

aapcsw

American Association for Psychoanalysis in Clinical Social Work

2025, issue 1

newsletter

From the President & President-Elect

Janice Berry-Edwards, PhD, MSW, LICSW, LCSW-C, BCD, and Louis Straker, MSW, LCSW-C

Together we have worked to infuse our mission statement with meaning. When we say that “the American Association for Psychoanalysis in Clinical Social Work (AAPCSW) promotes psychoanalytic education, advances clinical social work, facilitates the production and dissemination of knowledge, and advocates for high standards of practice,” we think first and foremost about the extraordinary experience that our colleagues, students, and other mental health professionals have when they attend the many conferences and educational offerings presented by our organization. What makes our educational offerings distinctive is that they build on the enduring and new ideas our members continuously produce, which informs and influences the work of our membership and the practitioners that attend our offerings. We are working on the next biennial conference to be held in 2025. Penny Rosen will be working with the Board’s Conference Planning Committee by offering her expertise in conference planning and will be helping members of the committee learn the steps for future conference planning. The committee will be convening regularly to bring to our community and those outside our community a 2025 program that will continue the legacy of excellence in an educational experience in clinical psychoanalytic social work practice.

We have established a Taskforce on Social Work Clinical Licensure, examining important licensure issues for clinical practice nationally. This committee is working with a number of practice organizations and Schools of Social Work to address our concerns with legislative bodies. The committee membership includes me, Barbara Berger, Laura Groshong, Penny Rosen, Golnar Simpson, and Marsha Wineburgh. We hope to add an additional taskforce to address social work education. We welcome your thoughts and ideas.

—Janice and Louis

P.S. from Janice: I want to thank everyone for their congratulatory wishes on the birth of my most amazing grandchild!

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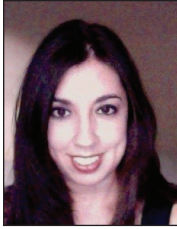
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See Area Representatives on page 14

editor'sword

Christie Hunnicutt, PhD, LCSW



I am hoping that this *Newsletter* finds you all well and healthy in what has proven to be an already intriguing and complex 2025! It is with provocation that we are publishing a packed issue that highlights the themes of past and present while encouraging us to also take a deeper and more reflective perspective regarding our organizational mission, values, and what it means to evolve in contemporary times.

This issue opens with the Presidents' column, co-submitted by President Janice Berry-Edwards and President-Elect Louis Straker, highlighting the important and meaningful correlation between the work we do and the mission that we strive to achieve in our organization. As a segue, we are excited to share a new column—Legacies—sponsored by Past-President Brian Ngo-Smith, in which he will interview “pioneers and early leaders of the American Association for Psychoanalysis in Clinical Social Work” (see page 3). Please dive into his inaugural interview, which highlights the history and experience of Rosemarie Gaeta.

Reports from the Board committees are offered in order to keep members abreast of ongoing areas of focus throughout the year and to represent varying topics addressed in monthly board meetings; and there is a fresh, new book review submitted by Mary Anne Cohen, in which she explores the book *Treatment for Body-Focused Repetitive Behaviors: An Integrative Psychodynamic Approach* by Stacey K. Nakell. Our Member News and Area Chapter reports round out the issue, with emphasis on recent accomplishments, publications, and event happenings.

On a more serious note, it is with bittersweet feelings that I am announcing my decision to resign from the role of Newsletter Editor this year. I am being pulled to redirect my focus and time toward new ventures professionally and am excited about the new directions they will take. It has been a wonderful experience holding this role for the past

six years, and I look forward to the future development and evolution of this publication. I will remain an active member of the Board for the remainder of my tenure as Member-at-Large and as part of the Communications Committee, and I look forward to continued engagement with AAPCSW in many other ventures. Stay tuned for a more detailed e-blast coming soon, where we will publish responsibilities and expectations associated with this position. Please note that I will continue to manage the *Newsletter* operations and publications as is normally expected until a new Editor is assigned to take on the role, with the intent of contributing to as minimal disruption as is possible in the process.

It is always important in each *Newsletter* to acknowledge the contributions shared and show gratitude to all who have contributed, both directly and indirectly. Thank you to all members who submitted content for this edition, including Josh Abrahams, Carl Bagnini, Kevin Barrett, Janice Berry-Edwards, Jerry Brandell, Bev Caruso, Mary Anne Cohen, Johanna Dobrich, Jonathan Lebolt, Cecilia McKay, Barbara Matos, Brian Ngo-Smith, Louis Straker, Natalie Peacock-Corral, Golnar Simpson, and Molly Sweetser. Special thanks to Kelly Martin and Debra Koppersmith for their contributions to the *Newsletter*. As always, please send all your wonderful accomplishments, news, thoughts, and ideas to us so that we may fully represent the content that is most relevant, contemporary, and inclusive of subject matter that members are truly passionate about.

