Greetings, colleagues

I wish you all a generative summer and hope you're able to carve out moments of leisure and rest amid the global, national, and environmental realities with which we are all faced. AAPCSW continues to strive to be a professional home where we can all find community and solidarity, and I'm excited by some of the spontaneous programming that is beginning to emerge. Joel Kanter, as he so often does, has led the way to launch, along with Mark Ruffalo and me, the Psychosis Consult Group. Joel is also hosting Salons with various scholars and authors from recent Psychoanalytic Social Work articles.

Those of you active on the listserv may have observed a renewed exchange around trans care, specifically for youth, on the heels of the recent Position Statement from our Diversity and Social Action Committee, in collaboration with the Child and Adolescent Committee. Because this topic has proved contentious in the past, I proposed moving these discussions off the listserv and into a Salon. At the time I am writing this, we have completed our first such Salon and will be meeting again for a follow up, to see whether there is interest in an ongoing study group on the topic. I feel optimistic that we may be able to use a similar approach when the listserv proves an ill fit for robust, collegial, and analytic exchange. Leaders from our sister analytic organizations have also expressed an interest in our approach to the listserv and managing conflict, so I see this as an opportunity for us to experiment and explore.

The last few months have brought needed changes to our Advisory Board, which includes all our Committee Chairs and geographic Area Representatives. We have simplified the committee structure into four groups. The Communications/Outreach Committee is chaired by Christie Hunnicutt and is comprised of our listserv, social media, newsletter, legislation, and hospitality subcommittees. The Diversity and Social Action Committee is chaired by Golnar Simpson. The Education Committee, co-chaired by Penny Rosen and Mario Starc, includes the subcommittees Child and Adolescent, Graduate Education, Online Monograph, and Conference Planning. Finally, the Membership Committee is co-chaired by Josh Abrahams and Kevin Barrett.

These committee chairs now also serve as Members-at-Large on the Board of Directors. See pages 8–11 for an introduction to the board members, and see page 14 for Committee Chairs and Area Representatives.
I am hoping that this Newsletter finds you all well and staying cool during this summer heat!

We bring to you an important issue that highlights one of our important organizational aims, which is “to bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and to conceptualize psychoanalytic theory and practice within its broader social-political context.” This is linguistically achieved through the representation of the collective words shared in the columns and writings provided for this issue. The issue opens with an informative statement by our president, Brian Ngo-Smith, who highlights the burgeoning experiences that have become so present in our current work together, from the new Salons that have been created to address necessary and timely topics to the new Psychosis Consult Group, co-led by Joel Kanter, Brian Ngo-Smith, and Mark Ruffalo; and finally to a deeper dive into getting to know the members who serve on the AAPCSW Board of Directors. The Diversity and Social Action Committee shares a beautifully written piece that integrates collective mourning and reflection with an action step of facilitating a Town Hall to further connect on the challenges that are continuously faced in our political landscape. In addition, the committee offers a poignant position statement on the Uvalde violence. Joel Kanter shares aspects of his journey as a psychoanalytic social worker, and some of our area chairs from North Carolina and Southern California, Los Angeles, offer enlightening descriptions of recent events and opportunities. We also recognize the loss of one of our AAPCSW members, Roman Crudele, LCSW-R.

It is always important to acknowledge the contributions shared and show gratitude to all who have contributed to each Newsletter, both directly and indirectly. Thank you to all members who submitted content for this edition, including Golnar Simpson, Penny Rosen, Natalie Peacock-Corral, Lynn Rosenfield, Joel Kanter, and our board members. Special thanks to Kelly Martin, Brian Ngo-Smith, and Barbara Matos. We look forward to highlighting many more members as we move forward with each issue.

As always, please send all your wonderful accomplishments, experiences, news, thoughts, and ideas to us so that we may fully represent the content that is most relevant, contemporary, and inclusive of subject matter that members are truly passionate about. We continue to seek area news, committee updates, film and book reviews, and member news; content with a focus on multicultural practice and social justice or on child and adolescent practice; and content related to any other contemporary commentary, perspective, or practice that highlights the mission and values of our organization.

