American Association for Psychoanalysis in Clinical Social Work
AAPCSW

A Time to Think, A Time to Act
Caring about the known and the unknown

November 4–7, 2021
DoubleTree by Hilton Philadelphia Center
237 South Broad Street, Philadelphia, PA 19107

www.aapcsw.org/events/conference
A Time to Think, A Time to Act  Caring about the known and the unknown

How do we hold in mind the tension between thinking and acting, at the conscious and unconscious levels? Whether it be the unknown of our inner world, the unknown of the world around us, or the unknown embodied in those from whom we feel different, we grapple with the dilemma of what is and isn’t known. We know about the mind in conflict and meaning-making in various ways. We know about injustice. We place high value on introspection while also addressing activism. Now, as in all times of global change, we are also called upon to explore the impact of societal factors in clinical encounters through a fresh lens. Given the complexity of the human condition, this conference will ask us to reflect on such matters from multiple psychoanalytic perspectives.

About AAPCSW  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.

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Sponsored by the National Institute for Psychoanalytic Education and Research in Clinical Social Work, Inc. (NIPER), educational arm of the American Association for Psychoanalysis in Clinical Social Work (AAPCSW)

Co-sponsored by the Psychoanalytic Psychotherapy Study Center (PPSC) and the Institute for Clinical Social Work (ICSW–Chicago)
Greetings

We’re glad you’ve joined us at our biennial conference, especially given the turbulent time in which we all find ourselves. I hope your experience in Philadelphia amongst colleagues and friends is gratifying, stimulating, and serves to reconnect you with our shared love of psychoanalytic thinking. Enjoy the next few days in Philadelphia!

—Brian Ngo-Smith, LCSW, BCD; President, AAPCSW

Confidentiality

It is of utmost importance to secure the Confidentiality of all clinical material presented at our meetings. Here are the guidelines for attendees and presenters:

• Clinical material must not be discussed outside of the session in which it is presented and must not be recorded, conveyed, or disseminated in written or electronic form.

• A secure environment is to be utilized solely by the registered participant and protected from intrusion by, or exposure to, unauthorized persons.

• Presenters of case material must have obtained informed consent from the patient (or guardian) or taken other carefully considered measures to safeguard confidentiality.

• A participant must leave the session, if they suspect that they recognize the identity of a person.

• Failure to observe these guidelines constitutes a breach in ethical professional standards.

Note: Adopted from APsaA’s guidelines
Thursday, November 4

5:00pm • The Constitutional Walking Tour
(Approx. 25-minute walk from the Hotel. Wear comfortable shoes.)
Meet at the National Constitution Center, 525 Arch Street, outside the main entrance. In a 75-minute, 1.25-mile walking journey, explore historic sites of America’s Birthplace, including Liberty Bell, Independence Hall, Betsy Ross House, and the National Constitution Center. Complimentary ticket sponsored by AAPCSW. Separate registration.

6:30–9:30pm • Opening Reception
Independence Beer Garden, 100 S. Independence Mall West
Enjoy an expansive all-American beer garden overlooking the Liberty Bell and Independence National Historic Park. (For all conference participants.) Separate fee. Cash bar.

Friday, November 5

7:30–8:30am • Registration / Breakfast

8:45–10:30am • PLENARY (CE 1.75)
Welcoming Remarks by Teresa Méndez, MSW, LCSW-C, LICSW, and Brian Ngo-Smith, LCSW, BCD
Our fears allow us to develop a larger sense of our deeper selves, as we are moved into the Unconscious. Through the ego’s dreams, personal disasters and anxiety, we can learn self-compassion and the quality of weathering life storms. We bring the personal to the collective when we are faced with cultural and collective trauma. This paper investigates how best to join and engage the deeper knowledge of the Unconscious Self, with the strength of the ego including cultural factors.

After attending the presentation, participants will be able to
• Identify the relationship between Jungian concepts of Self archetype and ego awareness/strengthening.
• Describe cultural and collective trauma features and their relationship to individual psychological analysis.

Using a language and current sociological concepts, this paper applies psychodynamic theory to case illustrations. The complexity of interracial and cross-cultural therapeutic relationships is illustrated, including ruptures and repairs.

After attending the presentation, participants will be able to
• Describe the application of psychodynamic theoretical ideas in working through ruptures due to racial or cultural rifts in the transference.
• Discuss the complexity of interracial and cross-cultural therapeutic relationships when the intersection of socio-cultural and psychological issues occur in treatment.

1. Unknown: Fear and Courage in Times of Uncertainty
Fanny Brewster, PhD, MFA, LP
Mario Starc, PhD, LCSW, BCD, Moderator

On Being A White Therapist: Countertransference, Color and Culture in a Diverse Psychodynamic Practice
Barbara Berger, PhD, BCD
Mario Starc, PhD, LCSW, BCD, Moderator
2. Shadows of Multiple Realities: Intersecting Diversity Themes of Race, Ethnicity, and Corporatization of The Clinical (Panel I)

AAPCSW Committee on Diversity and Social Action
Golnar A. Simpson, PhD, LCSW, Chair
Georgette Saad, MSW, LICSW
Ellyn Freedman, PsyD, LCSW
Carolyn Gruber, PhD, LCSW, Moderator

The two papers in this panel explore the dynamic interrelationship among “otherness” dynamics, clinical practice, and corporatization influences. Saad’s paper “An Entanglement of Disengagement and High-Risk Safety: A Case Study” focuses on the transference/counter transference themes in working with an adult Latinx cis-gendered, heterosexual female involving trauma and sociocultural issues. Freedman’s presentation “Corporatization of The Clinical: Systematic Control of Expertise” takes a fresh look at the increasing corporate takeover of health, mental health, and substance abuse treatment and its impact on practice standards as well as ethical challenges involving considerations of profit margin over clinical judgements.

After attending the presentation, participants will be able to
• Discuss the complex intersectional issues of “otherness” in general and in transference/counter transference dynamics of the clinical encounter in particular.
• Identify the impact of corporations on clinical practice regarding the effects of a depriving context and how to sustain the therapeutic relationship and advocacy efforts.

3. My Transphobia, or Working at the Risky Intersection of Privilege and Empathy: The Effort to Understand What One Doesn’t Understand and Can’t Experience

Gilbert Cole, PhD, LCSW
Brian Ngo-Smith, LCSW, BCD, Moderator

This presentation examines the potential difficulties to be found at the intersection of privilege and empathy when working with phenomena that are beyond one’s understanding and experience. The author endorses a psychoanalytic skepticism of the contemporary emphasis on a biological “naturalizing” of sex, sexual orientation, and gender identity. He describes the possible first steps of an empathic exploration that he finds to be risky. He attempts to analyze his transphobia relying on his own developmental story of a sense of gender and the sexual explorations of early latency.

After attending the presentation, participants will be able to
• Identify the variety of ways children develop their own theories of sexuality and gender.
• Describe how cultural change alters what can be thought of as “material reality” and “fantasy.”

Life Transitions and Identity: Who Am I Now?

