

aapcsw

American Association for Psychoanalysis in Clinical Social Work

Fall 2017

newsletter

From the Co-Presidents

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

In October, we became the fourteenth presidents of AAPCSW. We are honored and privileged to serve this extraordinary community of psychoanalytic clinical social workers, and we feel a deep gratitude to Penny Rosen and all the gifted leaders who helped bring this organization into being and nurtured it along the way. We are fortunate to be assuming this leadership role at a time when AAPCSW has coalesced around a strong mission of, shared values and when the biennial meetings are vibrant, well attended, and moving in new directions. And as we begin our term we promise to be mindful of the past as we act in the present.

We have several aspirations. First, there is a demographic challenge. We must attend to growing our membership, across the generations: we need students and recent graduates; we need mid-career professionals; we need new members established in their careers; we need university faculty; and we need new members late in their careers (and retired members), with the wisdom to keep us grounded and growing. At the 2017 Baltimore conference, we met with students and others early in their careers. We were encouraged by the depth and breadth of their knowledge and their commitment to psychoanalytic ways of knowing. They are bringing new ways of thinking and engagements with the world. They have the knowledge and eagerness to help us communicate in new ways, using the latest technologies. They have helped us think differently about our aspirations. And we are grateful for their offers to make our organization even stronger. But we need more than just their help. We will be asking our entire membership to recruit new members, and in the months ahead we will be reaching out to you for advice and support.

Second, we must find ways to remain engaged with our membership in the months between national meetings. Psychoanalytic education and training is essential to making clinical social work relevant, and we must find new and innovative ways of involving our membership in educational programming and outreach. Indeed, the future of clinical social work may



Co-presidents Jeffery Longhofer (left) and Jerry Floersch

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editor'sword

Donna F. Tarver, MSSW



Welcome to Jerry Floersch and Jeff Longhofer, our new co-presidents! See their article of introduction on page 1, in which they share the special interests and talents that are helping shape their vision and aspirations for AAPCSW during their term. They have been very active as co-presidents elect, working with Penny Rosen and the executive board in the planning and execution of the Baltimore conference and the other initiatives the organization has undertaken during the past two years. Please join the *Newsletter* in welcoming them and pledging support of their leadership.

The *Newsletter* would like to thank Penny Rosen for her leadership, support, and friendship during her terms as president (2013–15) and acting president (2016–17). Penny is a tireless worker, an ever-supportive colleague, and, most important, a valued friend. Under her leadership, we have successfully integrated the wisdom and perspective of our past leaders with the bright new interests and ideas of many new members and future leaders of our organization and profession. Please take a look at our new Facebook page and expanded website, including the two “not-to-be-missed” video series—*Inspiration Series 2017*, filmed during the Baltimore conference, and *Conversations with Past Presidents*.

Thanks to Joel Kanter for his second article in recognition of Selma Fraiberg's 2018 centenary (page 6), and see the information on page 9 about the upcoming San Francisco conference in celebration of this event. We hope many of you will join us in San Francisco, and we are happy to learn that there will be a webinar that will make at least part of the celebration available for those who are interested but cannot attend.

The *Newsletter* welcomes readers' letters, articles, and opinions on topics of the day and clinical issues; book reviews; notices of or reports on conferences; and news of interest to our membership. We encourage members with an interest in writing to use the *Newsletter* as a vehicle for converting their interest into the writing process.

Thanks to all contributors to the *Newsletter*—Heather Craige, Dana DePietro, Joel Kanter, Jerry Floersch, Christie Hunnicutt, Jeffrey Longhofer, Marilyn Palasky, Shoshana Ringel, Karen Redding, Penny Rosen, and Wendy Winograd.

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From the Outgoing Acting President

Penny Rosen, MSW, BCD-P

As the world around us continues to undergo change, so does our profession. At our 2019 national conference we will explore our challenges and insights about the complexity of the human condition in relation to contemporary clinical practice. Save the dates and join us in Durham, NC, on March 28–31, 2019, to partake in “Intrigue, Insight, Inquiry: Through Today’s Psychoanalytic Lens.” Our return to Durham will feel familiar yet surprisingly different. As the program develops, details will be forthcoming. The Call for Papers is open for submissions.

Some New Initiatives

We are co-sponsoring a joint project with the Veterans Administration through Harold Kudler, MD, the chief consultant for mental health at the VA Central Office, and Laura Taylor, LCSW, the acting chief consultant and national director of care management and social work services at the VA. The aim of the project is to infuse psychodynamic concepts through an educational forum to mental health clinicians at the VA. After starting the project with Dr. Kudler, Scott Graybow is now co-chairing it along with me. Laura facilitated an invitation to us, through the VA Patient Care Services Grand Rounds, to present at a live conference-call webinar on May 8, 2018, 1:00–2:00pm EST. The topic is “Managing Clinician Burnout: An Inter-Professional Case Presentation and Discussion.” By using a clinical case presentation on the topic, the focus is on the concepts—transference, countertransference, and working alliance. Panelists are AAPCSW members Scott Graybow, PhD, LCSW; Kathryn Basham, PhD, LICSW; Nancy Meyer, MSW, LICSW; and Michele Rivette, LMSW, BCD; along with Dr. Kudler of the VA. All panelists have experience working with veterans. After assessing this project, we will discuss other future educational possibilities. If another VA project develops, we will be able to turn to other AAPCSW members who responded to an inquiry about having experience working with veterans

Another recent project was to produce a video series on “inspiration.” Its purpose was to document what inspires interest in psychoanalytic practice and what might inspire others to consider it, and the

videography took place with attendees at the March 2017 conference, “Mind & Milieu,” in Baltimore, based on a voluntary sign-up system. The sixteen interviewees tell vastly different stories, and each is fascinating. The participants are Barbara Berger, Daniel Buccino, Deborah Bunim, Michael De Simone, Joyce Edward, Sheila Felberbaum, George Haggman, Judy Ann Kaplan, Marilyn Hamlin Palasky, Stuart Perlman, Graciela Rodriguez, Cathy Siebold, Leah Slivko, Mario Starc, and Patsy Turrini. We hope you will view and listen to the personal narratives of our colleagues, each approximately two minutes. The video is on our website at www.aapcsw.org/about_us/inspiration_video_series.html.