Be well!

Newsletter articles are opinion articles representing the authors’ viewpoints and are not statements of any positions of AAPCSW itself. AAPCSW is not responsible for the accuracy or content of information contained in the articles.
“Trauma is transmitted through our minds and through our bodies, but so are resilience and healing.” —Galit Atlas

“Polarization is more than just the extremism or fanaticism of a few, but a pervasive malady of twenty-first century life.” —Kirk Schneider

As we all know, the ongoing state of societal and global upheavals—COVID-19 traumas; mass shootings and the daily acceleration of other gun violence tragedies; Ukraine and other wars resulting in plight of refugees; racial and socioeconomic inequities and political divisions; digital dynamics; climate challenges; and now the renewed legal threats against women’s rights in reproductive choice—have all had a devastating impact on our physical and psychological well-being. At this point, the entrenched neglect of these contextual factors in our society have reached a crisis point that in part can be understood as a fundamental existential loss, including the loss of our “assumptive world” and the unpredictability of what is waiting around the corner. This is particularly true for our marginalized populations who are caught in the conscious and unconscious vicious cycles of “othering” dynamics and are the target of dignity violations and soul-murdering societal messages because of the real or imagined diversity issues.

The “sounds of gunfire” in the title of this column, in addition to the actual mind-numbing number of deaths and other physical atrocities around us, symbolize the impact of being bombarded by the ceaseless toxic environmental stressors with potentially catastrophic results. Furthermore, as the second part of the title suggests, our voices of profound sorrow get silenced and our attempts for moving forward get impeded by complex societal forces such as the rapidity and intensity of the daily assaults, lack of availability of supportive resources, political power struggles, and the resulting polarization in almost every aspect of our public life. Kirk Schneider, in his 2013 book, The Polarized Mind: Why It’s Killing Us and What We Can Do About It, states,

Psychological polarization is the elevation of one point of view to the utter exclusion of competing points of view. . . . It is distinguished from extremism in its emphasis on opposition as much or more than advocacy. Whereas extremism can be based on a variety of motivations, polarization tends to be based on one: fear. When one is polarized, one tends to be panicked at some level and the valence or intensity is around avoidance of contrasting points of view. (Introduction, para. 2)

As such, it is our current hyperpolarized environment that contributes heavily to the context for demonization and devaluation of anything associated with the “other”; to the immeasurable individual and collective harm; and to the complications of healing and recovery.

Given the above-mentioned losses, how do we mourn our losses and move forward with healing and recovery? Mourning is fundamentally a complex social phenomenon. We are by nature a “connecting” species that cannot mourn in isolation, and every culture has responded to this need with well-established rules and rituals, particularly for the immediate aftermath of loss. From an evolutionary
perspective, the mourning function conveys the notion that

At a personal level, mourning brings us face to face with our helplessness and humanity. Perhaps, the evolutionary function of mourning is not so much to enhance our physical survival. Rather it serves to affirm our psychological survival. Our determination to endure the pain and anguish is an affirmation of the human spirit’s struggles with adversity. (Palombo, 2022, p. 96)

As clinicians, an important aspect of our work with survivors is “bearing witness” to their pain and suffering. During these perilous times, while we have persisted, we have not been immune from struggles related to our own human vulnerabilities and our professional and ethical commitments due to changes in policies and rules and regulations that govern our practice. To successfully manage our witnessing role and be available with authenticity, we must also heal our own vulnerabilities, because as Chana Ulman (2014) states, “The witnessing other transforms the silence and absence to a loss that can be mourned” (p. 442).

