

## In this issue:

Editor's Word	2
President-Elect's Report on the 2013 Conference	3
Thinking About Social Justice—and the Production of Social Difference	4
Clearing the Kitchen Table: Home-Based Parent-Infant Psychotherapy	6
APsaA Teacher's Academy	8
Research Committee Report	9
Area Reps' Corner	10
Welcome to New Members	12
Member News	12
Journal & Book Discounts for Members	19
2012 Membership Form	23

## From the President

Happy springtime to everyone! As I write this column, I am enjoying the view of my garden as it is transitioning from winter to spring. It is a lovely time of year that brings with it notions of renewal, regrowth, and rebirth.

As we transition from winter to spring, it is important to note that our organization did not spend the winter months in quiet hibernation. In fact, there has been much activity behind the scenes. Let me update you on a few things.

We are transitioning into becoming a larger organization that includes additional benefits to our members, such as the PEP (Psychoanalytic Electronic Publishing; see page 18), as well as our committee activities, chapter growth and revitalization, updating our website with an interactive membership program called MemberClicks, and building bridges with the larger psychoanalytic and clinical social work community.

In early March, we held our annual in-person board meeting. This day-and-a-half-long meeting provides an opportunity for extended discussions regarding the state of our organization. As new initiatives have been instituted, our objectives have expanded. On March 4, 2012, the board voted to add the following to our Aims and Purposes:

- To promote and disseminate the understanding of psychoanalytic theory, research, and knowledge within the social work profession of and to the public.
- To bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and conceptualizing psychoanalytic theory and practice within its broader social-political context.

These additions are expressions of the ongoing work of the Social Justice Committee, with Jennifer Tolleson as committee chair, and the renewal of the Research Committee, under the recent appointment of Jerry Floresch as committee chair. In my previous column, I reported that he was developing ideas about our members becoming more involved in research through clinical case study research. His proposal was enthusiastically supported at our in-person board meeting. Be sure to read his article (see page 9).

You will be hearing quite often about the 2013 conference. Previously I reported that we were fully engrossed in planning the next biennial national conference, titled "Under One Tent: Psychoanalytic Insights, Identities, and Inclusions," to be held in Durham, North Carolina, March 14–17, 2013. Since then, there has been a good deal of buzz and excitement with regard to its recent developments. I am pleased to announce that the plenary speakers for the conference will be Jonathan Lear, Ed Tronick, Jane Flax, and Mary Gail Frawley-O'Dea. For more details, please see the report from president-elect Penny Rosen, conference director (page 3). And be sure to mark your calendars!



Karen E. Baker, MSW

# Editor's Word

In early March we held our annual in-person board meeting in New York. The meeting was attended by board members, including many area chairs from around the country, as well as several guests—longtime AAPCSW members Diana Siskind, Joyce Edwards, and Susan Sherman, who met with us to share their thoughts and experiences after participating in the first APsaA Teachers Academy (see Susan Sherman's article on page 8). This annual meeting provides the stimulus for our organization's collaborative relationships; growth in membership, ideas, and programs; and the enthusiasm that keeps us working day in and day out to promote the health and spirit of our organization.

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 social workers with an interest in writing to use the *Newsletter* as a vehicle for converting their interest into the writing process.

Welcome to our new members and congratulations to those who shared their accomplishments with us via our Member News (see page 12).

Thanks to all contributors to this issue: Karen Baker, Rita Karuna Cahn, Jerry Floersch, Velia K. Frost, Barbara Manalis, Karen Redding, Penny Rosen, Sarah Miller Shea, Paula Shatsky, Susan Sherman, Diana Siskind, Brenda Solomon, Jennifer Tolleson, Lee Miriam Whitman-Raymond, and Ashley Warner. ■



Donna Tarver, MSSW

The AAPCSW *Newsletter* is published three times yearly, in February, May, and October. Deadlines for submissions are January 15, April 15, and September 15.

Please address the *Newsletter* at:

AAPCSW *Newsletter*

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## Aims & Purposes of the AAPCSW

- 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 effect 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 promote and disseminate the understanding of psychoanalytic theory, research, and knowledge within the social work profession of and to the public.
- To bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and conceptualizing psychoanalytic theory and practice within its broader social-political context.

American Association for Psychoanalysis in Clinical Social Work

AAPCSW

# From the *President-Elect*

Penny Rosen, MSW, LCSW, BCD-P

## **A Report on the 2013 Conference**

For close to a year, I have been focusing on chairing our next national conference. While searching for a destination, Bill Meyer, past president, suggested that the strong psychoanalytic community in North Carolina would welcome us. With the board's decision to accept this invitation, plans started to be made so we could all experience the delights of southern hospitality from March 14–17, 2013. Guests will stay at the Marriott Durham, and the program will be held at the adjoining Durham Convention Center in downtown Durham. As time goes on, we will fill you in on what the area has to offer.

The title of the conference is “Under One Tent: Psychoanalytic Insights, Identities, and Inclusions” and the mission is as follows:

Psychoanalysis has had a sometimes painful history of splintering into disparate, exclusive groups. Some voices have been muted, while others have been privileged. Contemporary psychoanalytic theories and techniques pull from many sources and encourage multiple orientations. What is gained and what is lost by our efforts at integration or separateness? Is there still space for debate and dissent? In addition, how do issues of identity, race, gender, sexual orientation, and social class inform and challenge theory and practice? In an effort to deepen our understanding and enrich our practice, this conference seeks to facilitate dialogue among clinicians and scholars from a broad spectrum of the psychoanalytic community.

To carry out this mission, we have lined up four prominent plenary speakers who will speak on our theme.

**Jane Flax**—“The Political Unconscious: What Psychoanalysis Can Contribute to our Understanding of American Politics.” Jane Flax, PhD, is faculty in the Philosophy and Religion Department, American University; she taught previously at Howard University, Stanford University, and the University of Massachusetts, Amherst. Her writing draws upon a variety of fields including feminist theory, critical race theory, psychoanalysis, political theory, and contemporary European philosophy. She is the author of *Thinking Fragments: Psychoanalysis, Feminism, and Postmodernism in the Contemporary West*; *Disputed Subjects: Essays on Psychoanalysis, Politics, and Philosophy*; *The American Dream in Black and White: The Clarence Thomas Hearings*; and *Resonances of Slavery in Contemporary Race/Gender Relation*. She maintains a private practice in Washington, DC.

**Mary Gail Frawley-O’Dea**—“Perversion of Power When Mourning Never Comes.” Mary Gail Frawley-O’Dea, PhD, is internationally known for treating adult survivors of childhood sexual abuse. She is co-director of the Presbyterian Samaritan Center in Charlotte, NC, and former faculty at Adelphi University, Manhattan Institute for Psychoanalysis, and National Institute for the Psychotherapies. She is co-author of *Treating the Adult Survivor of Childhood Sexual Abuse*, a classic, and of *The Supervisory Relationship: A Contemporary Relational Perspective*; author of *Perversion of Power: Sexual Abuse in the Catholic Church*, and co-editor of *Predatory Priests, Silenced Victims: The Sexual Abuse Crisis and the Catholic Church*.