The Diversity and Social Action Committee, chaired by Golnar Simpson, is working on a position statement giving voice to our deep concerns regarding (1) the abandonment of the Deferred Action for Childhood Arrivals (DACA) policy; and (2) the methods used by the Immigration and Customs Enforcement (ICE) and the devastating impact it has on families. The statement will be posted on our website.

To expedite communication, we are using e-blasts, e-mailed through our administrator, Barbara Matos, to inform members of activities on a regular basis. Some of the initiatives described here have been reported on through e-mails. Please watch for mails from barbara.matos@aapcsw.org.

Affiliation with MHLG Initiatives

AAPCSW is a member of the Mental Health Liaison Group (MHLG), a coalition of more than sixty organizations, representing consumers, family members, mental health and substance use treatment providers, state behavior health agencies, advocates, payers, and other stakeholders committed to strengthening access to mental health and substance use services and programs.

Over the summer we signed onto some letters sent out by MHLG regarding:

- the Medicaid Coverage for Addiction Recovery Expansion (CARE) Act. The legislation is meant to improve access to needed substance use treatment services for millions across the country.
- the provisions of H.R. 1628, the American

Health Care Act, in opposition to the restructuring of the Medicaid program into a per capita cap block grant program which would end Medicaid expansion, beneficial to mental health and substance use services within Medicaid.

- the Mental Health in Schools Act (H.R. 2913), making comprehensive school-based mental health services for students available in communities across the country and pointing out that this is critical to academic, health, and economic success.
- Partnership for Part D Access, highlighting the importance to patients of the Medicare six protected classes policy. With validated studies, it refutes the claims that the protected classes policy increases costs in the Medicare program; contrarily, stable patients are cheaper patients to service, which will result in lower overall program costs for the Medicare program.

On September 25, 2017 we signed on to a MHLG letter in opposition to the Graham-Cassidy-Heller-Johnson (GCHJ) proposal. It pointed out that the proposal fails to protect individuals with substance use disorders and mental illness as well as the harm it will cause to millions of vulnerable individuals at risk of losing health care coverage. A day later, we saw how the proposal failed in the senate.

MHLG alerted us to another matter, and on September 20, 2017, we signed on to an Amicus brief on domestic violence. Two other psychoanalytic national organizations have signed on, and the American Psychoanalytic Association contributed to the research. Works by Bessel A. Van Der Kolk are cited, including “Developmental Trauma Disorder: A New, Rational Diagnosis for Children with Complex Trauma Histories” (*Psychiatric Annals* 35, no. 5 [2005]: 401–8); and *The Body Keeps the Score* (2014). The Amicus brief shows what we know so well and research also demonstrates: a child’s exposure to domestic violence is just as traumatic to the child’s psychological and neurobiological development, as when the child is the target of abuse.

As MHLG is active in its advocacy work, we will continue our affiliation with them in support of mental health initiatives.

Board of Directors Update

The election results herald in co-presidents elect Dan Buccino, MSW, LCSW-C, BCD, and Teresa Mén-

dez, MSW, LCSW-C; and members-at-large Rebecca Mahayag, MSW, LCSW-C, and Brian Ngo-Smith, MSW, LCSW. On October 1, 2017, they joined the board of directors with co-presidents Jerry Floresch, PhD, LCSW, and Jeff Longhofer, PhD, LCSW; secretary Wendy Winograd, PhD, LCSW; treasurer Michael De Simone, PhD, LCSW; members-at-large Susan B. Nadas, LCSW, and Barbara Berger, PhD, LCSW; and me, as past resident.

Member-at-large Andrea Alpert, PhD, LCSW, has left the board. We are grateful to her for her contributions, and we hope she will continue to be active with us in the future.

Advisory Board Updates

The Education Committee has merged with the Graduate Education Committee. Mario Starc, PhD, LCSW, BCD, and Margaret Arnd-Caddigan, PhD, LCSW, will now co-chair the Graduate Education Committee. Mario is dean emeritus of the Sanville Institute for Clinical Social Work and Psychotherapy and in private practice in Berkeley and Tracy, CA. Margaret is faculty at East Carolina University School of Social Work. She is affiliated with the Psychoanalytic Education Center of the Carolinas and is in private practice in Greenville, NC. Marcia Spira, PhD, LCSW, former co-chair of the Education Committee, has left the board. We thank her for her work in developing educational resources that are posted on our website.

Theresa Albini, MSW, LCSW, BCD, is now the area chair for Illinois, filling the position vacated by Andrea Alpert. Theresa has written on and treats individuals with complex trauma, including dissociative identity disorders (DID). Her private practice is in Chicago.

We are thankful to Sally Fine, LICSW, for her steadfast devotion of many years to our board as Nebraska area representative and for serving as past chair of the New Professionals Committee. With Sally’s retirement, Lynn Anderson DeMott, LICSW, will serve in the position of membership liaison for Nebraska. Lynn is in private practice in Omaha.

Becca Leitman, LICSW, is now the area chair for Washington State, stepping in for Matthew Brooks, who was not able to finish his term. Becca is in private practice in Seattle and also at an outpatient mental health center. We hope Matthew will return to the board in the future.

Moving Forward . . .

As my term as acting president ends, I would like to express my gratitude to the board of directors and the advisory board—area representatives, committee chairs, and the Past Presidents Council—for supporting our ongoing work, which includes promulgating our psychoanalytic legacy to the next generation of professionals. Our educational forums and other activities serve this purpose. We particularly want to expand our footprints in graduate schools and beyond. Our work is meaningful, and I look forward to being involved with the board on many projects, as well as to chairing the 2019 conference. It is a privilege to serve the AAPCSW community.

From the Co-Presidents, continued from page 1

depend on us. We need your suggestions and help. Armed with new data from recent meta-analytic (see Burkeman 2016; Cuijpers 2016, 2017; Johnsen and Friborg 2015; Leichsenring and Steinert 2017; Shedler 2010) and policy studies, we are well positioned to bring psychoanalytic ideas back into the academy and the social work curriculum. And you will find among the recent Social Work Grand Challenges many places for rearticulating the value of long-term treatment and psychodynamic training (aaswsw.org/grand-challenges-initiative/12-challenges). In future meetings, between and during our national conferences, we will continue to engage our colleagues in academe about the importance of rigorous clinical training and supervision. We began this discussion in Baltimore (with Jerald Brandell, Mario Stark, and Judith Rosenberg), and we must now formalize these ideas into a position paper to be presented to the Council on Social Work Education (and our colleagues in the United Kingdom and Europe).

