American Association for Psychoanalysis in Clinical Social Work
AAPCSW

mind & milieu
from the consulting room to the community and back

March 23–26, 2017
Baltimore Marriott Inner Harbor at Camden Yards
Baltimore, Maryland
Crayton Rowe conducted a survey of NYC psychoanalytic training programs in 1975. The results showed that while social workers were the highest percentage of graduates, only a small number were teaching and supervising. In May 1980 at a meeting of the Clinical Social Work Federation, Rowe founded the National Membership Committee on Psychoanalysis in Clinical Social Work. NMCOP remained a committee within the Federation for 10 years before becoming an independent corporation in 1990. Rosemarie Gaeta negotiated independence from the Federation in 1990 and became its first president. From the beginning, the aim of NMCOP was the achievement of parity with other mental health professionals. In March 2007, NMCOP changed its name to the American Association for Psychoanalysis in Clinical Social Work to better reflect its standing and purpose. With members from across the country, AAPCSW has gained recognition for its educational programs, standard setting, and advocacy on behalf of clinical social workers practicing psychoanalysis or from a psychoanalytic perspective.

Co-sponsored by

The Washington Center for Psychoanalysis

The National Institute for Psychoanalytic Education and Research, Inc. (NIPER), educational arm of AAPCSW
It is with great pleasure that the Conference Committee and I welcome you to the 2017 biennial conference. In aiming for high standards of scholarship, we are lending a psychoanalytic lens to view the complex mind-milieu dynamics in relation to clinical practice. Furthermore, for purposes of preserving psychoanalytic practice and facing the challenges ahead, we will examine its place in graduate education, its relation to other theoretical modalities and evidence-based practice, and much more. To enhance dialogue and interactions with colleagues, we incorporated: the pre-conference walking tour and opening reception; Friday’s lunch and post-movie receptions; Saturday’s luncheon and the Ball-ti-More Unmasked Gala.

Special appreciation is extended to: Program Consultant Cathy Siebold; Conference Consultant William Meyer; Treasurer Patricia Macnair; CE Chair Michael Jokich; Hospitality Co-Chairs Dan Buccino and Teresa Mendez; Call for Papers Co-Chairs Karen Baker and Kim Sarasohn; Call for Student/Candidate Papers Chair Susan Sherman; Volunteers Co-Chairs Rebecca Mahayag and Louis Straker; Book Exhibit Chair Andrea Alpert; Exhibits Co-Chairs Janet Burak and Jessica Hallberlin; readers, moderators, and presenters; Musicians Jerry Brandell and John Chiaramonte; and many committee members (listing on page 26). We are grateful for the support of the Washington Center for Psychoanalysis.

We envision sharing a meaningful experience with you in Baltimore.

Penny Rosen

Welcome to Baltimore, a city rooted in the early history of psychoanalysis and a key locale in the development of psychodynamic psychotherapy. This context of the intrapsychic and the interpersonal provides the perfect backdrop for the inclusiveness that is represented by our organization, AAPCSW. We hope that our selection of papers and workshops will stimulate many fruitful discussions amongst you. I look forward to seeing you during these next few days.

Cathy Siebold

Welcome to the 2017 AAPCSW conference. As incoming Co-Presidents, we wish to express our deepest gratitude for this special opportunity to serve the membership. And we are especially excited about the 2017 conference, Mind and Milieu. Over the course of three days we will explore how psychoanalytic ideas are used to probe the complex dynamic between person and environment: how gender, race, ethnicity, culture, violence, and inequality intersect to form, limit, and enable relationships, inside and outside the consulting room. We will look at the politics of fear and hatred, terrorism, incarceration, homelessness, veterans, trauma and pornography. We will, as always, find ourselves immersed in the richness of the case study to explore a wide range of analytic moments and conundrums. We are fortunate to be joined by colleagues in other fields to help us deepen our understanding of the self in society.

We look forward to seeing you, meeting new colleagues, and hearing about your concerns and discussing your ideas.

Jeffrey Longhofer and Jerry Floersch
Thursday, March 23

5:00 pm
Tour
Meet at the Marriott

Walk through Baltimore’s Uncanny Place in the History of Psychoanalysis. In over 1 mile we will pass important sites of historical interest, from the psychoanalytic to the religious and political. (Wear comfortable clothes/shoes for walking.)

7:00–10:00 pm
Opening Reception
(and conclusion of the tour)

Sascha’s Café, 527 North Charles Street—A funky, but chic, cocktail reception with heavy hors d’oeuvres. Be shocked and pleasantly surprised. Baltimore will feel like Vienna! (For all conference participants, including anyone not on the tour.)

Friday, March 24

7:30–8:45 am • Registration/Breakfast

8:45–10:15 am • PLENARY (CE/NBCC/CME 1.5)
Welcoming Remarks: Penny Rosen, MSW, BCD-P
Welcoming Remarks from Baltimore: Zeke Cohen, City Councilman, 1st District

The paper will examine conscious and unconscious dimensions of the inner and outer communities/places in which our patients live. It will offer perspectives on the psychodynamic importance of those communities. Clinical vignettes will be presented to illustrate how the treatment process benefits from engagement of our patients’ communities.

After attending the presentation, participants will be able to
• Identify their patients’ important communities and their relevance to psychoanalytic treatment process.
• Develop treatment approaches that enable patients to work through conflicts regarding the communities in which they live.

10:30 am–12:00 pm • Sessions 2–8 (CE/NBCC/CME 1.5)

1. Our Patients’ Relationship to Their Communities: An Underutilized Psychoanalytic Perspective
Dorothy Evans Holmes, PhD, ABPP
Golnar Simpson, PhD, MSW, Moderator

Loving, Hating, and the Spaces in Between—Clinical Implications of the Psychoanalyst’s Subjectivity
Steven Kuchuck, LCSW
Sandra Silverman, LCSW
Shoshana Ringel, PhD, LCSW-C, Moderator

This panel will look at what happens not just to the patient, but also to the therapist over the course of an analysis. How do our personal histories and subjectivities impact the treatments we conduct? How are we affected—personally and professionally—by our patients? The presenters will address gender, desire, love, hate, and mortality as inevitable parts of our work. Silverman presents “I Second That Emotion: Intense Moments in the Transference-Countertransference Relationship”; and Kuchuck presents “On the Limitations of Love.”

After attending the presentations, participants will be able to
• Define analytic subjectivity.
• Identify an enactment and describe ways to work through it.
3. **The Psychoanalyst in the School**
   AAPCSW Child and Adolescent Committee
   Karen Baker, MSW
   Wendy Winograd, LCSW, BCD-P
   Louis Straker, MSW, LCSW-C, Moderator

   This panel will examine how seeing a child in a school setting through a psychoanalytic lens can alter what is observed and understood about the child’s behavior, psychological development, and emotional life. The school-based psychoanalyst, in communication with teachers and parents, provides a unique perspective that can enhance a child’s educational and emotional experience in school and can thereby promote healthy development.