**Jonathan Lear**—“The Ethics of the Psychoanalytic Situation.” Jonathan Lear, PhD, is a John U. Nef Distinguished Service Professor at the Committee on Social Thought and the Department of Philosophy, University of Chicago, and faculty at Chicago Psychoanalytic Institute. He is the recipient of the Andrew W. Mellon Foundation Distinguished Achievement Award. He is author of *Love and Its Place in Nature*; *Freud*; *Radical Hope: Ethics in the Face of Cultural Devastation*; *Therapeutic Action: An Earnest Plea for Irony*; and *A Case for Irony*. He is in private practice in Chicago.

**Ed Tronick**—“Meaning Making as an Integrative Concept.” Ed Tronick, PhD, is a world-renowned researcher and teacher known for his work on the neurobehavioral and social-emotional development of infants and young children, parenting in the United States and other cultures, and infant-parent mental health. He is a distinguished professor of Psychology, University of Massachusetts, Boston; a professor at Harvard’s Medical School, School of Public Health and Human Development, and School of Education; and faculty at Boston Psychoanalytic Society and Institute. He is co-author or author of three hundred scientific papers and other works, as well as of numerous videos.

The electronic age has allowed us to form the Conference Committee by pooling leaders nationally and meeting virtually. Its members are Karen Baker (MI), Samoan Barish (CA), Barbara Berger (IL), Judy Kaplan (NY), Bill Meyer (NC), Susan Nadas (MA), Nancy Perault (NC), Penny Rosen (NY), Kim Sarasohn (NY), Cathy Siebold (NY). Bill Meyer is our consultant; Cathy Siebold is

Continued on page 20

The Social Justice column arises from the passions of some of our committee members and the larger AAPCSW membership. The Committee on Social Responsibility and Social Justice is hoping that the column can ultimately be dialogic and conversational, that is, that it will encourage a reflective back and forth within the organization. Toward that end, we invite and encourage submissions of articles relevant to the committee's mission (below), as well as responses to articles that have been printed. Please contact Jennifer Tolleson, chair, if you are interested in joining us, or with any submissions or ideas ([jentolleson@comcast.net](mailto:jentolleson@comcast.net)).

**Next issue:** Allan Scholom, PhD, "Managed Care's Assault on Our Hearts and Minds"

## Thinking About Social Justice— and the Production of Social Difference

*Brenda Solomon, PhD*

I thought the only way to get at all of what I wanted to say today in ten minutes would be to write a song.

Then I remembered a friend of my grandmother's who after hearing me speak at a public event told my grandmother that I did a very fine job but she would much rather listen to me sing.

From there I thought about my first language and how it is not a language that is held with any regard in my field, and how speaking at all is something that is work for me. I would rather sing, or just make noise with my hands against a desk or any available surface. And this has something to do with my idea about social justice: In any educational or formal training setting we must first acknowledge that the rules of engagement and the norms that make up academic work are very narrow. They may be expanding, and we may be encouraging that, but people still write personal narratives to get into most MSW programs, they take Graduate Record Exams, and they have grades and letters of reference from their undergraduate programs to account for their worth.

They do not get to sing—or bang on a desk.

I think the best way to start talking about social justice is not to point out the ways we are different from one another and how some have been able to flourish at others' expense (although that is true). In pointing out our differences we too often retreat into our various camps and only then try to understand and/or defend—again, from these different locations.

I think the best way to start is to try to demonstrate

*An earlier version of this essay was given as part of a panel presentation on social justice in the classroom at the Symposium on Multicultural Learning Across the Disciplines, March 2010, University of Vermont, Burlington.*

*The AAPCSW Committee on Social Responsibility and Social Justice, formed in 2007, is a national committee of social workers, psychoanalysts, and allied professionals who are concerned with integrating a human rights and global justice discourse with clinical practice. Toward this end, we work to promote critical social-political awareness among clinicians, to conceptualize psychoanalytic clinical practice within a broader social-political context, and to expand the usefulness and availability of psychoanalytic clinical services for all people.*

to people that we have all lost something by the way we set up the world.

Related to this, one thing I ask my students to do is envision their birth as entry into a theatrical drama already underway. We are all born into a production, a theater of sorts, and as we are born we are handed a script. The lights are on us and we are to perform. We have had little say in how we are cast and the lines we must read on cue—we must simply play according to the script: boy or girl, black or white, queer or straight, and all those other binaries that seem to hold up the clothesline that we get draped across (if you will).

In a production well underway, try kicking in the opposite direction during the can-can and you will find yourself badly bruised, misunderstood, and in line for a good talking to.

In this production, we are all led to believe that there are the same and the different. And the same are, well, just people, and the different are not just different but different from the same, reinscribing the domain of the same by their difference. The different, then, become a preoccupation of the play, curiosities, the object of study (Irigaray 1985), and we are all invited to assume the standpoint of the same as we look on: Who are these different ones, how should we understand their plight, what do they want? And how can we give them enough so they will settle down, and/or go away or become more like the same?

I direct my students to consider the theater, and ask, How are “the different” and “the same” produced? What if the different were recast as the same, or, just as well, the group of the same became the different? What would it look like then? What would change—in the script, the action, and the stage itself?

My point is, the attention needs to be drawn to the social production of difference, the processes that produce and reproduce the different, rather than attention on and study of those who are cast into the role of the different (by race, class, gender, sexuality, etc.). With a focus on process, we can consider power, how power renders, through discursive practice, the idea of “a person,” an idea that forms the contours of what is a person and what, therefore, constitutes difference (Smith 1993). For instance, consider how Mickey looks like a mouse, and Minnie looks like a

mouse. There is a lot of social production that goes into making the girl mouse, and into making the girl mouse distinct from the boy mouse or distinct from what is just a mouse. From there we can look at sanctioned and unsanctioned behaviors in relation to bodies and consider which bodies have more leeway in their enactment of a self, and which ones are more restricted and in what ways. Mickey may not be able to express a great deal of upset or panic if he is to be taken for a real man, but he might have more ways of expressing his anger than Minnie if she is to be taken for a real woman.

That said, it would be a very big deal if we could (1) recognize the ways we create difference or the ways we participate in powerful discursive practices to render bodies and behaviors meaningful; (2) understand how these ways of making difference are tied with our ways of distributing wealth and/or resources; and (3) refuse or transgress these practices (in the ways that critical social theorists and activists have discussed and put into practice over the years).

