

aapcsw

American Association for Psychoanalysis in Clinical Social Work

Summer 2020

newsletter

From the Co-Presidents

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

A Pandemic within a Pandemic: The Psychoanalytic Moment in 2020

Over the past ten weeks, we were catapulted twenty years into the future of telehealth. And everything changed. The world had largely shut down. Many of us were frozen. Frozen at home. Frozen in front of our screens. Frozen in little Zoom windows. Frozen in the face of the horror of this pandemic, a disaster of uncertainty, with its waves of infection, medical and psychiatric casualties, economic carnage, and the social unrest and protest that we imagined might unfold over the months and years ahead.

Last week George Perry Floyd was killed, calling out to his mother, pinned beneath the knee of a police officer. And we were reminded that nothing has changed. Now we are all confronted with sickness on top of sickness. Both the virus that has us frozen in our homes and the virus of racism that has us frozen in time are insidious and virulent. But one has been attacking the bodies of black and brown people for centuries while only the coronavirus is novel.

COVID-19 is new, but racism and white supremacy are the fundament on which this country was built. This latter infection has been easier for many to shelter from, relegated to the unconscious, a disavowed or dissociated “not me” experience. And for many of us in AAPCSW, it has been possible to stay home and feel some assurance that we will be shielded from the coronavirus as well.

What, then, is the role of clinical social work, psychoanalysis, and AAPCSW in a time like this?

The anthropologist Ruth Behar once described a photojournalist who was documenting a mudslide. He stood helplessly by, taking pictures as a young woman drowned in mud, until he could take it no more and he suddenly reached out to her. Behar identified this moment of tension—between observing and intervening, containing and enacting—as “the central dilemma of all efforts at witnessing” (Behar 1996, 2). In essence, what Behar identified is the same tension that those of us professional witnesses who are therapists routinely encounter with our patients. And it is a tension we must all confront now, as clinical social workers, psychoanalysts, and as an organization committed to social justice.

In this issue . . .

From the Co-Presidents	1
Editor’s Word	2
Virtual Town Hall: Child & Adolescent Committee	3
What’s So Important about Play? Part 2	4
Working Remotely with Children and Adolescents in the Time of COVID-19	5
Book & Film Reviews	8
AAPCSW Programming & Resources Survey	13
Area Reps’ Corner	14
Member News	16
AAPCSW Boards	18
Membership Information	19

www.aapcsw.org

continued on page 11

editor'sword

Christie Hunnicutt, MSW, LCSW



I am hoping that this *Newsletter* finds you all well and recharged following the past several months. It is imperative to share that this newsletter is being published at a time in our history that has offered experiences unimaginable in many ways and ones that have been experienced too often in others. It is incredibly important to highlight the way our leadership and members have responded in the midst of this unprecedented sea change. The beautifully written co-presidents' statement; the highlighted town halls and educational spaces that have offered places for support, connection, and intellectual query; and the representation of AAPCSW as a member group at the ready for the times ahead are proof of the amazing abilities of our group to respond to all that they feel called to 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 Heather Craige, Joshua Ryan Dolman, Janice Berry Edwards, John Epsy, Janet Hoffer, Michelle Kwintner, Cecilia McKay, and Hannah Robinson, and we look forward to highlighting many more members as we move forward with each edition. Special thanks to Kelly Martin, Wendy Winograd, Barbara Matos, Karen Baker, Brian Ngo-Smith, Dan Buccino, Teresa Méndez, and Bill Meyer. And special thanks to Penny Rosen for her outstanding efforts to ensure our 2021 national conference stays the course!

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

Be well!

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 > Membership > Benefits.

Want to join AAPCSW? Need to renew your membership? Membership questions? **See page 19**

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.

aapcsw

The *AAPCSW Newsletter* is published three times yearly, in March (submission deadline January 30), June (submission deadline April 30), and November (submission deadline September 30).

Please address

the *Newsletter* at:

AAPCSW Newsletter

Christie Hunnicutt, *Editor*
79 Trumbull Street
New Haven, CT 06511

Phone: 203.676.5206

E-mail: christiemhunniccutt@gmail.com

AAPCSW Newsletter

Advertising Rates:

Full-page—\$700

6.25" w x 9.5" h

Half-page vertical—\$400

3" w x 9.5" h

Half-page horiz.—\$400

6.25" w x 4.625" h

Third-page vert.—\$300

1.875" w x 9.5" h

Third-page horiz.—\$300

6.25" w x 3.25" h

Quarter-page vert.—\$200

3" w x 4.625" h

Quarter-page horiz.—\$200

6.25" w x 2.25" h

Sixth-page vert.—\$150

1.875" w x 4.625" h

Eighth-page horiz.—\$100

3" w x 2.25" h

Please contact the editor for complete ad specifications.