At this point, as we continue with mourning our individual and collective losses and slowly begin to come out of the physical and psychological pandemics of personal and professional isolations, we need to “reconnect” with one another so that together we can begin to imagine again a world with potentials for valuing and protecting each other. In the professional realm, reflecting on how to realize a small first step toward achieving this goal, our committee has come up with the idea of an AAPCSW virtual Town Hall gathering. The purpose of this event is to provide a safe space where we can come together as a community; share our “stories” about what happens when the current hyperpolarized external world issues enter the therapy process in private and public practice settings; “listen” to and “learn” from one another within a clinically informed context that can help illuminate the challenges we are facing in taking care of those who come to us for help; take care of ourselves; and continue to move forward with energy, creativity, and hope. There will not be a designated lecturer at this event, only brief presentations by members of our committee for stage-setting purposes and getting the conversation started. We will send you further details about the Town Hall meeting. Date and time to be determined shortly. We are looking forward to seeing you then.

References


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in memoriam

Roman Crudele, LCSW-R

It is with sadness that we notify you that AAPCSW member Roman Crudele died of an apparent heart attack on Sunday, May 15, 2022. Roman had also been a member, supervisor, and faculty member at the National Psychological Association for Psychoanalysis (NPAP) Training Institute and the China American Psychoanalytic Alliance (CAPA), and a supervisor at Blanton-Peale Institute in New York City. He was a presenter and published author for the International Forum for Psychoanalytic Education (IFPE) 25th Annual Conference. Roman was part of a group of New York City–based psychoanalysts who traveled to exchange ideas with Cuban psychoanalysts in Havana. He presented at the International Federation of Psychoanalytic Societies (IFPS) conference in Cuba. Condolences to Roman’s family, his many friends, his students, and his supervisees—all whose lives he touched in a lasting way.

Submitted by Penny Rosen, MSW, LCSW, BCD-P
Uvalde Murders & Gun Violence Prevention
AAPCSW Diversity & Social Action Committee

As members of the American Association for Psychoanalysis in Clinical Social Work (AAPCSW), we are outraged and profoundly saddened by the May 24, 2022, mass shooting at Robb Elementary School in Uvalde, Texas, which left 19 4th graders and 2 teachers brutally murdered. We mourn the victims of this tragedy and extend our condolences to their families and to the Uvalde Community.

We are not, however, surprised as still the mass shootings continue: In addition to Uvalde, the last few weeks alone saw shootings at a grocery store in Buffalo, New York; a church in Laguna Woods, California; a downtown gathering in Chattanooga, Tennessee; and a hospital in Tulsa, Oklahoma.

There are an estimated four hundred million registered guns owned privately in the United States, not including so-called “ghost guns.”

“When it comes to guns, no corner of the country is untouched” (Sorkin, 2022, p. 13). Given our history of gun-culture and the mind-numbing acceleration of mass shootings, the horrors of life lost to gun violence has both reached a fundamental crisis point and become an ordinary part of everyday life.

As a New York Times editorial from May 29, 2022, entitled “A Heartbroken Nation,” states,

The United States seems to be failing to protect its people by the week. With the gun massacre in East Buffalo followed by the school shooting in Uvalde, Texas, many Americans have spent the past few days gripped by overwhelming incredulity and grief, exhaustion and fury over the loss of life. What can be done beyond living with heartbreak? (p. SR8)

And yet a heartbroken nation must find a way to act. Right now, there is an urgent need for meaningful gun violence prevention laws, policies, and programs. We can not allow the political deflection of blaming gun violence on mental health to replace an urgent, thoughtful, and sustained focus on gun violence remedies that address the problem of guns.

As psychoanalytic social workers and psychoanalysts, we are intimately familiar with the complexities of what we are facing in these perilous times. We understand how unremitting threats against physical and psychological safety and the erosion of trust in our environment can lead to a relentless state of individual and collective trauma with devastating intergenerational implications. We also know full well that these ongoing disasters befall our marginalized and vulnerable populations more often and with more severe consequences—due in part to entrenched racial, economic, and social injustices and the extreme political polarizations in our society.