   *After attending the presentation, participants will be able to*
   - Discuss how a school setting can educate teachers and parents in a psychoanalytically oriented understanding of child development and how to use a psychoanalytically informed perspective to promote healthy development of children.
   - Explain how to facilitate the links between children, families, and schools such that children’s developing needs can be optimally met.
   - Describe how the structures of family, school, and society may impinge on the developmental challenges that children face and how to intervene effectively to alleviate such impingements, freeing children to develop in a healthy manner.

4. **Clinical Intuition: Preliminary Results from a Multiple-Case Study**
   Margaret Arnd-Caddigan, PhD, LCSW
   Marilyn Stickle, LCSW, BCD
   Jay C. Williams, PhD, LCSW, BCD, Moderator

   Clinical Intuition has a long yet contentious history in psychoanalytic thought. The presenters are currently conducting a multiple-case study on clinicians’ use of intuition in their clinical work. They will present a brief review of relevant psychoanalytic literature on the topic, as well as some preliminary findings from their research. This presentation will expand upon the presenters’ previous presentations.

   *After attending this presentation, participants will be able to*
   - Describe psychoanalytic concepts that are closely related to the phenomenon of intuition.
   - Define clinical intuition.
   - Describe the use of clinical intuition that is emerging in the current research.
   - Identify ways to enhance or incorporate intuition into one’s clinical work.

5. **Is it Ever Therapeutic for the Psychoanalyst’s Suffering to Enter the Consulting Room?**
   Elizabeth Corpt, MSW, LICSW
   Lucie D. Grosvenor, LCSW, Moderator

   Does the analyst’s personal narrative of suffering—the story of her wounds—ever play a curative role in the back and forth of the therapeutic relationship? The presenter suggests that, although the analyst’s own wounds do and must remain purposefully and thoughtfully outside the consulting room, there may be certain circumstances in which a particular patient may need to “touch” the wound of the analytic therapist—to encounter the real in the other—as a way to access the real in oneself. A clinical example will be discussed.

   *After attending the presentation, participants will be able to*
   - Describe circumstances in which careful use of the analyst’s suffering can be therapeutic.
   - Define the importance that “touching the real” holds for some patients at certain times.

6. **“The Unconscious is Like Baltimore in the Morning”: Psychoanalytic Perspectives on Race, Violence, Community, and the Media**
   Dan Buccino, MSW, BCD
   Teresa Mendez, MSW
   Peter Perault, MD, Moderator

   This panel will review the history of psychoanalysis in Baltimore, Baltimore’s influence on psychoanalysis, and the implications of “Baltimore” for psychoanalysis. The recent upsurge of violence here, along with nationwide attention to race relations, police violence, and economic disparities has spilled into the consulting room. Our clinical practice informs our understanding of the intertwined issues of race, violence, community, and their media representation. Using history, case study, and theory, grounded in sociocultural realities, we ask: How can a city, a collective group, or an individual function as a repository for our country’s racialized projections, and how can we work with this in treatment?

   *After attending the presentation, participants will be able to*
   - Identify the important place of Baltimore in the history of psychoanalysis and psychotherapy.
   - Describe the way displacement of race and violence impact treatment.
   - Define the unique influences of “the psychology of place” in psychoanalytic practice.
What does it mean when patients’ internal others become such imposing forces that they seem to overwhelm the psychotherapeutic space? The presenter examines the relationship between this phenomenon and patients’ early experiences of loss and nonrecognition. She goes on to examine a treatment in which powerful internal others haunt the consulting room, inflicting familiar states of absence until the therapist, in a small but hopeful shift, is able to make peace with her own and her patient’s ghosts.

After attending the presentation, participants will be able to
- Discuss possible ways that patients’ and therapists’ internal others may be relating to each other, and how this may be affecting the treatment.
- Describe how absence may develop as a way of being attached as well as an aspect of self, and what this may have to do with mourning.

This paper explores the place of “bad” internalized objects in the narcissistic distress and narcissistic defenses of two analytic patients. Rage plays an important part in the lives of these patients, and our work with their rage influences the fate of these internalized objects. The author proposes that a move toward health in these patients involved a transformation of the internal “bad” object into an “aesthetic” one.

After attending this presentation, participants will be able to
- Explain how an object relations vantage can illuminate the process of working with narcissistic defenses and disorders.
- Describe reasonable outcomes for working with narcissistic patients.

Psychoanalytic theory and analytically informed practitioners have long been embattled by competing theoretical paradigms and practitioners who represent alternative clinical approaches. In recent years, the market forces have encroached upon what was once a professional/academic debate in order to sway public, educational and professional opinion toward briefer and more superficial therapies. This presentation, relevant for students, recent graduates, adversaries and adherents, will demonstrate why a psychodynamic perspective remains the quintessential model for the mental health professional doing evaluations and treatment, whether in an agency, a psychiatric hospital or a private outpatient practice.

After attending the presentation, participants will be able to
- Articulate how a psychodynamic perspective can illuminate layers of meaning when listening and responding to clinical material.
- Cite the ways in which a CBT approach too often leaves the practitioner and patient with a superficial understanding of complex material, limiting the repertoire of optimal responses and comprehension of the dynamic forces at play.

The panel discusses the relevance of long term psychodynamic therapy and the threats to its existence in the next decade. Panelists cover the following topics: (1) The direction of legislation and managed care by examining the social policy changes in mental health care; (2) The importance of maintaining parity with the other mental health disciplines, by retaining “psychoanalysis” as the code word for the full range of all psychodynamic treatment, and how losing the code word will threaten the image of clinical social workers as practitioners of psychoanalysis and long term psychotherapy; and (3) The endeavors implemented to maintain standards of psychoanalytic education.

After attending the presentation, participants will be able to
- Discuss the policy changes that are posing threats to long term psychotherapy treatment.
- Describe how psychoanalysis encompasses all psychodynamic treatment.
Psychoanalytic research on baby development and parental needs will be reviewed, including the works of Spock, Benedek, Bibring, Spitz, Mahler, the Blancks, Meyer, and Turrini. Input from informed teachers and parent programs are essential for the child’s acquisition of ego functional structures or “coping skills”. These acquisitions can protect against the development of borderline structure. Since babies do not come with instructions, unforeseeable phenomena are causes of depression in mothers. Examples of current valuable programs will be described.

After attending the presentation, participants will be able to
- List the practices that influence the development of ego functions.
- Explain the necessity for psychoanalytic information that will prevent borderline structure.

This panel describes two chronic, yet related, problems: racial conflicts and access to care. Edwards presents “Black Lives Matter: The Interface of Mind and Milieu,” examining the corrosive and dehumanizing effects of life in an environment full of relentless actual violence, neglect and racism, exemplified by the black community’s response to police actions and the lead poisoning of a community’s water supply. Basham presents “Bridging the Divide: Identifying Complex Barriers to Accessing Optimal Mental Health Care for Servicemembers, Veterans and Their Families in the Community,” indicating that less than 50% of veterans seek mental health services. Several core questions are raised, including how to address the psychosocial needs of veterans with invisible injuries.

After attending the presentation, participants will be able to
- Explain the dynamics of stress and trauma either directly or through vicarious traumatization.
- Identify key challenges faced by clinicians and organizations in meeting the multifaceted needs of African Americans, their families, and communities.
- Identify the complex barriers that interfere with accessing mental health services.
- Discuss various interventions that may facilitate engagement in a therapeutic alliance.