Rather than celebrating diversity, it would be something if we could think about ways we can change everyday life to diminish the difference that has been made of us and between us (Guillaumin 1995). Celebrating diversity to me is like celebrating the ways I have been denied rights guaranteed to most citizens of this democracy. For instance, that I transgress hetero- and gender-normative standards creates the context in which I may be treated differently in ways that do not have to do with my transgression but are justified by it. Simply, it creates the context for denying me the opportunity to behave just like everyone else (including getting married and adopting children). It also creates the context in which I can be considered an object of study in everyday life. My transgression is justification for treatment that will ultimately make me a very different person from what I am and into a distinct variety or category of different within the social world.

Thus the social justice question about how to right the wrongs to the marginalized and oppressed is best answered by a consideration of practices and policies that reduce people into categories, and create their displacement.

Continued on page 16

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# Clearing the Kitchen Table: Home-Based Parent-Infant Psychotherapy

Sarah Miller Shea, PhD, LMSW, IMH-E (III)

Selma Fraiberg, who was firmly rooted in psychodynamic theory, is responsible for the origins of infant mental health treatment, sometimes called “kitchen table therapy” based on the use of the home environment as the treatment setting (Harden and Lythcott 2005). Fraiberg emphasized the ways in which “such settings capitalize on day-to-day experiences of young children and their parents, which can be incorporated into mental health interventions” (256). While contemporary infant mental health services are often found in consultation rooms, in community mental health centers, and in private practice, kitchen table therapy is alive and well. I found this to be true upon moving to Michigan from New York City, where I had practiced parent-infant/toddler psychotherapy in a nonprofit outpatient mental health setting. In Michigan, Selma Fraiberg’s alma mater, home-based parent-infant psychotherapy remains a primary treatment modality for infant mental health clinicians.

As a transplant to this state that endorses home-based treatment, I found myself struck by the ways in which my psychodynamic practice was changed and reshaped by this new treatment setting. As an infant mental health specialist providing parent-infant psychotherapy to families enrolled in Early Head Start, I found that sitting at the kitchen table, on the living room floor, or on the edge of a bed, certainly reconfigures the therapeutic space and provides multiple ways for the therapist to become immersed in the reality of the clients. Rather than learning of the latest argument between a young mother and her boyfriend days after it occurred, I may walk into the home and become a participant, even if only a passive one through my role as witness. When I schedule a home visit with the overburdened single mother of three young children who calls mealtime “the zoo” during their lunchtime routine, I am visiting

the zoo rather than listening to a play-by-play description of the trip. It is inevitable that the home environment becomes a component of the therapist’s assessment; the state of the home, its location, and the people who reside there or visit (or in some cases, the lack thereof) all become a part of the clinical picture, and the therapist has access to information that could potentially remain unavailable in the consulting room (Gorman, Lockerman, and Giffels 1995).

Opportunities for what Jessica Benjamin describes as the “one in the third” experience are multiplied when the therapist has the opportunity to truly sit in the client’s living space (2004). The heat has been shut off in a small home in the dead of winter and I keep my coat on as we sit on the couch and make plans for where Mom can go with her two toddlers, seeing our breath in front of us as we talk. The smell of raw sewage permeates the air as I enter the apartment where I find a mother, dissociated and sitting in a corner of the couch staring at the television, and a house torn apart by a toddler and his preschool-aged sister who run through the rooms screaming and wailing. I want to scream and run out. In these examples, attunement, or affective resonance, are pushed beyond what I had previously known in my outpatient clinic career. I can smell the sewage; I am horrified, disgusted, and sick. I do not run out; I sit down on the badly soiled couch and “surrender” to the smells, sounds, and sights that this family calls home (ibid.). Counter-

transference can take on a whole new life outside of the consultation room, given that the therapist is truly immersed in the life and space of the client, subjected to the sights, smells, and sounds that predominate “the physical and psychic world of the client” (Renschler 2009, 152).

The intersubjective reenactments for home-

## Working with Children, & Adolescents, & Their Parents

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

Karen E. Baker, MSW



based psychotherapy are ripe. I drive to a home to meet a new family, instantly aware that I may not be safe in this neighborhood. I am unfamiliar here and the neighbors watch me warily. I knock on the door and wait. I am being watched. A group of men peer into my car. "What are you doing HERE?" someone yells out, presumably expecting that I am a Child Protective Services worker. The new client answers, "Hello, come in." I am certain my anxiety clouds my face. Our subjectivities become apparent; issues of race, class, gender, and ethnicity are immediately accessible as my outsider role in the neighborhood is immediately identified. The next week when I return, a neighbor next door nods her head hello. No one stares; my car is ignored. I know, as in many cases before, the family has talked to their neighbors, informed them that I am not with Child Protective Services, explained that I'm "OK," permitting my safe entry to the neighborhood week after week. Issues of power and authority are laid out in new ways; I am the outsider coming to the client's home, establishing a new kind of dynamic for the therapist who previously welcomed clients to her office. I do not belong here; I need the client's assistance to know when it is safe to come; I rely on the client to allow me inside as I stand out in front of her home ringing the doorbell in the rain. I will allow her to show me where we will sit; what rooms are off limits; whom I will encounter in her home. I am not only the client's therapist; I am also a "guest" and the client is my "host," requiring that we both "be fluid about authority and hierarchy" (Gorman, Lockerman, and Giffels 1995, 5). In addition to the very real potential for risks to safety when conducting home-based psychotherapy, there is also the potential to conflate the "psychological risk and danger" that is implicit when treating clients with severe symptoms or significant trauma with concerns about the neighborhood safety (Renschler 2009, 152). Therefore, self-reflection becomes essential, as cautionary preventative measures can become enactments of countertransference material.

Home-based psychotherapy inevitably forces the therapist to embrace "active psychoanalytic intervention" (147). Historically considered a contradiction or oxymoron, active psychoanalytic practice compels therapists to acknowledge the social context and injustices that

pervade the reality of our clients, a reality in which we co-exist simply by being participants in our social world (Renschler 2009). Todd S. Renschler suggests that analysts have "been sleeping on their own couches while the social world around them suffers," citing psychoanalytic social justice proponents such as Neil Altman who decry the need for more active and progressive forms of psychoanalytic practice (2009, 147). In the context of home-based psychotherapy, the therapist cannot ignore the sewage,

the frigid temperatures, or the un-attended toddlers. I have found myself running to catch a toddler who has stumbled precariously on the stairs as her mother's back was turned to attend to her screaming newborn. I have also stood behind my client, a severely traumatized woman with significant cognitive impairments, as she opened the door to a stranger, reminding her to keep the chain on the door attached. In

home-based psychotherapy, the therapist is thrust into the dual role of therapist and activist because the therapeutic relationship is charged with a new kind of intimacy and a broader window of the poverty, violence, and chaos that surrounds many of the families receiving such services.