It is time for us to act with renewed energy and appreciation for the urgency of the situation. At the organizational level, AAPCSW is working with other health and mental health organizations, including Mental Health Liaison Group (MHLG), in support of congressional passage of gun violence prevention laws. At the individual level, we can take action by contacting our congressional representatives and joining with other local and national groups with similar goals.

Our professional ethics and personal civic duty require us to remain fully aware and engaged in this process. We cannot allow ourselves to fall prey to the powerful conscious and unconscious dynamics of “normalization.” It is indeed time for us to act NOW!

References

For more AAPCSW Position Statements, see www.aapcsw.org/about_us/committees.html
Emerging from my MSW program as a neophyte social worker, my aspiration was to become a psychoanalytic psychotherapist largely indistinguishable from my colleagues in other disciplines. Well aware of the professional hegemony that privileges the psychoanalyst over the psychotherapist and the psychotherapist over the social worker, I enrolled in the Washington School of Psychiatry’s Advanced Psychotherapy Program that, in the late 1970s, was the only local program training social workers in psychoanalytic therapy.

While I continued my training at the Washington School, my salaried job was in a community support program working with individuals recently discharged from psychiatric hospitals. In this role, besides functioning as a psychotherapist with very troubled individuals, I also directed a small day-treatment center, providing what we now call “case management” and collaborating with families.

Stimulated by the Baltimore–Washington community’s longtime interest in treating such troubled patients, I began to explore how psychoanalytically informed interventions could be developed with such individuals outside the consulting room in “casework,” group work, and family consultation (Kanter, 1980, 1984, 1989, 1990).

Yet, internally, my professional identity was bifurcated between functioning some days as a “psychotherapist” and others as a “social worker.” This started to change as I read more of Donald Winnicott’s writings and began to discover remarks that embraced social work interventions. In one such comment on treating psychotic patients, he said the analyst must step “outside his role at appropriate moments and himself becomes a social worker” (D. W. Winnicott, 1963/1965, p. 219). I read his
classic 1960 paper “The Theory of the Parent-Infant Relationship,” where he first elaborated on the concept of “holding”; he ended a later version of the paper with one of his rare footnotes, directing readers to his wife Clare Winnicott (née Britton) for an elaboration of the “concept of ‘holding’ in casework” (D. W. Winnicott, 1960/1965, p. 55). In the pre-internet era, it took me three years to locate Clare’s 1964 monograph Child Care and Social Work, but when I did I began to appreciate how “psychoanalytic social work” could address difficult human problems that could not be addressed with conventional analytic interventions.

Clare’s ideas about this emerged from her wartime collaboration with Donald, her future husband, as they consulted with five group homes for more than 80 evacuated children with special needs in the Oxfordshire area. Individual psychotherapy with such a caseload was an impossible undertaking under wartime circumstances. In their jointly authored article “The Problem of Homeless Children,” the Winnicotts reported that the social worker was the “one individual at the centre” of their project and was the only person who knew “each child at every stage”: “The social worker saw the child in his school and billet, and then in the hostel,” they emphasized. “She is also in contact with the child’s home, visiting the parents whenever possible. She is thus able in some degree to gather together the separate threads of the child’s life and to give him the opportunity of preserving something important to him from each stage of his experience” (Winnicott & Britton, 1944/2004, p. 101).

In a later paper written after her analysis with Melanie Klein and completion of her analytic training at the British Institute, Clare observed:

The psychotherapist starts from the inside and is concerned with inner conflicts which hamper social development. He or she remains, usually until the very end of treatment, a subjective figure in the child’s world. The effectiveness of treatment depends on the degree of subjectivity that can be maintained. The social worker, on the other hand, starts off as a real person concerned with the external events and people in the child’s life. In the course of her work with him she will attempt to bridge the gap between the external world and his feelings about it and in so doing she will enter his inner world too. As a person who can move from one world to another the social worker can have a special value all her own for the child, and a special kind of relationship to him which is quite different in kind from the value and relationship that a psychotherapist has. (C. Winnicott, 1963/2004, p. 171)