Child & Adolescent Committee

Wendy Winograd, DSW, LCSW, BCD-P | Karen Baker, MSW

On Sunday, May 9, the AAPCSW Child and Adolescent Committee, led by Karen Baker and Wendy Winograd, hosted a virtual town hall to discuss the challenges and opportunities presented by remote work with children. Members and a few nonmembers from California, Michigan, Illinois, New Jersey, New York, Georgia, and Paris joined together. We met with old friends and new acquaintances and were touched by the possibility of connecting with like-minded colleagues all over the globe.

Together we mourned the loss of space. Those who were accustomed to working outside their homes missed not only their patients but their physical office as well. Others whose offices were in their homes felt the office didn't feel like their office without the presence of the patient. We discussed the patients' experiences of the lost spaces as well and the challenges that some have in finding privacy. For teens in particular, the loss of a private space converges with developmental needs, and we spoke about the difficulty that this creates for a teenager who is quarantined with the very people from whom he or she is striving to separate. We spoke of the need to educate parents of younger children about their child's need for privacy as well, discussing how parents may be needed to set up and manage the technology but also need to provide a private space for their child's therapy. We talked about the loss of our supplies—toys, sandtrays, games, drawing materials, and more. And we shared online resources that can, at least to some extent, substitute for these losses. We shared information on using the screen-share and white-board functions and learned from one another about online games. The creative solutions that we shared were a testament to the human ability to adapt, even in such difficult times.

We remarked on and enjoyed the ways some of our adolescent and child patients find solutions to the problem of lost shared space. One therapist spoke of a teenager who took a walk during her ses-

sions, which guaranteed her privacy and promoted her strivings for autonomy from her parents. Another therapist spoke about a six-year-old who requested that they "pretend" they were in the office, utilizing fantasy to realize a wish.

At the same time, we recognized together that countertransference is ubiquitous, and feelings can indeed be communicated through cyberspace. We spoke about the universality of the dynamic process that is psychoanalytic psychotherapy and shared ideas about how to use that process—sometimes in the same way as when we are in the office together and sometimes very differently.

We shared the anxieties that we feel about starting with a new patient remotely. Can we assess or evaluate effectively? What do we do when someone is struggling with suicidal thoughts and we can't meet in person? While reluctant to make unnecessary referrals to the ER, we confronted the limits of what we can learn when working remotely.

In the end, we were all revitalized and comforted by sharing our experiences and connecting. Indeed, perhaps one of the most important aspects of working remotely is the opportunity to maintain a connection. This is something we all need in these times when we are socially distanced.

We will be hosting follow-up town hall Zoom meetings of the Child and Adolescent Committee. They will be posted on the listserv, so stay tuned if you would like to join us.

AAPCSW members
connecting with
MSW students on
the topic of psychoanalysis in clinical social work.

student
outreach

Scott Graybow, PhD, LCSW •
scottgraybow@yahoo.com, 917.715.5489

What's So Important about Play? Part 2

Wendy Winograd, DSW, LCSW, BCD-P

In the last newsletter, I wrote about the contradictions we in modern society have about play. On the one hand, we trivialize play and see it as a waste of time, as appropriate only for children, not for adults, who should be attending to more serious matters. On the other, we express nostalgia for an era when there was more time for undirected play.

The work of psychoanalyst Paul Verhaeghe offers a framework for understanding this ambivalence and our split views about play. In *Love in a Time of Loneliness*, Verhaeghe observes a sociological shift away from phallogocentric patriarchy that deeply affects our identities, as individuals and as communities. He argues,

The function of authority, which used to be a self-evident truth embodied in many different figures, has now disappeared. . . . In the first half of the century . . . he [the patriarch or father of the family] merely assumed [authority] automatically, and it was questioned by only a few. At the beginning of the second half of this century, the balance started to tip the other way, and since the 1960s, any form of authority has become automatically suspect. (Verhaeghe 1999, 74)

The anxiety that results from this lack of authority may explain both the over-focus on achievement—to fill the gap in authority and realize a more stable sense of identity—and the view of play as a waste of time. In earlier times, when paternal authority was clearer, gender roles were also more clearly defined. Boys were able to identify with their fathers' power and feel secure that they, like their fathers, would someday be comfortably in charge. This is the resolution of Freud's oedipal phase: the young boy cedes his wish to stay connected in a symbiotic union with his mother because of the promise of becoming like his powerful father.

