challenged the status quo and fought for their beliefs, even with limited resour-

es and when their ideas are rejected outright. Evans ended the presentation and discussion issuing a "Super Social Worker Challenge." It is up to us to strive to implement the three criteria of a social work hero into our own work and lives, and in so doing find the next generation of social work heroes to carry on the mission of the heroes before us. We can look to our social work heroes, Selma Fraiberg, James Robertson, and Clare Winnicott, as inspiration as we move forward to affect our own change.

Greater Washington DC/ Baltimore

Joel Kanter, MSW, *Co-Chair*

Rebecca Mahayag, LCSW-C, *Co-Chair*

Nancy McWilliams, PhD, ABPP, the Greater Washington Society for Clinical Social Work Alice Kassabian Memorial Conference lecturer, presented "Reflections on Wisdom: Its Nature, Value, and Relevance to Contemporary Practice" on November 5, 2016, with AAPCSW member Audrey Thayer Walker, MSS, BCD, who presented a case for discussion.

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Marilyn Massa, LCSW

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H.C. Fall Willeboordse, LCSW

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Liling Lin, LCSW (2015)

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Kay Shin, LCSW (2015)

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“Aggression in the Holding Environment: Nature and Reverie as a Means of Healing” Michael Jenkins, LCSW (2009)

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Jenny Putnam, LCSW (2004)



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Check all that apply

- | | |
|--|---|
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| <input type="radio"/> Autism | <input type="radio"/> Interpersonal Relational Problems |
| <input type="radio"/> Biofeedback | <input type="radio"/> Learning Disabilities |
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| <input type="radio"/> Critical Incident Stress Debriefing | <input type="radio"/> Parental Loss |
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| <input type="radio"/> Eating Disorders | <input type="radio"/> Psychodynamic Psychotherapy |
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Modalities *Check all that apply*

- Individual Group Couple Family
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Client Population *Check all that apply*

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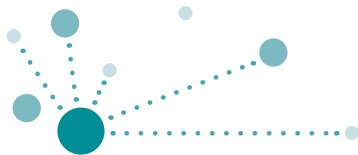
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