The therapist is engaging in activism simply by literally bringing the psychodynamic treatment to populations who have been historically deemed inappropriate for and who have not had sufficient access to such insight-oriented work. Neil Altman states, "One's willingness to make a home visit or conduct therapy in the home is a powerful statement to the patient of one's willingness to know by acquaintance, not just from a protected objective place, about their experience" (2008, 111). By going to the home and community of disenfranchised and stigmatized clients, home-based psychotherapists are in fact challenging the divide that exists between the haves and the have-nots with regard to quality mental health services. Furthermore, the therapists who engage in activism within the psychotherapeutic context convey to their clients "the message that the patient's misfortunes are not caused entirely by his or her personal failings but instead result in large part from unfortunate social developments" (Kupers 1993, 532). Failing to practice activism in psychotherapy with disadvantaged clients can in fact be detrimental to the treatment as Terry A. Kupers suggests,

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Continued on page 15

# American Psychoanalytic Association Teacher's Academy

Susan B. Sherman, DSW

The idea for a Teacher's Academy of the American Psychoanalytic Association arose at a meeting of its Education Committee in 2010. At that time, Cathy Siebold and Susan Sherman represented social work on this multidisciplinary committee. The original idea for the academy was to provide teaching mentorship for psychiatrists, psychologists, and social workers who were attempting to teach psychoanalytic ideas in settings that might not welcome our theoretical base and practice. It was to be modeled on APsA's fellowship program, which provides mentoring experiences for selected students from these disciplines.

The program was initiated in 2011. The committee formed to create the Teacher's Academy comprises teachers from each of the three disciplines—Cathy and Susan being the social work representatives. A program was conceived in which selected teachers would be invited to attend the annual APsA meetings in January; room, board, and fees for the conference would be covered for each teacher. Not only would the teachers select and attend meetings of their choice, but the academy would provide special training in teaching psychoanalytic ideas through the use of master teachers and workshops. Each teacher would be introduced to his or her mentor, an outstanding teacher in his or her field, and would set up regular times to meet in person or by phone over the year. In their applications, teachers were asked to describe a particular course they would teach during the mentorship year that had the approval of their department. We are now in the second year of the program.

In the first year, social work received only six applications and in the second year only two, despite attempts to disseminate information about the program. Our goal was to select teachers who might be teaching in geographic areas where there is not a significant analytic community and who also were in programs in which their teaching would reach a significant number of students. In our first year, we were fortunate to have both Diana Siskind and Joyce Edward as mentors to our two teachers. Samoan Barish served as the first master teacher in social work.

This year, Cathy Siebold stepped down as co-committee representative. Elizabeth Danto, who is on the faculty of Hunter School of Social Work, joined Susan Sherman. Our social work presence was enhanced by the two social work representatives presenting a workshop on the interactive process in the classroom, focusing on psychoanalytic concepts. Jeffrey Applegate was this year's master teacher in social work. Using feedback from our mentors and teachers, we are revising our selection process as well as working on improving communication over the year between the committee members and the mentor/teacher pairs.

For 2012, Jeff Longhofer, from New Jersey, is one of our mentors, and Dana Sorbo, from San Francisco, is the other. While both of this year's teachers teach in metropolitan areas, they have unusual teaching challenges related to their populations: Judy Howe, from Boston, teaches at the Cambridge Health Alliance, a center for psychotherapy serving patients from a wide range of socioeconomic and cultural backgrounds, and Judy teaches a large number of social workers from four different social work schools offering varying philosophies. Marc Wallis, from San Francisco, teaches therapists working with addictions

and finds many of the professionals in this field to be skeptical and resistant to psychoanalytic thinking.

At the AAPCSW annual board meeting held in March, when the APsA Teacher's Academy was presented to the group, there was great enthusiasm for AAPCSW to have its own teacher's academy. It is our hope that this will take shape in the near future. In the meantime,

we would like to ask AAPCSW members to encourage suitable teachers to apply to APsA's program, which provides a unique learning experience and hopefully keeps psychoanalytic ideas alive in social work curricula. ■

## APsA Psychoanalytic & Psychodynamic Teachers' Academy

A professional development program for teachers of psychoanalysis and/or psychodynamic therapy

**Applications for 2013 are now being accepted through August 15, 2012.**

Visit [http://apsa.org/Programs/Teachers\\_Academy.aspx](http://apsa.org/Programs/Teachers_Academy.aspx).



# Research Committee Report

*Jerry Floersch, Ph.D, LCSW*

As chair of the Research Committee, I was asked to give a report at the March 3 AAPCSW annual board meeting. A report on recent activities was not given; instead, I proposed future objectives and aims for the Research Committee.

AAPCSW is a practice organization, so I proposed a strategy for involving members in research that matters to clinicians. I argued that practitioners and professional practice organizations could be more than consumers of research. Indeed, practitioners are also knowledge producers. Yet what kind of knowledge do members produce?

It is likely that most are not involved in variables-based, survey research; nor would we necessarily want to be, given the serious limitations that survey research poses to understanding clinical work. Thus, it seems natural that AAPCSW members produce knowledge from in-depth case studies. Why? Case material is the bedrock of clinical work; it is the lifeblood of practice. And the field of social work lacks case studies for students and practitioners. I know from teaching in a school of social work that it is hard to find quality, contemporary case studies for students.

Case studies demonstrate the integration of theory-to-practice and practice-to-theory. And the latter is surely a type of knowledge that is indispensable to the field of clinical social work. Variables-based research constrains how we understand theory-to-practice because it lacks a strategy for theoretically identifying casual mechanisms. The strength of clinical case studies, on the other hand, is its theory-building potential. Given that the case study has been maligned as anecdotal and unrepresentative and dismissed as unscientific, how do we reinvigorate the case study?

I proposed an AAPCSW case method research objective that takes up the work of establishing the case study as a legitimate form of research and knowledge production. To accomplish the objective, I proposed a symposium at the next biennial conference (March 2013). The symposium would include several papers on the research potential of the case study: philosophy of social science,

case method and methodology, and the role of the case study in other professions. The AAPCSW leadership would then use the interest and participation in the symposium as a measure of members motivated to help pursue a course of study that would promote the development and writing of clinical case studies.

Perhaps the AAPCSW could start a peer-reviewed journal that would publish member case studies. This would be an open-access, online journal. At the board meeting, I also proposed to have at the next conference a workshop on how to use qualitative software for organizing and analyzing case notes. Members could take advantage of recent developments in computer software to make the work of collecting, organizing, and writing case studies more efficient. Another possible workshop would focus on case method writing techniques. Indeed, it would be a significant development if the AAPCSW membership developed a new “case study” genre.

Drawing on our rich case study history and elucidating the potential and limitations of clinical case study research, we are limited only by our imagination. As a strategy to involve members in research, these objectives have some traction to encourage participation in research and knowledge production. It is time that we learn how to be confident in the type of knowledge clinical work produces.