If all manifestations of authority are questioned and questionable, what should a boy do? He could stay safely in a symbiotic union with his mother.

Perhaps the contemporary phenomenon of boys who live at home into their thirties and even forties could be in part explained by this solution to the authority dilemma. He could devote himself fervently to work in an attempt to fill the void of authority. If he is successful enough in the public sphere, perhaps he imagines that he can escape the symbiotic bond with his mother and become the authority that he fears his father is not. Could it be that the explosion of prescriptions for antianxiety medication, the epidemic of opiate addiction in young men, and the phenomenon of drinking to blackout are all, at least in part, a result of the tremendous pressure a young man might feel about attempting to become a figure of authority without an object with whom to identify?

Such yearning for authority, and anxiety because of its disappearance, may explain Mike Lanza's insistence that children, boys specifically, need to risk danger independently in order to separate from parents (mothers in particular) (see Lanza 2012; Thernstrom 2016). The implicit sexism in Lanza's theory of parenting is also explained by Verhaeghe's theory: Lanza fears that overprotective, engulfing mothers will prevent boys from separating and that play is an antidote to that. Verhaeghe might say that Lanza himself reflects a growing societal anxiety about the waning of patriarchal and paternal authority.

Interestingly, while Lanza argues that his parenting style is designed to support his boys' developing sense of independence and authority, he abdicates his own. Indeed, his very parenting attitude is a *laissez-faire*, hands-off approach that turns his sons into powerful players while he stands idly by. As Melanie Thernstrom points out in a *New York Times* article on Lanza, while the children are out in Lanza's "playborhood," Lanza himself is safely inside the house, sharing a glass of wine with the other adults (Thernstrom 2016). He therefore typifies

the modern father who no longer holds authority just because of paternity, and he even takes it one step further—he gives it up willingly.

Verhaeghe argues that patriarchy came into being in part due to a deep, underlying fear of women. Women are feared because of the tremendous power they have over us during infancy and due to the deep and powerful urge we all retain, at least on some level, to return to the symbiotic bond with mother that characterized the beginning of life. Verhaeghe writes,

In my view, it is separation which is essential to becoming a human being. Separation constitutes one end of a continuum which has *union* at its other end. Every human being can (indeed, must) abandon his original “unity”—with mother, the nuclear family, or subgroup of a clan—in order to effect a new union, elsewhere, and with a different group. This is brought about on the basis of an authoritarian intervention. . . . Within patriarchal society, then, separation is a function exercised through the figure of the father. (Verhaeghe 1999, 111–12)

Verhaeghe thus argues that we are forever oscillating between the pull toward union and a pull toward separation and autonomy. Being an autonomous individual—in Verhaeghe’s words, a human being—is predicated on separating from the original union and on resisting an ancient urge to return to it.

We exist, then, as individuals, but always in relation to others—most importantly, parental others.

Offering a history of the shift from matrilineal to matrifamilial and ultimately to patriarchal societal structures, Verhaeghe maintains that patriarchy is not necessary for such separation. However, some intervention in the form of social legal structures, rules or rituals is.

Perhaps that something could be play. In play, we enter a transitional space in which we can engage in creative, imaginative processes, processes that promote new ideas about self and other. In other words, a new idea about oneself can emerge in the context of play. Once we begin to conceive of ourselves as separate from the other, we can take on a separate identity, become a human being.

References

- Lanza, Mike. *Playborhood: Turn Your Neighborhood into a Place for Play*. Free Play Press, 2012.
- Thernstrom, Melanie. “Playborhood” (online as “The Anti-Helicopter Parent’s Plea: Let Kids Play!”). *New York Times Magazine*, October 23, 2016. www.nytimes.com/2016/10/23/magazine/the-anti-helicopter-parents-plea-let-kids-play.html?emc=eta1&r=1/.
- Verhaeghe, Paul. *Love in a Time of Loneliness: Three Essays on Drive and Desire*. New York: Other Press, 1999.