There is yet another way we want to remain engaged in the months between the national meetings: regional conferences. Joel Kanter, for example, has organized a 2018 conference on Selma Fraiberg (Saturday, March 24, 2018, at San Francisco State University; see www.aapcsw.org for details). We will be attending the conference and plan to host a reception for San Francisco area clinical social workers. We are making plans—though still tentative—to deliver a portion of the Fraiberg conference to our

membership as a webinar. We should use the Fraiberg conference as a model for programing in the months between national meetings and the webinar as a way for area chairs and chapters (and the national organization) to provide educational programs.

Third, AAPCSW—at the biennial conferences, in study groups, and in publications—has long supported the case study as the central method for knowing and conveying the singularity of the human experience. We remain strongly committed to the use of the case study and to deepening an awareness of its purpose and potential.

We are well aware that our current political climate poses many challenges. We must be willing and ready to link our educational mission to these changing demands. We must find new ways of using psychoanalytic knowledge and practice to produce dialogue to deepen our understandings of social inequality.

Finally, we want to welcome new board members Brian Ngo-Smith and Rebecca Mahayag, and our co-presidents elect, Teresa Méndez and Dan Buccino.

We humbly accept this co-presidency responsibility, hope not to disappoint you, and will always be open to your suggestions. Please do not hesitate to be in contact with us: jeff.longhofer@gmail.com and jerry.floersch@gmail.com.

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Selma Fraiberg's Unconventional Psychoanalytic Education

Joel Kanter, MSW, LCSW-C

Selma Fraiberg's earliest experiences in social work involved "child placement"—finding homes for refugee children from Nazi Europe—and public assistance. She credited these experiences with teaching her the basics about interviewing and listening. And as she continued her graduate social work education at Wayne State University, she had the good fortune to encounter three refugee analysts from Vienna who taught in the social work program: Richard and Editha Sterba and Fritz Redl.

Fritz Redl was the most central of these three analysts during Fraiberg's graduate years. Redl received his PhD in philosophy and psychology from the University of Vienna, but he did not practice as a psychologist—he taught in a progressive high school. One experience in that role involved taking students on camping trips to facilitate bonding between students and faculty. Soon he began analytic training with adults and children and was analyzed by Editha Sterba and Jeanne Lampl-de Groot. Redl's adult control case was supervised by Heinz Hartmann, and his child training involved Anna Freud, August Aichorn, and Marianne Kris (Gottesfeld and Pharis 1977). Redl came to the United States in 1936 on a two-year appointment to study adolescent issues, but he stayed after Hitler annexed Austria in 1938. Redl was appointed to teach group work at the Wayne State School for Social Work in 1941 and remained there until his appointment in 1953 to become the director of the children's psychiatric unit at the National Institute of Health. Redl's early experiences with the social milieu of his students became a cornerstone of this analytic perspective. In his view, group work was just an extension of his psychoanalytic identity:

The emergence of child analysis, for what it claimed to do must have sounded simply crazy and revolting to the first generation of adult analysts. In fact, I have no doubt that, if anybody

but [Sigmund] Freud's own daughter had taken such a radical, revolutionary step, the mere cheek of using the name "analysis" would have been rejected—and no holds barred. For how could one, at a time when the question whether the prone position of the patient makes the difference between analysis or other forms of therapy was still a focal one, allow anything as crazy as what child analysts did to be called by the same name? To wit: no couch, no free association, no positional ritual; no guarantee that the therapist's aloof attitude can be maintained for more than a few minutes at a time; no guilt about association with family members, or about turning up in the natural habitat of the child patient at times; no contempt of the "ego" as being merely a "superficial" part of the personality; no attempt to withhold value judgments entirely, no hesitation at interfering, at times, in the patient's life-space arrangements; no guarantee against physical contact during the time which therapist and patient spend together in their "pressurized treatment cabin"; and worse—not even a transference neurosis!

How could things like that be called "analysis"? (Redl 1963)

Fraiberg internalized Redl's expansive view of psychoanalysis; her identity as a psychoanalyst was never inconsistent with her identity as a social worker, regardless of the parameters involved in any specific intervention. Like Redl, she comfortably moved beyond the conventional analytic parameters—ultimately emphasizing the importance of "kitchen table therapy"—while still maintaining her core analytic identity. As described in part 1 of this series, Fraiberg collaborated with Redl in his early group work initiatives at both the Jewish Children's Bureau and the Fresh Air Camp (see the Spring 2017 issue of the *Newsletter*). In 1946, she

presented her second professional paper, "Studies in Group Symptom Formation," at the American Orthopsychiatric Association (Fraiberg 1947). Here, Fraiberg applied her emerging analytic understanding to two group situations with children. In one, she discusses a rape fantasy that became widespread in a group home for adolescent girls; in the other, she discusses a racial conflict that emerged between boys at the Fresh Air Camp during the summer of the 1943 Detroit race riots. In both situations, Fraiberg addresses the intrapsychic, interpersonal, and environmental dimensions of these group experiences. Years later, in her infant mental health initiatives, she remained attentive to the impact of the "person-in-environment" perspective that is central to social work practice.

While Fraiberg continued her work with children in groups (Fraiberg 1959; Shapiro 2009), after receiving her MSW she also pursued what she described as a "quite unorthodox" psychoanalytic training with the Sterbas. She began a personal analysis with Editha Sterba and continued a series of seminars—with Richard Sterba on psychoanalytic theory and with Editha Sterba on child therapy. The seminars focused intensely on important texts. One seminar studied Sigmund Freud's Interpreta-

tion of Dreams for two years, including a single year alone on chapter 7. One year focused only on the "Little Hans" case and another reading Ego and the Mechanisms of Defense. These seminars involved a "close reading of the text" where "each class member took turns reading aloud in what someone once described as a 'cheder'" (Fraiberg 1963). Fraiberg described these seminars as "a remarkably good training," although she acknowledged that an analytic "curriculum needs to be broader." Nonetheless, Fraiberg argued that there were "advantages . . . of this kind of close analysis of psychoanalytic texts and the opportunity to ask questions, clarify obscure points, to discuss and to argue."