This is one proposed strategy that the Research Committee is poised to take up and we are wondering if members would be interested in working on this. As chair of the Research Committee, I am committed to these objectives and would like to hear from members who would be motivated to join the effort. I can be reached at [jfloersch@ssw.rutgers.edu](mailto:jfloersch@ssw.rutgers.edu). I would be very happy to keep this conversation alive. ■

*Jerry Floersch, Ph.D, LCSW, chair of the AAPCSW Research Committee, is director of the DSW program at the Rutgers School of Social Work. He also maintains a private practice in Highland Park, NJ.*

*Case studies demonstrate the integration of theory-to-practice and practice-to-theory.*

# Area Representatives' Corner

## Northern California

Submitted by Rita Karuna Cahn, LCSW  
& Velia K. Frost, LCSW, Area Co-Chairs

Our local chapter has continued to offer cutting edge programs. We provide an opportunity for local therapists to present their clinical and theoretical material on topics rarely discussed in other professional programs. The intimate setting of Velia's home office has fostered rich conversations between participants and presenters. Although the San Francisco Bay Area offers a wide variety of clinical and theoretical events, our audience regularly includes people who have traveled long distances to attend our two-and-a-half-hour Saturday morning programs. We advertise our events on several local listservs, in addition to the AAPCSW national listserv and that of the California Society for Clinical Social Work. We have been attracting participants from a broad spectrum of disciplines and range of professional experience, from pre-licensed interns to seasoned analysts and senior analytically oriented psychotherapists.

In March we had a large turnout (in the pouring rain) for a presentation by Elizabeth Simpson, LCSW, psychoanalyst and founder of the Coalition for Clinical Social Work. In "Losing Contact: Countertransference Responses to an Anorexic Patient," Elizabeth conveyed the intersubjective dynamics between herself and a patient who put herself at great risk. The case presentation poignantly revealed their fragile yet enduring bond. We were all deeply moved by Elizabeth's courage in disclosing to us the intimate details of the patient's emotional impact on her, along with her steadfast commitment to her patient's emotional growth and physical survival.

On June 16, our final program of the year, the speaker will be Ruth Cohn, MFT, Certified Sex Therapist, who will present "Quieting the Storm, Bridging the Chasm: Healing in Couples Ruptured by 'Sex Addiction.'" Ruth will offer a more precise and less morality-laden definition of "sex addiction" and will propose a dynamic model for couples work. Ruth is the author of *Coming Home to Passion: Restoring Loving Sexuality in Couples with Histories of Childhood Trauma and Neglect*. She has a special interest in the interface between attachment, affect regulation, and sexuality. ■

## Southern California, Los Angeles

Submitted by Paula Shatsky, ATR, MFT

The Los Angeles area chapter of AAPCSW hosted a presentation by Dr. Wendy Smith, "The Journey Forward: A Developmental, Relationship-Based Approach to working with Youth Leaving Foster Care," on April 21. Dr. Smith's paper focused on the effects of maltreatment on development and attachment as well as the effects of foster care on adolescent identity development. The presentation integrated dynamic systems theory, child and adolescent development (including infant brain development), and attachment theory to provide a multi-dimensional practice model for working with vulnerable youth leaving state systems of care.

Dr. Smith is director of structural enhancement and associate clinical professor at the USC School of Social Work. She writes extensively on this subject. Her book *Youth Leaving Foster Care: A Developmental, Relationship-Based Approach to Practice* was published in 2011 by Oxford University Press. The discussant for this presentation was Dr. Doni Whitsett, clinical professor of social work at the USC School of Social Work. Her areas of specialty include trauma, working with cult victims, human sexuality, and neurobiology. ■

## Southern California, Orange County

Submitted by Barbara Manalis, LCSW, Area Co-Chair

The Orange County, California, area chapter hosted Sheila Felberbaum, LCSW, from the New York area chapter for a seminar and writing workshop on May 19. The event took place at the University of Southern California Orange County Campus. The day-long program was presented in two parts.

Part 1 was the presentation of *Trauma Ties: A One-Act Play*, written by Sheila, followed by a discussion about how life informs art and art informs the psychotherapeutic experience. The discussant was Karen Redding, LCSW, PhD, chair of our area chapter.

Clinical knowledge and experience informs what clinicians do inside and outside of the consulting room.



*Trauma Ties* draws on the author's experience as both a clinician and a creative writer and was performed live. The setting of the play is a multidisciplinary professionals' compassion fatigue group, which takes place over the course of several decades. A discussion with the author followed, on the connection between how theory informs practice and how practice informs theory.

Part 2 was optional, titled "A Writing Workshop for the Clinician/Writer," facilitated by Sheila, along with Edward Kaufman, MD, MFA. Themes of trauma and loss weave throughout the fabric of our personal and professional lives. As clinicians and as writers we are especially called on to capture something of both the implicit and explicit impact of these primal experiences in verbal expression. This unique workshop setting offered an opportunity to address in essay form, some aspect of this theme, either from a personal or professional point of view. Those interested were requested to submit an essay no longer than 750 words, to be read aloud in a small group. The emphasis of this workshop was on capturing

felt experience and translating psychological concepts into a vocabulary of universal meaning, without jargon. Cognizant of the sensitive nature inherent in a group process of analysis of each other's work, the focus was on a positive approach through "detailed evaluation." ■

## Rhode Island

Submitted by Lee Miriam Whitman-Raymond, PhD, MFA, Area Chair

The Rhode Island area chapter hosted its first event on April 20 at the Rochambeau Library, from 12:30 to 2:00pm. The title of the presentation was "When We Talk, Do You Really Hear Me? Intersubjectivity and Difference in the Clinical Encounter." We were delighted to have Cathy Siebold, a psychoanalyst and past-president of AAPCSW, as well as supervisor and faculty at MIP, to discuss important aspects of therapy as they interface with issues of class. The talk was free, and CEUs for social workers were offered. ■

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# New Members ...

Welcome to new members Ingrid Sutton (AZ); Ethan Grumbach, Sally Cassidy (CA); Teresa Mendez (DC); Makeba Williams (GA); Lindsay Cusack (IL); Elizabeth Corpt, Charles Rizzuto (MA); Beverly Betz, Joanne Milobsky (MD); Michele Rivette (MI); Sarah Tillis, Barbara Mezo, Susan Couch (NC); Jerry Floersch, Ellen Grosovsky, Chana Kahn (NJ); Kirk Brewster, Wendy Freund, Nicole Saint-Louis, Daniel Shaw, Ellyn Freedman, Casey Ferber, Renee Goldman, Jonathan Bellin, Mark Rinzel, Jeffrey O'Malley, Rebecca Wertkin (NY); Roberta Brenner (PA); and Sheryl Shumate (SC).

## New Member Highlights

**Beverly H. Betz**, MSW, MEd, began her social work career in 1993 after teaching high school English for sixteen years. After seven years as a therapist in a community mental health center (supervised by a physician analyst), she began supervising there (which she continues to do today) as she transitioned into private practice. After completing analytic training at the Baltimore Washington Institute for Psychoanalysis, she is now president of the Baltimore Washington Society and has a private practice of psychoanalysis and psychotherapy in Baltimore, MD.