Working Remotely with Children and Adolescents in the Time of COVID-19: Some Initial Thoughts

Karen Baker, MSW

It was Friday, March 13, and the coronavirus crisis was gaining momentum in Michigan. I was finishing my afternoon at Allen Creek Preschool, where I serve as the child development director. The teachers and I met for our team meetings and then engaged in several parent-teacher conferences. In the days preceding this, Governor Gretchen Whitmer issued a shelter-in-place order and shut down schools and restaurants, effective March 16. Our small school was abuzz with questions, anxieties, and uncertainties. Was this a temporary closure and we would soon reunite as a school community? What if the closure extended beyond the current order? What would that mean in terms of the remainder of

the school year? In addition to the school’s uncertainty, I also wondered what this would mean for my work with my patients in private practice. Whether denial or hopefulness, none of us expected the impact of the pandemic to expand over weeks, months, and now perhaps a couple of years until a vaccine becomes available.

For me and all my colleagues, this sheltering-in-place order led to a rapid transition from in-person office work to telehealth. I carried anxiety and concerns about how I was going to make this shift and continue to provide “good enough” therapy in my practice for children, adolescents, and their parents. My mind was bombarded with so many ques-

PPSC's ONE YEAR
TRAINING PROGRAM IN

CHILD AND ADOLESCENT THERAPY

PPSC is pleased to offer a one year certificate program in Child and Adolescent Therapy including work with parents. The program runs **September through May** and offers **60 CEU's credits**. Both agency and private practice clinicians at all stages of their professional development are eligible for this training.

The curriculum reflects a psychodynamic, multi-theoretical approach and follows development from infancy through adolescence with experts in different phases teaching each class. We will discuss developmental tasks and psychodynamic challenges posed by children and their families. The first hour will offer a presentation and exploration of each topic and the second hour will be devoted to a shared discussion of theoretical, clinical, and observational material by students and instructor.

For questions, contact **Susan B. Sherman, LCSW, DSW**
at **212-860-7102** or **drshermSusan@aol.com**,
or **Ruth Wyatt, LCSW-R, MA** at **ruthwyattlscw@gmail.com**.

The program is divided in to three trimesters:

1. Early Childhood
2. The School Age Child
3. Adolescence

Classes will meet remotely once a week on **Wednesday evenings from 7-9 PM.**

Please visit our website at PPSC.org for more details about the program. Deadline for applications is September 1, 2020.

tions. As someone who is not all that adept with the technology, I was quite wary of learning about and switching to video conferencing. I was clinically and technologically overwhelmed as I considered all this and what would be best for my young patients.

Play is the work of children, and it is through the play, the displacement, and the externalizations that we as therapists and analysts come to know and understand a child's fears, conflicts, fantasies, wishes, strengths, and defenses. Initially I wondered what the differences and challenges were in relation to in-person and online psychotherapy and psychoanalysis. Frankly, I am still wondering about this; questions and curiosities arise in my mind as my remote work and learning continues to unfold. It is here that I would like to share with you some of my initial thoughts and experiences.

Unlike 9/11 and Katrina, COVID-19 is a pandemic affecting us all. On a universal level, this is an experience of shared trauma and stress for both the patient and therapist. All of us are experiencing a community trauma that involves multiple losses, from micro losses to more significant losses. Each of us has lost our regular routines and access to life outside our family life. We are carrying fears about health, financial stability, job security, political leadership, and separation from our loved ones because of virus exposure, or even the death of a loved

one. As clinicians we have lost our office space, our toys, and the usual way we work with children in our offices. Young children often play through action—we're fighting battles on the floor together, playing hide-and-seek, flying across the room the planes we've made together, racing cars in competitive excitement, playing card games, writing books together, and so forth, all of which communicate to us the children's fantasies, wishes, and fears. I wondered how I could do this form of play with children using doxy.me or Zoom. Initially, it was hard to imagine. Yet I am learning that there are creative ways to play together, making adaptations that are engaging and effective and capture the inner lives of the children as well as the adolescents I see in my practice.