This training approach was reflective of early experiences of analytic training in Vienna in which young analysts frequently were analyzed, supervised, and educated by the small cadre of more experienced colleagues. When the Sterbas arrived in Detroit in 1939, there were only two or three other analysts in the city, and none had the theoretical expertise of Richard Sterba or Editha Sterba's clinical training in child analysis.

Soon after her graduation from Wayne State, Fraiberg also began supervision on child analytic work with Editha Sterba. One of Fraiberg's cases is

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described in “A Critical Neurosis in a Two-and-a-Half-Year-Old Girl,” which was first presented at the Detroit Psychoanalytic Institute in 1949 and later published in the *Psychoanalytic Study of the Child* (Fraiberg 1952). This case report of more than three years of child analytic work began first in the home in 1945 or 1946 but soon transitioned to a consulting room. The work presents the case in great detail, with near verbatim descriptions of the analyst-child interactions, and is rife with interpretations of genital fantasies, primal scenes, and oedipal conflict.

During these postwar years, Fraiberg began working with an array of young children, ages twelve months to twenty-four months, with sleep disturbances, culminating in her first publication in an analytic journal (Fraiberg 1950). In contrast with the case described in “Critical Neurosis,” this paper offered evocative descriptions of these children uncluttered by psychoanalytic theory:

At twelve months Jimmy began to waken several times a night with terrifying screams. He clings to his mother as if he cannot bear to let

her go. For hours he lies in her arms, tense and fearful. The beginning of his night waking coincides with the period in which his older sister begins vicious and savage attacks upon him. . . . Peter, at sixteen months, wakes several times a night with cries of terror. He is often sleepless for hours. The night waking came on soon after the mother returned from the hospital with a new baby. (286)

Fraiberg described these sleep disturbances as a response to an array of traumatic experiences:

In the case of fifteen-month-old Danny, the night waking followed an ordinary visit to the doctor’s office where he had protested violently against a throat examination and was restrained. He screams in his sleep before waking, “Let me down! Let me down!” as he had cried out on the examining table. (286)

And Fraiberg’s literary voice emerges:

The child of this age is confronted with a vast array of overwhelming forces. Many of these

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are unpredictable and beyond his comprehension. He stands up and a nameless force throws him down. He climbs on the chair and the temperamental piece of furniture spills him to the floor. He wants the lamp and the lamp wrestles with him, only to send him crashing to the floor a moment later. His brother kisses him tenderly; his brother delivers a healthy blow to the side of his head. Mama is pleased when he eats his carrots and displeased when he eats the contents of his potty. Some of these factors, while retaining their unpredictability, will yield to scientific investigation. The second-year child begins to learn, for example, that departure is usually followed by return. (287)

Alongside therapeutic work that appears less intensive than an actual analysis, Fraiberg is actively engaged with the mothers of these children, frequently offering them direct developmental guidance to address their child's anxieties, which presages her work with high-risk infant-mother dyads near the end of her career.

In 1950, Anna Freud traveled to the United States for the first time, a visit that perhaps elevated Fraiberg's stature in the analytic community. Freud first spoke at the New York Psychoanalytic Society, then at Clark University, and next at the first post-war conference on child analysis at Stockbridge. Her trip concluded at the Annual Meeting of the American Psychoanalytic Association in Detroit (APsaA 1950a). On the first day of the conference, there was a special meeting of the Committee on the Psychoanalysis of Children and Adolescents, which was open only to members of the APsaA. Fraiberg, then thirty-two years old, was selected to present her paper "Clinical Notes on the Nature of Transference in Child Analysis" (Fraiberg 1951); Anna Katan chaired the session and Marianne Kris and Editha Sterba were discussants. In her paper, Fraiberg presented case material from two children and com-

pared Anna Freud's and Melanie Klein's view of transference in child analyses; unsurprisingly, she supported Freud's perspective on this issue. The official report of the meeting read, "Miss Anna Freud corrected her original view that no transference neurosis takes place in child analysis. She stated that the earliest experiences and relationships of the oral phase which have already undergone repression and are separated from the original objects appear as transference phenomena in the analysis of children, similar to what we call transference neurosis in adult analysis. She approved of Mrs. Fraiberg's concept of extension of the original relationships into the analytic relationship which leads to appearance of transference phenomena but not of a transference neurosis" (APsaA 1950b). Undoubtedly, even though Fraiberg's training involved only five years of unconventional preparation, her maturity as a child analyst was already evident.

Yet the Detroit psychoanalytic community was clearly uncomfortable with lay analysts in private practice. By the early 1950s, there were approximately twenty psychoanalysts in Detroit registered with the American Psychoanalytic Association; twelve had been analyzed by Richard Sterba and two by Editha Sterba. There was considerable unhappiness with Richard Sterba's leadership of the Psychoanalytic Institute, and the APsaA appointed a committee to travel to Detroit to carefully investigate. The committee found an institute torn by dissension and angry over Richard Sterba's reluctance to select other training analysts; even eight of his twelve analysands openly disapproved of his leadership. One section of the committee report was titled "The One-Man Institute." Another section of the report was titled "The Training of Layman" and read as follows:

Dr. and Mrs. Sterba have freely expressed their opinion that medical training is not a necessary prerequisite for the practice of psychoanalysis. They have even depreciated the role of med-

The Magic Years of Selma Fraiberg: Clinician, Researcher, Writer

March 24, 2018 | 9:00am to 5:00pm | San Francisco State University

*In celebration of the centenary of the birth of Selma Fraiberg, with keynote speaker Alicia Lieberman, PhD,
Irving B. Harris Endowed Chair of Infant Mental Health at University of California San Francisco*

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icine in its relation to psychoanalysis. . . . It is also known that a number for lay people have had both analyses and seminars with Dr. and Mrs. Sterba. [They] told the subcommittee that they have trained only those laymen who would work adjunctively in educational or remedial activities. In contradiction to this statement, there is much evidence that a number of these layman did undergo “training” and that some of these people are now practicing psychoanalysts with both children and adults. (APsaA 1953)

Similarly, the Detroit Psychoanalytic Society established its own committee on lay analysis, which reported that the Sterbas had been conducting their own seminars in psychoanalysis outside the formal structure of the Detroit Institute. The committee was even more concerned that several of these lay analysts were openly in private practice, in violation of Michigan state law, and that the institute’s collusion with this practice put the whole organization in legal jeopardy. This report stated that these lay analysts in private practice had been invited to all nonbusiness meetings of the society, and also that “most members of [the] Society ha[d] referred patients to these lay people.” All training of lay persons was abruptly discontinued, as was a seminar taught by Fraiberg herself (Detroit Psychoanalytic Society 1953).