Take care, all!

—Christie

Dreaming the Future

AAPCSW Conference

November 6–9, 2025 • Austin, Texas

Call for Papers Deadline April 18, 2025

See guidelines and submission information at

www.aapcsw.org

See page 13 for *Newsletter* submission deadlines and ad sizes/rates

Newsletter articles are opinion articles representing the authors' viewpoints and are not statements of any positions of AAPCSW itself. AAPCSW is not responsible for the accuracy or content of information contained in the articles.

In Conversation with Rosemarie Gaeta

Brian Ngo-Smith, MSW, LCSW, BCD-P, FABP

Greetings, colleagues. This is the first interview in what will be an ongoing series called “Legacies” in which we share interviews with the pioneers and early leaders of the American Association for Psychoanalysis in Clinical Social Work.

Begun by Crayton Rowe in 1980, the National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP) was an arm of the Clinical Social Work Federation. In 1990, NMCOP became an independent corporation from the Federation, and Rosemarie Gaeta was its first President.

Brian: Thank you, Rosemarie, for generously sharing about your experiences and history.

To start, give us a sense of the professional landscape in 1990, when you took the lead of the NMCOP. What was the impetus to branch off from the Clinical Social Work Federation and how did the NMCOP see its mission?

Rosemarie: To answer your first question, I really have to go back to our history pre-1990. Our organization was a long time a-coming. For those of you who are unaware, the psychologists first presented a threat to our profession as early as 1971 by putting forth the infamous Biondo bill in the legislature. This bill would have required supervision of clinical social workers by psychologists in order to practice psychotherapy. Wow! Can you imagine where we would be today if that bill wasn’t defeated! Our history as clinicians was often fraught with struggles from both within (NASW, and our own schools of social work) and without (psychologists and psychiatrists) our profession for many decades.

I first entered our organization’s world of clinical social work psychoanalysis early in the 1980’s when Crayton Rowe first established a committee on psychoanalysis within the National Federation of Clinical Social Workers. The Federation left NASW when the interests and protections for clinical social work were being frustrated by NASW. It was a dark time for our profession. After the forma-

tion of the Federation (NFCSW) in 1968, we started as a committee with a small “c,” a committee on the Board of our parent organization, NFCSW, much like a committee on education or a committee on public relations. Crayton Rowe was the first chair of this committee. We reported to the Board of NFCSW with no power whatsoever—not one vote on the Board, only recommendations. However, the Federation did profoundly value a need for a special focus on clinical social workers who practiced psychoanalysis and psychoanalytic psychotherapy. This was our very first step toward the eventual formation of the AAPCSW and becoming a national force to strengthen our identity and impact on the profession. This is why we refer to Crayton as our Founder.

Brian: Tell us more about the evolution of this group and your role in it.

Rosemarie: In 1991, I became Chair of NMCOP, the National Membership Committee on Psychoanalysis. Although we were still under the NFCSW (our parent organization), we were on our way to National recognition. We were now the National Membership Committee on Psychoanalysis not the committee on psychoanalysis of the Federation. Thank you Crayton Rowe for securing this national focus and redefinition in 1988. We had our own Board but were still subjugated to the Federation’s Board. Authority over our own decisions was still not ours and a restructuring with the Federation was becoming more urgent. We needed autonomy. We needed to be able to make prompt decisions through our own Board with its President, not the Federation Board where we had not a single vote. The baby had grown up. But restructuring was politically very complicated. It had to be fought for with diligence and diplomacy. It was our Waterloo but there was no losing.

In May 1991 I was placed by NFCSW on a Task Force on Restructuring of the Federation with six other members of the Federation. Formidable odds. The Federation was strongly resistant to letting us

leave. But the structure at that time limited our growth, expansion and autonomy. In February 1992, our own Executive Board made formal recommendations to the Task Force of the Federation. I will cut to the chase: We, the NMCOP, were given the blessing of the Federation to leave the Federation and become fully autonomous. Simultaneously, we were able to preserve an affiliation with our parent organization. At the time, this latter part of the agreement was very important because we were a small organization with limited membership. We would not be otherwise taken seriously by the large organizations of psychologists and psychiatrists. This was the tricky part. We needed to depart amicably from our parent organization, a parent who wasn't too happy about letting us leave. At the same time it was best to remain affiliated with the parent organization rather than just 'up and go.' But mission accomplished. The coast was clear to become the AAPCSW. I thank our Executive Council for bestowing on me the honor of being named first President.

So I believe this ordeal with restructuring was the cornerstone of my tenure. With this success, the AAPCSW could form.

Brian: How did you experience being a social worker during this era?