F. Diane Barth, LCSW
Brian Ngo-Smith, LCSW, BCD, Moderator

In this paper, the presenter will consider the importance of paying attention to the dialectic that often emerges between a genuine desire to make some kind of change and an often unconscious or unformulated fear of making such a change, specifically as it is related to the fear of a loss of a known identity and its replacement by an unknown or unfamiliar sense of self.

After attending the presentation, participants will be able to
• Identify changes in an individual’s sense of self, or identity, that impact and are impacted by a transition.
• Explain connections between separation anxiety and any transition.

4. Working with Parents: Clinical and Ethical Perspectives

Joel Kanter, MSW, LCSW-C
Jessica Hallberlin, MSW, LCSW
Katherine Hauser, MSW, LCSW, Moderator

In this workshop, the presenters will offer a protocol for working with parents that begins with the initial phone call that precedes the first appointment. The objective is to establish a consultative relationship with parents which continues, in many instances, alongside the individual treatment with the child or adolescent and, on occasion, involves family sessions involving both parent and child.

After attending the presentation, participants will be able to
• Describe a protocol for working with parents of child and adolescent clients from the initial contact.
• Discuss the ethical issues around confidentiality that impact communications with parents when treating children.
5. **Successful Revision of Volk: The Clinician’s Duty to Warn and Protect**
Laura W. Groshong, LICSW
William S. Etnyre, PhD, LICSW, BCD, Discussant
Marsha Wineburgh, DSW, LCSW, Moderator

The Volk decision in Washington State changed the landscape of what a clinician’s duty to protect looks like. Since 2016 the presenter has led a multi-disciplinary campaign to revise the impossible charge of the Supreme Court to be able to predict violence in past and present patients. The recommendations of the Bree Collaborative will be discussed, as will varied and vague state laws that govern the clinician’s duty to warn and protect the public. The Volk decision and remedies for it will be discussed.

**After attending the presentation, participants will be able to**
- Discuss their responsibility for duty to warn/protect.
- Explain how to integrate psychoanalytic technique with policies on duty to warn/protect.

Lynn Borenstein, LCSW
Santiago Delboy, LCSW, MBA, Moderator

Buried beneath a child’s often belligerent, antagonistic stance resides a difficult to detect spark, a striving to move forward. Drawing on Winnicott’s concept of transitional objects and Tolpin’s concept of “tendril of health,” the presenter discusses how the child psychotherapist comes to serve as a transitionalized object function for the child, allowing a joined meaningful connection to occur, both catalyzing and facilitating change.

**After attending the presentation, participants will be able to**
- Identify the child’s confusing, often hostile stance in treatment as well as the child’s healthy strivings for connection.
- Describe the psychotherapist’s stance as a transitionalized object in the treatment setting and how this position furthers self initiative within the child.

7. **The Antisocial Tendency and the Role of Deprivation: Facilitating the Maternal Environment**
Huey Hawkins, Jr., MSW, LCSW
Santiago Delboy, LCSW, MBA, Moderator

This paper explores Winnicott’s conceptualization of the antisocial tendency and the role of deprivation. Speaking from his experiences of working with a child patient in foster care for nearly 12 years, the author discusses his provision of a maternal environment. The foster care system in St. Louis, MO, intersecting with race and class barriers are also explored.

**After attending the presentation, participants will be able to**
- Discuss the role of deprivation in antisocial acts/behaviors.
- Identify ways to facilitate maternal environments in treatment settings.

8. **From Ghosts to Ancestors: Relational Approaches to Working with Intergenerational Trauma**
Natalie Peacock-Corral, MSW, LCSW
Christine Tronnier, PhD, LICSW
Rebecca Mahayag, LCSW-C, Moderator

Intergenerational trauma lives on in the consulting room as patients struggle to transform their “ghosts” to become “ancestors.” Addressing intergenerational trauma often involves working with dissociated rage, addictions, and self-destructive behaviors. Intensive, long-term, relational treatment enables individuals to break the cycle of intergenerational trauma. Through the holding environment of a “good enough” psychotherapy relationship, patients’ ghosts are reborn as ancestors, no longer living in the shadow of ghosts. This panel will explore clinical work with patients who are striving to end destructive relational patterns through examining their historical origins and the contemporary contexts that keep them in place, including attention to the compounding and complicating impacts of structural oppression.

**After attending the presentation, participants will be able to**
- Describe some of the impacts of intergenerational trauma on the individual and the therapeutic process.
- Discuss why dissociated rage is often a part of the cycle of intergenerational trauma.
- Describe why long term intensive psychoanalytic treatment is necessary for the resolution of intergenerational trauma.

8. **Thomas Szasz: Beyond the Myth of Mental Illness**
Mark L. Ruffalo, LCSW, DPsa
Peter Wood, MSW, Moderator

The psychiatrist Thomas Szasz is best known for his controversial 1961 book *The Myth of Mental Illness* and his criticisms of biological psychiatry, yet his contributions to psychotherapy and psychoanalysis have received relatively little attention. This presentation will explore Szasz’s writings on autonomous psychotherapy, which he developed as his own variant of psychoanalysis.

**After attending the presentation, participants will be able to**
- Describe the basic tenets of Szasz’s autonomous psychotherapy.
- Discuss Szasz’s legacy within psychoanalysis and psychiatry more broadly.
Holding On and Letting Go: A Patient and Her Analyst Struggle with Motherhood  
Eve Blake, LCSW  
Norman M. Sohn, PhD, LCSW, BCD, Moderator

Acknowledging the inevitability of enactments in a relational psychoanalytic treatment paves the way for increased authenticity and potential for intimacy for both patient and clinician. The interweaving of similar trauma histories and experiences of abandonment both complicate and expand the psychoanalytic field in the treatment room.

After attending the presentation, participants will be able to
• Differentiate between uppercase and lowercase enactments.
• Identify ways to expand intimacy in the treatment.

The Myth of Achilles: Non-Binary Vulnerability and the Intergenerational Transmission of Trauma  
Susan Lord, PhD, LICSW  
Norman M. Sohn, PhD, LCSW, BCD, Moderator

This presentation offers a case study of individual family-focused work with a non-binary-identified person who is working on identity formation, ongoing suicidality, and difficulties with intimate relationships. Using a combination of psychoanalytic and systemic models, issues of power, control and attachment are addressed as important to understanding intergenerational trauma.

After attending the presentation, participants will be able to
• Identify individual family-focused work as a treatment of choice with certain clients, particularly when there has been a history of trauma.
• Describe how psychoanalytic and systemic models of treatment can be combined to deliver what is helpful to the client/client system.

Upside Down & Inside Out: Bringing Psychoanalytic Interventions to Child Welfare  
Tina Adkins, PhD, MSc  
Kevin Barrett, AM, LCSW, Moderator

Can we turn the child welfare field upside down and help parents see themselves from the inside out using psychoanalytic theory? The purpose of this project was to create a psychoanalytically informed, practical, and low-cost psycho-educational intervention for foster parents, in hopes that such a training could improve parents’ ability to mentalize. This presentation will include a description of the intervention, in what ways it reflects psychoanalytic theory and how it merges with social work, and the results from a study completed in 2019.