In December 1953, the board of the American Psychoanalytic Association accepted the recommendation of its investigating committee, and the Detroit Institute was no longer allowed to train candidates. Several months later, in an internal “coup,” a majority of the Detroit Society voted to affiliate with the Wayne County Medical Society. As a result, any society member who was not also a member of the local Medical Society was effectively expelled; this pointedly included both Editha Sterba and Fritz Redl.

Yet Fraiberg’s analytic talents continued to be recognized by the American Psychoanalytic Association. She was appointed a “special instructor” at the New Orleans Institute in 1959 and presented at the Baltimore Institute’s conference in 1960; soon after, Baltimore requested a waiver to allow her to supervise trainees in child analysis: “The Committee described an exhaustive review of Mrs. Fraiberg’s record, curriculum vitae, publications, and qualifications. They had interviewed her, and attended a

case seminar which she conducted. Its report details the reasons for the unanimous recommendation of the Committee that the waiver be granted, and the Board acted in accord with its recommendation” (APsaA 1962). Finally, in 1971, Fraiberg accepted, along with a dozen other lay analysts, an invitation for membership in the American Psychoanalytic Association (APsaA 1972).

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Board Certification for the Clinical Social Worker Psychoanalyst

William A. MacGillivray, PhD, ABPP

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

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

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

- Certification with an advanced specialty (i.e., the BCD-P for social workers, ABPP for psycholo-

gists) benefits the profession by clearly recognizing that psychoanalysis is an advanced specialty within clinical social work. Our colleagues worked long and hard to obtain this recognition from the American Board of Examiners in Clinical Social Work (ABE), and this recognition is solely maintained by its use; that is, by demonstrating that psychoanalytic social workers continue to seek this specialty. Regular applications to ABE are necessary, or this specialty may be sunsetted.

- Certification in Psychoanalysis in Clinical Social Work is an important way for institutes and programs to demonstrate that their faculty, supervisors, and graduates have demonstrated expertise to an independent organization (ABE). This parallels the process of having independent accreditation of psychoanalytic institutes and programs through the Accreditation Council for Psychoanalytic Education, Inc. (ACPEinc.). Both certification and accreditation in turn are vitally important in demonstrating that psychoanalysis is an advanced specialty of the mental health disciplines.
- Certification also benefits the public by informing potential patients and candidates that clinical social workers with the BCD-P in Psychoanalysis in clinical social work have demonstrated their expertise to an independent body.
- Finally, certification should benefit the clinical social worker who is able to demonstrate to the public, healthcare and educational organizations, and colleagues that they have demonstrated competence in psychoanalysis.

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

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

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

When the issue is broached to a colleague, the response often moves to this question: What's in it for me? Hanging out a shingle that says you have a BCD-P in Psychoanalysis is unlikely to result in hordes of potential analysts beating down your door. The four core reasons listed above may seem largely unrelated to our immediate concerns to make a living at what we love. So maybe a little fear is in order.

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

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

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

About the BCD-P

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

The BCD-P is based on practice competencies identified through research and consultation and embodied in ABE's position statement, *The Practice of Psychoanalysis: A Specialty of Clinical Social Work*. Applicants must hold ABE's advanced generalist cer-

tification, the Board Certified Diplomate in Clinical Social Work (BCD), or, in the process of applying, fulfill the requirements for the BCD; and they must meet the criteria (below) whether a graduate of a psychoanalytic institute or not.

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

Graduated from an Institute:

Training: graduate of a psychoanalytic institute training program

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

Supervision:

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

Specialty Practice Experience:

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

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

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

Did Not Graduate from an Institute:

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

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

Supervision:

- 1) Received supervision in practice for at least 150 hours by an analyst(s) equivalent to a training analyst and who, at the time of supervision, had 5

- years post-graduate experience as a psychoanalyst
- 2) Under supervision, conducted 2 in-person adult psychoanalysis cases—at least 1 was supervised to completion—lasting at least 2 years in one instance, and at least 1 year in the other

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

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

Specialty Practice Experience:

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

Evaluation of Practice:

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

Annual Recertification Requirements to Maintain Credential:

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

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



Art, Creativity, and Psychoanalysis: Perspectives from Analyst-Artists

Edited by George Hagman; Routledge Press, 2017; 180 pages, with illustrations

Reviewed by Shoshana Ringel, PhD

True to its title, *Art, Creativity, and Psychoanalysis*, edited by George Hagman, provides a fine integration of form and content, a dialogue between autobiography, clinical material, and creative endeavors, including paintings, drawings, photography, and poetry, much of which is beautifully reproduced in the book. As a former art student and writer, I felt an immediate affinity for this book, since I, like many of the authors included in this volume, was engaged in the creative arts prior to pursuing clinical and psychoanalytic training. Also like other analyst-artists in this book, I believe that the creative arts, including visual arts, writing, music, and performance, are an important complement to the analytic endeavor, and that there is a mutative dialogue between the analytic process, the communication that takes place between patient and analyst, and the implicit modes of creative expression, often transmitted through sensory channels rather than verbal communication.

The book is comprised of twelve chapters, each written by a therapist-artist and including biographical material, the analyst's creative paths, discussion of his or her artistic process and its meanings, and clinical vignettes that illustrate the convergence of creative endeavor and analytic process. It is fascinating that at times, as is illustrated in Dan Gilhooly's chapter, the creative work of patient and analyst, as well as their life events, mirror one another. I found the chapters refreshing in their emphasis on the analysts' life and creative evolution, as well as the conversation between art and analytic process. The inclusion of visual art and poetry helps the reader form an intimate connection with the writer and provides both narrative and visual pleasure.