With all this in mind, I reassured myself that I had a good therapeutic alliance with my young and adolescent patients, but I had concerns about how I was going to maintain a "facilitating environment" in which the children, teens, and their parents would continue to feel held and supported so that the therapeutic work would continue to progress. I trusted that my relationships with my patients would aid in this. In the parent work, I spoke directly with the parents about the transition, the mutual loss of not being together in my office, and how important the extension of our "team work" together on behalf of their child and family would need to be. In speaking

with parents of young children, I noted that they might need to be nearby to assist with the technology, and I also stressed the importance of the child's privacy. Thus far, parents have worked with me to facilitate a safe and private space at home for their child's therapy, albeit a pet may interrupt on occasion or a younger sibling may make a brief appearance.

While I don't meet with parents of teens as frequently as I do with those of younger children, I did meet with parents early in the quarantine to underscore the importance of privacy and to predict for them that this may be stressful over time for their son or daughter because the quarantine directly threatens the task of adolescence, which is establishing greater separateness and autonomy from parents. As the time in quarantine marches on, my colleagues and I are noticing our adolescent patients addressing the losses: no in-person graduation, no saying goodbye to their high school, the loss of college visits, the loss of sporting events, no parties with their peers, no choral and music concerts, the loss of their favorite places to go where they were experimenting with and exploring interactions that support and influence them as the women and men they were striving toward becoming. Here again is the theme of loss that is being imposed on them. Many teens are directly addressing this impact, with some experiencing heightened symptoms of anxiety and depression.

I find that in my work with them, I am connecting empathically around these losses, validating their sadness, grief, and anger. Last week, a sixteen-year-old boy expressed heartfelt gratitude at being able to continue to meet, since he is struggling with remote peer conflict and feelings of betrayal, inclusion, and exclusion, as well as tensions between himself and his parents. Another adolescent patient took me down memory lane with her as she asked if I remembered seeing her in my office. She articulated a string of missing feelings that included her rituals of coming to my office three times a week and places she used to frequent downtown: "Will we ever be able to go out again? My life is ruined!" Remembering with her and mutually commiserating with her was helpful. It opened a pathway to deepening the work of her previous trauma. Even remotely, we were able to traverse between the past and present.

Disagreements between teens and parents is to be expected under normal developmental times. But in these extraordinary times, parents are reporting to me heightened irritability with the sheltering-in-place restrictions, in addition to other

symptoms, such as overeating. These symptoms are multidetermined, given the individual. Interpretations, insights, and observations to the parent need to be grounded in the individual's history as well as in the impact related to the quarantine. In addition to this aspect of the parent work, I also offer them empathy and support, since they too are under tremendous stress working from home and assisting with online schooling. From a psychoeducational perspective, I put aspects of the conflict in developmental context and also remind them that the quarantine is exacerbating their child's moods and reactions. By modeling a reflective stance, I hope that they will expand their capacity for self-reflection, which would assist them in relocating their understanding and empathy for their son or daughter during emotional moments or in the postemotional moment. Saying, "I'm sorry this really sucks right now," may help in deescalating the conflict.

In this early phase of transitioning to teletherapy, I am reminded that a strong therapeutic alliance is essential. This alliance will aid in continuing the work remotely and in fostering the facilitating environment. One of my next tasks is to think through how to begin a new evaluation with a child I've not seen in person. How will I create the facilitating environment and establish the therapeutic alliance while in the presence and absence of one another? At the moment, this remains to be seen.

My thoughts in this brief essay barely begin to scratch the surface of the complexity of our work in conducting psychotherapy remotely. There is so much more to think about and write about as we continue to provide psychotherapy and psychoanalysis remotely. I invite you to write about your experiences, thoughts, and dilemmas that you confront while providing teletherapy. Through this process, we can learn from one another and hopefully feel that we are not alone as we provide "good enough" therapy to our young patients and their parents.

Karen Baker, MSW, is the child development director at Allen Creek Preschool in Ann Arbor, Michigan. She is on the faculty of the Institute for Clinical Social Work, Chicago, and has a private practice in Ann Arbor in which she treats children, adolescents, and adults.

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, kembaker1@comcast.net, and Wendy Winograd, wendywinograd@gmail.com.