After attending the presentation, participants will be able to
• Identify at least two features of parental mentalization.
• Describe how psychoanalytic concepts can be translated into a psycho-educational intervention.

Ghosts in the Nursery, ICE in the Neighborhood: Supporting Secure Attachment in Immigrant Families in a Time of Fear  
Jennifer Graves, LCSW  
Kevin Barrett, AM, LCSW, Moderator

The author examines what constitutes therapeutic action in home visits, focused on supporting secure attachment bonds between immigrant parents and their young children during the first two and a half years of Trump’s presidency. A clinical case views factors such as race, immigration status, political moment, trauma, poverty, and the in-home context for effective cross-cultural therapeutic work. It demonstrates transformative work amidst profound and ongoing external stress, the tension between thought and action, and the relationships between known and unknown aspects of the internal and external worlds of the patient and therapist.

After attending the presentation, participants will be able to
• Discuss the role of contextual factors in the outcome of psychoanalytic infant mental health treatment among Hispanic/Latino immigrants.
• Identify ways to support elements of attachment security in parent-child relationships that are threatened by past and present traumas and stressors.

The Spectrum of Analytic Interaction: A Contemporary Freudian Perspective  
Arthur A. Lynch, PhD, LCSW  
Janet L. Bachant, PhD  
Arnold D. Richards, MD  
Scott Graybow, PhD, LCSW, Moderator

Through a contemporary Freudian perspective, this paper proposes that interaction is a spectrum of distinct yet overlapping clinical phenomena: acting in/acting out, transference actualization, enactment, countertransference actualization, and boundary violation. At the center of this spectrum are enactments, interactions in which both parties construct and sustain a process that embodies a crucial aspect of their affective relationship. By conceptualizing interaction as a continuum that is patient-focused at one end and analyst-focused at the other, we can delineate a range of modalities for analytic intervention. We
contend that an oscillation between monadic and dyadic perspectives is integral to grappling with the interactive dimension of the analytic process.

After attending the presentation, participants will be able to
- Describe the spectrum of interaction.
- Discuss why the spectrum of interaction is a helpful concept in pursuing the “unknown.”

Panelists present their joint work with a family in which the parents are frightened to reveal to their 4-year old daughter that she is adopted. Play therapy with the child uncovers how she comes to know what she is not supposed to know and how that unthought known presses for expression. Theory of unrepresented states is used to understand how unconscious material seeks conscious representation, without which emotions and behavior become dysregulated. In work with the parents, the presenters will show how the parents come to see parenting as a developmental phase complicated by trauma and how parenthood goes beyond childbearing/adoption to the important and long-term task of child rearing, to examine a world beyond the self-dominated by migration and dislocation—to be a psychological parent.

After attending the presentation, participants will be able to
- Describe a model of child therapy in which two therapists work jointly, one with the parents and one with the child.
- Discuss theory of unrepresented states and how this theory can be used to understand childhood behavior in the context of family secrets.
- Examine how anxiety and shame leads to secrets, and a disturbance in a child’s emotional life and behavior.
- Identify how parental anxieties and needs can interfere with a child’s development.

This workshop provides clinicians with an overview of yoga-based strategies—breathing, movement, meditation, mantra, and relaxation—for increasing mind-body awareness and lowering stress. Further, it exposes participants to neurobiological research regarding the benefits of yoga for increasing relational attunement and affect regulation, especially during and after challenging clinical sessions.

After attending the presentation, participants will be able to
- Identify yoga-based strategies for reducing mind-body stress and developing greater awareness of transference-countertransference experiences within and following challenging treatment sessions.
- Describe the role of yogic breathing, movement, mantra, and meditation techniques in fostering attunement and affect regulation within clinical sessions.

The undifferentiated selfobject is the fundamental experience of knowing there is more forthcoming to discover. It is an extension of Kohut’s contribution of selfobjects. Early interference in the undifferentiated selfobject leads to the disappearance of the needed discovery experience. In order to maintain discovery, focus is redirected to the disappearance itself. This focus is the source of the preoccupation with negativity that underlies disorders. Through clinical examples, the workshop focuses on de-linking the discovery focus from disappearance. The de-linking allows access to positive thinking.

After attending the presentation, participants will be able to
- Identify the patient’s continuing focus on disappearance.
- Discover effective explanations that lead to de-linking to positive thinking.

This panel will focus on the concept of large group identity, the role of shared unresolved mourning, and transgenerational transmission of trauma. The discussion will begin with the understanding of intergroup conflicts, at the national and international levels, the role of psychoanalytic concepts such as projection, identification, and internalization. The work of contemporary theorists will be used to expand the theoretical frame. Based on these theoretical and clinical formulations, it is essential that we understand the psychological, social, and historical underpinning of ethnic tension, racism, and the stigmatizing of the “other”. In order to address the entrenched resistances to conflict resolution, we will also examine the regressive pull on followers of a narcissistic, authoritarian leader who promises
“reparative” change or retribution. Emphasis will be placed on the dynamic, bidirectional, and often unconscious interplay between the individual and the social, historical context, and their implications for clinical practice.

After attending the presentation, participants will be able to
* Define the clinical and theoretical concept of large group identity and the resistance to change.
* Identify the role of the regressive, destructive “reparative” leader in large group regression, magical thinking, and bitter entitlement around loss and deprivation.

3:30–6:15pm • PLENARY, Film Presentation (CE: 2.75)

Crip Camp starts in 1971 at Camp Jened, a loose, free-spirited summer camp in New York for teens with disabilities. The documentary focuses on the evolution of those campers over the years as they waged a war for disability rights for all Americans. “This camp changed the world, and nobody knows this story. Crip Camp offers something we could all use more of—hope for the future” (Roger.Ebert.com). “Crip Camp has a universal message: Inspirations that begin in youth can lead to radical, world-changing results” (NY Times).

Ms. Heumann, a protagonist in the film and the author of Being Heumann: An Unrepentant Memoir of a Disability Rights Activist, is a disabled activist in the forefront of the disability movement for five decades. Her advocacy work changed the lives of every disabled person worldwide.

After attending the presentation, participants will be able to
* Describe milestones of adolescents with physical disabilities around identity, sexuality, individuation, peer groups.
* Discuss the barriers affecting disabled people that led to their struggle for self-determination, independence, accessibility, and citizenship rights, culminating in public policy changes.

6:15–7:30pm • Reception: Post-Movie Hour

Enjoy hors d’oeuvres. (Cash bar.)

Saturday, November 6

7:30–8:30am • Registration / Breakfast

8:45–10:30am • PLENARY (CE 1.75)

Jane Addams and Donald Winnicott were groundbreaking figures in social work and psychoanalysis who continue to inspire contemporary efforts that combine action and reflection. This paper will describe their influence on the presenter who, in 2005, launched a program to connect psychoanalytically oriented therapists with homeless and other socially excluded individuals in free treatment.