Rosemarie: I finished graduate school at Fordham University in 1970, at the tender age of 23, the youngest in my class. Even then, I was disturbed by the direction our social work education was going. I remember it was forbidden to use the term "psychiatric social worker" (the early term for "clinical social worker") in class. If you wanted a good grade, it was best to use the term "caseworker." We were taught to be "advocates" for our clients. In the late 1960's, there were still courses on mental health issues, diagnosis, and treatment. But we as clinicians relied on advanced training in institutes run by psychologists and psychiatrists. This only served to further erode our identity and status as clinical social workers and delegated us to the lower status of student rather than teacher which was primarily reserved for the other professions. It also encouraged us to abandon our identity as clinical social workers in favor of being known as psychoanalysts or psychotherapists. Beware this temptation. Sometimes we are our own worst enemy. The AAPCSW protects your

interests. Remember history. Remember Biondo. Remember Cinderella.

Social workers were usually part of hospital and agency teams. But there the psychiatrists did the diagnosing, the psychologists did the testing, and the social workers did the treatment. At the same time, we were often referred to as "just a social worker." As such, we were always the lowest paid on the team. To this day, insurance companies pay us less than psychologists even though we do the same treatment. Think about it. We needed a voice. We needed a National voice. So we pioneers started to think about building our visibility and identity, improve our own self-esteem, and our esteem in the eyes of our colleagues in the other related professions, as well as in the eyes of the public. There was a lot of work to do! So began our own social movement. We had to make Change.

Well, I turned my graduate training of being an advocate for others into being an advocate for myself and for the profession of clinical social work psychoanalysis. In 1975 I entered my studies in psychoanalysis at The Institute for Psychoanalytic Training and Research, IPTAR. I graduated in 1985 at the age of 38.

Brian: What was another major win for clinical social workers, brought about by the work of the NMCOP (later AAPCSW)?

Rosemarie: Another contribution to our organization was my co-founding of the Psychoanalytic Consortium (PC). I co-founded it along with the presidents of Division 39 of the American Psychological Association, the American Psychoanalytic Association, and the American Academy of Psychoanalysis. The PC was originally organized because of a threat by NAAP (the National Association for the Advancement of Psychoanalysis) who wanted to have exclusive accrediting privileges in the area of psychoanalytic training. Through our joint efforts, NAAP's application failed nationally. High standards for the profession of psychoanalysis were maintained. And quite significantly, the Consortium recognized social work, psychology, and medicine with equality. An advancement towards parity with the other mental health disciplines was happening. There was power in the union of the three mental health professions of social work, psychology, and medicine. This was

true for us and now they recognized it was true for psychoanalysis as a whole.

The Consortium lives on today, each day reinforcing our parity with the psychologists and psychiatrists while simultaneously recognizing our unique identity in the mental health professions. The PC's original mission statement commits to a strengthening of our profession of psychoanalysis and psychoanalytic psychotherapy. And it specifically states, "The Consortium will organize itself on the basis of equality of its constituent organizations and be respectful of the autonomy of each group's training and credentialing activities."

Brian: What role did you play in clearing the way for social workers to be able to train as psychoanalysts?

Rosemarie: After the Consortium was created we still had other work to do. While the members of the Consortium were all treated with equality, the American Psychoanalytic Association's training institutes were another matter. There we were still second class citizens in its application process. While the psychologists had sued the APsA for admission—and won—we social workers could only apply for candidacy after we passed an arduous waiver process. This was quite an obstacle to overcome. We clearly were not wanted. We could only attend quasi separate training classes. Maybe. And if we behaved ourselves. But there in these separate training classes which were not leading to graduation our greenbacks were good. Eliminating the waiver process for full candidacy became my passion. I refused to accept second-class status for members of our profession. It was a big challenge. We first met with the training institutes of the APsA during my tenure to eliminate the waiver process. It took years. But we persevered with every administration. We eventually prevailed in 1998 through diplomacy and advocacy, not an expensive lawsuit.

Brian: What other contributions have you made to AAPCSW and what contributions, either large or small, do you hope our members can make to AAPCSW?

Rosemarie: You mean besides paying dues on time? And becoming active on a committee? Or even the Board? Presenting? Publishing? Find your passion. Or maybe just enjoy your membership in AAPCSW. I think my most favorite time working for our organi-

zation was the work I did for the national conferences. I started as Co-Director of Operations in 1988 and 1989 for our very first and second National Conference in Philadelphia. There I learned a lot about academia and administration as well as making some solid friendships that remain today. I co-directed the 1990 National Conference in NYC which was so creative and fun I (almost) didn't find it much work. We were able to somehow make a sizable financial profit on that conference which we sorely needed for our coffers. I also was Conference Director and Program Chair of the 2000 National Conference in NYC. In those days, we showcased only clinical social work psychoanalysts and psychoanalytic psychotherapists as Plenaries. This was true for our workshops as well. Maybe a few other non-clinical social workers slipped in here and there as a relevant panelist. We were determined to show off our own talent and independent identity to the other mental health professionals. We earned much respect from the other mental health communities in this way. Our conferences were always successful academically. In addition, they were always remarked to be warm, welcoming, even fun. Certainly not stodgy and intimidating. Most importantly, we were cementing our reputation and unique identity with the other mental health communities, the public, and ourselves. Soon the other mental health professionals registered as attendees for our wonderful conferences. Later they joined us as faculty. I cannot stress enough how invaluable these National Conferences were and remain to this day for our professional identity and status. Support them by your participation on a committee, submitting a paper, or simply by your attendance. You will believe me with conviction after you have attended a few conferences. It really makes a difference in how you feel about yourself as a clinical social worker psychoanalyst or clinical social work psychoanalytic psychotherapist. And you will enjoy yourself in the process.