Reflections on Long-Term Relational Psychotherapy & Psychoanalysis: Relational Analysis Interminable

edited by Susan Lord; Routledge, 2019; 189 pages

reviewed by Janet Hoffer, DSW

Have you ever thought, as I have, about how to articulate the uniqueness of long-term relational psychotherapy and psychoanalysis and what exactly distinguishes these modalities from others? Susan Lord asks the reader why we are not talking more about long-term treatment relationships. Do we “carry a shameful secret,” she wonders, since we engage in long-term work but don’t generally talk about it and, furthermore, may not have a frame for it? Lord’s compilation of papers by seasoned clinicians addresses these challenging questions and provides that frame.

Where does long-term treatment fit in the landscape of current therapeutic approaches?

The book defines long-term treatment. It offers determinants for the length of treatment. It asks if “analysis interminable” is a thing. And it conceptualizes longer term treatment relationships (xiv). Lord has a deeply personal reason for editing a book on long-term treatment: she laments the premature end to her relationship with her own analyst. Because of his untimely death, she did not have a formal termination, which, she adds, was the only way the relationship was going to come to an end for her.

The book consists of three sections: “The Terrain,” “Trauma and Issues in Attachment,” and “How Could It Be Otherwise?” The following is my attempt to highlight the unique importance of each of the fourteen chapters.

The first chapter in part 1 consists of Lord’s interview with Joyce Edwards. At the age of ninety-four, Edwards looks back on sixty years of practice and describes changes in the field over the many decades. Edwards grapples with the idea of patients as “lifers” who have gone through life without having a single supportive relationship. She implores us to

check ourselves: Are we put off by the patient’s need for dependency? Are we prolonging treatment because of our own limitations? In chapter 2, Patricia De Young offers her view that the length of treatment should be left up to the help-seeker. She explains that sometimes long-term treatment is not necessary and brief work may be precisely what is needed. De Young calls for research that measures the efficacy of therapy by correlating changes (i.e., a capacity for self-reflection, a sense of agency in relationships, and changes in symptoms) with the ways the therapist works within the therapeutic relationship (11). In chapter 3, Jean Kotcher shares findings from her qualitative study in which she interviews therapists about their experience of long-term treatment in relation to termination. She found that long-term patients bring a history of profound early childhood trauma, loss, neglect, and relationships deficits. These factors make treatment very slow to start because of safety and trust concerns, and they can be very slow to resolve (35). Chapter 4 is a reprint of a 1993 article by William Meyer. He argues for sustaining Winnicott’s holding environment at a time when clinicians are feeling pressured to practice short-term therapy. Meyer concedes that short-term therapy is “useful for the basically intact person who possesses at least a modicum of ego strength, who adapted well in life, but met with circumstances which taxed inner resources or rekindled dormant inner conflicts” (39–40). He defends long-term treatment through a case study of a thirty-year treatment: “The ideal treatment for people who have been failed by human relationships is an enduring human relationship that does not fail” (46).

In chapter 5, also by Meyer, he acknowledges, with raw honesty, that he was “too emotionally vulnerable to expose [him]self” (50) by sharing the ac-

tual reason for writing the 1993 paper. Feeling pressured by the demands of managed care, he had hurried the initial assessment with a new patient. After learning that his patient had been hospitalized for slitting his wrists, he was “horrified and guilt-ridden” (52) as he considered his contribution to this outcome. Finally, he shares a rare glimpse into his sometimes unconventional (or not) twenty-five-year relationship with a dying patient whom he kisses good-bye on her forehead shortly before she dies.

In chapter 6, which opens part 2, Carol Ganzer utilizes an object relations lens to examine how patients and therapists are “haunted by our early experiences.” She feels it takes years for enough trust to develop so that roles can be enacted and recognized (61). She offers an exceptionally clear definition of enactments and shares how she recognizes them in herself. In chapter 7, Shosana Ringel captures her role in the treatment of an Asian woman who views her as a “familiar other” because of their shared immigrant experience (75). Ringel implores psychoana-

lysts to explore “the interface of sociocultural and political dimensions in the self-other development” and to consider the role of shame in the length of time it takes patients to disclose their suffering (76). In chapter 8, Natalie Peacock-Corral writes about her growth as a newer clinician and her determination to have her training keep pace with her patients’ needs. Her own losses become the catalyst for addressing the fears of a challenging patient and for her decision to use music as a means of reaching him.

Chapter 9, by Kathleen Fargione, stood out for me as the heart of the matter. “When development has gone poorly,” Fargione writes, “a person is left with a psychic structure akin to Swiss cheese—it is full of holes, places where psychic structure has been supplemented by defensive bulwarks. The nature and number of these defensive systems indicate the work that lies ahead” (101). She details the challenging and painstaking process of repairing “internal damaged objects” and the importance of having time for healing to take place (114).