The author presents theoretical background on mindfulness and relational analysis, offering a case study to illustrate the use of mindfulness practices in psychoanalysis, and explores the idea of a fourth space of subjectivity, an “intersubjective fourth” (Lord, 2010), which offers a relationship with the numinous, or the spiritual in psychoanalysis as a prism through which the work of intimate relationship can be accomplished.

After attending this presentation, participants will be able to
- Define mindfulness practices and describe how they might be used in psychoanalysis.
- Discuss some of the ways that intimacy and love may enter into the analytic relationship.

The treatment of a difficult patient will illustrate the principles of Control Mastery Theory, a cognitive, relational, psychoanalytic approach. Central to the theory is the role of safety, and how patients work unconsciously to test for safety. The concept of an “expected self” is advanced to explain how patients develop pathogenic beliefs and make adaptations to maintain parental ties, and how through corrective emotional experiences and timely interpretations the therapist helps the patient to regain a “sense of self ownership.”

After attending the presentation, participants will be able to
- Identify when a patient feels safer after the therapist passes tests—transference and passive into active—and what remedial action is taken when tests are failed.
- Explain why patients may appear to be regressing after displaying progress and/or insight which may allow the therapist to evaluate how patients are working to solve their pathogenic beliefs.
Expanding our understanding of the ethics of care and defining its place in the psychoanalytic/psychodynamic consulting room highlights complications and challenges for the relationally oriented clinician.

After attending the presentation, participants will be able to
- Define the ethics of care as they pertain to psychoanalytically informed psychotherapy.
- Identify ethical complications of care in the clinical situation.

While some hold the ethic of care in high regard and central to our work with patients, others disparage it. This paper asks whether the disparagement of care might be linked to holdovers from our psychoanalytic past, including the repudiation of all things feminine, soft, dependent, and vulnerable in favor of a more robust, masculinized theory—one that foregrounds science and certainty, the rational and masterful. The presenter suggests that a deeper understanding of “care” is not only essential to our practice, but mutative as well, within the walls of the consulting room world and in the world at large.

After attending the presentation, participants will be able to
- Identify and describe some of the key milestones in the unfolding of an “ethic of care.”
- Describe clinical cases of “moments of meeting” that were guided by an “ethic of care.”

A psychotherapist’s choice to retire—a forced termination imposed on patients—is examined through the perspective of *rite of passage*, a normal, predictable event that can be mutually generative for therapist and her patients. Case vignettes illustrate career long patterns of implicit and declarative knowing that texture all aspects of treatment, especially those that arise in an accelerated last phase of shared work. Conceptualizing retirement as a given supports insight and resiliency long after treatment has ended.

After attending the presentation participants will be able to
- Distinguish the choice to retire from practice voluntarily from retirement due to illness or disability.
- Identify profession specific reluctance to retire.

The profound subject of the difficult decisions therapists have to make as they face aging, illness, retirement and death are discussed using clinical and personal examples. Transference and countertransference phenomena are highlighted. The ways in which therapists negotiate these significant challenges with colleagues, patients, and their own therapists are explored using literature and experience.

After attending the presentation, participants will be able to
- Examine the multiple challenging issues facing therapists who are retiring, ill, or dying and the impact on patient and therapist.
- Describe how therapists can help their patients and themselves in negotiating these losses.

Two clinical cases illustrate how psychoanalytic practice can address the problems of homeless individuals, including forming a helping alliance, managing counter-transference, and networking with community resources. Smith presents: “This Couch Has Bedbugs: On the Psychoanalysis of Homelessness and the Homelessness of Psychoanalysis,” examining what a homeless client may represent to her city, as well as to her therapist; and how in a managed care era, psychodynamic thinking can challenge current “best practices” by focusing on long-term stability. Kanter presents: “Returning Home: A Clinical Case Management Approach to Homelessness,” demonstrating how a psychoanalytic approach can facilitate consultation with families and community resources.

After attending this presentation, participants should be able to
- Apply psychoanalytic theory to helping relationships with homeless individuals.
- Identify how hate in the countertransference can manifest as a way to eschew social and treatment responsibilities.
- Identify how clinicians can use psychoanalytic understanding to facilitate networking with families and community resources.
Schools of social work are increasingly integrating content on social justice throughout curricula, which challenges faculty and students to analyze the impact of hierarchies of oppression on the social problems faced by our clients. Finding ways to engage these topics that do not get stuck in splitting, ideology, obscuring of intersectionality, and shut-down requires courage, vulnerability, and nuance.

After attending the presentation, participants will be able to
- Describe theoretical frameworks that address both internal and external factors in conceptualizing social justice practice at the micro level.
- Identify what has worked in classrooms to facilitate conversations that move past ideology, acknowledge intersectionality, and offer the potential for synthesis rather than splitting.

This paper describes a graduate elective focused on fundamental concepts of psychodynamic therapy in which students applied theoretical concepts through professional and fictional videotapes; a case study for role-play; videotaped role-plays of assessments and interventions; and journaling. Students’ experienced self-efficacy with competencies in psychodynamic therapy and the data were used to strengthen course outcomes and support psychodynamic theory as an evidence-based approach. Study was co-authored by Rana Duncan-Daston, MSW, LCSW, EdD.

After attending the presentation, participants will be able to
- Apply a multi-modal approach to their teaching of psychodynamic concepts.
- Describe the outcomes from a psychodynamic course for graduate social work students.

**4:00–6:15 pm • PLENARY, FILM PRESENTATION (CE/NBCC/CME 2.0)**

Jerrold Brandell, PhD, BCD
Presented by Karen Baker, MSW, and Wendy Winograd, LCSW, BCD-P

This riveting documentary (winner of the 2016 Sundance Directing Award) depicts a family's journey as they grapple with the sudden onset in the youngest son of what comes to be diagnosed as a pervasive developmental disorder. The father, a Pulitzer Prize winning writer, discovers that through the magic of Disney, the family can forge a loving path to reach and nurture the boy who might otherwise have remained buried in an emotional fortress devoid of words, emotions and human connections. “....An emotional powerhouse.” —Rogerebert.com.

After attending the presentation, participants will be able to
- Discuss how developmental progression can occur when one finds a way to enter and illuminate the inner world of the child or patient.
- Describe how strong emotions as depicted in Disney characters can provide a transitional gateway to real human relationships.

**6:15–7:30 pm • POST-MOVIE HOUR**

Co-sponsored by AAPCSW and Taylor & Francis/Routledge—Psychoanalytic Social Work
Enjoy a complimentary drink and light hors d’oeuvres, pre-dinner. (Cash bar.)
Saturday, March 25

7:45–8:45 am • Breakfast

8:45–10:30 am • PLENARY (CE/NBCC/CME 1.75)
Welcoming remarks from Washington Center for Psychoanalysis: David Cooper, PhD

This plenary discussion will use two lenses, one legal and the other psychoanalytic, to explore the question of how the social work call to ameliorate problematic environmental forces—including those of racism—might be situated within an expanded notion of milieu and a greater understanding of the internalization of milieu and its effects on the individual, both as client and clinician.