I hope my readers now have a better understanding of the climate we had to work with both before and during our early years. I consider it an honor to have been part of the journey. I am indebted to our organization as it so enhanced my own professional identity as a clinical social work psychoanalyst and psychoanalytic psychotherapist. May your membership and participation in AAPCSW do the same for you.

committeereports

Communications/ Outreach

Christie Hunnicutt, PhD, LCSW, *Chair*

The Communications/Outreach Committee continues to meet 2–3 times per year to discuss items related to communication across platforms and both internally and externally to AAPCSW.

2024 Initiatives

- Continued outreach for recruitment of members to join committee.
- Inclusion of various Board representatives at meetings to offer better integration of diverse content and information across all communication platforms.
- Collaboration with Membership Committee to support retention/recruitment goals
- Evolution of *Newsletter* content/platforms to better meet needs of membership (freq, delivery type, topic focus, cost).
- Transitioned role of Book Editor.

2025 Goals

- Collaborative effort with the Board to develop and disseminate a member-wide survey regarding integral aspects of membership and perspective in content representation
- Promotion of future “special issue” newsletters to address current complexities experienced in psychoanalytic practice and advocacy; to include content provided by membership regarding varied topics.
- Continued focus on expansion of the committee due to transition of other members shifting focus.

Submitted by Christie Hunnicutt, with committee members Joel Kanter and Penny Rosen

Diversity & Social Action

Golnar Simpson, PhD, LCSW, *Chair*

Greetings, colleagues. We invite you to join our Diversity and Social Action Committee’s membership-wide **Study Group** initiative that we had described in the previous *Newsletter* (2024, issue 2): “Let’s Read, Play, and Learn Together: Diversity Study Group Project.” Here’s the link to the issue:

www.aapcsw.org/pdf/news/newsletters/AAPCSW_Newsletter_2024_Issue2.pdf

We are hoping the newly formed groups will be ready to begin meeting in January 2025.

AAPCSW’s core mission is focused on promotion of excellence in psychoanalytic social work knowledge and skill. Accordingly, the goal of the Study Group initiative is to provide further opportunities for self-initiated small group exploration of selected diversity topics (e.g., women’s issues, immigration, intercultural clinical practice, LGBTQIA+ issues, etc.) from a psychoanalytically informed clinical perspective along with other colleagues. Our plan for achieving this goal involves several stages:

- At this beginning stage, after reading the *Newsletter* article with further details about the project, we are hoping that our invitation appeals to you, and you can get back to us with your area of interest.
- Upon receiving your response, we will put those of you with similar interest in contact with one another. We will need your written permission to provide your contact information to others.
- At this stage, we recommend that the group members arrange for an initial meeting and begin to decide on choosing their study material (see the *Newsletter* for examples), the time and frequency of the meeting and other structural aspects of forming their group. Our committee will be available in a consulting role if needed.

- The group then will share the details of its decisions with our committee and respond to our periodic inquiry regarding how things are going.

We are quite excited about the potential of this project for providing the opportunity for all of us to come together, learn from one another and enjoy being part of the community. Please fill out this form to indicate interest: forms.office.com/r/Cv9gS2UH7Y. Thank you!

Submitted by Golnar Simpson

Membership

Josh Abrahams, MS, LCSW, *Co-Chair*

Kevin Barrett, AM, LCSW, *Co-Chair*

Professor, Clinician, Author—Proud Clinical Social Worker

If you were to ask AAPCSW member Melissa Grady, PhD, LICSW, what her job is, she would surely respond: “I’m a clinical social worker” (more on this later). You might eventually learn she’s a full professor at Catholic University in its National Catholic School of Social Service, where she co-chairs the Clinical Specialization, teaches clinical theory and practice in the MSW program, and teaches research in the doctoral program. Melissa is also editor-in-chief (EIC) of the *Clinical Social Work Journal* (CSWJ) and maintains a small private practice in Washington, DC, where she sees adult clients who present with a range of mental health issues. Earlier in her career, she worked almost exclusively with children, adolescents, and families that had experienced trauma. Her primary research and clinical interest is the exploration of why people commit sexual crimes. She is interested in the intersection of trauma and attachment and how such experiences can contribute to sexual offending. Her goal is to create safer communities through identifying effective prevention and intervention strategies. Melissa is currently researching interventions with adolescents who commit sexual



offenses and seeking to identify, design, and examine effective interventions that address the complexities of individuals, which includes their own experiences of victimization, challenges with relationships, as well as their offending behaviors.