The contributors articulate in their own words the collaborative relationship between their creative lives and their analytic work and the ongoing dia-

logue between the creative and clinical life. The implicit communication between patient and analyst through dialogue and art was an intriguing theme that was reflected in many of the chapters. Gilhooly, for example, describes the mutuality between his patient's fiction writings and his own writing about the patient. (I did wonder whether Gilhooly discussed his writing with his patient prior to publication, a dilemma I as a clinical writer often face.) Gilhooly suggests that both he and his patient foresee events in each other's lives: "Perhaps the muse and I achieve a state of mutual looking."

Donna Bassin uses her photographs to "define edges and liminal spaces" and notes that the edges between art and clinical practice are often "elusive and free flowing": "Both practices involve coming to know the world we live within and ourselves. By the mark we make on the material world and each other." In her chapter, she describes creative play with dolls in her personal dollhouse, a symbolic play that allows her to be subject and object, doll and animator. She tells the reader that her creative expression allowed her to work through the trauma of 9/11.

Another contributor, David Shaddock, an analyst and poet, suggests that while "the poet chooses to interrogate his material rationally," in the analyst's case, this interrogation happens "implicitly and with much more rapidity." He writes that in response to his patient Dan, he was faced with a choice as to his interpretive response: "Poets must learn to make such aesthetic decisions rapidly, so the energy of the work is not lost in indecision, but they also have the luxury of going back and revising. To some extent, in therapy, wrong or even injurious interpretations can be corrected as well, though it would seem the stakes are higher."

Linda Cummings, an analyst and a photographer of natural phenomena, eloquently notes: "As

dreams mirror one's inner world through the residue of the outer world, my photographs mirror my outer world through the lens of my inner world." "Words and images are framing devices," she continues. "They are linguistic forms created to signify, to give voice, to shape, and to share our experience and needs with others." Cummings also notes that "making photographs elicits paradoxical and ambivalent feelings" within her. "In the process of making a photograph, I am both losing and finding the image. The exact moment an image is plucked from the stream of time by the camera's shutter is the exact moment the event disappears in life only to be preserved, reviewed and revived later as a photograph." Or as a memory, as in the analytic process.

Rosalind Chaplin Kindler, who is a singer and performer, talks about her fear and shame of exposure, since her colleagues may find out about her secret life and be critical of her. She therefore lives in a world of "hide and seek." Chaplin Kindler describes her hide-and-seek dance with her children and pa-

tients as "the push and pull of holding [her]self back and thrusting [her]self forward, variously wanting to reflect and observe and then eagerly wishing to participate." "The performer audience relationship," she notes, "can be understood to contain many of the same dynamics as the therapeutic encounter. Further, the experience of creative expression in any form, undertaken inside or outside the consulting room, ultimately enhances the capacity of the analyst to be more effective in the moment."

Heather Ferguson, a therapist who performs as a drummer in a band, suggests that her time spent "dialoguing in a musical context expands [her] interest in the nonverbal, sub-symbolic and sensate level of experiencing." Ferguson links implicit nonverbal modes of communication between analyst and patient with her experience as a drummer.

Though Lee Miriam Whitman-Raymond uses poetry to convey her affective experience in the analytic relationship, she also touches on the implicit aspects of her experience through words:

Book Reviews

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

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



- On some occasions, a film relevant to our field may be reviewed, and if you see such a film and would like to review it, please write directly to Wendy.

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

Wendy Winograd, MSW • Book & Film Review Editor • wendywinograd@gmail.com

Each afternoon we blew
 Air back and forth as we discussed what
 Seemed so crucial. But truly, was our breath not
 Entering each other's nostrils, exchanging our
 molecules?
 Did not those atoms meet
 Between our two chairs, grapple and embrace
 Merging into palpable heat.

"In fact," she eloquently continues, "I hope that what I reveal is a kind of interaction between two people in deep intimacy, in the safety of real boundaries and therapeutic framework, exploring each other and themselves, and both changing."

Finally, Sandra Indig, a painter and therapist, describes her sensorial experience of memories mined through the analytic process:

I began to recognize that memories were like flowers in that they grew from seeds and, in dying created seeds. Seeds or information received from any of the five senses, together or separately, took root in my memory to either grow or wither depending on how often they were awakened, consciously or not. The artist-analyst in me learned to recognize the bridges I formed from seeds or, more accurately, early memories.

Those informational bridges enabled me to become a more consciously creative person.

The relationship between art and biography and between art and analytic process that delves deeply into the human psyche is evident throughout this volume, and the power of the visual images and words is an important aspect of the book's unique appeal. A poignant mode of relating between artist and audience is depicted in the paintings of Karen Schwartz's included in this book: the human face and figure is hidden, or possibly emerges as a shadow from the abyss. In summary, this book is highly recommended to analysts, artists, and writers and all those who are touched by the muse.

Shoshana Ringel, PhD, is a psychoanalyst in Baltimore, Maryland, and an associate professor at the University of Maryland, School of Social Work. She has published numerous articles and three books.

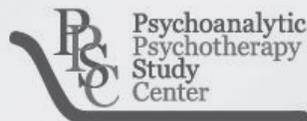
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Southern California(Orange County)

Karen K. Redding, LCSW, PhD, Chair

The AAPCSW Orange County, CA, Chapter met on June 3 for both a presentation and the recognition of one of our board members, Karen Smirl, MFT, in honor of her retirement.

The presentation, "Seeing Ourselves in Each Other: Finding Meaning and Connection through a Photographic Journey" offered a visual display with both a personal and clinical narrative of photographs that the presenter, Karen Redding, LCSW, PhD, took in remote places throughout the world. It

held a reflective and poetic voice that spoke to an exploration of who we are beyond the face and beneath physical appearances. Several clinical examples were presented to show how the photographic images impacted the clinical encounter.

Barbara Manalis, LCSW, skillfully expanded the conversation as a discussant to deepen the experience in an up-close-and-personal way of how our own group process impacts ways of seeing ourselves and each other. We are grateful to the Sanville

Institute for co-sponsoring this event with us so that continuing education credits could be offered to LCSWs, MFTs, and clinical psychologists.

Pictured here, left to right, are chapter board members Paula Clark, Ann Stern, Karen Smirl, Ilene Blaisch, Barbara Manalis, and Karen Redding. Board member Graciela Rodriguez was not in attendance.



Nevada

Marilyn Hamlin Polasky, PhD, LCSW, Membership Liaison

This year, Nevada held two symposiums for 12 CEs, including 1.5 in Ethics. Both were hosted at the Aliante Hotel+Casino, North Las Vegas.