My practice experience with very troubled adults also required me to “move from one world to another,” seeing clients in their homes, with family members, on psychiatric wards, in homeless shelters and community programs, and even in jails. (In several instances, this involved me organizing funeral services for the client’s parent.) Reflecting on Clare Winnicott’s characterization of the social worker’s role, I began to identify this function as being a “transitional participant” (Kanter, 2013). Unlike her husband’s concept of the inanimate transitional object, Clare’s “transitional participant” is not a passive recipient of the child’s or adult’s projections; the social worker actively positions him- or herself in the client’s life, making direct contact with an array of significant others. For example, in clinical practice with a child of divorce, I may be the only person the child observes commu-
Meet the AAPCSW Board of Directors . . .

Josh Abrahams, MS, LCSW • Josh is Board Co-Chair of the Membership Committee and Area Chair for Illinois. He has a private practice in Chicago and is mental health consultant to a local Head Start / Early Head Start Center. Before having his own practice, he worked in community mental health and in the child welfare system. He received his MSW from Loyola University–Chicago and his MS in child development from the Erikson Institute. Josh enjoys having a mixed caseload of individual children and adults, couples, and families. A current interest of his is looking at how essential human connectedness and alienation color our subjective sense of self and relationships, and the implications for the therapeutic encounter.

Kevin Barrett, AM, LCSW • Kevin is Board Co-Chair of the Membership Committee and has been a member of AAPCSW since 2014. He received his MSW from the University of Chicago and is in private practice in Chicago. Kevin was an APsaA Teachers’ Academy Fellow in 2020 and currently lectures at the University of Chicago Crown Family School of Social Work.

Barbara Berger, PhD, LCSW, BCD • Barbara has a full-time private practice in Chicago and currently serves on the AAPCSW Board as Member-at-Large and Liaison to Professional Organizations. She is faculty emeritus and member/secretary of the Board of Trustees at the Institute for Clinical Social Work in Chicago and an editor for the Clinical Social Work Journal and the journal Psychoanalytic Social Work. Dr. Berger has served as President of AAPCSW and a chair of the Social Work Academy in the National Academies of Practice. She was elected as a Distinguished Practitioner in 2002 and received the award for Distinguished Service from the Institute for Clinical Social Work in 2012 and the Lifetime Achievement Award from AAPCSW in 2013.

Daniel L. Buccino, LCSW-C, BCD • Dan, a longtime member and immediate Past Co-President of AAPCSW, as well as Area Co-Chair for Maryland, is a graduate of the Johns Hopkins University and the Smith College School for Social Work and undertook his Lacanian psychoanalytic formation in New York and Paris. Though he has always maintained a small private practice, his primary career focus has been in the public sector where he was the founding clinical director of the Johns Hopkins Bayview Medical Center Mood Disorders Clinic. More recently, he has been the clinical manager of the Johns Hopkins Hospital Broadway Center for Addiction. He is assistant professor in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School for Medicine and director of the Johns Hopkins Civility Initiative. Dan has been on the adjunct and clinical
faculties of the Smith College School for Social Work and the University of Maryland School for Social Work, and he is a past chairman of the Maryland Board of Social Work Examiners. He has published and presented widely on topics that include psychoanalysis and consumer culture, civility and (mental) health care, trauma and substance use disorders, and professional ethics and expert performance.

**Janice Berry Edwards, MSW, PhD, LICSW, LCSW-C, ACSW, BCD** - Janice is a clinical social worker and is President-Elect of AAPCSW. She received her MSW from Howard University School of Social Work and her PhD from the National Catholic School of Social Work, Catholic University. Dr. Edwards has served as a professor in the School of Social Work at Howard University since the academic year 2011/2012, and she is currently the principal investigator of a Health Resources Services Administration million-dollar-plus grant to train social work students in behavioral health and OUD/SUD disorders in medically underserved communities. Dr. Edwards maintains a private practice “The Art and Science of Healing in Connection.”