In 2016, with her close colleague Eileen Dombo, Melissa wrote *Moving Beyond Assessment: A Practical Guide for Beginning Helping Professionals*, published by Oxford University Press, and it is in anticipation of its second edition, due out in mid-2025, that we at AAPCSW Membership reached out to talk with her.

Melissa told me she decided to write *Moving Beyond Assessment* when, in the context of her teaching, she wasn’t finding texts that really pulled together the foundational needs of beginning social work practitioners. Her co-author had the same observation, and so they wrote the book! They believed their combined experience lent itself to addressing the varied needs and mconsiderations of beginning social workers. The book focuses on topics such as how to use clinical supervision, what is evidence-based practice and why use it, how to conceptualize the use of theory in practice, and how to care for the self in the course of this emotionally challenging work. Melissa said, “The chapters are very short, very practical and concrete. We wanted this to be a very hands-on book that students and new practitioners could use to develop their skills that went beyond building a relationship.” They sought not to be prescriptive but rather introduce the readers to a broad range of skills needed for effective practice. In addition, they also sought to emphasize the importance of taking a stance of not-knowing, through the use of ethnographic interviewing and other skills. The second edition of the book has updated chapters and also includes three new chapters: telehealth and ethics, written by Fredrick Reamer, and antiracism, written by Lisa Werkmeister-Rozas.

When I asked Melissa why she became a member of AAPCSW, she said she had long known and admired many wonderful people associated with the organization. So when she became the EIC of the CSWJ, she wanted to emphasize the *clinical* in the journal and knew joining AAPCSW would support her in that objective.

And what about her certain and very intentional “I’m a clinical social worker” declaration when

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Treatment for Body-Focused Repetitive Behaviors: An Integrative Psychodynamic Approach

By Stacy K. Nakell; Routledge, 2023; 127 pages

Reviewed by Mary Anne Cohen, LCSW

This intriguing book by Stacy Nakell prompted a memory of one of my cases: Emily arrived home late after her date, and her mother, who waited up for her, yelled at Emily and called her a whore. Emily fled to her bedroom, but her mother barged in and began kicking her bed. When she finally left, Emily went down to the kitchen and binged and threw up repeatedly. But when that did not quell her anger, guilt, and agitation at yet another violent attack by her mother, she took a knife and began cutting her arm. Emily crisscrossed the knife up and down her inner arm. “These look like hieroglyphics,” I said in our next session as she showed me her “handiwork.” “What do they say?” Emily looked at her arm with some surprise and curiosity. Slowly she began to translate the “hieroglyphics,” putting into words and emotional language the meaning of her self-inflicted cuts. We could then begin to understand and speak about what her self-harm needed to communicate.¹

Treatment for Body-Focused Repetitive Behaviors: An Integrative Psychodynamic Approach is an engaging and compelling book. Nakell, a clinical social work therapist and clinical trauma professional, gives meaning, language, and voice to the repetitive body focused behaviors (RFBs) of hair pulling, picking, biting, and cutting one’s skin. Through these behaviors, patients recruit their bodies to express inner anger, guilt, self-hatred, and deep frustration when words are not accessible to them to identify, utter, and release their emotions.

Just like our skin serves as a physical boundary to protect us from the outside world, Nakell proposes the concept of “psychic skin,” which babies develop

to protect them emotionally from overwhelming stress or trauma. A healthy cohesive psychic skin grows by a secure attachment, “within a relational dance between the infant and the parent” (27). But if the patient experiences the insecure attachment of neglect or emotional rupture, the skin then turns into the body’s canvas on which compulsive repetitive body self-harm is acted upon.

These behaviors provide temporary soothing, release and relief from the patient’s inchoate aggression. Nakell demonstrates how in therapy, these behaviors will need to be decoded and translated from the language of the skin to a shared language between patient and therapist. In that shared brew of picking, biting, pulling, blood, sweat, tears, and words, the patient’s story comes alive and the healing can begin.

Disgust

As therapists, we enter into this world of self-harm, and the author asks us to acknowledge our disgust and repulsion at the often frightening, bloody wounds, as well as the balding heads with pulled-out eyelashes, that this population inflicts upon themselves. Observing the destructive “handiwork” these patients wrought on their bodies can be a visceral punch in the stomach for therapists. But when we face our discomfort head on, we can then forge a path for patients to face their own self-disgust and better navigate their shame. And as clinicians come to appreciate how these behaviors of picking, pulling, and biting are coping mechanisms to regulate painful emotions, the resulting compassion of the therapist can help patients break through their shame, secrecy, and self-hate.