Book Reviews

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

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



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

Wendy Winograd, DSW, LCSW, BCD-P • Book & Film Review Editor •
wendywinograd@gmail.com

In part 3, chapter 10, Joan Berzoff addresses how the analyst can “bear suffering from a relational perspective”—the patient’s, our own, and the dyad’s—as a means of discovering hope (121). Her answer is to be very well trained, meaning, “we must know ourselves and our suffering well, and have the resilience to bear our own so that we do not burden our clients” (126). This entails supervision and therapy that allows us to know our own suffering—no small task. In chapter 11, Lord writes about a patient who is dying and how the work “tears the boundaries between the personal and professional realms of [her] being” (133). She illustrates “the intimate knowing that has evolved” over the course of a 25-year treatment as she gracefully offers her presence to her patient (xvi). In chapter 12, Stefanie Solow Glennon takes on the question of interminability and concludes that we cannot possibly know how long a treatment takes or what reasons will play a part in not terminating. In chapter 13, Jane Abrams integrates neuropsychanalysis with relational psychoanalysis and highlights the importance of safety in the analytic relationship. In chapter 14, Anthony Bass writes about the analyst’s limited opportunity to learn about the termination phase and the

feelings of loss it elicits in both analyst and patient.

At the conclusion of the book, I could not help but wonder if Lord felt robbed of a termination phase and the experience of living in the world for a time while knowing her analyst was still within reach. My own termination phase, after a long-term analysis, allowed me to find parts of myself I would not have known had my analyst, much like a good parent, not gently pushed me along. Solow Glennon’s patient says it best: “Why would I choose to sever a relationship that is so dear to me . . . ? It feels so unnatural” (142). As my analyst moved toward retirement and shifted her practice from New Jersey to New York City, the importance of my leaving her before she left me became of paramount importance to us both as our work came to a close. But I am always comforted by knowing she is in reach, and you can be sure I know exactly where to find her.

Janet Hoffer, DSW, is a psychoanalyst practicing in West Orange, NJ. She is the director of training, a supervisor, and a training analyst at the Center for Psychotherapy and Psychoanalysis of New Jersey (CPPNJ). She writes and presents on shame in psychotherapy and supervision and on the therapist’s shame.

AAPCSW 2021 Conference—New Date



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.

**November 4–7, 2021 • DoubleTree by Hilton Philadelphia Center •
237 South Broad Street, Philadelphia, PA 19107**

From the Co-Presidents, cont. from page 1

Jacques Lacan talked of the analyst holding his place in horror. Living and working amid a medical pandemic calls for this. Our work is, and always has been, to face, hear, witness, and bear horrible things. But like Behar, Lacan also distinguished between observing and acting. He taught that the Desire of the analyst creates the Demand for analysis, that our Act in becoming analysts can catalyze the analytic Act for our patients in the transference. Our desire and our willingness to do the work of therapy creates the patient. We must extend our Desire to do the work of antiracism as well—in our offices, in our profession, in our communities, and, perhaps most importantly, in ourselves.

In early March we made what at the time felt like the difficult decision to postpone our in-person board meeting scheduled for the end of the month. We felt obligated to be good citizens to one another and to our most vulnerable community members by doing our part to “flatten the curve.” As we were scrambling, along with our fellow psychoanalytic organizations, to make some sense of the “new (ab)normal,” we reached out to you, our members. We are grateful for your robust response to our survey about what you might like to see from AAPCSW, and with your input we began to develop online programming and resources.

In May, we launched “A Disaster of Uncertainty,” a three-part virtual Zoom series for consultation (and consolation) around the shared grief and trauma that we are all living with our patients. The first session with George Hagman drew 109 participants (36 percent of whom were not (yet!) AAPCSW members). George generously shared personal and professional reflections on a life and career marked by periods of “trauma,” from the early days of HIV/AIDS to the Sandy Hook School shootings to the current pandemic. In early June, part 2 with Carol Tosone was another rich opportunity for reflection on holding our places in the face of the horrors of this moment. Our final installment will be with Joan Berzoff on June 27.