First, in January, Lucy Holmes, PhD, LCSW, presented "Why Talking Cures," "Fear of Success," and "The Capacity to Love," three chapters from her 2013 book *Wrestling with Destiny: The Promise of Psychoanalysis* (Routledge). Then, in May, we presented the symposia "A Day of Therapy for Therapists," based on the two latest books by Lucia Capacchione, PhD, ATR, REAT, author of twenty books and the director of Creative

Journal Expressive Arts (CJEA). The day was divided into three parts, beginning with Dr. Capacchione's guidance from *Drawing Your Stress Away*. Then her *Hello, This Is Your Body Talking* introduced us to

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"Ethical Thinking and Emotional Induction"

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how journaling and drawing with your nondominant hand can produce new connections in the neocortex* revealed on paper. The third part of the day was an interactive lecture by Marilyn H. Palasky, PhD, LCSW, “Ethical Thinking and Emotional Induction,” for 1.5 CE in Ethics—starting with self-awareness of a therapist’s emotional integrity as it relates to what has been induced in us as we draw or write

on paper; ending with an interactive examination of what this expressive arts production adds to our self-awareness.

**Thanks to Allan N. Schore for his keynote address “The Right Brain Implicit Self: A Central Mechanism of the Psychotherapy Change Process,” given at the AAPCSW conference in Baltimore, March 2017.*

North Carolina

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

Sonia Hsieh, MSW, Co-Chair

Report submitted by Dana DePietro, MSW student, Smith College School for Social Work



On October 29, 2016, Elizabeth Corpt, MSW, LICSW, gave the presentation “Ethics of Care in Psychotherapeutic Practice” for the NC Chapter of AAPCSW at the University of North Carolina–Chapel Hill School for Social Work. Jay Williams, PhD, LCSW, also presented as a discussant.

To a crowd of mental health professionals and students, Corpt discussed the tension between providing “cure” and “care” for patients. She challenged the audience members to ponder the limits of professionalism and whether these boundaries hinder the natural caretaking qualities of human nature. She also asked them to consider whether embracing our “authentic selves” is healing or harmful for patients.

Corpt shared an experience that she had had with an underprivileged, single mother who was admitted to an in-patient psychiatric unit after attempting to take her own life. When Corpt accompanied the patient to her apartment after her discharge from the hospital, Corpt felt compelled to clean the blood from the kitchen table, removing evidence of the suicide attempt, before her patient’s young child returned home. Corpt recalled that she was afraid to bring up this event in supervision because she was worried that she had overstepped her bounds as a mental health professional, but she also remembered that this so clearly felt like “the right thing to do” at the time.

Corpt also asserted that psychoanalysis is fairly

late to arrive to the discussion of ethics. Traditionally, psychoanalysis was focused on cure over care, valuing “masculine” ideas of justice rather than “feminine” qualities of caretaking. She explored the views of various postmodern philosophers, such as Emmanuel Levinas and Hans George Gadamer, and of feminist writers such as de Beauvoir, Carol Gilligan, Nancy Chodorow, and Sara Ruddick, who have struggled with the ethical questions related to the ethics of care.

Corpt shared with the group how her thoughts toward ethics in psychotherapy have evolved over time. She defined “clinical generosity” as “a thoughtful, serious, and, at times, even unsettling reevaluation and openness to amending any and all aspects of therapeutic practice in light of the patient’s forward edge strivings.” Such generosity on part of the clinician includes a continued acceptance of the patient’s desire to grow, despite the patient’s self-destructive tendencies. More generally, clinical generosity is concerned with the therapist’s tolerance for uncomfortable and taxing experiences with a patient.

Corpt stated that she now realizes it is also crucial to explore the complications of care as intersubjective and equally relevant for the patient and the clinician. She posed questions about care-giving and care-receiving. For example, does giving negate its “giftness” by burdening the patient with an implied requirement to respond? Does providing an environment for caring also open up the patient to the pain of interruption? Hospitality and interruptions go hand in hand, and Corpt encouraged us to play with this inherent potential conflict.

Corpt also discussed the ethics of listening, saying that listening is a complex responsibility but is the heart of ethics and the bedrock of presence. The philosopher Gadamer states that a conversation is

not something that is conducted but something that we “fall into” or that we “be-come involved in.” This implies that we are less in control of what we say and how we listen than we expect. Corpt recounted a story from philosopher Miri Rozmarin, who decided not to keep a journal of her children’s early lives, as her mother had done for her. Rozmarin felt that such documentation was unethical because it was an authoritarian account of “how she was” that in some way closed possibilities for her future. Thus it is our ethical responsibility to pay close attention to how we listen and to explore how we can approach our patients with openness while also responding to them with conviction and confidence.

Jay Williams, PhD, LCSW, continued Corpt’s discussion of the ethics of care by exploring the concept in three realms: psychoanalysis, mental health care, and politics. Williams argued that although psychoanalysis ultimately leaned more toward cure, the field has always included elements of care in its foundational theories. For example, Freud talked about the importance of listening with an open mind, object relations theorists emphasized the need for a “holding environment,” and self-psychology theorists prioritized empathy over interpretation. Williams proposed that the move toward the focus on cure occurred because psychoanalysis was regarded as a medical subspecialty. In this environment, there was little room for the ethic of care; the focus was on diagnosis and elimination of the problem.

In Williams’s opinion, our current health care system creates an environment in which mental health treatment that is easily measurable is favored over mental health treatment that is “most important to the patient.” In many ways, Williams explored how psychoanalysis, while effective and meaningful for many patients, is a researcher’s nightmare because of its evolving, open-ended, and complex nature. To be a good psychoanalyst is to “maintain a stance of not-knowing.”

Williams finished his talk with a humbling story about his first clinical interview at his first field placement as a social work student; in his most sincere efforts to look prepared and experienced, he leaned back in his chair and fell over. This was a clear demonstration to the audience that trying to control the outcomes of a session may not be possible or wise. Finally, Williams spoke of the ethics of care and cure as related to societal norms around

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Sandra Silverman

Past Trauma Evoked by Present Times:
Impact of the Socio-Political on Clinical Work

Boris Thomas

And Where Are You From? Intersectional
Identities and Geographic Relocation

More Details to follow and at www.aapcsw.org

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National Institute for Psychoanalytic Education and Research in Clinical Social Work (NIPER), Inc. is recognized by the New York State Education Department’s State Board for Social Work as an approved provider of continuing education for licensed social workers #0022.