Nakell continues, “If we understand picking and pulling as a sign of a psychic wound, we can follow the path of the disorder like a line of breadcrumbs to

1 Controversy exists as to whether cutting should be considered a BFRB. Nakell considers cutting to be on one end of the same continuum.

enable deeper healing. Reviewing the psychosocial context of some pivotal moments, like the first hairs pulled, I can help my clients to articulate the stories of their lives. The telling and witnessing of these stories reveal the complexities of the client's unique relationship with skin picking or hair pulling" (3).

The Author Shares Her Story

Nakell shares her own personal experience with skin picking, her primary coping mechanism as a teenager, brought on by an acne outbreak, a lack of social skills and a fragile sense of self. She describes her mother's stressful life and learns of her struggle with hives when Nakell was born: "Her skin, my skin, had always been somehow connected, and now I had a story on which to weave my understanding" (5); "Picking at pimples . . . [was] making me look as ugly as I felt. My body's thwarted need to express rage found an outlet in my hands" (6); "Skin picking became both a shield and a self-directed sword. . . . I desperately needed an outward, physical release of all the aggression I was turning on myself. . . . [I finally] found three outlets for my frustration: therapy, writing, and boxing" (6).

Cognitive Behavioral Therapy Limitations

The author describes the benefit of cognitive behavioral therapy for the symptom relief with these

patients. But she clearly indicates that symptom relief is not the ultimate goal of treatment. Without a psychodynamic approach to help unravel the psychological origins and meaning of these behaviors, patients will not be able to sustain their improvement, and relapse is likely to occur. Skin picking (dermatillomania), hair pulling (trichotillomania), and biting (excoriation) gets better only when the afflicted person learns to regulate painful emotions and psychic wounds: "My theoretical perspective is attachment-based, relational and depth-oriented" (12). As the author points out, when you "scratch" the surface, trauma is often at the core of these behaviors: "trauma should be considered a significant precipitating factor for RBFBDs" (46). This is why CBT, which attempts to eradicate only the behaviors rather than provide an in-depth understanding and working through, is often just a Band-Aid.

Treatment

Nakell underscores how internalized aggression is a key dynamic in this population that needs to be addressed in treatment: "I visualize this . . . internalized aggressive energy as a claw, embedded in one's chest like an ingrown toenail. I think of work with client aggression as helping to turn that claw outward" (29).

Book Review Instructions

- Reviews should be four to six double-spaced pages.*
- The book title and publisher should appear at the top of the page, followed by the reviewer's name.
- At the end of the review, the reviewer should include a sentence or two about themselves.
- If any citations or sources are used as part of the review, they should be supplied as a full resource citation.
- Only books (and, occasionally, films) are reviewed, not book chapters or articles.
- The final review should be sent as a Word document or PDF, as an attachment to an email, to Debra KupperSmith, DebraKupperSmith@gmail.com.
- Debra will then send the review to the *Newsletter* Editor for publication in the next issue of the *Newsletter*.

** Should you find that you are unable to complete the review, please notify Debra KupperSmith directly. You will be asked to return the book to the AAPCSW Administrator, Barbara Matos (PO Box 67, Boonsboro, MD 21713).*



Debra KupperSmith, LCSW, MS • Book & Film Review Editor •
debrakupperSmith@gmail.com

She has developed three stages of treatment:

1. A *safety phase*: Developing trust in the therapist, working through shame, introducing self-compassion, communicating to the patient that she is not alone because these are common behaviors.
2. An *exploration and intervention phase*: Psycho-education material that teaches the patient that anger does not have to be toxic; increasing somatic awareness; group psychotherapy to build community; family therapy to repair both attachment disruption and traumatic experiences within the family system.
3. An *adjournment phase* for ending the work: Nakell brings into treatment the use of “fiddle” toys to keep patients’ hands busy and encourages their use after therapy is completed.

Although the author briefly mentions the connection between RFBs and eating disorders, this reviewer would have appreciated a deeper dive into the connection. Eating disorders and RFBs are often co-occurring. Eating disorders may also be considered body-repetitive disorders where the person recruits their body and the eating function to throw up, binge, starve out emotions too difficult to digest. Self-harm with eating disorder patients is an assault against the internal organs of the body rather than the outer layer of skin. In my practice, the eating disorder (especially bulimia) is the presenting problem, and trichotillomania and skin picking are revealed only when more trust is developed. I wonder if in Nakell’s practice RFBs are the presenting problem with an eating disorder only revealed later.²

In addition, a deeper discussion into the role of medication for this population would have been appreciated. Although no medicines are approved yet by the U.S. Food and Drug Administration specifically for the treatment of trichotillomania, some medicines may help control symptoms of anxiety and depression. N-acetylcysteine, an amino acid, has shown great promise. Memantine, a drug

2 A BFRB is associated with increased risk of having an eating disorder (Greenberg et al., 2017). Participants who engaged in hair pulling, skin picking, and nail biting were twice as likely to report clinically significant disordered eating (Kiser et al., 2022).