We also shifted to more actively encouraging and supporting the organic efforts by our members to organize Zoom events around topics of interest. These initiatives have included a course on the wartime work of the Winnicotts, a forthcoming course about Selma Fraiberg, a meeting for child and

adolescent therapists adapting to remote treatment (see page 3), a space for personal exploration of COVID-19, and an effort to reach and support frontline workers.

It goes without saying that following the death of George Floyd, and the patriotic efforts of those who are honoring his life by facing a pandemic in the streets in cities and towns across the country, we must all shift course once again. A conversation has already begun on our listserv, and in the coming weeks and months we will amplify this conversation through another series on the disaster of racism that continues to unfold in our country—a horror we are long overdue in confronting.

We hope you all are safe, well, strong, and able to hold your places. What a time to be alive.

In grim solidarity,
Teresa and Dan

Reference

Behar, Ruth. *The Vulnerable Observer: Anthropology That Breaks Your Heart*. Boston: Beacon, 1996.

notice:

Members of AAPCSW leadership past and present continue to be victims of efforts to spoof their identities in order to elicit scam donations electronically from AAPCSW membership with requests for cash or gift cards.

Please **do not reply** to these “phishing” messages.

If you have any question about whether a communication purporting to be from AAPCSW leadership is authentic, please check with our administrator, Barbara Matos, at barbara.matos@aacpsw.org or 301.799.5120.

We apologize for any inconvenience and thank you for your understanding.

AAPCSW–New York Area presents

TRUTH IN THE CLINICAL ENCOUNTER

Saturday, October 24, 2020 (new date)
Scandinavia House, 58 Park Avenue (between 37/38 Streets)
New York, NY 10016

Registration and Breakfast—8:45–9:30am | Panel Presentation and Discussion—9:30am–1:30pm

Conference is sponsored by National Institute for Psychoanalytic Education and Research in Clinical Social Work, Inc. (NIPER), educational arm of AAPCSW.

PROGRAM

Carol Tosone—Lying and the Construction of Self

Carlos Padrón—The Materialism of the Clinical Encounter: Late Althusser, Psychoanalysis, and Truth

Cathy Siebold—Confronting Triangular Dynamics

Christian J. Churchill—“Surrender and Catch” as a Path to Truth in the Psychoanalytic Situation

Moderator: Scott Graybow

Each presentation will be followed by dialogue among the panelists and audience.

Conference Committee: Janet Burak, Scott Graybow (Co-Chair), Danita Hall, Dan Hoffman, Dianne Kaminsky, Jenny Kurland, Penny Rosen (Co-Chair), Judith Rosenberger, Lance Stern, Carol Thea

4 CE Contact hours offered

NIPER is recognized by the New York State Education Department’s State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0022

ONLINE REGISTRATION

Go to Events & Workshops at www.aapcsw.org and click on “Truth in the Clinical Encounter”

For more information, contact Lawrence Schwartz: aapcsw@gmail.com, 718.728.7416

newprofessionals

m e n t o r s h i p p r o g r a m

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.

Jennifer Kurland, LMSW • jakurland@gmail.com, 908.507.6472

Angela Rae English, MSW • rae.english@gmail.com, 314.361.7075

Scott Graybow, PhD, LCSW, *Student Outreach* • scottgraybow@yahoo.com, 917.715.5489

AAPCSW Programming & Resources Survey

The AAPCSW board conducted a survey this spring with the goal of understanding the ways our members are thinking about the work they are doing and to explore the motivations for connection and support during this epic time. The survey was meant to foster thoughts and ideas about how best to attain and share necessary and sought-after information in a changing landscape for professionals and those we collaborate with in treatment. The online survey was open for several weeks, and the total number of respondents who participated was 176. Survey results will offer guidance pertaining to preferred methods of engagement, and offering shared perspectives in determining ways to address the future of communication, education, and “holding” spaces for members as we redefine our connections to our communities, both individually and collectively.

Following are some of the survey questions and results:

1. How do you prefer to receive information and updates from AAPCSW? (Select all that apply)

Answered: 174 | Skipped: 2

- Emails from our administrator (147; 84.48%)
- Listserv (107; 61.49%)
- Website (22; 12.64%)
- Newsletter (52; 29.89%)
- Facebook (4; 2.30%)

2. What additional programming or support would you find helpful during this crisis? (Select all that apply)

Answered: 161 | Skipped: 15

- