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American Association for Psychoanalysis in Clinical Social Work

Winter 2021

newsletter

From the Co-Presidents

Daniel Buccino, MSW, LCSW-C, BCD | Teresa Méndez, MSW, LCSW-C

As noted in our recent Presidents' Statement, the violent insurrection at the US Capitol on January 6, 2021, capped a truly *annus horribilis*. If a deadly centenary pandemic were not enough, we found ourselves contending with a bicentenary storming of the nation's capital. These events, among many others and entwined as they are with issues of race and racism, have underscored the need for a widespread and purposeful reckoning with Whiteness. Operating from the belief that before a predominantly white organization, like AAPCSW, can meaningfully commit to racial justice, we must first take up this work in ourselves, we are devoting the remainder of 2021 to such a study of Whiteness.

The AAPCSW Presidential Salon "Nice White Therapists': Deconstructing Whiteness Toward an Anti-racist Clinical Practice" will begin March 13, with subsequent meetings on April 17, May 15, and June 12 (see details at www.aapcsw.org). Our biennial conference will also feature a November 5 plenary titled "On Being a White Therapist." Our speakers will help us begin to explore our white identities with the hope of better understanding conscious and unconscious processes of denial, disavowal, dissociation, projective identification, and pleasure, each of which underpin our relationships to the searing traumas of slavery and violence that built this country and form our identities as people who are not-black. We hope you will all join us.

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In other important organizational work, the full AAPCSW board (Executive Committee, committees, and area representatives) convened virtually on Saturday, January 16, 2021, after our 2020 in-person board meeting was sidelined by the pandemic. It was terrific to get together and "see" our dedicated leadership and volunteers. AAPCSW is a small organization, but its roots are deep, its history proud, and its members and leaders are doing extraordinary work in the service of therapies of depth, insight, relationship, and justice. However, as vibrant, resilient, and productive as our organization is, there are some committees and areas that are able to be more active than others. This has been further highlighted through the pandemic. To begin to address these discrepancies, we are considering a careful reallocation of resources to foster greater synergy between those committees and areas in need of support and those able to offer support.

For all the challenges of telehealth, it is clear that this new virtual professional world has created new opportunities for AAPCSW. Rather

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editor'sword

Christie Hunnicutt, MSW, LCSW



I am hoping that this *Newsletter* finds you all well as we share our first newsletter issue for 2021! You might notice a bit larger newsletter this issue, as we have continued to expand and highlight new (and some renewed) topics of interest. It has been a pleasure to receive the many items of interest shared and I am thrilled to use this medium to highlight them. Our members are part of amazing professional activities and experiences around the nation, and I hope you enjoy reading about them as much as I do!

It is always important to acknowledge the contributions and show gratitude to all who have contributed to this *Newsletter*, both directly and indirectly. Thank you to all members who submitted content for this edition, including Josh Abrahams, Jane Abrams, Samoan Barish, Diane Barth, Joan Berzoff, Constance Catrone, Johanna Dobrich, Erica Dossa, Carolyn Gruber, Bill Meyer, Faye Mishna, Brian Ngo-Smith, Michelle Esther O'Brien, Lynn Rosenfield, Mark L. Ruffalo, and Golnar Simpson. We look forward to highlighting many more members as we move forward with each edition. Special thanks to Kelly Martin, Barbara Matos, Olivier Massot, Dan Buccino, Teresa Méndez, and Penny Rosen.

As always, please send all your wonderful accomplishments, experiences, news, thoughts, or ideas to us so that we may fully represent the content that is most relevant, contemporary, and inclusive of subject matter that members are truly passionate about. We continue to seek any contemporary commentary, perspective, or clinical practice that highlights the mission and values of our organization.

Be safe and well!



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A Crisis of Truth and Trust

Golnar Simpson, PhD, LCSW, and Carolyn Gruber, PhD, LCSW

“By our very attitude to one another we help to shape one another’s world. . . . We help to determine the scope and hue of his or her world; we make it large or small, bright or drab, rich or dull, threatening or secure. . . . Herein lies the unarticulated and one might say anonymous demand that we take care of the life that trust has placed in our hands.”

—Knud Eljer Løgstrup

An unchecked pandemic, a call to recognize and confront systemic racism, wildfires and hurricanes brought on by climate change, inaccessible vaccinations dimming hope, lies and the BIG LIE leading to the January 6, 2021, desecration of our halls of democracy. This is but a sample of our *annus horribilis*. In pondering the meaning of all of this, we of the Diversity and Social Action Committee, with its particular focus on diversity and intersectionality, would like to invite you to join this conversation. We have a big job ahead of us and can focus on only a few essential issues with implications for our own organization as well.

From a psychoanalytically informed clinical social work perspective, reflection on the magnitude of the impact of all that has been happening identifies myriad important contributing factors among which one fundamental core organizing issue stands out: the experience of fractured trust and the resulting profound sense of loss and trauma with immediate and far-reaching implications at the personal and societal levels. Simply stated, trust is basic and at the core of the viability of our existence; it is about safety, belonging, predictability, consistency, accessibility of resources in our physical, emotional, socioeconomic, and the political surround, leading to development of sense

of self and identity. Trust is not a given. It is fundamentally intersubjective and it is about conscious and unconscious self/other dynamics, whether the other is a person, a group a thing or an ideology. As such, informed by our various theories of human functioning, we will approach the trust and its related issues societally, developmentally, interpersonally, and intra-psychically, not as separate processes but rather as a complex “one world” contextual phenomena (Cushman 2014; Corpt 2020) and no clinical encounter is devoid of context. As such, Paul L. Wachtel (2014) states,

The patient’s dynamics always play themselves out in a cultural and social context, and their meaning is inseparable from that context. At the same time, the significance of that context is different for each individual and reflects the individualized way that each person registers and gives particularized meaning to that context. (24)

How do we understand the meaning of this new collective trauma superimposed on centuries-old struggles involving race, gender, class, religion, ethnicity . . . in our country? How do we connect with the “other” among us, both the victims and perpetrators of injustice, assaults, destruction and violence at the micro and macro levels? The dehumanizing legacy of a hundred years of slavery, injustice, shame, and pain of economic inequality and the resulting structural class system, overt and covert oppression of human rights through socially and arbitrarily constructed dichotomies have left deep wounds in the psyche of all of us. And most importantly for this discussion, the fact that the devastating impact of all of this is born to a staggering degree by our minority communities. As Muriel

AAPCSW Diversity & Social Action Committee

Golnar A. Simpson, *Chair*

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Ellyn Freedman, Scott Graybow, Carolyn Gruber,
Corbin Quinn, and Audrey Thayer Walker

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Dimen (2004) states,

Internal realities need representations: Without it a crisis ensues. Such a crisis, a permanent trauma has been suffered by many, experience fragmented identities when they look in the sociolinguistic mirror and find no reflection. (59)

As clinicians, we know about loss and trauma. We know about the conscious and unconscious responses to the immediate shock and multifaceted damaging experience of unattended subsequent processes of shattered trust and its chronic life changing sequelae. We know the depth of trauma particularly in the context of betrayal of trust by specially designated personal and social protective systems. We also know about the dynamics of entrenched “othering” processes. As Stanley Gold (2016) suggests, in an example of scapegoating and racism, the basic message can be understood as, “I don’t have to know you to hate you. . . . But really knowing you doesn’t matter when I have my imagination.’ The moral impotence of reason.” (199). Furthermore, observation of power imbalance in our clinical encounters and in everyday relational experiences points to the importance of factors that perpetuate the definitions of individual’s social positions and the sense of self. Lynne Layton (2020),

referring to her concept of “Normative Unconscious Processes,” states,

In sum, normative unconscious processes are the lived effects on identity formation of unequal power arrangements and dominant ideologies that split and differentially value straight from gay, rich from poor, masculine from feminine, white from black and brown. (xxxii)

It is in this sense that cultural meaning, approval or disapproval of certain real or attributed characteristics develop a life of their own and enter “our way of being in the world” with ourselves or others. It is also in this sense that large-group psychology and charismatic leaders exert such power over the members through a “chosen trauma” or a “chosen glory” and the transgenerational transmission of its meaning (Volkan 2013). Currently, we are witnessing the complexity of these processes in the intense polarization of our sociopolitical systems.

As clinicians, we know the complexities involved in rebuilding trust and healing trauma. Fortunately, in the current situation, on January 20, 2021, our new president urged us to unite with hope to claim the redemption of our nation. He was clear about the need to confront lies with truth. And he faced with courage the truth of our tragic history with race:

Our history has been a constant struggle between the American ideal that we’re all created equal and the harsh ugly reality that racism, nativism, fear, demonization have long torn us apart. The battle is perennial and victory is never assured. (Biden 2021, 37)

We believe as individual mental health practitioners and as an organization, we also need to take a fresh look at where we are and where we want to go. As the lead to this column suggests, an attitude of trust in getting to know one another would give us a good start. Included in this approach is the needed recognition of the contributions of our different perspectives on understanding the complexities of the human condition. We have wasted too much energy on the various aspects of either/or stance and not enough on both/and leading to the appreciation of complexity in theory and practice relevant to our client’s real life “meaning systems and subjectivities.” These are not easily achieved goals, individually or as a group!



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Perhaps, a few lines from Saint-Exupéry's (1943) time-tested parable of the little prince and the fox can shine some light on our path:

"Come and play with me," the little prince proposed. "I am feeling so sad."

"I can't play with you," the fox said. "I am not tamed."

"I am looking for friends. What does tame mean?"

"It is something that's been too often neglected. It means to create ties . . ."

"The fox fell silent and stared at the little prince for a long while. "Please . . . tame me!" he said.

"What do I have to do?" asked the little prince.

"You have to be very patient," the fox answered. "First you'll sit down a little ways away from me, over there in the grass. I'll watch you out of the corner of my eye, and you won't say anything. Language is the source of misunderstandings. But day by day, you'll be able to sit a little closer . . ."

That was how the little prince tamed the fox. (76–83)

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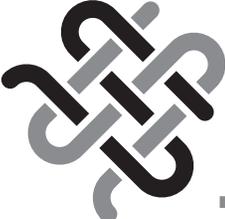
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A Time to Think, A Time to Act

Caring about the known and the unknown

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

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Responding to COVID-19: Paradigm Shift in Social Workers' ICT Use with Clients

Faye Mishna, with Elizabeth Milne, Marion Bogo, and Luana F. Pereira

Long before the COVID-19 pandemic, information and communication technologies (ICTs) permeated clinical social work practice. ICTs include mobile devices (e.g., smartphones, tablets), computer hardware/software, and other communication media (e.g., social media, text messaging). Prior to the pandemic, social workers were increasingly using ICTs informally with clients to communicate as an adjunct to face-to-face sessions. ICTs have been evident in practice in three distinct ways: formal, blended, and informal (Mishna et al. 2017). Formal Online ICTs are standalone ICT programs or interventions, such as e-counseling/therapy (Chan and Holosko 2016), in which securely protected online communication is the single mode of treatment. Formal blended ICTs are integrated with face-to-face components, both structured and monitored (Van de Wal et al. 2015). Informal ICT use is unplanned and occurs in addition to face-to-face practice, through email, text, or social media. Reasons for informal ICT use range from practical purposes (e.g., scheduling) to complex issues (e.g., conveying distress) (Mishna et al. 2012). Prior to COVID-19, we began a study on the use of informal ICTs in social work, by administering a survey (Phase 1) to social workers in four countries. We found that a majority of social workers in Canada (78.1% [n=2034]), the US (79.6% [n=975]), Israel (74% [n=285]), and the UK (86.9% [n=106]) used ICTs informally with clients (Khoury-Kassabri et al. 2020).

COVID-19 changed the context for social workers' ICT use around the world. With the rapid restrictions of face-to-face practice, communication with clients essentially shifted to ICTs. In April 2019 we began to conduct semi-structured interviews with social workers from four agencies serving diverse populations in Toronto, Canada (Phase 2). Approximately six weeks after the cessation of face-to-face practice in March 2020 because of COVID-19

measures, we reinterviewed social workers (n=11) who had participated in our study.

Because of the severe restrictions to deter the COVID-19 virus, agencies and practitioners had no choice but to rapidly alter service delivery from in-person to online (Aafjes-van Doorn et al. 2020; Razai et al. 2020; Walter-McCabe 2020). The findings of the current study revealed two major themes: a paradigm shift in ICT use and the impact of COVID-19 on practice.

Most participants reported that, to ensure continuity of services for clients, their agencies had rapidly introduced new ICT options. Recognizing the need to make adaptations because of the pandemic, agencies, governments, and regulatory bodies temporarily suspended stringent requirements related to the use of online platforms (Barsky 2020; Walter-McCabe 2020) and supported social workers in switching to virtual methods of treatment to serve those in need (Farkas and Romaniuk 2020; NLASW 2020; OCSWSSW 2020), which included some technologies that are more easily accessible to clients (Barsky 2020; Wright and Caudill 2020). Analysis revealed that agencies and social workers endeavored to use ICTs in a way that would uphold the value of client-centered care—by prioritizing client preferences and needs. Social workers demonstrated creativity and innovative and flexible use of ICTs to maintain their therapeutic relationship with clients. Such findings contradict concerns that digital counseling options could dilute the meaning of the therapeutic relationship and alliance (Cook and Zschomler 2020; Mitchell 2020; Reamer 2015).

Participants relayed becoming increasingly aware of inequitable access to services. They noted that clients who had previously faced barriers to accessing service because of factors such as extreme anxiety, living in a remote location, or relying on others for transportation were more able to access

services remotely. The participants were acutely aware, however, that clients who lacked digital resources and digital literacy skills now experienced barriers, although they may not have had such issues accessing in-person service. This finding is consistent with the recognition that COVID-19 has “sharpened this digital divide” (Farkas and Romaniuk 2020, 71), thus exposing existing inequities.

Along with the benefits of the flexibility in relation to ICTs, an identified challenge was that many of the platforms that were approved during COVID-19 are not HIPAA or PHIPA compliant (Barsky 2020; Farkas and Romaniuk 2020). Two key issues that have implications post COVID-19 are paradoxical. On the one hand is the need to explore integrating HIPAA- or PHIPA-compliant apps (e.g., doxy.me) in offering services. On the other hand, there is the need to promote clients’ equal access to services beyond the context of COVID-19 (Barsky 2020; Farkas and Romaniuk 2020; Walter-McCabe 2020).

A major implication of the shift to ICT use entailed the increased difficulties participants reported in navigating professional boundaries. In both the short and long term, it is necessary to address

challenges in maintaining professional boundaries. Social workers are advised to use risk reduction strategies to prioritize client safety, to agree on the boundaries of communication prior to beginning service (e.g., expectations about response time, social media use) (Barsky 2020; Martin et al. 2020), and to engage in self-care, such as turning off their phone when not on call (Hansel 2020). While such directives can be helpful, previous research has found that practitioners nevertheless engaged in behaviors that “are at odds with the cautionary messages in the literature” (Mishna et al. 2014, 185).

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area representatives' corner

Southern California, Los Angeles

Samoan Barish, PhD, DSW, MSW, *Co-Chair*

Lynn Rosenfield, LCSW, PhD, *Co-Chair*

Submitted by Lynn Rosenfield and Samoan Barish

As we all know, the last year has not been typical in any way. As we all adjusted to heightened anxiety and working online, we thought it would be interesting to host a Zoom conversation about how COVID was impacting both ourselves personally, and our work. How were we managing this moment of shared, collective trauma in which we were experiencing the same events as our clients? We held this free online program on May 16, 2020, which drew quite a few AAPCSW members across the country, as well as locally.

On December 13, 2020, and January 10, 2021, we held a two-part Zoom program titled "Playing with Theory and Practice: Object Relations and Intersubjective Theories in the Practice of Psychotherapy." The presenter was Dr. Bruce Brodie, who recently published a book on this subject and puts forth a fresh interpretation of Winnicott, Ogden, and Jessica Benjamin. We elicited the co-sponsorship of the California Society for Clinical Social Work and were therefore able to offer CEUs. For part 1, we had over one hundred participants, both locally and from across the country, and after paying Bruce an honorarium, we split the proceeds with the California Society, profiting \$3,775.

In between more of these larger programs, we hope to set up smaller "salons" in the future, where we come together for more personal discussions on clinical topics developed by the attendees. These would most likely be offered without CEUs.

Colorado

Brian Ngo-Smith, MSW, LCSW, BCD, *Chair*

Submitted by Brian Ngo-Smith

Colorado has historically been an underactive geographic area, and the intent moving forward

is to begin hosting social/networking events post-pandemic to build interest in the organization and to help differentiate it from sister organizations in the Denver metro (e.g., the Colorado Society for Clinical Social Work, the Denver Psychoanalytic Society). Another goal for this area includes the development of study groups and salons specific to psychoanalytic social work and adjacent topics. As a means of outreach, this area will build an email listserv to begin more deliberate dissemination of announcements of interest.

Florida

Mark L. Ruffalo, DPsa, LCSW, *Membership Liaison*

Submitted by Mark L. Ruffalo

The Florida Chapter continues to focus on membership retainment and recruitment, particularly of new MSW graduates and early-career social workers who form the foundation of this organization's future. Interest in psychoanalytic and psychodynamic ideas among students seems to be broadening with each passing year. As the largest state in the southeast, and one of the largest states in the US, Florida reflects a unique opportunity for expansion of AAPCSW. The area goal is to double Florida membership in the upcoming year through online networking and student/early-career involvement.

Mark Ruffalo has secured Florida state board approval for AAPCSW as an official continuing education provider, which will assist Florida members who attend the 2021 conference in receiving continuing education credits for their attendance.

Illinois

Joshua Abrahams, LCSW, MS, *Chair*

Submitted by Josh Abrahams

Illinois area activity in 2020 consisted of a monthly meeting of a reading/discussion group that began in May 2019 and is ongoing now. This group of four to

six participants has been reading some foundational psychoanalytic papers; most recently, our meetings have been used to share/process the experience of working during the pandemic.

Our core group's first meeting was in 2019, not long after the national conference. Theresa Albini, the previous Illinois Area chair, played an integral role in the initial formation of this core group. We decided at that time we were most interested in initiating the reading group and that we would eventually begin to create opportunities for other Illinois members (and nonmembers) to participate in varied activities such as film showings/discussion and community social justice events. The core group has decided that we are now prepared to make the time and energy investment in creating these opportunities, some through which we intend to build membership.

On Saturday, May 22, we are presenting via Zoom an encore presentation by Bill Meyer of his talk "Long-Term Psychotherapy in the Rearview Mirror: 'Evidence' from My 40-Year Career." See details at www.aapcsw.org/events.

Actionable Goals for 2021

- We plan to hold an event for current Illinois AAPCSW members to get a sense of who is out there and what they want from, and might want to bring to, our chapter.
- We plan to hold another regional event open to both area members and nonmembers that we hope will generate some buzz for the organization in the region.

Massachusetts

Joan Berzoff, MSW, BCD, EdD, *Chair*

Submitted by Joan Berzoff

In 2020, Joan Berzoff provided a lecture for the AAPSCW COVID series "Trauma, Loss and Grief in the Time of Covid." Since there have been no geographic meetings over the past year, activity on a local scale has been diminished. The goal for 2021 is to offer a study group to members, either nationally or locally, on intersectional identities in our clinical practices.

North Carolina

William S. Meyer, MSW, BCD, *Chair*

Natalie Peacock-Corral, LCSW, CGP, *Co-Chair*

Liz Liepold, LCSW, *Co-Chair*

Reported by Erica Dossa

Submitted by Bill Meyer



On October 17, 2020, Natalie Peacock-Corral presented on twenty years of clinical work with her client, Robert. Her talk, given for the North Carolina chapter of the AAPCSW, was titled "Robert Grows Young and I Grow Up: Treating Developmental Trauma Relationally." Liz Liepold was the discussant, and I, a CSW student, observed. Riffing off Donald Winnicott, Natalie remarked, "In long-term relational treatment, there is no such thing as a patient; there is the patient and the therapist." When Natalie and Robert first met, she was a young provider and he, a self-described "unmovable brick wall," was neither psychologically minded nor hopeful that anything in his dreary life would change. Neither expected they would spend the next two decades on a therapeutic journey filled with challenge, frustration, growth, and, most surprising to them both, joy.

Robert, thirty-eight years old, married, and a father of four, had gone through many failed attempts at treatment and had a complicated history. He had become his mother's primary caregiver at age ten, after she developed muscular dystrophy. At this time, he also became the target of his father's blame and anger, and he felt deserving of the punishments he endured. When he met Natalie, he was in crisis, and the only relief he could find was through abusing cannabis, often to the point of vomiting. Despite his complex psychiatric history and multiple treatment failures, Natalie was undaunted.

The first seven years of their work was marked by strong resistance to change. Robert continued to regularly be in crisis, could not manage self-care, and was very regressed. He told Natalie, "I am happy being miserable," and "I am dead inside." As he lamented, Natalie found herself feeling trapped and helpless. She watched the clock and mentally fled the session to escape the suffocating resistance of Robert and her own countertransference. Natalie makes it clear that she is grateful she stuck with him, and yet as a student listening to her speak, I seriously wonder if I could have done the same. In

rare moments, Natalie glimpsed another side of Robert. In these moments he was soft and intelligent, a music lover and a masterful woodworker. Natalie calls these two self-states “the builder” and “the destroyer” and said that both have remained present in their treatment for the past eighteen years.

In presenting Robert’s case, Natalie created a rich collage of vignettes, metaphors, theories, descriptions of her dreams, images, and music. You can find Natalie’s talk published as a chapter in the book *Reflections on Long-Term Relational Psychotherapy and Psychoanalysis*. I encourage you to read it; however, what is missed in the text version are the song excerpts that Natalie played for us. After discovering their mutual love of music twelve years into their work together, Natalie invited Robert to bring songs into their sessions. He shared pieces that expressed many different aspects of who he was, and the pair listened together. Through this new form of expression and play, Robert was able to at last access his grief around losing his mother. As for Natalie, she began to feel a new closeness and tenderness toward Robert.

Though her presentation was beautiful, Natalie does not romanticize this work. She did not conceal her desires to be rid of the patient during especially challenging times or the fact that he was a very hard client. I thank her for this honesty. I will be honest, too; the challenges she described feel daunting to me now. In my notes from the lecture, I wrote, “I will be changed by this work—if I do it honestly,” and “Right now I don’t want it to be hard. I want my clients to like me, to be changed easily by me.” When Natalie found herself questioning whether she could go on, she found strength in her clinical supervisor, Judy. Judy believed in Natalie and in her work with Robert, and as Natalie says, “Judy sticks with me and I stick with Robert.” As I struggle with the professional anxieties of someone just beginning her

career, I felt Natalie telling me to stick with it. She reminded me that outside the culture of managed care and time-limited sessions, there can be deep rewards to undertaking a journey of such depths. Natalie’s work with Robert illustrates her belief that “healing comes through the transformative experience of therapeutic relationship.” Change is possible for even the most unlikely of clients, and, despite my fears, I feel my own desire to be changed in the process.

Liz Liepold, discussant, told Natalie that in responding to this case, her heart was moved. She spoke about how often presenters focus on specific techniques or tools that can be applied across patients, but with relational work it can be better to ask what worked with this individual patient. Robert struggles with dissociative rage, and Liz talked about the importance of mentalization, and the power of helping Robert understand his own mind and the minds of others. She noted the strong pull to get rid of the bad self-states and applauded Natalie’s ability to allow both the destroyer and the builder to be present in her work with Robert. Lastly, she celebrated Natalie’s “continued engagement with all aspects of Robert’s and [her own] personality” through her ability to play alongside her patient.

Robert gave his consent for Natalie to tell his story. He said, “I want to share my journey so that therapists can learn how to treat someone like me. I want to be known. I have nothing to hide.” My biggest question is, What kept Robert coming back? Natalie offered Robert a space where he was held, deeply known, and eventually able to know himself. Natalie says that these days her sessions with Robert are a joy. He has great insight into himself, and while there is much left to work on, he feels a well-earned pride about the strides he has made. Robert is an artist, and he described his woodturning process to Natalie: on long hikes through the forest, he “find[s] wood that is on its way to becoming dirt.”

child&adolescent

Working with children, adolescents, and their parents? The *Newsletter* welcomes your articles pertaining to child and adolescent practice. Contact the Child & Adolescent column editors Karen E. Baker and Wendy Winograd.