**Elizabeth A. Corpt**, LICSW, is a psychoanalyst, supervising analyst, faculty member, and board member at the Massachusetts Institute for Psychoanalysis, and a faculty member at the Harvard Medical School, Department of Psychiatry at the Cambridge Hospital, Program for Psychotherapy. She has written and presented nationally and internationally on topics such as clinical generosity, ethics, and social class. She maintains a private practice in Arlington, MA.

## What's Your News?

Write, or e-mail: Ashley Warner, MSW, BCD  
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# ... and Member News

**Karen E. Baker**, MSW, co-edited with **Jerry Brandell**, PhD, BCD, a special issue of *Psychoanalytic Social Work* (vol. 19) on child and adolescent psychotherapy and psychoanalysis. Karen's article "My Brakes Are Broken: Case Study of a Latency Boy Struggling with Self Regulation" has been accepted for publication in the special issue.

At the end of April, the second annual film festival for the village of Ridgewood, NJ, was held for two nights. **Lynn Clements**, LCSW, MSW, ACSW, CSWM, is the founder of the event and has been active since the 1990s using her interest in the arts and her social work training to enhance the quality of life in her community. She has created an arts council, as well as an author/poet program for high school students; a huge arts festival that includes fine art, performing art, culinary arts, and crafts; and two film festivals.

**Allen A. Du Mont**, LCSW, BCD, DPFNAP, former chair of the Social Work Academy of the National Academies of Practice (NAP), was recently appointed vice president for membership of the NAP. This marks the first time since its founding in 1981 that a social worker has reached that position in the NAP, a unique inter-professional organization of ten health professions whose central purpose is to advise public policy makers on health care issues.



Left to right (AAPCSW members in bold), Maurie Davidson, Hillel Bodek, Carolyn Messner, **Lorraine Tempel**, Bruce Thyer, **Allen DuMont**, and **Alan Levy**.

■ **Wendy Freund**, MEd, LCSW, is excited to give two presentations this spring about adoption search and reunion. First, she will present at a PsychWorks meeting of professional therapists in New York, and then will be giving a workshop at the annual conference sponsored by the NY State Citizen's Coalition for Children in Albany. "Adoption often results in fractured narratives and secrets," Wendy says. "Looking for one's birth family and information about personal origins helps to build an authentic sense of self. Members of the adoption triad—birth parents, adoptive parents, and adoptees—have unanswered questions. People who search are often trying to develop a coherent narrative." Wendy will discuss why people search, what a reunion means, and how to facilitate a good experience.



■ **Ricki L. Geiger**, LCSW, CRC (certified retirement coach), introduces a new and much-needed service in her practice. "As I moved into this decade, to the other side of fifty-five, with a retired spouse," she says, "I began to think more seriously about retirement challenges. As well, baby-boom-age clients in my practice were talking more about their retirement concerns." To address these clinical issues, she became a certified retirement coach in 2011. She offers services in her Chapel Hill office, onsite for people within organizations, by phone, and by Skype. Her services (CreativeRetirementNow.com) can be a resource for you, for those you know, and for others you work with. Please call her with any questions: 919.929.8559.



■ On March 7, 2012, **Laura Groshong**, LICSW, director of government relations for the Clinical Social Work Association, gave a presentation in Frankfort, KY, titled "Changes Coming to Clinical Social Work," to two hundred clinical social workers and social workers. Laura was brought to Kentucky by the Kentucky Society for Clinical Social

Work and the National Association of Social Workers, Kentucky Chapter, an admirable joint effort.

The talk summarized changes coming as a result of the Affordable Care Act, DSM-5, ICD-10, HITECH, and other new laws affecting clinical social work practice. The audience included LCSWs in private practice as well as agency social workers and caseworkers. The enthusiastic response was followed by lunch and then a rally at the Capitol Rotunda, featuring Kentucky lieutenant governor Delroy Eldridge; Rep. Susan Westrom, a social worker; and Laura, as the final speaker.

■ **Jerry Katz**, LCSW, will be presenting "Theory and Treatment of Narcissistic Personality Disorder" at conferences in Vancouver (in June) and CapeTown (in August).

■ **Suzanne Klett**, LCSW, BCD, was appointed co-director of Washington Square Institute. She will be presenting a paper on cumulative trauma and recovery at the International Ferenczi Conference, "Faces of Trauma," held in Budapest, May 31–June 3.

■ **Judith Logue**, PhD, just had a chapter published in *Gender in the Therapy Hour—Voices of Female Clinicians Working with Men* (Routledge, 2012), edited by her colleague Holly Barlow Sweet. Judith's chapter, "Gender Matters—Transference, Countertransference, and Men: A Psychodynamic/Psychoanalytic Perspective," is found in section 1, Core Treatment Issues.

■ **Ellen T. Luepker**, MSW, LP, LICSW, had a second edition of her book *Record Keeping in Psychotherapy and Counseling: Protecting Confidentiality and the Professional Relationship* published by Routledge in February 2012.



■ First Attachments Infant, Child, and Parenting Center, a 0–5 "pregnancy through preschool" center focused on helping parents establish secure attachments in their

Continued on page 14

babies and young children, officially opened on May 1, in Encino, CA. Informed by contemporary research on infant development and attachment theory, there are groups, classes, developmental screenings, community involvement, guest speakers, a certificate workshop for daycare providers and preschool personnel, and a monthly multidisciplinary First Attachments professional development/networking consortium. **Sue Mandel**, PhD, LMFT, founder and director, is a licensed marriage and family therapist with a doctorate in clinical child psychology. For more information visit [www.firstattachments.com](http://www.firstattachments.com) or call 818.804.6408.

Friendship Shelter's Artists Collective is a group of artists, most of whom have had the personal experience of homelessness. The individuals meet regularly to share their experience and processes and to plan public installations



of their work. By showcasing the art created by members, the collective challenges its audience to confront and accept the full humanity of each individual who is homeless. The group is led by **Karen K. Redding**, PhD, LCSW, artist. Karen's work is showcased at [www.karenkredding.com](http://www.karenkredding.com). For more on the collective, and to see samples of the members' work, visit [www.facebook.com/#!/pages/The-Artists-Collective/296462250395960](https://www.facebook.com/#!/pages/The-Artists-Collective/296462250395960).

*Balinese Male Dancers*  
Photograph by Karen Redding



**Lucille Spira**, LCSW, PhD, was the introductory speaker for Symposium 2012: On Loneliness. She is a member of the New York School for Psychoanalytic Psychotherapy and Psychoanalysis. Dr. Spira has presented on this topic at NYSPP, NPAP, Div. 39 of the APA, and APsaA.

**Dr. Lorraine R. Tempel** was recognized as Distinguished Scholar and Fellow by the National Academies of Practice (NAP) at the organization's induction ceremony on March 24, 2012, in Arlington, VA. (Also see photo on page 12.)



## Share *Your* News See page 12...

Left (left to right), Friendship Shelter's Artists Collective members R-á Kat Saxon, Terrell Anansi, **Karen Redding**, and Darryl Goober.



“When clinicians do not practice advocacy, patients are given the unspoken message that inaction and passivity are an appropriate response” to any of the injustices that plague the lives of our most vulnerable clients (1993, 530).

The altered power and authority dynamics implicit in home-based treatment can result in clients exhibiting greater control over their treatment and perhaps “they use their newly discovered control to lead the therapist into the issues that mean most to them” (McFadden 1979, 233). The client who attends her home-based session in her pajamas in late afternoon, yawning and having just woken up for the day, beer bottles littering the kitchen table amid unpaid bills, with a toddler crying in a playpen nearby, is certainly setting up a picture for the therapist. The therapist must also then respond to what is not said; the beer bottles do not go unnoticed nor does Mother’s attire, or Baby’s cry. Action becomes a part of the treatment context; the therapist may sit down on the floor next to baby, talking softly, while Mother pulls herself together with coffee and water splashed on her

face. The therapist has met the client where she truly lives, in her home, in her chaos, and in her hung-over and exhausted state of hopelessness. The therapist can truly be there with the client, taking action to bring some quiet to the scene in order to then be able to identify and come to know “the ghosts who invade the nursery and take up residence” via the mother’s remembrance of the pain and abandonment she experienced during her own childhood (Fraiberg, Adelson, and Shapiro 1975, 389). The therapist may even help the mother to clear the kitchen table of the beer bottles and bills so that they can sit there together, as the “parents themselves become our allies in banishing the ghosts” (ibid.). ■

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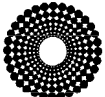
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The story that needs to be told is that we are all different from what we might have been. At the moment we entered the theater, there were pieces of us left on the cutting room floor (Rambo Ronai 1999). There were things we became, things that were called for, parts of us that were underscored and things that fell away—to fit a family, within a neighborhood, within a community, within a particular social order. And we may mourn and long for those cut-away pieces even without knowing what those cut-away pieces are ourselves (Butler 1997). This is a social justice issue and it links to justice issues of our day.

It's been said that when the wind is at your back you experience yourself as a great runner and when the wind is in your face you experience the wind. Who wins and who loses is tied to larger sociopolitical processes that one might experience in the way a runner experiences the wind. Losing is not one's own, but neither is winning. And once you start thinking this way, it creates possibilities for a personal form of social action. And this form of social action allows you to see that the same and the different are neither. You refuse to take credit for what is

afforded you as a boy, a white, or a straight. Even if what you are is sanctioned and rewarded, you can begin to wonder about what was cut away or what you've lost to experience your privilege. You begin to see how you are like others in ways that you have been discouraged to see before. The truths of the production, while they continue to play in your life, cannot claim you as they once did.

Driving to class the other day, I happened to tune in to a religious radio station and listened as the commentator talked about the plight of the orphan. He and invited guests discussed the various ways that identified orphans were obviously in need of the attention of those who were blessed enough to be able to care for them. I went to class and asked how we might think about the orphan in ways that politicized rather than pathologized their place. Instead of talking about how we might rescue them from their plight, we focused on the supposition of "a plight" and how the idea of the orphan shores up notions of wellness and the benevolent family. While we may all have experiences that we could call orphaning experiences, only some of us are constituted as orphans. And whether or not we are constituted as orphans has conse-



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quences for our lives. There have always been children without parents, but they have not always been worked up in this kind of social formula that supports certain dominant ideas about what is good and the interests of the powerful.

It is enough to say, once you see the stage and the production it is difficult to act without considering the script and performance—without considering the part you play and how you are played. To look at all of this at once changes everything—and that's a lot. For instance, next time someone asks you about what you do for a living, you might respond by singing a song or drumming on a desk—just to be, well, different, in the way French philosopher, Colette Guillaumin, might suggest, different from difference that has been made of you. ■

*Brenda Solomon, PhD, is a sociologist and associate professor of social work at the University of Vermont, Burlington. She is an institutional ethnographer who is interested in the application of critical social construction and postmodern ideas to social work practice. She is a member of the AAPC-SW Committee on Social Justice.*

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See page 1...

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Turn your advanced clinical education into a doctoral degree with one of ICSW's programs for practicing psychotherapists.

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→ **Think Practice**

Our clinically focused programs offer a contemporary psychodynamic perspective that applies to a broad range of practice settings.

→ **Think Personal**

One-on-one instruction from our expert faculty advances your clinical and research skills where it matters most—in your practice.

**Join us for an Open Class**, where you can meet with faculty and students, get a more in-depth description of our programs, and experience a class firsthand. If you'd like to learn more about ICSW or reserve a seat at an Open Class, visit us online at [www.icsw.edu/learnmore](http://www.icsw.edu/learnmore) or call (312) 935-4234.

**ON-SITE OPEN CLASSES**

Sat, February 11 at 9 am cst

Sat, March 10 at 9 am cst

**ONLINE OPEN CLASSES**

Wed, February 8 at 7 pm cst

Wed, March 7 at 7 pm cst



THE INSTITUTE FOR  
Clinical Social Work

at Robert Morris Center  
401 S. State St., Suite 822  
Chicago, Illinois 60605

*Accredited by the Higher Learning Commission*

## New Professionals Mentorship Program

Seasoned professionals (eight or more years post-license) working with new professionals, giving guidance and direction to help with career development and career enhancement.

Contact Sally Fine 402.330.4014

From the President-Elect, continued from page 3

program co-chair; and Susan Nadas is faculty liaison. North Carolina members will chair committees: Nancy Perault and Molly Kiefer (Hospitality), Carolyn Stevenson (Editor), Patty MacNair (Treasurer), Lisa Barnhardt (Exhibits), Micahel Jokich (CEUs), and Sally Comer (Student Volunteer Liaison).

The Call for Papers process is underway, chaired by Kim Sarasohn; Diana Siskind and Susan Sherman are co-chairing the Student/Candidate Call for Papers. In coordination with the area chairs, peer reviewers for the papers were recommended nationally.

Invited panels include topics on children and adolescents, diversity and otherness, social action, research, trauma, disabilities, and so on. To continue a tradition that began in 2009, Jerry Brandell and John Chiamonte will play in a quartet at the Saturday night Gala event. Much more is being planned and we will continue to report on these developments.

This should give you a savory taste of the strong program that is being organized. We encourage you to meet us "under one tent" in Durham, NC. ■

## Book & Film REVIEWS

Have you published a book or chapter and would like to see it reviewed?

Contact book and film review editor Diana Siskind:

[Dwsiskind@aol.com](mailto:Dwsiskind@aol.com) or  
212.787.6669.

The activity of the Child and Adolescent Practice Committee, which I chair, has been minimal since I transitioned into my role as president. However, I hope that you have been enjoying the column Working with Children, Adolescents, and Their Parents. This issue features an interesting article by Sarah Miller Shea, in which she discusses infant/child psychotherapy taking place in the home (see page 6). She references Selma Fraiberg's infant mental health treatment approach, sometimes referred to as "kitchen table therapy."