3 See Grant (n.d.) and Dungey (2023).

that has been used off-label for various psychiatric disorders, resulted in statistically significant reductions in hair pulling and skin-picking symptoms compared with placebo.³

Conclusion

Clinicians who do not have patients with RFBs may be inclined to dismiss reading this book. However, the humanity and beauty of Nakell’s writing about trauma and attachment, as well as aggression against the self and the skin will make this book a valuable read for all clinicians. This book engenders hope for client and therapist: “The therapeutic relationship is where the magic happens. . . . The long-term goal of integrative psychodynamic therapy is to fill in gaps in development, toward an earned secure attachment” (3, 49). “Through the work of transference and counter-transference, we repair therapeutic ruptures, old scripts can be rewritten, leading to new ways of relating to others. . . . It is never too late!”

With case examples from her practice and a comprehensive bibliography, this heartfelt book is well worth reading.

Mary Anne Cohen, LCSW, is the director of the New York Center for Eating Disorders and the author of three books on the treatment of eating disorders, the most recent of which is Treating the Eating Disorder Self: A Comprehensive Model for the Social Work Therapist (2020). See www.emotionaleating.org.

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Membership, continued from page 7

asked about her occupation? Melissa wants her students (and the world) to understand why “we’re the best helping profession.” She is proud of the essential human respect inherent in the social work ethos including the strengths-based perspective and emphasis on social justice. She also strongly identifies with our holistic person-in-environment lens that views clients through a systems lens, understanding how the various systems interact and in turn impact one another. She also believes strongly in the power of the relationship. She stated that she believes that people grow and develop in the context of relationships. Therefore, the therapeutic relationship has the capacity to help individuals grow and develop in a way that can help them reach their goals. Melissa hopes to pass on her love of the profession to her students and support them as they seek to develop and strengthen their capacities in their work with clients. As such, she introduces herself as a proud member of the profession and takes every opportunity to educate others about what Social Work is and who Social Workers are, as she herself seeks new learning opportunities where she can most effectively contribute to the profession.

Submitted by Josh Abrahams and Kevin Barrett

Membership and Subscription Reminders

Thanks to everyone who kept their member profile updated and renewed their membership and PEP subscriptions, and welcome to all who joined in 2024.

As everyone knows, it is important to update your membership as needed. Information for the mailing of the journal is provided to the publisher six to eight weeks prior to delivery. Information for the mailing of the *Newsletter* occurs approximately one month prior to delivery.

Listserv emails or other information from AAPCSW regarding programs, as well as other educational information and so on, requires an up-to-date email address. Don’t forget to always check your spam mail.

Remember that there are many phishing emails, and if you receive one asking for assistance (especially financial), do not respond. If you have concerns, please contact me via email or phone.

If you have questions regarding any aspect of membership, please be in touch.

Barbara Matos, MS
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Dreaming the Future

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Minnesota

Beverly Caruso, MSW, *Chair*

The Minnesota Chapter of AAPCSW has been active throughout the years since March 2020, the advent of the pandemic, when we went online with our presentations. We have remained there because we found we attracted more attendees. We also have partnered with several analytic groups in Minneapolis/St. Paul and have presented a variety of workshops. Although our 2024–25 season of Sunday evening presentations is still developing, at present we have presentations in March and April to look forward to.

The season began on September 15, 2024, with “Shifts in Modern Masculinity: Implications for Mental Health Professionals,” presented by Levi Weinhagen, LGSW, an experienced consultant to men’s groups, a diverse actor in many venues, and a recent social work graduate. On January 19, 2025, we gathered for “Italian Psychoanalysis: The Effects of Culture and History,” presented by Bev Caruso, LICSW; Julie Sihilling, LICSW; and Hal Steiger, PhD. This was an informal presentation of the generational gifts of Freud, Winnicott, Klein, and Bion and the development of Italian psychoanalysis. There was also focus on the work of Antonino Ferro, who is thought to have produced an original theoretical and clinical model by integrating the work of Bion, such that his contribution has become a reference throughout the international psychoanalytic community. We are anticipating a March presentation by Kim Rorie, LICSW, who will share her doctoral research (as yet untitled). In April, Corbin Quinn, LICSW, a past university lecturer in French literature, will present on French analysts.

Perhaps we will continue our international look at psychoanalysis and move next to a presentation of South American analysis. All members are welcome to attend our world tour of analytic theory and technique; contact us at bevcaruso@gmail.com.