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He harvests this decaying wood and “give[s] the trees a second life, hopefully a good long life.”

While Natalie reads Robert’s words to us, photographs of his woodturning play across the screen. He has created stunning works of beauty from neglected snags. Natalie understands that Robert is also talking about his own transformation, for he truly has been deeply changed. While Robert needed Natalie to grow young, and Natalie needed Robert to grow into her professional self, I needed to hear this story, too—as a warm invitation at the beginning of my own journey.

Pennsylvania

Jane Abrams, DSW, LCSW, Chair

Submitted by Jane Abrams

AAPCSW activities in the Philadelphia region center on a monthly reading group. The group has eleven members, and we usually average eight members in attendance each month. All the members except Jane Abrams are fairly new graduates—within the past five years. They were attracted to the group as a place where they could talk about their experiences working in Community Mental Health settings and the reality of life for new MSW graduates, especially those who practice psychodynamically. Our readings have supported those discussions. We are currently reading *A People’s History of Psychoanalysis* by Daniel Jose Gaztambide. We have previously read chapters in *Psychoanalysis in the Barrios*, edited by Patricia Gherovici and Christopher Christian, and *With Culture in Mind*, edited by Muriel Dimen. We have also read some of Deborah Luepnitz’s work.

Three members of the group have had papers accepted to the 2021 conference and will present as a panel titled “Psychodynamic Perspectives on Working in Community Mental Health.” Jane Abrams will facilitate the panel.

AAPCSW Database Changes

We have upgraded our membership database. Changes in the member profile allow you to give additional information regarding types of therapy and treatment issues. To make certain your information is correct, please log in to your membership profile to review and make edits.

With the upgrade, every member is now set to **not** appear in the member directory. If you wish to be in the online directory, with your information set as either private or public, just select “Yes” in response to the directory question in your member profile.

If you have any questions, please do not hesitate to be in touch with me at barbara.matos@aapcsw.org or 301.799.5120.

Barbara Matos, MS
AAPCSW Administrator

aapcswoutreach

New Professionals provides an opportunity for AAPCSW members who are seasoned professionals (eight or more years post-license) to work with new professionals, giving guidance and direction to help with career development and career enhancement.

Student Outreach helps AAPCSW members to connect with MSW students on the topic of psychoanalysis in clinical social work.

Contact Barbara Matos, AAPCSW Administrator
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aapcswmembership

AAPCSW Membership Benefits: Regional and national conferences and programs, outreach to graduate students and new professionals, book and journal discounts, reduced rate for PEP Web subscription, listservs, a distance learning program that offers CEs, and much more. For more information, see www.aapcsw.org.

Want to join AAPCSW? Renew your membership? Do you have membership questions? **See page 15**

From the Co-Presidents, cont. from page 1

than organizing exclusively around geographic regions and in-person events, we should begin to think in terms of themes, affinities, and topics of study. While there will always be the need—and wish—for the camaraderie of local and national gatherings, as a truly (inter)national membership organization, AAPCSW has the chance to rethink its reach and offerings.

Members can expect the Executive Committee to propose reorganization plans for our committees and areas that will be ratified at another virtual full AAPCSW board meeting prior to our conference in Philadelphia, November 4–7, 2021.

We want to thank you all for your membership and support of AAPCSW. After our recent board meeting, we were reminded of how truly proud and fortunate we are to work with such a thoughtful and engaged group of colleagues.

As always, please be in touch with us or other members of the board if you have ideas about what you would like to see from AAPCSW. What can we become as an organization? How can you get more involved: board service, committee work, area representation? Where can you offer us some help, and where and how can we help you?

Happy new year.

Things can only get better.

Dan Buccino and Teresa Mendez
Co-Presidents, AAPCSW
January 2021

Responding to COVID-19, cont. from page 7

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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.

Diane Barth is happy to announce the publication of her article “Transitions, Eating Disorders, and Changing Selves: Interlocking Psychodynamics of Identity, Self, Life Changes, and Eating Disorders” in *Psychoanalytic Social Work*, currently available online at www.tandfonline.com/doi/full/10.1080/15228878.2020.1865172. She has also recently published opinion pieces at NBC THINK, which can be viewed at these links: www.nbcnews.com/think/opinion/daisy-melinda-coleman-s-suicides-lay-bare-how-public-attention-ncna1250627 and www.nbcnews.com/think/opinion/it-s-hard-be-optimistic-after-surviving-trauma-it-s-ncna1252611. She presented “Eating Through Change: Links Between Eating Disorders and Life Transitions” in October 2020 at William Alanson White’s EDCAP lectures online. She is currently working on a project on transitions (not specifically eating disorder-related) and welcomes any feedback, thoughts, and anecdotes anyone wants to share.

Constance Catrone, LCSW, experienced clinical social worker and adjunct faculty member at Southern Connecticut State University in New Haven, is pleased to announce her recent and upcoming publications. Her chapter “The Impact of the COVID-19 Pandemic on the Relational World of the Patient-Clinician Dyad: Obstacles and Opportunities” reflects on how the shared trauma of the dual pandemics of public health and social justice crises have affected the treatment relationship and is included in C. Tosone, ed., *Shared Trauma, Shared Resilience during a Pandemic: Social Work in the Time of COVID-19* (2020), a volume from the Essential Clinical Social Work Series (Springer Publications). Her article “An Integrated Treatment of Psychosomatic Disorders and Disorders of the Self: The Role of Alexithymia” was recently published in *Psychoanalytic Social Work* 28, no. 1 (2021): 25–42, DOI: 10.1080/15228878.2020.1809475.



Johanna Dobrich, LCSW-R (New York City), is delighted to share that her first book, *Working with Survivor Siblings in Psychoanalysis: Ability and Disability in Clinical Process*, is now available from Routledge. For more information about the book, to place an order, or to read reviews, please visit www.routledge.com/Working-with-Survivor-Siblings-in-Psychoanalysis-Ability-and-Disability/Dobrich/p/book/9780367645762.



Michelle Esther O’Brien recently completed her PhD in sociology at New York University, defending her dissertation successfully in November 2020 and formally graduating in January 2021. She has been nominated for the Dean’s Outstanding Dissertation Award. Completion of her doctoral studies allows her to dedicate herself full-time to her clinical practice, where her work as a psychotherapist focuses on trans and queer communities. As an out trans woman and activist, she has been working for collective trans liberation for twenty years. She is studying to be a psychoanalyst at the Institute for Psychoanalytic Training and Research in New York City, and she sees clients through Union Square Psychotherapy, a group practice in Manhattan.



Mark L. Ruffalo, DPsa, LCSW, was recently appointed an adjunct instructor in psychiatry at the Tufts University School of Medicine, where he will be teaching psychiatry residents on topics relating to psychotherapy and the history of psychiatry. He will continue to serve as an instructor of psychiatry at the University of Central Florida College of Medicine.

What’s your news? We would like to acknowledge your professional accomplishments; feel free to provide a photo. **New to AAPCSW?** We invite you to introduce yourself.

Contact *Newsletter* editor Christie Hunnicutt at AAPCSWNewsletter@gmail.com.

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

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Already a Member?

Here are some helpful things to know about our current membership system and your AAPCSW membership

Username: Your email address is your username, unless you change it in your **Member Profile**.

Password: When you joined, you were assigned a password by our membership system. Please make certain that you save your password where you will be able to locate it. Nobody has access to your password but you!

Resetting Username/Password: If you forget either your username or password (or both), go to www.aapcsw.org and click on the **Get Help with Username and Password** link. You will receive an email that will allow you to reset one or the other (or both). Again, please make certain that you save this information where you will be able to locate it.

Membership Renewal Notices: The current database will send you a reminder regarding renewal 30

days prior to the expiration date of your membership. If you do not renew, you will receive another reminder at 14 days prior to the expiration date and again at 7 days. If you do not renew by the end of your current membership, a notice of expiration of membership will be sent. At that time, you are moved to inactive membership and removed from any listservs you may have joined, since those are a member benefit. *Please note: If you renew after an inactive membership, you will need to request to be added back to listservs.*

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newsletter

aapcsw corevalues

- 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.