**Christie Hunnicutt, MSW, LCSW** - Christie serves on the AAPCSW Board as Member-At-Large and Board Chair of the Communications/Outreach Committee, as well as managing the role of Editor for the AAPCSW Newsletter. She is the director of field education at Fordham University and is in private practice in the states of Connecticut and Massachusetts. She has served as an adjunct faculty member at Columbia University, Smith College, and Southern Connecticut State University and for the past eight years has held the position of clinical instructor for the Yale University Post-MSW Fellowship Program, where she continues to provide clinical supervision and consultation to students seeking postgraduate training for clinical licensure. Christie is currently working on her doctorate in social work at Smith College and holds a BSW and MSW from the University of Texas. She has co-authored articles on the topic of clinical supervision.

**Rebecca Mahayag, LCSW-C** - Rebecca is in private practice in Rockville, Maryland. She graduated with a MSW from the University of Maryland and completed both a three-year postgraduate certificate program in psychoanalytic psychotherapy through the Washington Center for Psychoanalysis and a two-year postgraduate certificate program in trauma studies through the Manhattan Institute of Psychoanalysis. Rebecca co-chaired the Volunteer Committee for the 2017 AAPCSW conference in Baltimore and is an Area Co-Chair for the District of Columbia. She served as Member-at-Large for several years before transitioning to acting Secretary of the AAPCSW Board.

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Meet the AAAPCSW Board of Directors, continued from page 9

**Teresa Méndez, MSW, LCSW-C, LICSW** • Teresa is immediate Past Co-President of AAPCSW and Area Co-Chair for Maryland. She earned her MSW from the Smith College School for Social Work and is an advanced candidate at the Washington Baltimore Center for Psychoanalysis. A journalist in her prior career, Teresa is the author of several papers on mixed-race identities and is the editor of a special issue on race and psychoanalysis for the journal *Psychoanalytic Social Work*, where she serves on the editorial board. She practices in Baltimore.

**Brian Ngo-Smith, LCSW, BCD-P** • Brian has been a member of AAPCSW since 2006 and currently serves as President. He received his MSW from the University of Iowa and his postgrad certification in psychoanalysis from the Denver Institute for Psychoanalysis and worked for many years in community mental health. Some of Brian’s clinical interests include gender and sexuality, as well as work with character disorders and psychosis. He is Area Chair for Colorado and maintains a private practice in Denver.

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PPSC does not discriminate on the basis of race, color, religion, sex, sexual preference, national or ethnic origin, or analytic orientation in the administration of its admissions and education policies.
Penny Rosen, MSW, LCSW, BCD-P • Penny is currently Member-at-Large, Board Chair of the Education Committee, and representative for Large States for the AAPCSW Board and is also Area Co-Chair for New York. She previously held the roles of President of AAPCSW and of Board Trustee for the Accreditation Council for Psychoanalytic Education, Inc. She is a graduate of Hunter College School of Social Work and a Graduate Member, Board Member, and faculty for the National Psychological Association for Psychoanalysis and New York Institute for Psychoanalytic Self Psychology. She was a recipient of the AAPCSW Lifetime Achievement Award in 2021 and is a Distinguished Practitioner with the National Academies of Practice. Penny also serves as a reviewer for the Clinical Social Work Journal and holds a private practice in New York.

Golnar A. Simpson, PhD, LCSW • Golnar serves as Member-at-Large and Board Chair of the Diversity and Social Action Committee for AAPCSW. She is the former founding dean of the Clinical Social Work Institute, Washington, DC; former president of the Clinical Social Work Federation; and distinguished practitioner and former chair of the National Academies of Practice. She received the AAPCSW Lifetime Achievement Award in 2017 and the National Association of Social Workers Social Work Pioneer award in 2019. She is the author of papers on neuroscience, clinical theory and practice, and clinical education and is in private practice in McLean, Virginia.