North Carolina

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

Molly Sweetser, LCSW, LCASA, *Co-Chair*

The North Carolina Chapter of AAPCSW held a conference on November 9, 2024, at which AAPCSW member Stacy Nakell presented “The Psychology of the Skin: Integrating Mind, Body, Skin, and Psyche.” The program, which was held in person only at the University of North Carolina School of Social Work, was described as follows:

The modern psychoanalytic framework is grounded research from the 1960s that prioritized the attachment needs of young children, from the ages 0–2, otherwise known as the pre-verbal or pre-Oedipal years. In a little known paper from 1967, “The experience of the skin in object relations,” analyst Esther Bick highlighted the metaphorical element of the skin as a container, naming the container for the developing self the “psychic skin.” In essence, her proposition was that in the same way that the developing organs need certain conditions in order to grow naturally, the developing self too must develop a sense of inner and outer. This “psychic skin” provides that sense that everything is going to be OK, a visceral feeling of comfort in one’s skin.

In her work with pre-teens, teens, and adults struggling with body-focused repetitive behavior disorders, presenter Stacy Nakell has come to understand picking, pulling, and biting of the dermis as, to some extent, representing damage to this psychic skin container from early in life. Work with the tender, youngest parts of the self entails decoding body language, attending to sensory needs, meeting and joining and mirroring, along with verbal processing in sessions. This talk will guide clinicians in understanding the defenses of perfectionism and over-achieving from the perspective of early attachment disruptions. A case study will illustrate the power of a depth-oriented approach in healing both psychic and literal skin.

See page 14 for a list of AAPCSW Area Chapters and their representatives

membernews

Carl Bagnini, LCSW, BCD, has a book chapter in *Case Conceptualization in Couple Therapy: Comparing and Contrasting Theories* (Routledge, 2004), edited by Michael D. Reiter. He also has three chapters in the forthcoming *Introduction to Child Couple and Family Psychoanalytic Psychotherapy* (Phoenix), edited by Jill S. Scharff, MD. Carl continues to provide online group supervision and is teaching and supervising at the Adelphi Derner Postgraduate Programs in Psychoanalysis and Psychotherapy and Couple Therapy Program, and at The Training Institute for Mental Health Certificate Program in Couple Therapy in Manhattan.

Jerry Brandell, PhD, BCD, recently traveled to Zaragoza, Spain, where he presented a colloquium and a community lecture at the invitation of the University of Zaragoza. These events were in conjunction with the publication of *Fundamentos del Trabajo Social Clinico*, a new Spanish-language edition of his 2023 anthology, *Essentials of Clinical Social Work* (Cognella).

Johanna Dobrich, LCSW, is pleased to announce the publication of “Expanding Dissociation Informed Psychoanalytic Practice: How to Make Conceptual Sense of Not-Me, No-Me, and Many-Mes,” which appears in *Psychoanalysis, Self, and Context* as of September 10, 2024. In this article, she outlines a self-state continuum model to help formulate the different ways defensive dissociation operates from a more-or-less discrete process into becoming a structure of the self, as is the case with dissociative identity disorder. You can access the publication at doi.org/10.1080/24720038.2024.2400216.

Joel Kanter, MSW, LCSW, presented at a conference titled “Dialogues on New Perspectives in

Specialized Protection with Children, Adolescents, and Their Families: Contributions from Clinical Social Work.” The event was organized by the Chilean Institute of Clinical Social Work and the Chilean Society of Clinical Social Work. The conference was held December 5–6, 2024, and was noted as the first clinical social work conference hosted in Santiago, Chile. The event was noted as an opportunity to better understand the clinical social work movement with a desire to promote change throughout the system. Please see a translatable version of the flyer for this conference highlighting Joel’s participation: www.ichtsc.com/seminario-nacional-schtsc-ichtsc-spe-ula.

Jonathan Lebolt, PhD, LCSW, CGP, presented “Clinical Practice with LGBTQ+ Patients: An Intersubjective/Relational Approach” for the Greater Washington Society for Clinical Social Work and co-taught a course called Psychoanalytic Perspectives on Sociocultural Biases and Diversity at the Center for Psychotherapy and Psychoanalysis of NJ in 2024. He was recently appointed as the co-chair of the Membership Committee of the Eastern Group Psychotherapy Society.

Cecilia McKay, MSW, LCSW-C, recently graduated as a psychoanalyst from the Psychoanalytic Training Program at the Washington Baltimore Institute for Psychoanalysis. She has a private practice in North Bethesda, Maryland.

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 the *Newsletter* Editor 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, our history, resources, newsletters, video series, and other items of interest can be found there.

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newsletter

aapcsw aims & purposes

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

aapcsw core values

- Recognize the dignity and worth of each human being.
- Acknowledge the intersection of each individual's inner and outer worlds.
- Convey a psychoanalytic sensibility in our work with all populations and in all settings.
- Integrate concerns for social justice with clinical practice.
- Promote inclusivity and affirm the diverse identities of our colleagues and of those with whom we work.
- Cultivate a community of professionals that advocates for open inquiry and respect for difference.