*After attending the presentation, participants will be able to:*
- Explain the social work tenet of person in context to include relevant United States socio-political and legal history, especially when working with clients around race related topics.
- Identify the clinician’s and client’s places within that greater socio-political and legal context as well as the potential for meaning in the clinical encounter.

In recent years, social and behavioral scientists have explored the intersections between their respective disciplines and psychoanalysis. For example, psychoanalytic ideas are now used to investigate current understandings of identity, race, racism, and nationalism. A resurgent interest in psychoanalysis offers new ways of thinking about the relationship between the individual and society, habit, and reflexivity. The presenter will argue that much of this interest is without discourse and psychoanalytic social work is uniquely positioned to produce that dialogue.

*After attending the presentation, participants will be able to:*
- Discuss the recent work in the social and behavioral sciences aimed at understanding the mind/society connection.
- Explain how the human sciences are using psychoanalytic ideas to think about our most pressing social problems.

10:45 am–12:15 pm • Sessions 19–26 (CE/NBCC/CME 1.5)

Climate change, the radicalism of some religious extremists, the social division associated with income inequality, the digital revolution’s dilution of our intimacy with others, and the emotional disruptions caused by PTSD highlight that we are all interconnected and touched by others’ lives. Solutions to our patients’ problems require approaches that apply a nonlinear dynamic systems perspective, incorporating an inclusive theoretical framework that takes into account these threats and explores the complexity of outcomes.

*After attending the presentation, participants will be able to:*
- Examine the extent to which we complement each other’s psychological and cognitive functions though our interconnectedness.
- Describe implications for clinical practice of this interconnectedness.

The poet Richard Shelton said “What we remember can be changed/ What we forget we are always.” In many ways our work as therapists is the tracing of memory—finding, as Nabokov put it, patterns in a life.

*After attending this presentation, participants will be able to:*
- Describe several ways the body can hold traumatic memory.
- Explicate the similarities and/or distinctions between bodily memory from psychical memory.
20. Friendship, Competition and Sense of Self in Women
F. Diane Barth, LCSW
Nancy Perault, MSW, LCSW, Moderator

Despite recent changes in attitude towards competition in women, interpersonal and intrapsychic ambivalence remains towards competitive women themselves. For many, the conflict between the desire to connect and the wish to stand out can be unmanageable. The therapeutic process of untangling these conflicts can be complex and confusing. A clinical example will illustrate the author’s use of disparate theories and models to address the psychodynamics of these contradictory wishes.

After attending the presentation, participants will be able to
• Define central conflicts for women in friendships involving competition.
• Identify models of psychodynamic thinking and interventions that can help these clients manage the apparent paradox of competition in friendship.

21. New Paradigms for Psychoanalysis
David Cooper, PhD
Christine G. Erskine, LCSW
Michael De Simone, PhD, LCSW, Moderator

Two year’s into an ordinary therapy, a patient’s participation in violent and humiliating sexual encounters in the world of dominance and submission, presented the therapist with daunting clinical and personal challenges. The presentation discusses the therapeutic process that emerged, the complex relational configurations that developed, exploration of the patient’s dissociated states, and the therapist’s need to, at times, “throw away the book” and, at other times, to hold it lightly.

After attending the presentation, participants will be able to
• Discuss how childhood trauma can be re-enacted in adult sexual relations involving dominance and submission and its accessibility for examination in therapy.
• Identify the relational configurations that emerge during psychotherapy with a patient involved in dominance and submission.

New understandings of “the Unconscious” push us to change our theoretical and practice paradigms. In doing so, we gain the kind of freedom for ourselves that we aim to foster in our patients. Cooper addresses: “Changing Theories, Changing How We Work, Changing Minds.” Erskine addresses: “A Hitchhiker’s Guide to the Paradigm Shift: A Perspective from Interdisciplinary Study.”

After attending the presentation, participants will be able to
• Describe how the development of mentalization changes how one listens to patients and how one conceives of the analyst’s role.
• Identify two major concepts from Cognitive Semiotics that help organize a new psychoanalytic paradigm.

22. Psychoanalysis for Everyone: On-Site in Urban Schools
AAPCSW Child and Adolescent Committee
Denia G. Barrett, MSW
Erika Schmidt, MSW
Karen Baker, MSW, Moderator

Psychoanalytically-based intervention works in many different settings outside the consulting room, because child psychoanalysts carry fundamental psychoanalytic principles wherever they practice. Schools offer special opportunities to bring psychoanalytically-based assistance to many children who would not otherwise have access to it. In this panel, the presenters tell the stories of several different models of on-site school interventions and identify the psychoanalytic principles that made them so effective.

After attending this presentation, participants will be able to
• Identify psychoanalytic principles that underpin effective work in schools and other community institutions.
• Distinguish between a psychoanalytic approach to work in schools and symptom-focused approaches.

23. The Paradox and Pain of Sitting with Suffering
Joan Berzoff, EdD, MSW
Edward Ross, MSW, LCSW, Discussant
Barry Ostrow, MD, Moderator

Suffering at the end of life is intrinsic to dying, whether physical, spiritual, social, psychological or existential. Reciprocal forms of suffering, such as helplessness, death anxiety, a sense of failure, and moral distress, occur in clinicians that can lead to burn out and compassion fatigue. Sitting with suffering highlights an ethical and clinical tension for clinicians who face the paradox that they should relieve suffering, without the ability to do so. Clinicians working with illness and grief cannot always replace suffering with joy—or meaning—or dignity, despite common thinking that they can and must. Clinical examples will be used. Paper was co-authored by Maxxine Rattner, MSW, RSW.

After attending the presentation, participants will be able to
• Identify the advanced clinical skills required in sitting with suffering including the pull toward action but the need for bearing suffering.
• Describe suffering that may be intrinsic and cannot be palliated.
• Discuss the paradigm shifts required for sitting with suffering without trying to fix or change it, and the intersubjective matrix in which this occurs.
Virginia Woolf’s novel “Mrs. Dalloway” will be viewed from a biblio-memoir perspective. The presenter will discuss the novel’s impact on her, through the different developmental stages of her life, starting from when she was a young adult. Her most recent rereading reaffirmed her awareness of life’s preciousness and the value of making the most of the present. This, in turn, has sent her back to the consulting room with renewed vigor; engaging with each patient in the stream of their life and hers.

After attending the presentation, participants will be able to
• Identify how outside readings have influenced and affected their analytic work.
• Describe the stage of life they are in and how that effects the nature of their work with patients.

Virginia Woolf’s so-called experimental method seemed to have been spawned from an incessant desire to capture the essence of her dissociative mind and discover the riddle of her subjective reality. This paper provides a hypothesized psychological dissection of Woolf’s suicide. Innumerable disentangled threads are pulled from her last year’s letters, memoir, diary, short fiction, and posthumously published novel to highlight the salient factors leading to her suicide.

After attending this presentation, participants will be able to
• Discuss how the writing of Woolf’s memoir and penultimate novel, Between the Acts, both reactivated and reflected unintegrated implicit memories which likely triggered her suicide.
• Describe the parallels between the content of her suicide letters and the dissociative state of mind in Between the Acts.

Using treatment case material, this panel addresses the intricate dynamics of the formation of ethnic identity and their implications for clinical theory and practice. Carolyn Gruber presents “Identity Formation and the Search for a True Self in an Adopted Latina Adolescent,” exploring the treatment dynamics of finding the answer to the question of “who am I?” in the challenging context of adoption, including physical trauma and immigration. Pamela Begay presents “Case Presentation of Stella: Weaving together Native American Traditional Practices and Object Relations Theories,” discussing the treatment of a young Native American woman who exhibited unresolved grief and difficult familial dynamics.

After attending the presentation, participants will be able to
• Identify the central elements of ethnic identity formation and the nature of cultural cues in shaping transference and countertransference phenomena pertaining to conflicts around adoption.
• Discuss how object relations theories can be combined with Native American traditional practices.

Cancelled

12:15–2:00 pm • Luncheon
Dan Buccino, MSW, BCD, and Teresa Mendez, MSW, Moderators

Lifetime Achievement Award to: Golnar A. Simpson, PhD, LCSW, Marsha Wineburgh, DSW
Presented by Barbara Berger, PhD, LCSW, John Chiaramonte, LCSW, BCD

Professional Writing Award to: Crayton Rowe, MSW, BCD-P
Presented by Rosemarie Gaeta, MSW, BCD-P

The Diana Siskind Award for Excellence in Writing to: Andrew Blatter, LCSW; Marilynn Massa, LCSW; and H. C. Fall Willeboordse, LCSW
Introduction by Susan Sherman, DSW
Presented by Valerie Bennis, daughter of Diana Siskind
The Therapeutic Relationship in Evidence-Based Psychotherapy: Toward a New Balance in Mental Health Care
Harold Kudler, MD, DFAPA
John Chiaramonte, MSW, LCSW, Moderator

While it is impossible to argue against evidence-based therapy, it is essential to balance fidelity with a manual with attention to the therapeutic relationship. Failure to do so may undermine patient, therapy, and therapist. This presentation will build bridges across theories and techniques in an effort to ensure that the evidence-base for skillful management of the therapeutic relationship remains a key component of clinical practice.

After attending the presentation, participants will be able to
- Define the evidence base for clinical attention to the therapeutic relationship as a predictor of positive outcomes.
- Articulate a model for balancing technical fidelity to manualized treatments with disciplined use of the self in the practice of psychotherapy.

Strangers in a Strange Land: A Combat Veteran Consumed with Guilt and a Psychoanalyst Alone in an Evidence-Based World
Michele L. Rivette, LMSW, BCD
John Chiaramonte, MSW, LCSW, Moderator

The presenter will discuss intersubjective dynamics and the challenges in creating a relational space in which to hold traumatic affects for a combat veteran. This need on behalf of the traumatized person and proclivity of a psychoanalyst runs counter to the culture of evidence-based treatments, which are highly structured, therapist-driven, and time-limited. Institutional dynamics intruded upon the treatment. The author will reflect on enactment and re-enactment of trauma, and whether it is possible to find a relational home for a psychoanalytic mind in an evidence-based therapeutic milieu.

After attending the presentation, participants will be able to
- Discuss how the horrors of war and guilt/shame associated with combat can create a sense of being “not like others” in the civilian world after deployment.
- Describe whether it is possible to integrate psychoanalytic perspectives in an evidence-based milieu and possible barriers to doing so.

Laura Groshong, AM, LICSW
Maryam Newman Razavi, PhD, LCSW, Moderator

Applying the empathy to social justice issues that clinical social workers rely on in the consulting room has become problematic, as victimization and persecution have become more expected. Bringing empathy to social justice conflicts to defuse the powerful push toward unending polarization is a necessary application of clinical social work values, both in collegial relationships and political discourse.

After attending the presentation, participants will be able to
- Explain the way that clinicians have sometimes reserved empathy for the consulting room and approached social justice/political issues with the expectation of persecution and victimization.
- Identify the internal and external push to look for victimization and persecution through social justice/political issues and develop ways to take a more objective approach.

Politics, Religion, and the Intergenerational Transmission of Shared Trauma: Clinicians’ Practice Perspectives on the Legacy of the “Troubles” in Northern Ireland
Carol Tosone, PhD, LCSW
Maryam Newman Razavi, PhD, LCSW, Moderator

This presentation will address the long-term impact of the “Troubles” on the personal and professional lives of clinicians living and working in Northern Ireland. Based on interviews with clinicians living and working in Northern Ireland during the period, the presenter will discuss the shared trauma and legacy of the “Troubles” on contemporary practice and clinical social work education.

After attending the presentation, participants will be able to
- Discuss the impact of intergenerational transmission of shared trauma on patients.
- Explain how clinicians are affected by shared trauma of political forces.

29. Contextual Self, Inside/Outside Spaces, and the Mourning Process
Golnar A. Simpson, PhD, LCSW
Jay C. Williams, PhD, LCSW BCD, Moderator

Mourning is a complex biopsychosocial-spiritual process “contextualized” by the unique meanings and particularities of an individual’s life space. How does one manage the upheavals of new configurations of continuities and discontinuities in the context of mourning? Contemporary clinical theories—relational theory, field theory, neuroscience, and others—have shed light on the intricate dynamics in these processes. Selected aspects of this information and a brief re-telling of the presenter’s personal story of loss provide the space for a discussion of these issues and their implication for clinical theory and practice.

After attending the presentation, participants will be able to
- Describe the central factors involved in the complexities of the mourning process from a biopsychosocial-spiritual perspective.
- Discuss essential elements of the transference, countertransference dynamics of the therapeutic process when the therapist is in mourning as well.
Photographs that the presenter took in remote places throughout the world will illustrate how she integrates these images into a psychological narrative and practices in and beyond the consultation room. A reflective and poetic voice will echo the author’s exploration of who we are beyond the face and beneath physical appearances. Clinical case examples will demonstrate how the photographic images impact the clinical encounter.

After attending the presentation, participants will be able to
- Illustrate how social work values and clinical experience inform photographic lens experiences with subjects in remote areas of the world.
- Describe how photographic work of the analyst can impact one’s work with patients.

This presentation considers the contributions psychoanalysts have made to preventative mental health programs as well as their efforts to draw on psychoanalysis to meet contemporary societal challenges, i.e., working with police, understanding terrorism, further peace negotiations, dealing with community crises. The work of Aichorn, Fraiberg, Twemlow, Maresns, Volkman, Lord Alderdice (British psychoanalyst) and others, will be discussed.

After attending the presentation, participants will be able to
- Describe contributions that analysts have made to applying a psychoanalytic perspective beyond the consulting room.
- Discuss how clinicians can extend their efforts on behalf of their communities and society at large, by demonstrating what psychoanalysts have done and are doing to that end.

Mass incarceration in the U.S. demands a strong social work presence. Yet, social workers are often unprepared to address its complex individual and systems dynamics. Using a psychodynamic perspective, this presentation will provide an overview of the fundamental social work skills and capacities needed to provide opportunities for transformation—instead of reenactment—with systems-involved individuals.

After attending the presentation, participants will be able to
- Identify the major correlates of mass incarceration.
- Identify the dynamics related to the practice of social work in forensic settings.

Pornography is a site of paradox: it is about excitement, but often evokes deadness. As clinicians, we may experience strong feelings about it, but it may be difficult to use these feelings to work psychoanalytically with a patient. This presentation will not include an “addiction model” in working with pornography. It will address how pornography seems to work, how it works on the therapist, and how to approach it as one would any psychoanalytic material.

After attending the presentation, participants will be able to
- Differentiate among confusing responses to pornography, in order to work psychoanalytically with patients in situations where pornography is part of the material.
- Contrast various theories of how pornography works to produce its effects.

This presentation will describe the experience of working with a patient’s internalized trans-generational trauma and the feelings of deadness and dissociation that emerged for the therapist. Ideas of sameness and difference and allowing space for the Other will be discussed as well as the limits the therapist encountered with empathic attunement.

After attending this session, participants will be able to
- Identify potential countertransferential issues which may emerge when the therapist and patient have trauma histories.
- Discuss concepts of sameness, difference and the Other, and how they relate to and impact the treatment.
The essence of psychoanalytic work with victims of sustained abuse and/or neglect in childhood is to diminish the power of the connection to the internalized, primal destructive parent by enabling the patient to form a meaningful emotional tie with the therapist. Plasticity of the brain, internalization, and the repetition compulsion are discussed. A poem by Sexton and clinical material are included.

After attending the presentation, participants will be able to
- Identify how understanding can replace judgment.
- Explain countertransference issues.

Through clinical material, the author explores the connection between a person’s experience of their psychically symbolized body and their early relational milieu. Aspects of gender and self-identity are explored through a historical analysis of body-skin experiences with (m)other. The author explores how a person comes to know, or not know, their body; and, how the contours of one’s body, the very skin one lives in, is psychically inscribed, and may hold what the mind cannot.

After attending the presentation, participants will be able to
- Evaluate a patient’s somatic experience in improving the patient’s clinical outcome.
- Apply the theories of the skin-ego as it relates to some aspects of their patient’s early development.

Selma Fraiberg’s integration of social work and psychoanalysis had a profound impact on child development, social work, psychoanalysis, and the larger community. Video excerpts and audio recordings will outline her career arc: beginning in group work with disadvantaged children, followed by her untraditional training in psychoanalysis, recognition as an expert in child analysis, contributions to social work education, work with congenitally blind children, groundbreaking innovations in infant mental health, and prolific writings in psychoanalytic and social work journals, literary and popular magazines, and her classic work, The Magic Years.

At the end of this presentation, participants will be able to
- Identify Selma Fraiberg’s impact on both social work and psychoanalysis.
- Discuss how social work interventions are required in the analytically-oriented treatment of at-risk mothers and infants.

This paper will describe the complex nature of feelings about transformation of community and place in an urban setting. The author examines narratives of homesteaders and squatters of the East Village of Manhattan during a time of great community change (the 1980’s). Pre-existing and recent testimonies of homesteaders are utilized to explore their sense of a newly emerging sense of place. Focus on the narratives point to issues of identity and psychological issues that affect one’s sense of belonging, personally and communally.

After attending the presentation, participants will be able to
- Identify issues of identity in narratives about community.
- Discuss narrative concepts and their integration with psychoanalysis.

Self psychology can help explain multiple meanings and experiences of being chronically homeless. Through the use of self psychologically informed clinical practice, this presentation explores multiple meanings and experiences as well as the nuanced processes that led to a woman who experienced two decades of homelessness to attain permanent housing.

After attending the presentation, participants will be able to
- Discuss self psychologically informed practice in a community-based setting with people experiencing homelessness, children in foster care, home-bound elderly, etc.
- Describe practice interventions based on self psychological concepts with populations who present as challenging and have been considered “intractable.”
Despite the advent of relational perspectives, psychotherapy patients are often viewed as relatively passive recipients of the therapist’s treatment. This paper demonstrates that it is the patient, not the therapist, who is the active change agent. By supporting the patient’s change efforts, psychoanalytic therapists will become more skillful and increase the probability of positive outcomes.

**After attending the presentation, participants will be able to**
- Identify their patients’ strengths, potentials, and active change efforts and include them in diagnosis and treatment planning.
- Explain how treatment interventions can be used effectively to create change for the patient.

Thomas Ogden’s concept of the “subjugating intersubjective third” offers a perspective for understanding the unconscious processes that fuel a couple relationship and couple therapy. In this viewpoint, the couple relationship is understood to be a “third entity,” and the couple therapist becomes part of the couple’s realm. The transferences and countertransferences that evolve become the arena, the “intersubjective fourth,” for the therapeutic action. The focus is the application of these ideas to assessment and interventions.

**After attending the presentation, participants will be able to**
- Describe enactments from an intersubjective perspective.
- Discuss the use of countertransference in assessment and treatment.

Presenters will address the phenomenon of “othering.” How marginalized groups become the receptacles of projective identifications, and how demagogic leaders transmit these deposited representations into groups, promoting scapegoating, fundamentalism and discrimination, will be discussed. The intergenerational transmission of these representations and how they are enacted historically will also be explored, as will the social and economic conditions that allow split off hate to thrive. The panelists will propose the potential for social work to serve as a social justice project as practitioners are able to attend to such issues within the clinical setting.

**After attending the presentation, participants will be able to**
- Identify the social and economic conditions under which projective identifications directed at those who are marginalized thrive.
- Explain the role of the leader who holds, promulgates, and enacts these unwanted parts of individual selves.
- Discuss the historical enactments of split off hate and how they form a legacy of discrimination and inequality for marginalized groups.

In this workshop clinicians with diverse backgrounds in writing will, through the utilization of specific prompts, discover the power of writing to inform, elucidate and expand their understanding of clinical material relating to their patients, countertransference issues or personal crises.

**After attending the presentation, participants will be able to**
- Identify how writing from a “non-critical stance” enables access to creativity by reducing excessive intellectualization and psychological blocks.
- Describe how “careful listening” techniques will enhance skills to critique the written/spoken work of self and other as well as increase clinical listening abilities.
- Explain how the process of using clinical material or a personal event as a prompt can lead to increased observational abilities related to transference/countertransference issues in clinical practice.
38. Setting and collecting fees are steps the psychoanalyst takes toward formally engaging the patient in treatment and maintaining the frame. Fees are often fraught with anxiety and apprehension for both parties. Issues regarding payment are rich in meaning, intrapsychically and interpersonally, providing emotional grist for the therapeutic mill throughout the treatment process. Panelists will discuss fee setting, reduction, and raising; transference and countertransference with the patient who does not pay; and how women’s conflicts around success are reflected in disparity in fees for female analysts.

After attending the presentation, participants will be able to
- Explain two different models of discussing fee setting/fee raising, a fee range, disentangling numbers from ego ideals based on role models.
- Identify unconscious communications from patients regarding re-negotiating of fees.
- Identify psychoanalytically specific issues of non-payment with different kinds of patients.
- Describe at least three behaviors suggesting conflict around success and how they influence fee setting in psychoanalytic treatment.

39. The Retreat, with its 24-bed continuum of care and multidisciplinary approach, offers one model for a contemporary psychotherapeutic hospital. Patients are seen over a minimum of 20 days in three-time weekly individual psychotherapy, all in the context of a therapeutic milieu where patients and staff alike are encouraged to make time and space for reflection. Join a social worker, art therapist, recreation therapist, psychologist, and several psychiatrists for an in vivo diagnostic case presentation and discussion of The Retreat model.

After attending this presentation, participants will be able to
- Describe what defines the psychotherapeutic hospital and its relevance for psychiatric treatment.
- Identify the principles, modalities, and frameworks used in a contemporary psychotherapeutic hospital setting.

40. Over many years, psychodynamic psychotherapy has been characterized as irrelevant and ineffectual in the mental health professions. This is occurring with a disregard for data that suggests otherwise, and is often connected to prejudice and attitudes which remain unchallenged by many in the profession. This panel will address: 1) the underlying attitudes and crisis in values related to this anti-psychodynamic posture; 2) the relevance and usefulness of psychodynamic theory to current clinical practice; 3) the evidence that it is validated by solid research data; and 4) the importance of in depth psychodynamic theory for those seeking graduate education. Our goal is to encourage practitioners to feel confident in their support of psychodynamic practice and to advocate for its place in training and education.

After attending the presentation, participants will be able to
- Describe ways to engage with educators and students on the relevance and appropriateness of psychodynamic theory in education.
- Identify research data that supports the use of psychodynamic psychotherapy.
- Discuss meaningful responses to counter anti-psychodynamic attitudes.

7:00–11:00 pm
Grand Hotel, 225 North Charles Street—Edinburgh Hall, 5th Floor

Built in 1866 and headquarters for over 130 years for the mysterious Maryland Freemason, the Grand is one of the most historic and elegant buildings in Baltimore. Enjoy a spectacular buffet reception and dinner in an unforgettable setting with music led by AAPCSW members John Chiaramonte and Jerry Brandell. Just as psychoanalysis reveals the secrets of the unconscious, the Grand will reveal more of the secrets of Baltimore in Grand and masked style. (Cash bar.)
Sunday, March 26

7:45–8:45 am • Breakfast

8:00–8:30 am • OPEN FORUM—Video and Q&A
Jerry Floersch, PhD, LCSW, and Jeffrey Longhofer, PhD, LCSW, Moderators

In the summer of 2016, AAPCSW produced Conversations with Past Presidents, a three-part video series focusing on the early years, the identity of clinical social workers practicing psychoanalysis and/or psychoanalytic psychotherapy, and the future of AAPCSW and psychoanalytic practice. Part 3, The Future, will be viewed, followed by Q&A.

8:45–10:30 am • PLENARY (CE/NBCC/CME 1.75)

Freud identified the power of Oedipus Rex, drawing upon literature for the paradigm of the prototypical event in the psychic life of the human subject: the Oedipus complex. Psychoanalysis is shaped by an intellectual legacy imbued with a humanistic as well as a scientific view of human experience. Yet American psychoanalysis has often neglected the capacity of literature and art to instruct the psychoanalyst. This lecture takes as its departure point this notion of literature’s ability to produce knowledge and its uses in the psychoanalytic process.

After attending the presentation, participants will be able to
- Describe a humanist perspective in the psychoanalytic practice, one that asks alternative questions to the sciences.
- Identify the potential power of the humanities in the clinical relationship.

Psychoanalytic theory has expanded to include ways of thinking about female psychosexual development. Yet these newer ideas can perpetuate gender binaries. Identity and desire are complicated and are not neatly organized by gender specific processes. Contemporary recognition of subjectivity as socially constructed, and individuality as unique encourage us to question our thinking about the degree to which the body informs our psychic experience.

After attending the presentation, participants will be able to
- Explain the myths that are applied to female psychosexual development.
- Describe the social construction of gender binaries.

10:45 am–12:15 pm • Sessions 42–48 (CE/NBCC/CME 1.5)

The fear of retirement is rooted in our deepest fears: the fear of death. Should we retire early, sparing our patients the trauma of experiencing our cognitive failures or our death? But, depriving ourselves of this work may disturb our inner equilibrium. Preparing our patients for our eventual death or cognitive decline is a compromise formation that may enable us to continue to meet our own as well as patients’ needs. How to approach this will be discussed.

After attending the presentation, participants will be able to
- Discuss their own conflicting needs and fears about retirement and death.
- Identify how they might prepare patients for their eventual cognitive failure or death.

The paper is a personal exploration of the writer’s conflicts and desires regarding retirement from private practice

After attending this presentation, participants will be able to
- Discuss what clients have a right to expect as clinicians confront aging and the potential function for diminished functioning.
- Evaluate their own health in view of their clients’ needs.
A presentation of an innovative method of teaching observational skills to educators at a daycare center located in a neighborhood where violence and financial instability is the norm. This model derives from psychoanalytic and developmental concepts.

After attending this presentation, participants will be to
- Describe specific methods to demonstrate and teach observational skills
- Discuss the use of psychoanalytic and developmental concepts in helping educators work more effectively with children.

The authors describe how their interpersonal bonds enable them to be empathic with the other’s viewpoint regarding the Israeli/Palestinian conflict. They examine how their difficult yet meaningful conversations about this topic translate into more effective clinical work.

After attending the presentation, participants will be able to
- Describe how to generate an honest and empathic dialogue about topics that are deeply divergent and controversial.
- Explain how positive transference between the co-authors improved their empathic connections with patients who held divergent views from their own.

This paper considers the holding and containing function of the socio-political and cultural discourse in the treatment of a psychotic young man. The patient’s deep identification with a nation preparing and engaging in war proves surprisingly therapeutic, at times disarming the therapist.

After attending the presentation, participants will be able to
- Identify the cultural milieu as a container for patients’ archaic fears and anxieties.
- Examine the therapeutic role of the environment, including socio-political discourse in the functioning of some patients.
- Discuss the transference-countertransference implications of shifts in the socio-political milieu on the therapeutic dyad.

The intensity of feelings experienced by the pregnant therapist leads to intense transference and countertransference reactions and enactments. She is losing herself to the pregnancy—her body is no longer hers—her mind to some extent is also taken over and is no longer hers. In a co-created space, what is the impact on the patient and the treatment when the therapist brings her own life into the room, especially on a patient who has already decided to terminate?

After attending this presentation, participants will be able to
- Identify transference and countertransference between pregnant therapist and patient.
- Describe how the therapist’s pregnancy impacted the work with a patient with significant character pathology.

Drawing on theory from psychoanalysis, feminism, infant research, and phenomenological philosophy, this paper examines the psychoanalytic treatment of a middle-aged woman with a history of traumatic attachments. The author asks how a shift in thinking about development, from a teleological one that ends in autonomy to a non-linear one that results in ongoing intersubjectivity, might influence the treatment relationship, the possibility for ending treatment, and an understanding of the therapeutic action.