Conference is sponsored by NIPER, educational arm of AAPCSW.

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gender—care associated with the feminine and cure associated with the masculine. He argued that caring and curing, the feminine and masculine, should be able to co-exist in the same space, both in therapy and in politics, without denouncing or degrading the other.

The Newsletter editors regret the accidental omission of this report from a previous issue. Our apologies to Dana DePietro and William Meyer.

membernews...



Carl Bagnini, LCSW, BCD, has contributed the chapter “Mourning and Melancholia with Couples Experiencing a Miscarriage” in *Mourning, Melancholia, and The Couple*, edited by T. Keogh and C. Roberts (Karnac, 2017). Carl taught three seminars with Dr. Vivian Eskin on triangulation and narcissism in couples for the Contemporary Psychoanalytic Couple Therapy Institute in New York, including on October 20 and 22.

Joan Berzoff, EdD, LICSW, is delighted to be named a fellow in philosophy by the Bogliasco Foundation, in Bogliasco, Italy, where she is writing about the relational aspects of suffering. The fellowship brings together international scholars and artists and is an exciting place to cross-fertilize ideas. This year she taught a practice course at the Training Institute in New York City and a course on suffering in the PhD program at the Institute for Clinical Social Work. She also taught a course on writing for publication at the Sojourner Truth School for Social Justice in Northampton, and she recently finished a PCORI grant designed to provide better end-of-life care services for dialysis patients and families, with current focus on writing up the results. Joan continues to supervise and practice in Northampton, MA.

Mary Anne Cohen, LCSW, BCD, the director of the New York Center for Eating Disorders, announces that both her books have been developed into continuing education online courses for social workers—*Lasagna for Lunch: Declaring Peace with Emotional Eating* (5 credits; secure.ce-credit.com/courses/102149)



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

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

and *French Toast for Breakfast: Declaring Peace with Emotional Eating* (9 credits; secure.ce-credit.com/aff/60592/?go=/courses/102201). Also, both books can now be purchased on Kindle.

Heather Craige, MSW, a psychoanalyst in Raleigh, NC, presented the two-hour talk “Moving Toward Wholeness: Self-States and the Treatment of Trauma” on September 23 at the University of North Carolina Friday Center. The event was sold out, and the presentation received a highly enthusiastic response. Copies may be obtained by writing to heathercraige@gmail.com.



The Institute for Clinical Social Work (ICSW) is pleased to announce the arrival of **Michelle Taylor**, PhD, LCSW, as president and CEO. Dr. Taylor is a graduate of the University of Utah. She has more than twenty years of administration experience in higher education, serving most recently as the vice president of Student Affairs for Utah Valley University. She has extensive background in strategic planning, enrollment management, and inclusion of underrepresented and marginalized populations accessing higher education.



Lanning M. Melville, PsyD, LCSW, is now the acting president of the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS), serving a three-year term to expire August 31, 2020. He is succeeding Lori O’Brien, PhD, who was instrumental in successfully navigating the institute through the recent educational certification crisis brought on by changes from the California legisla-



ture. Dr. Melville practices in West Los Angeles and Redondo Beach, with a specialization in individual work with men and patients with traumatic backgrounds. He also provides pro bono treatment for veterans through the Soldiers Project, begun more than ten years ago by a colleague. Dr. Melville lives with his wife, daughter, and adorable Maltese in the South Bay, where he is known to hang around paddle tennis courts in his free time.

Brian Ngo-Smith, LCSW, has been appointed to the State of Colorado's Board of Social Work Examiners. He continues to serve as the president of the board of the Colorado Society for Clinical Social Work and as a board member of the Metro Denver Homeless Initiative and of AAPCSW.

Ida Roldan, PhD, has been named as Academic Dean for the Institute for Clinical Social Work (ICSW). Dr. Roldan is a graduate of the institute and of the National Training Program for Contemporary Psychoanalysis. She has a private practice in Chicago and provides clinical consultation and supervision. She has lectured extensively on how societal and institutional racism, oppression, and discrimination have intrapsychically affected marginalized populations.



Susan B. Sherman, DSW, has coordinated and jointly created a one-year child and adolescent training program at the Psychoanalytic Psychotherapy Study Center in New York City that began in September. The training provides a multi-theoretical developmental approach to therapeutic work with children and includes both a didactic component and a group discussion of the students' and instructors' clinical experiences. The impetus for this program came from learning about the limited number of child-focused classes in graduate schools of social work and the prevalence of social workers working

in child and adolescent-based agencies with a paucity of previous training and insufficient clinical supervision. The program is off to an exciting and enthusiastic start! If interested, please refer to the website, PPSC.org.

...&newmembers

Judith Siegel, PhD, LCSW, recently relocated to New York City and is opening a part-time practice near Union Square. She was recently promoted to full professor at the Silver School of Social Work and presented her research



at the International Family Therapy Association Conference in Malaga, Spain, and at the Resilience conference in Capetown, South Africa. Her entries on internalization and interpretation, which were recently published in the *Encyclopedia of Couple and Family Therapy* (Springer), illustrate the object relations approach to couples therapy. She will be offering a workshop on this topic in December at a workshop at the Ackerman Institute.

Austin Wilmot, MSW, LCSW, is a psychotherapist seeing all age groups in clinical practice in St. Louis, MO. He earned his MSW from the George Warren Brown School of Social Work at Washington University in St. Louis and completed postgraduate training at the St. Louis Psychoanalytic Institute. At the institute, he completed the Advanced Psychodynamic Psychotherapy Program, as well as a two-year practicum in psychodynamic psychotherapy with the Schiele Clinic. He currently serves as the intake and orientation coordinator for the Schiele Clinic and is a consulting psychotherapist for the Adult Congenital Heart Disease Center at Washington University School of Medicine. He teaches and speaks on various topics, including medical trauma, working with children and adolescents, parenting issues, and psychodynamic psychotherapy. More information about Austin can be found at austinwilmot.com and heartchd.com.

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newsletter

aapcsw aims & purposes

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

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.