After attending the presentation, participants will be able to
* Define Jane Addams’ concept of “sympathetic knowledge” and its possible applications.
* Identify two Winnicottian ideas relevant to the care of homeless adults and children.

From the early history of psychoanalysis, Sigmund Freud included, the profession has shared with social work a mutual commitment to social justice and community-based treatment for people from all socio-economic classes. Blending archival and oral history research, this descriptive overview shows how the core values of humanism and democracy have undergirded a common set of theory and practice principles.

After attending the presentation, participants will be able to
* Explain how social work and psychoanalysis are grounded in a shared concept of “social right.”
* Describe the importance of historical research for psychoanalysis in clinical social work.
Older African Americans have been hit particularly hard in communities that experience gentrification (Crewe, 2017). The practice of gentrification often pits older persons against younger persons with more resources. This generational conflict often, along with race and class, exacerbate the levels of psychological distress for seniors, whose lives are now challenged by their fears of losing their homes where they have resided for decades and, in some cases, for generations. African American adults especially seniors are now struck with the consequences of evictions, inability to pay rising property taxes due to gentrification and the growing complexities of weighing painful angst and worry confounded by COVID-19 and other family displacement.

After attending the presentation, participants will be able to
- List three areas of concern, nationally and locally, related to the psychological impact for older adults living in gentrifying communities and the difficulties associated with survival in these communities.
- Discuss three strategic solutions for bridging issues about gentrification and meeting the psychological needs of African American resident seniors.

After a moratorium on psychedelic research lasting decades in the U.S., new studies using psychedelic assisted psychotherapy have shown promising results in the treatment of psychiatric disorders and been granted breakthrough status by the FDA. In this workshop, a documentary film about one such study at Johns Hopkins University, accompanied by the presenter’s paper titled *Psychedelic Psychodynamics: Implicit relational knowing and the unthought known*, will be presented and discussed.

After attending the presentation, participants will be able to
- Describe a psychoanalytic understanding of psychedelic assisted psychotherapy.
- Assess how trends in medication assisted psychotherapy may affect the future of the field.

Anxiety is perhaps the most frequently diagnosed problem. We are not only called on to understand the meaning and function of anxiety in our patients’ lives. We are also pressured to help our patients manage or reduce their anxiety levels. Intensive short-term dynamic psychotherapy (ISTDP) offers a helpful perspective on the role of anxiety in the psychic economy, and ways of assessing anxiety that can supplement and lend greater precision to clinical work. Case examples will demonstrate the usefulness of this approach.

After attending the presentation, participants will be able to
- Describe the role of anxiety in defense analysis.
- Identify physiological signs of anxiety in clinical practice.

To this end, the presenter will review some of Freud’s ideas about curiosity and its etiology, as he put forth in his “Three Essays on The Theory of Sexuality” and in his monograph “Leonardo da Vinci and a Memory of His Childhood.” Freud linked curiosity with infantile sexuality. There are rich nuances worth exploring, including how intrinsic curiosity is to human nature. The role of curiosity within the clinical arena will be viewed from the point of view of the analyst and the patient. How do each engage in and express their curiosity, and how does curiosity inform the overall analytic enterprise?

After attending the presentation, participants will be able to
- Identify some of the components of curiosity and Freud’s contribution to the concept.
- Identify how curiosity manifests itself/or not within the clinical situation and its overall impact.

Fear of contagion is a phenomenon that has stalked humankind through history. The hope and search for cure—medical, psychological and political—puts us against the ultimate limiter, time. This presentation will explore the persistence of love and closeness in the face of contagion seen through relational, sociopolitical and cultural lenses, and using clinical examples and narratives/memoir.

After attending the presentation, participants will be able to
- Identify at least one sociopolitical or cultural explanation for the fear of closeness when a society faces possible contagion.
- Describe clinical and other presentations of fear generated in the face of potential contagion.
The omnipresence of social media in our current technological society can provide a new understanding of the paranoid behaviors currently diagnosed as Delusional Disorder. The previously overlooked concept of paranoid pseudocommunity (Cameron, 1947) is newly relevant to explain how a desire for acceptance can result in a belief in persecution. Using social media postings and case examples, a new theoretical understanding will be advanced to illuminate the puzzling history and etiology of paranoia.

After attending the presentation, participants will be able to
• Explain the puzzling history and etiology of paranoia (current DSM 5 diagnosis—Delusional Disorder).
• Describe a nascent theory of Delusional Disorder based on the paradoxical connections between paranoid behavior and a search for community.

The workshop will address the method of integration of dream analysis into the fabric of the therapeutic process. Conceptual overview includes the first dream, the symbolism and metaphor of the dream, the patients’ associations to their dreams, manifest and latent content, the life context of the dream, self-state dreams, and the dream as a reflection of the patients’ engagement in the therapeutic process. Clinical case vignettes will illustrate these features.

After attending the presentation, participants will be able to
• Explain the therapeutic role of the dream regarding current conflicts.
• Describe key concepts in the technique of dream analysis.

This co-authored paper explores through a psychoanalytic lens what happens in conversation when opposing worldviews disrupt empathic connection and how that connection can be restored. The authors focus specifically on their contrasting views about Israel/Palestine—a topic often taboo in psychoanalytic circles. Through examining the breach that erupted and the reparation that followed, they invite the psychoanalytic community to examine unconscious defense mechanisms that interrupt empathic listening when the content of the conversation is politically and ideologically charged.

After attending the presentation, participants will be able to
• Describe unconscious defense mechanisms activated during an empathic rupture.
• Identify conscious strategies to repair psychological rupture and restore empathic connection.

The paper will discuss qualitative research exploring therapists’ personal and professional experiences and clinical exchanges regarding “the political” in psychotherapy. The findings highlight how heightened external socio-political circumstances does impact psychotherapy and the therapist, ultimately enhancing therapist growth and development. The research recognizes and demonstrates the meaning and impact of “the political” in psychotherapy for the therapist.

After attending the presentation, participants will be able to
• Describe concepts of “shared reality” and the potential impact of this phenomenon with regards to their own professional experiences.
• Analyze the impact of and response to external socio-political realities in their work.

This presentation will address the concept of shared trauma as manifested during the coronavirus pandemic. Shared trauma goes beyond secondary trauma as clinicians are dually exposed to the trauma of the pandemic, both through the trauma narratives of their patients and through their own experiences related to the pandemic. Increased self-disclosure, adjustment to teletherapy, anxiety, and efforts towards resilience are common clinician experiences.