After attending the presentation, participants will be able to
- Identify the relationship between problematic early attachments and identity formation.
- Discuss psychoanalytic techniques for addressing early life trauma and to the transference and countertransference implications of working with such trauma.
The presenter’s concept of “developmental moments” points to where the clinical material, in conjunction with the therapist’s countertransference, reveals guideposts to effective treatment based on the patient’s immediate developmental need. Attachment theory and the Modern concept of “contact functioning” (verbal and non-verbal connection-seeking behavior of the patient) are discussed, as they relate to each patient’s unique developmental need.

After attending the presentation, participants will be able to
- Identify behaviors and interactions that occur in a therapy session and link them to the patient’s developmental stage of functioning.
- Identify patterns of communication that signal the patient’s developmental need and how to formulate a developmentally attuned intervention based on that need.

The author discusses a patient’s progress over a 5-year period through an intersubjective lens. The holding function is used to contain the patient’s hostility in the early stages of the treatment which later helps both the patient and analyst sustain the treatment through life changing events in both of their lives.

After attending the presentation, participants will be able to
- Illustrate the use of the holding function with a hostile patient through a relational lens.
- Discuss how an external life event may serve as a catalyst for change in the course of a treatment.

“Alone we can do a little. Together we can do so much” (Helen Keller). The large group experience is based on the work of W. Bion and A.K. Rice. Its purpose is to learn by experiencing in the here-and-now the wholeness of the group, and challenges one’s own expression of self in the presence of others, as it pertains to the theme of the conference. The diversity in age, race, socio-economic status, culture, language, geography, religion, and gender gives the group the opportunity to be held as one unifying body and process the experience of differences and similarities.

After attending the presentation, participants will be able to
- Identify boundaries in a large group.
- Identify four interventions that lead to group cohesiveness.
- Identify the tendency to enter into a group with basic assumptions and the use of projective identification and how the process allows for reality to emerge.
Bigabytes of Participants


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Maryam Newman Razavi, PhD, LCSW  NY School for Psychoanalytic Psychotherapy and Psa. (NYSPP). AAPCSW. Author, on topics of single parenting, immigration, listening. Private practice, New York and Westchester, NY.

Karen K. Redding, PhD, LCSW  Area Chair, AAPCSW. LA Inst. and Society for Psychoanalytic Studies. USC School of SW. Fine art photographer. Private practice, Laguna Beach, CA.

Shoshana Ringel, PhD  UMD School of SW. Inst. of Contemporary Psychotherapy and Psa., Washington, DC. Co-author, Advanced Social Work Practice: Relational Principles and Techniques; Trauma: Contemporary Directions in Theory, Research, and Practice; and Attachment and Dynamic Practice. Private practice, Baltimore, MD.


Penny Rosen, MSW, BCD-P  Acting President, Past President, AAPCSW. NPAP. NY Inst. for Psychoanalytic Self Psychology. Distinguished Practitioner, NAP. Reviewer, CSWJ. Private practice, New York, NY.

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Erika Schmidt, MSW  Director, Chicago Inst. for Psa. Inst. for Clinical SW-Chicago. Author, articles on child therapy and analysis and the history of psychoanalysis. Private practice, Chicago, IL.

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Conference Planners

Penny Rosen, Conference Chair
William Meyer, Conference Consultant;
Film Committee Chair

Cathy Siebold, Program Consultant
Andrea Alpert (Book Exhibits Chair),
Karen Baker (Call for Papers Co-Chair),
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Susan Sherman (Student/Candidate Call for Papers Chair),
Golnar Simpson, Carolyn Stevenson (Editor),
Louis Straker (Volunteers/Public Relations Co-Chair),
Wendy Winograd

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Room Index

Friday, March 24 – Sunday, March 26
7:30–8:45 am  Registration  GRAND FOYER

Friday, March 24

7:30–8:45 am
Breakfast  STADIUM BALLROOM

8:45–10:15 am
1. Plenary  GRAND BALLROOM
2. Kuchuck/Silverman  UNIVERSITY 1
3. Arnd-Caddigan/Stickle  SALON A
4. Buccino/Mendez  UNIVERSITY 4
5. Berger/Meyer  SALON C

10:30 am–12:00 pm
6. Corpt/Blatter  UNIVERSITY 2
7. Rubinfine/Wood  UNIVERSITY 3
8. Berzoff/Ross  UNIVERSITY 1

12:00–1:00 pm
Lunch Reception  STADIUM BALLROOM

1:00–2:00 pm
9. Plenary Panel  STADIUM BALLROOM

2:15–3:45 pm
10. Turrini/Weill  UNIVERSITY 3
11. Simpson/Basham/Edwards  SALON A
12. Lord/Sohn  UNIVERSITY 4
13. Corpt/Maddux  UNIVERSITY 2
14. McKamy/Sherman  SALON B
15. Kanter/Smith  UNIVERSITY 1
16. Etnyre/Schneller  SALON C

4:00–6:15 pm
17. Plenary, Film  GRAND BALLROOM
18. Plenary  GRAND BALLROOM

6:15–7:30 pm
Post-Movie Reception  STADIUM BALLROOM

Saturday, March 25

7:30–8:45 am
Breakfast  STADIUM BALLROOM

8:45–10:30 am
18. Plenary  GRAND BALLROOM

10:45 am–12:15 pm
19. Palombo/Malawista  UNIVERSITY 4
20. Barth/Eldridge  UNIVERSITY 3
21. Cooper/Erskine  SALON A
22. Barrett/Schmidt  SALON C
23. Berzoff/Ross  UNIVERSITY 1
24. Barish/Siebold/Albini  SALON B
25. Simpson/Gruber/Begay  UNIVERSITY 2

12:15–2:00 pm
Luncheon  STADIUM BALLROOM

2:15–3:45 pm
27. Kudler/Rivette  UNIVERSITY 4
28. Groshong/Tosone  SALON C
29. Simpson/Redding  UNIVERSITY 1
30. Edward/Kita  SALON B
31. Cole/Willeboordse  UNIVERSITY 3
32. Hall/Moynihan  UNIVERSITY 2
33. Kanter/Evans  SALON A

4:00–5:30 pm
34. Aiello/Farrell  SALON B
35. Hagman/Frost  UNIVERSITY 2
36. Berzoff/Frank/Schmidt  UNIVERSITY 3
37. Felberbaum  UNIVERSITY 1
38. Pauley/Sherman/Tidwell  SALON A
39. D. Ross/Bergland/Burd/Hayes/Quayman  SALON C
40. Starc/Floersch/Brandell/Longhofer/Rosenberger  UNIVERSITY 4

Sunday, March 26

7:45–8:45 am
Breakfast  STADIUM BALLROOM

8:00–8:30 am
Open Forum  STADIUM BALLROOM

8:45–10:30 AM
41. Plenary  GRAND BALLROOM

10:45 am–12:15 pm
42. Farber/Logue  UNIVERSITY 1
43. Allpervoitz, Hersh, Starowlansky-Kaufman  SALON A
44. Kuppersmith/Schmidt  SALON B
45. Sarasohn/Aiello  UNIVERSITY 2
46. Mahayag/Winograd  UNIVERSITY 3
47. Levitz/Massa  UNIVERSITY 4
48. Slivko/B. Ross  SALON C