For those members who are working with children and adolescents, please consider submitting an article for the newsletter. Your submission can be sent to me at [kembaker1@comcast.net](mailto:kembaker1@comcast.net).

I would like to thank those who completed the survey that was sent to the membership in the fall. There was a 20% response rate, which is a good response, given that the majority of our membership works with adults. The survey results are interesting and will be useful to the committee. Here are a few of the results:

### **Demographics**

- The majority of child/adolescent therapists see adolescents, followed by parent-child dyads and children.
- Approximately 46% of respondents identify themselves as a child/adolescent therapist or child/adolescent analyst by self-identification or training.
- About half of respondents have more than 21+ years of experience as a child/adolescent therapist and approximately one-fourth of respondents have 0–5 years of experience.

### **Practice**

- In terms of ages of current client case load, more than 80% of respondents indicated that children ages 0–2 make up 0–10% of their caseload; 68% estimated that children 3–5 years old make up 0–10% of their caseload; 47% indicated that children 6–10 years old make up 0–10% of their caseload; and 59% estimated

that children 10–13 years old make up 0–10% of their caseload; with only 38% indicated that adolescents ages 14–19 make up 0–10% of their caseload.

- Approximately 85% of respondents see college-aged patients.

### **Support**

- Approximately 70% of respondents provide supervision and consultation; 50% are teaching; and 40% conduct public lectures.
- Over one-third of respondents serve as a supervisor or consultant for a child therapist. The majority of individual responses noted they served under this capacity in a private office setting.
- Individual respondents were interested in a range of AAPCSW programming, including ones that focus on parent-adolescent relationships or parent relationships, conferences and workshops (including online), child/adolescent issues, and psychodynamic theory.
- For their practice, about 70% of respondents indicated they need support services in the form of study groups, more than 50% indicated a need for supervision, and nearly 50% specified a need for coursework on child psychotherapy.

Finally, I want to encourage all of you to continue telling your friends and colleagues about the many benefits of becoming a member of the AAPCSW. Your endorsement of our vibrant organization is appreciated and meaningful. In accompaniment with you and the efforts of John Chiaramonte, membership chair, we have reached nearly one thousand members, including new international members from Australia, France, Norway, United Kingdom, and Canada.

It is the mutual effort of the board of directors, the committees, and the area representatives, that benefit our entire membership. We will continue to work together on your behalf, striving for excellence and renewing our commitment to clinical social work and psychoanalysis.

Enjoy the springtime! ■

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# Save the Dates!

## March 14–17, 2013

AAPCSW National Conference • Marriott Durham / Durham Convention Center • Durham, North Carolina

**Under One Tent: Psychoanalytic Insights, Identities, and Inclusions**



# Beyond the Couch

The online journal of the  
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## Objectives:

To facilitate the communication of psychoanalytic ideas  
with all elements of the social work community.

To explore all dimensions of the social work relationship, both internal and external.

To investigate the continual interplay between the psyche and environment.

To recognize the personal experience in all social work interventions.

[www.beyondthecouch.org](http://www.beyondthecouch.org)

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# 2012 Membership Form

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Mailing Address (if other than office) \_\_\_\_\_  
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Post-Graduate Training \_\_\_\_\_

Which address(es) should we use in the printed membership directory?  Office  Home  Both  Neither

May we include you in our website membership directory?  Yes  No, only include me in the printed directory  
(Name, credentials, office address, office phone, and practice areas only; If you check neither box, we will assume "Yes")

May we include your e-mail address on the AAPCSW listserv?  Yes  No  
(If you check neither box, we will assume "Yes")

## Practice Areas

Please indicate options below that reflect your practice

In which of the following practice areas do you have special interest? Check all that apply.

- Addictive Behavior  Anxiety Disorders  Asperger's Syndrome  Attachment Disorders  Autism  Biofeedback  
 Chemical and Other Addictive Behavior  Cognitive/Behavioral Therapy  Critical Incident Stress Debriefing  Depression  
 Developmental Disorders  Eating Disorders  End-of-Life Care  Forensic Evaluation and Treatment  Gender-Related Issues  
 Grieving/Loss  Hypnosis  Interpersonal Relational Problems  Learning Disabilities  Mediation  Parental Loss  
 Post-Traumatic Stress Disorders  Psychoanalysis  Psychodynamic Psychotherapy

With which modalities do you work? Check all that apply.  Individual  Group  Couple  Family  Consultation  Supervision

What is your client population? Check all that apply.

- Infants and/or Children  Adolescents  Young Adults  Adults  Older Adults

## Membership Category

Please make check payable to AAPCSW, or go to [www.aapcsw.org](http://www.aapcsw.org) to pay by credit card

Membership runs from January 1 to December 31. Members joining by March 31 will be included in the current year's printed membership directory.

- Full - \$75 (Any clinical social worker with master's or doctoral degree)  
 General - \$75 (Members of other mental health disciplines; all rights and privileges of full membership except the right to hold office on national executive board)  
 New Professional - \$55 (MSWs within three years of graduation; this reduced rate may be used for two years)  
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 Candidate - \$30 (Include name of institute with application; this reduced rate may be used for two years during training)  
 Friend - \$55 (Any person who supports the aims and purposes of AAPCSW but is not a mental health professional; entitled to all rights and privileges of general membership with the exception of voting and holding office)

## Optional Contributions

- A tax-deductible contribution of \$\_\_\_\_\_ is enclosed to support NIPER—National Institute for Psychoanalytic Education and Research.  
(Make check payable to NIPER, or go to [www.aapcsw.org](http://www.aapcsw.org) to pay my credit card)  
 A contribution of \$\_\_\_\_\_ toward the funding of national advocacy for clinical social work (Federal Legislative Activities) is enclosed.  
(Make check payable to AAPCSW, or go to [www.aapcsw.org](http://www.aapcsw.org) to pay my credit card)

Mail this form and dues/contribution to: Deborah Dale, AAPCSW Administrator, 4834 Highgate Drive, Durham, NC 27713 ([deborah.dale@aapcsw.org](mailto:deborah.dale@aapcsw.org))

**PSYCHOANALYTIC ELECTRONIC PUBLISHING (PEP)**—PEP ([www.pep-web.org](http://www.pep-web.org)) provides online access to a number of psychoanalytic journals from the late 1800s until 2005. Included with the PEP are Freud's *Standard Edition* and other well-known books. PEP subscriptions are annual and are paid to AAPCSW. You will be assigned an ID and password. (Access to PEP is restricted to the subscriber; no shared access and no distribution of the material.) Make check payable to AAPCSW in the amount of \$80 and send to the address above, or go to [www.aapcsw.org](http://www.aapcsw.org) to pay by credit card.

**Questions? Contact:** John Chiamonte, LCSW, AAPCSW Membership Chair, 908.918.1192, [johncsw1@verizon.net](mailto:johncsw1@verizon.net)



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