After attending the presentation, participants will be able to
• Define the construct of shared trauma.
• Describe unique manifestations of shared trauma in relation to the coronavirus pandemic.
**12:15–2:00pm • Luncheon at Hotel**
Brian Ngo-Smith, LCSW, BCD, Moderator

**Lifetime Achievement Award to:**
Audrey Thayer Walker, MSS, BCD
Presented by Golnar A. Simpson, PhD, LCSW

**Professional Writing Award to:**
Joel Kanter, MSW, LCSW-C
Presented by George Hagman, DSW, LCSW

**The AAPCSW Selma Fraiberg Award to:**
Karen E. Baker, MSW
Presented by Wendy Winograd, DSW, LCSW, BCD-P

**The Diana Siskind Award for Excellence in Writing to:**
Eve Blake, LCSW; Huey Hawkins Jr., MSW, LCSW; Ashley Leeds, MSW; Marisa K. Mickel, LCSW; James Wells, LCSW
Introduction by Susan Sherman, DSW, LCSW

**In Memoriam**
Tributes honoring William Meyer, MSW, LCSW

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**2:15–3:45pm • Sessions 25–31 (CE 1.5)**

25. **The Piggle Speaks: Re-reading Winnicott’s Classic Treatment of a Young Child**
Deborah Anna Luepnitz, PhD
Brian Ngo-Smith, LCSW, BCD, Moderator

Forty years after publication, *The Piggle* is still studied around the world as an analytic classic. In 2015, the patient, who had kept her identity almost entirely secret for 50 years, chose to disclose it to the presenter. Dr. Luepnitz reconsiders the case in light of information gleaned during their year of communication. Two areas not explored by Winnicott, i.e., the unconscious transmission of trauma, and the importance of names will be discussed.

*After attending the presentation, participants will be able to*
- Describe how transgenerational transmission of trauma can inform symptoms in a very young child.
- Identify one aspect of the case sidestepped by Winnicott that Lacan would have explored.

While Winnicott is known as a psychoanalyst and pediatrician, his active engagement with the child’s social network, his publication in social work journals, and his decades as a social work educator reflected another facet of his professional identity. In *The Piggle*, Winnicott’s collaboration with parents reflected the consultative model that he developed with his wife Clare as they worked with evacuated children during the War. This presentation will discuss Winnicott’s transition from conventional child analytic practice to his explicit support for empowering the child’s “facilitating environment.”

*After attending the presentation, participants will be able to*
- Describe DW Winnicott’s engagement with the social work profession.
- Discuss how Winnicott’s model of therapeutic consultation became central to his interventions with children and families.

26. **Weaving Wisdom into the Clinical Experience**
Karen K. Redding, LCSW, PhD
Sheila Felberbaum, LCSW, BCD
Genevieve David, LCSW, Moderator

As psychoanalytically oriented clinicians, we are trained to see how theory informs practice and how practice informs theory. But how does wisdom emerge? This workshop will explore the qualities of embodied wisdom, that when recognized and cultivated by the therapist, contribute to a listening stance that deepens the treatment.

*After attending the presentation, participants will be able to*
- Describe what is meant by wisdom in the clinical encounter.
- Identify different qualities of wisdom that show up within an embodied presence.
- Discuss how qualities of a wise embodied presence contribute to a therapeutic listening stance.
27. **A Psychoanalytic Short Story**  
Susan S. Levine, LCSW, BCD, FABP  
Ashley Warner, MSW, LCSW, BCD-P,  
Moderator

This Hitchcockian story (using fictional case material) highlights several important clinical dilemmas. These include the analyst’s love for doing analytic work, her conflicting wishes to be both anonymous and known to her patients, the importance of maintaining a frame when working with a provocative patient, the complexity of working with a patient who lies, and the pitfalls of working with masochism.

*After attending the presentation, participants will be able to*
- Explain the enactment of sadomasochism in this story.
- Describe an analyst’s conflict about maintaining appropriate anonymity with her patients.

28. **Shadows of Multiple Realities: Intersecting Diversity Themes of Race, Clinical Theory, and Practice (Panel II)**  
AAPCSW Committee on Diversity and Social Action  
Golnar A. Simpson, PhD, LCSW, Chair  
Kathryn Basham, PhD, LCSW  
Audrey Thayer Walker, MSS, BCD  
Corbin Quinn, PhD, MSW, Moderator

The presentations in this panel, address the need for taking a fresh look at the psychoanalytic/psychodynamic clinical social work theory in understanding and combating the problem of systemic racism. Basham’s paper “An Ongoing Challenge: Harmonizing an Anti-Racism/Racial-Justice Commitment with Psychodynamically-informed Clinical Social Work Practice” addresses the historical and contemporary struggles associated with identifying and addressing the anxieties, vulnerabilities, and strengths expressed by our clients that challenge us to explain the interface, interpersonal, and socio-political domains. Walker’s paper “Dare We Explore; Dare We Not? A Study Group on Racism and Psychoanalysis Speaks” is a report of a multi-year, multidisciplinary Study Group of clinicians’ exploring White Identity issues and the impact of how their attempt at integrating various psychoanalytic, sociological, and advocacy perspectives affected their theoretical understanding of institutionalized racism and their own self-discovery process.

*After attending the presentation, participants will be able to*
- Identify ways to harmonize an anti-racism/racial justice commitment in psychodynamically-informed clinical social work practice.
- Identify defense mechanisms that serve to discourage authentic conversation related to white identity and racism and the exploration of traumatic affects related to white dominance, slavery, and concomitant racism.

29. **White Voice: Too Loud or Too Silent? Navigating the Terrain of Allyship and Accompaniment in the Clinical Dyad, in Groups, and in Organizations**  
Christine Schmidt, LCSW, CGP  
Christine Tronnier, PhD, LICSW  
Joshua Dolman, LMSW, Moderator

This workshop blends didactic and experiential components about white allyship in clinical and organizational situations. The co-presenters will provide conceptual framework from scholarly work and will engage workshop participants in active and self-reflective conversation about how the conscious use of self by white-identified social workers can decenter whiteness and repair racial harm.

*After attending the presentation, participants will be able to*
- Describe how conscious use of self can support white allyship in the clinical situation
- Identify two strategies to decenter white dominance in organizational work.

30. **The Experience of Pregnancy for One Expectant Father and His Patient: A Case Discussion Illustrating the Known-Unknown and Its Potential for Growth**  
James Wells, LCSW  
Andrea Barbour, MA, LMFT, Moderator

This paper focuses on the intra-psychic-intersubjective disturbance caused by pregnancy for the non-carrying analyst as told through a case presentation. Pregnancy offers a pronounced opportunity to study the impact of an emotional shift in the analyst, and how this shift can impact treatment generally. A clinical example will focus on a patient’s unconscious perception of a shift in the therapist caused by expectant parenthood, which in turn allowed the patient to connect with more archaic parts of himself.

*After attending the presentation, participants will be able to*
- Identify instances in which shifts in their own subjectivity (not just related to pregnancy) have impacted their work.
- Assess the value of talking about such moments with their patients.

The Creative Use of Birth Stories in Psychoanalytic Treatments  
Johanna Dobrich, MA, LCSW  
Andrea Barbour, MA, LMFT, Moderator

Birth stories, as told to patients by caregivers, represent an important communication to psychoanalysts in conceptualizing a patient’s development during treatment. Because birth stories illuminate many of the relational themes between the parent’s unconscious experience of creation/caregiving and the child’s experience of entering into a particular caregivers world, these stories often foreshadow the self/other configurations that come
about in the family of origin, and later in the treatment experience vis-a-vis the transference/countertransference and enactments that follow.

After attending the presentation, participants will be able to
- Analyze the unconscious inheritance of a caregiver’s projective fantasies on a patient’s sense of self, by considering the way a birth story is internalized and elaborated upon, over the course of a patient’s early development.
- Examine how the unconscious relational communications embedded within birth stories may be (re)enacted in the transference countertransference medium.

This paper is based on research conducted with clinical social workers describing their experience in working with clinical intuition. The presentation develops further understanding of the ways that intuitive information is experienced, how it reflects the intersection of the inner and outer worlds, and how its application informs both self-reflection and therapeutic action.

After attending the presentation, participants will be able to
- Describe four ways that intuition is experienced in clinical settings.
- Identify a clinical example of how intuitive information enhanced therapeutic process.

The therapist’s own feelings of shame inevitably impact the treatment of patients. Whether shame becomes a hindrance or healing agent in psychotherapy depends on the therapist’s capacity to tolerate their own shameful feelings and recognize the ways shame is camouflaged in patients. Through the use of case material, experiential learning, and an exploration of the major shame theorists, the presenter will explore the manifestations of shame in psychotherapy and the benefits of working directly with shame.

After attending the presentation, participants will be able to
- Identify the benefits of working directly with shame and the risks of not working with shame.
- Describe the benefits of utilizing a one-person model and a two-person model in treating shame.
- Identify the developmental origins of shame and its application to treatment.

In light of unprecedented current worldwide upheavals and the resulting traumas, this presentation focuses on the depth and breadth of the issues surrounding the question of our responsibility to the “other” who needs our help. The urgency and enormity of challenges require a fresh look at the conscious and unconscious dynamics of the “othering” process and novel approaches to the resolution of its entrenched damaging problems. Contemporary psychoanalytic and philosophical contributions, and core professional values provide the theoretical underpinning of the discussion at the societal level and the psychodynamics of the clinical process.

After attending the presentation, participants will be able to
- Identify factors that contribute to “othering” dynamics.
- Discuss the conscious and unconscious dynamics of “othering” in clinical process.

Intersectionality is a critical lens for analyzing social problems, looking at issues of justice and fairness, analyzing inequality, thinking about neo-liberalism and interrogating structures of power. How does this critical theory relate to clinical practice and how is it useful when working with oppressed populations? This talk will consider these issues and include clinical examples.

After attending the presentation, participants will be able to
- Identify five tenets of intersectionality.
- Identify ways to use an intersectional critique in clinical practice.
From her native Vienna to exile in London, Anna Freud pursued a life of teaching and discovery that merged psychoanalysis, research on child development, and innovative programs designed to meet the educational and psychological needs of the young child—in their own best interests. The presenter will conclude with a screening of the new film titled Anna Freud and ‘The Conscience of Society’.

**After attending the presentation, participants will be able to**

- Discuss a broader, historically-framed perspective on Anna Freud’s theories of education and child development.
- Describe the social justice dimension in the work of Anna Freud.

Each therapy requires both therapeutic generosity and reserve. Some patients welcome the therapist’s generosity, while others are shamed by or envious of the therapist’s capacities. More reserve is then required. Holding both in our work adds to the complexity of the treatment.

**After attending the presentation, participants will be able to**

- Describe therapeutic generosity as a complex gift.
- Explain the necessity of determining the right balance of therapeutic generosity and reserve.

This paper offers a unique understanding how patient-therapist interactions lead to mastering traumas. It describes how to calibrate progress, lest the therapist becomes discouraged by the patient’s repetitive, but necessary, testing. Winnicott’s true self/false self is reformulated as a dynamic interplay of an expected self-authentic self, based upon the patient’s necessity for adaptations.

**After attending the presentation, participants will be able to**

- Discuss how the iterative process leads to mastering trauma, and how to avoid discouragement and/or blaming the patient by being able to calibrate progress.
- Explain how patients unconsciously make necessary adaptations altering their authentic selves to insure parental ties at all costs.

The analyst was involved in violent protests that had the effect of psychologically impacting the treatment of several patients who were either directly or indirectly involved in protests themselves. The presentation will study the effects of this intrusion into the early stages of treatment of two patients.

**After attending the presentation, participants will be able to**

- Describe effects of mutually experienced emotionally loaded events on treatment.
- Identify the dilemma posed by the need for holding the analytic frame while significant life events intervene in the treatment.

This presentation explores how subjectivity has three dimensions: the intrasubjective (self-experience), the intersubjective (relational experience), and the metasubjective (cultural experience). Psychoanalytic treatment harnesses the adaptive power of individual subjectivity through the creation of a special intersubjective process embedded in a cultural milieu to help the patient decide on and make change. This three-dimensional model is illustrated with a clinical vignette.

**After attending the presentation, participants will be able to**

- Assess clinically the elements of individual, relational, and cultural nature in the patient’s history and presenting problem.
- Identify goals which reflect the individual, relational and cultural experience of the patient.
In the past, divorce has been pathologized in the clinical literature despite its ubiquitousness and varying presentations. Do past beliefs about the long-term effects on children hold? As clinicians, how do our own beliefs regarding divorce affect how we work with families? Sherman will present “The Impact of Divorce on Women Today.” Using clinical examples, the presenter will examine how clinicians can help negotiate the often traumatic process of loss and re-stabilization. Wyatt will present “Who’s the Patient? Working with Parents Going Through Divorce.” In research and clinical work, the focus of divorce tends to be its effects on children, as children are quite vulnerable during this time. Nonetheless, to best help children we need also to focus on parents and their divorce experience. Or as the airlines are keen to remind parents: Be sure to put your oxygen masks on first!

After attending the presentation, participants will be able to
- Discuss how women are impacted by divorce through financial loss, custody issues, and inequalities in our legal system.
- Examine the potentially fraught relationships of divorced mothers and their children.
- Describe the importance of identifying and empathizing with parents when working with families going through divorce.
- Reframe divorce in terms of its impact on parents as well as children.

4:00–6:00pm • Sessions 37–38 (CE 2.0)

This workshop is a return to our discussion from the 2017 and 2019 conferences, which advocated for the importance and role of psychodynamic theory and psychotherapy in the graduate education of social workers. Despite current trends that tend to minimize the utility of the psychodynamic approach, there is a strong view among many that it continues to have value and importance among practitioners. Faculty members, field affiliates, students, and recent graduates on this panel will help us formulate and strengthen our support of psychodynamic theory in education, as well as view the vulnerability that faculty and students sometimes experience in their attachment to the method. In addition, the panelists will explore the integration of psychodynamic theory with social justice and anti-racism efforts.

After attending the presentation, participants will be able to
- Discuss how to support students and faculty in their interest in psychodynamic theory.
- Identify opportunities to integrate psychodynamic theory across the field of current clinical social work practice.
- Identify how to integrate psychodynamic theory with a social justice frame and how to harness psychodynamic theory to promote social justice and anti-racism efforts.

Edwards will present “Sick Leave,” focusing on psycho-emotional processes of mature consensual sex providers who undergo voluntary surgery to transition out of sex work culture. Santo will present “Transcending ‘Pathological Accommodation’: The Psychological and Emotional Trauma of Being in the Closet.” Utilizing Self Psychology and Gay Affirmative Therapy, the presentation will describe the coming out process in the face of micro and macro aggressions and will utilize a case vignette illustrating treatment of internalized homophobia and heterosexism. Catrone will present “An Integrated Treatment of Psychosomatic Symptoms and Disorders of the Self in the Role of Alexithymia,” discussing the multidimensional construct of alexithymia theoretically and clinically.

After attending the presentation, participants will be able to
- Describe the concept of “Pathological Accommodation,” in the coming out process.
- Discuss clinical/psychodynamic issues of the community of gay sex workers (cis gender female) seeking to leave the sex work industry.
- Explain alexithymia and its contribution to somatoform disorders and disorders of the self.

6:30–10:00pm • “The Room Where It Happens” (Hamilton Musical) Estia, 1405 Locust Street (near the DoubleTree Hilton)

Join us for an across the sea experience with fine Greek and Mediterranean cuisine in a home-like warm ambiance where the dining experience comes alive. (Separate fee, cash bar.)
Sunday, November 7

7:30–8:30am • Registration / Breakfast

8:45–10:30am • PLENARY (1.75 CE)

**39. Trauma and Trance: Why Does the Door Swing Both Ways?**
Harold Kudler, MD
Rebecca Mahayag, LCSW-C, Moderator

Recent interest in psychedelic-assisted psychotherapy for PTSD prompts review of the intertwining history of trauma and trance. Traditional healers have long relied on trance states and modern psychotherapy is rooted in Mesmerism and hypnosis-induced cathartic treatment. Successful treatment of neuropsychiatric casualties in World War II with hypnosis or sodium amytal assured the dominance of psychoanalytic thought and practice over the next four decades. Ketamine is now provided for a variety of mental disorders, and the U.S. FDA has granted MDMA and psilocybin Breakthrough Therapy status. Less obvious is the role which psychotherapy plays in the effectiveness of these compounds. This presentation will review historical, biological, psychological, and cultural aspects of trance states in the treatment of psychological trauma to elucidate the role they have played over the centuries and make recommendations for new theory and practice.

*After attending the presentation, participants will be able to*
- Articulate the historical, theoretical, and clinical interconnections of psychological trauma and trance states.
- Assess the relative contributions of biological and psychological aspects of trance states in the treatment of disorders of traumatic stress.

**40. Toward Effective Treatment for Dissociative Symptoms and Dissociative Disorders: Optimizing Interventions and Avoiding Unhelpful Misunderstandings**
Richard P. Kluft, MD, PhD
Rebecca Mahayag, LCSW-C, Moderator

Most approaches to the treatment of dissociative difficulties and conditions have been imported from established therapies originally developed to address different conditions. Consequently, clinicians applying them frequently find themselves deskillled, frustrated, and stalemated in their efforts to help such patients. This presentation offers a model derived from 50 years’ experience with dissociative patients, built upon pragmatic “Bottom-Up” rather than “Top-Down” premises. Most of its components can be applied unobtrusively in the context of psychodynamic trauma therapies.

*After attending the presentation, participants will be able to*
- Describe enhanced therapeutic alliances and communication across dissociative barriers.
- Identify dissociated entities in free association, dream analysis, exploration of the transference, and treatment planning.

**10:45–12:15pm • Sessions 40–44 (CE 1.5)**

**39.**
This paper describes the appearance of a trauma survivor’s enraged adolescent self-state whose existence had been previously unknown to both therapist and client. As the therapeutic dyad begins to connect this self-state with the client’s dangerous behavior, a co-created space is opened up for the adolescent’s creative, loving and playful nature to emerge and flourish. Simultaneously, the therapist becomes aware of her own hidden self-state forged in family-of-origin trauma, and the impediment that her own unformulated experience has become for the client’s healing process.

*After attending the presentation, participants will be able to*
- Identify a trauma survivor’s dissociated self-state, including the way a space for formulating previously unformulated experience is co-created in therapy.
- Discuss the effects of the therapist’s previously unformulated experience and the impact of unconscious material on the treatment.

Session 40 continues on page 18.
When even casual conversation reveals an intolerable chasm between self and other, the bread and butter of psychoanalytic practice—talking and listening—is rendered inadequate. Work with a highly traumatized and rejecting young woman elicits a powerful countertransference reaction and inspires a review of Kohut’s archaic selfobject formulation in this case presentation.

After attending the presentation, participants will be able to
- Identify Kohut’s selfobject experience as one of analyst function fundamental to later relational development.
- Describe the value of an empathic stance in forwarding psychoanalytic treatment.

In this workshop the presenters will rethink conventional ways of understanding alienation (i.e., as separation from labor or work or loss of meaning, loneliness, normlessness, anomie). They will use case vignettes to understand a particular form of alienation: the breakdown of autonomous forms of moral reasoning. Case vignettes will be used to show how the displacement of autonomous moral reasoning, resulting from highly integrated forms of socialization and routinized structures of socialization, produces moral atrophy, whereby individual actors are alienated from their own powers for making rational moral judgments or acting in their own interests, or making truth claims.

After attending the presentation, participants will be able to
- Describe how to use the idea of moral atrophy to think about working in a universe where social relations are dominated by the need to comply with increasingly hierarchical institutional authority.
- Discuss how to use the concept, alienation, in working with those who struggle with the capacity to judge, evaluate, and think through the world.
- Explain how in a culture (popular and academic) dominated by a relativism (ontological, epistemological, cultural) truth claims cannot be made to produce rational moral judgements.
- Identify the ethical implications of working in cultures of compliance.

CANCELLED

This presentation explores how integrating a trauma lens contributes to the psychodynamic treatment of a young family’s bereaved children. Vignettes from the treatment of a young girl who witnessed the death of her sibling will be incorporated.

After attending the presentation, participants will be able to
- Identify how family death may exacerbate the developmentally salient anxieties of early childhood.
- Identify ways trauma theory compels the clinician to directly bring up the child’s experience, rather than waiting for them to share free associations about it.

This paper will focus on tracking subjectivity in order to further the therapeutic action, and the inevitable impediments to being able to use ourselves for that purpose. Theory and clinical material will be presented, in order to consider the impact of the clinician’s temperament, conflicts around being seen or hidden, and struggles with self-care. Related, ways in which conducting therapy affects the therapist will be discussed.

After attending the presentation, participants will be able to
- Define what is meant by the clinician’s subjectivity.
- Identify at least one example from clinical practice in which a relational need directly impacted a clinical moment.

This case study explores the process of “becoming” for the client and for the analyst-in-training, within a clinical environment infused by the uncanny. Both grapple with internal and external psychic turmoil informed by the client’s trauma history, and literally drawn into session through the client’s art. The case challenges the listener, as it challenged the client and clinician, to identify and explore areas of fusion and the unknown through careful listening, presence, and acceptance.