Louis Straker, MSW, LCSW-C • Louis is a psychotherapist in private practice in Columbia, Maryland, where he sees adults and adolescents. He received his MSW from the University of Pennsylvania and completed a two-year postgrad program, the Psychoanalytic Studies Program, at the Washington Baltimore Center for Psychoanalysis. Prior to working in private practice, Louis worked in community mental health centers, schools, and outpatient mental health clinics. He has been a member of AAPCSW since 2013 and currently serves AAPCSW as Treasurer.

See page 14 for the full list of AAPCSW Board of Directors, Committee Chairs, Administrative Staff, and Area Representatives.

aapcsw
core values

- Recognize the dignity and worth of each human being.
- Acknowledge the intersection of each individual’s inner and outer worlds.
- Convey a psychoanalytic sensibility in our work with all populations and in all settings.
- Integrate concerns for social justice with clinical practice.
- Promote inclusivity and affirm the diverse identities of our colleagues and of those with whom we work.
- Cultivate a community of professionals that advocates for open inquiry and respect for difference.
In the midst of it all, the Southern California Los Angeles Chapter of AAPCSW co-sponsored, with the Sanville Institute for Social Work and Psychotherapy, a six-hour Ethics Webinar that fulfilled the California every-other-year ethics licensure requirement. The program took place on April 9, 2022, and was titled “Ethical Considerations: Boundary Dilemmas.” The presenters were former faculty and doctoral graduates of the Sanville Institute, several of whom including me are also AAPCSW members. We addressed the ethical gray areas of self-disclosure in therapy in light of the current political climate, the role of touch in psychotherapy, boundary dilemmas in clinical supervision, and the differential use of self with hospice clients. In the morning, Dr. Samoan Barish set the stage with a thought-provoking introduction to the concept of boundaries as it relates to various aspects of the therapeutic “frame,” and Dr. Zonya Johnson introduced the afternoon sessions with ideas about the impact of cultural values on what is considered an “appropriate” boundary. The day was enriched by numerous clinical examples and ample opportunity for questions and discussion. It was a far cry from the typical experience of anxiety that has accompanied other ethics presentations, where you leave fearing that you’ve violated every rule and regulation. The program was well attended and, based on the evaluations, well received. People joined in from throughout California and a few from across the country.

Submitted by Lynn Rosenfield

AAPCSW Area Chapters

Northern California • Southern California • Colorado • District of Columbia
Florida • Illinois • Indiana • Maryland • Massachusetts • Michigan & Ohio • Minnesota
Nebraska • New Jersey • New York • North Carolina • Pennsylvania

See Area Representatives on page 14
Member Directories—Public and Members Only

It’s time to update your Member Directory preferences! AAPCSW offers an online Public Directory and a Member’s Only Directory.

The **Public Directory** is accessible to non-members via www.aapcsw.org and offers limited search criteria, such as name and office address.

The **Members Only Directory** allows AAPCSW colleagues to search using criteria such as name, office location, in-person/teletherapy, treatment issues, types of therapies, client population, and modalities.

Database Update—New Member Profile Attribute

We have added a new member profile attribute—“Business Platform”—that allows members to share whether their practice offers “In-Person” and/or “Teletherapy.”

You can update this information by logging in to www.aapcsw.org and going to your Member Profile.

Questions? Contact me at Barbara.Matos@aapcsw.org or 301.799.5120. For more on membership to AAPCSW, see page 15.

Barbara Matos, MS
AAPCSW Administrator

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American Association for Psychoanalysis in Clinical Social Work

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

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aims & purposes

- To represent and protect the standing and advancement of psychoanalytic social work practitioners and educators.
- To provide an organizational identity for social work professionals engaged in psychoanalytically informed practice.
- To promote and disseminate the understanding of psychoanalytic theory and knowledge within the social work profession and the public.
- To affect liaisons with other organizations and professions who share common objectives for social work and the advancement of psychoanalytic theory and practice.
- To advocate for the highest standards of practice and for quality mental health care for the public.
- To bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and to conceptualize psychoanalytic theory and practice within its broader social-political context.