After attending the presentation, participants will be able to
- Identify areas of fusion in their work.
- Discuss their own disavowed clinical experiences, including unwanted feelings and self-perceptions.
This performance emerged out of an invitation from the Lacan School of Psychoanalysis in San Francisco for aspiring candidate analysts to declare their intent to enter analytic formation. With video images it enacts the concept of the barred subject. As language inevitably fails, the Lacanian subject is ever positioned between thinking and acting. Thus, this performance portrays the presenter’s personal experience of the process of absorbing, being contaminated, consumed, and transformed by the project of psychoanalysis. After attending the presentation, participants will be able to:

- Describe how subjectivity is conceptualized as the barred subject through a Lacanian lens.
- Identify how the elasticity of language can engage unconscious formations in various layers of clinical work for the analyst, supervisee, and analysand.

Using case examples, the presenters will demonstrate various challenges psychodynamic practitioners face in community mental health settings. In “‘But I Have Broad Shoulders’: Hope and Resilience in the Lonely Life of a Marginalized Community Mental Health Client,” Strosser discusses the difficulties of creating a safe and confidential therapeutic alliance during the pandemic with a marginalized, formerly incarcerated man. She explores her process of grieving after his death from Covid. In “‘Thank Goodness We’re Getting Out of Here!’: The Importance of Safety When Treating Complex Trauma in Community Mental Health Settings: Why Agency Environment Matters,” Gordon highlights the impact of agency environment on the therapeutic alliance. She focuses particularly on issues of safety for both the client and the clinician. In “‘We’re Here and We’re Not Going Anywhere’: De-Stigmatizing Voice Hearing in Community Mental Health,” Goldstein shows how a psychodynamic perspective, as well as CBT for psychosis, works in tandem with a Lacanian conceptualization of hallucinatory experiences. He highlights high staff turnover and incomplete terminations as barriers to successful treatment in these settings. After attending the presentation, participants will be able to:

- Identify how the therapist was able to form a therapeutic alliance during Covid using telehealth with a marginalized client.
- Explain the connection between agency environment, feelings of safety for both clients and practitioners, and building a strong therapeutic alliance.
- Define some ways that a Lacanian conceptualization of hallucinations can work in tandem with a psychodynamic approach and CBT for treating psychosis.
Bigraphies of Participants

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Jerry Floersch, PhD, LCSW  Past Co-Presi- dent, AAPCSW. Associate Prof, Rutgers Univ. School of SW. Graduate, Univ of Chicago School of Social Service Administration. Author, Meds, Money, and Manner; On Having and Being a Case Manager: A Relational Method for Recovery; Qualitative Methods for Practice. Guest Editor Special Issue on the case study, Clinical Social Work Journal. Private practice, Highland Park, NJ.

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Room Index

Friday, November 5

7:30–8:30am
  Registration • Overture, 3rd Level
  Breakfast • Ormandy, Lobby

8:45–10:30am
  1. PLENARY—Brewster/Berger/Starc • Symphony, 3rd Level

10:45am–12:15pm
  2. Simpson/Saad/Freedman/Gruber • Concerto A & B, 3rd Level
  3. Cole/Barth/Ngo-Smith • Aria A & B, 3rd Level
  4. Kanter/Hallberlin/Hausner • Minuet, 4th Level
  5. Groshong/Etnyre/Wineburgh • Rhapsody, 4th Level
  6. Borenstien/Hawkins/Delboy • Maestro A, 4th Level
  7. Peacock-Corral/Tronnier/Mahayag • Symphony, 3rd Level
  8. Ruffalo/Wood • Maestro B, 4th Level

12:15–1:15pm
  Lunch • Ormandy Ballroom, Lobby

1:30–3:00pm
  9. Blake/Lord/Sohn • Symphony, 3rd Level
  10. Atkins/Graves/Barrett • Maestro B, 4th Level
  11. Bachant/Richards/Lynch/Graybow • Minuet, 4th Level
  12. Longhofer/Winograd/Baker • Concerto A & B, 3rd Level
  13. Szczygiel/Rosenfield • Rhapsody, 4th Level
  14. Rowe/Peacock-Corral • Aria A & B, 3rd Level
  15. Segall/Simpson/Basham • Maestro A, 4th Level

3:30–6:15pm
  16. PLENARY film—Heumann/Ross • Symphony, 3rd Level

6:15–7:30pm
  Reception: Post-Movie Hour • Balcony, Mezzanine

Saturday, November 6

7:30–8:30am
  Registration • Overture, 3rd Level
  Breakfast • Ormandy, Lobby

8:45–10:30am
  17. PLENARY—Luepnitz/Danto/Buccino • Symphony, 3rd Level

10:45am–12:15pm
  18. Cosby/Edwards/Rosenfield • Maestro B, 4th Level
  19. Barrett/Wood/Kudler • Symphony, 3rd Level
  20. Barish/Thomas/Siebold • Aria A & B, 3rd Level
  21. Johnston/De Simone/Redding • Maestro A, 4th Level
  22. Kupersmith/Schmidt/Burak • Rhapsody, 4th Level
  24. Bulow/Tosone/Stern • Concerto A & B, 3rd Level

12:15–2:00pm
  Luncheon • Ormandy, Lobby

2:15–3:45pm
  25. Luepnitz/Kanter/Ngo-Smith • Symphony, 3rd Level
  26. Redding/Felberbaum/David • Aria A & B, 3rd Level
  27. S. Levine/Warner • Maestro B, 4th Level
  28. Simpson/Basham/Walker/Quinn • Concerto A & B, 3rd Level
  29. Schmid/Tronnier/Dolman • Minuet, 4th Level
  30. Wells/Dobrich/Barbour • Maestro A, 4th Level
  31. Stickle/Hoffer/Winograd • Rhapsody, 4th Level

4:00–5:30pm
  32. Simpson/Berzoff/Abrahams • Concerto A & B, 3rd Level
  33. Danto/Méndez • Symphony, 3rd Level
  34. Corpt/Sohn/Ross • Rhapsody, 4th Level
  35. Frankfeldt/Hagman/Stern • Minuet, 4th Level
  36. Sherman/Wyatt/O’Donnell • Maestro B, 4th Level

4:00–6:00pm
  37. Starc/Arnld-Caddigan/Tronnier/Hoffman/Lang/Nguyen/Norris/Seitz • Aria A & B, 3rd Level
  38. Aiello/Catrone/Edwards/Santo/Tosone • Maestro A, 4th Level

Sunday, November 7

7:30–8:30am
  Registration • Overture, 3rd Level
  Breakfast • Ormandy, Lobby

8:45–10:30am
  39. PLENARY—Kudler/Kluft/Mahayag • Symphony, 3rd Level

10:45am–12:15pm
  40. Tus/Warner/De Simone • Maestro A, 4th Level
  41. Longhofer/Floersch/Graybow • Maestro B, 4th Level
  42. Wise-Kriplani/F. Levine • Symphony, 3rd Level
  43. Kuchuck/Mickel/Abrahams • Aria A & B, 3rd Level
  44. Cuello/Buccino • Rhapsody, 4th Level

10:45am–12:45pm
  45. Abrams/Strosser/Gordon/Goldstein • Concerto A & B, 3rd Level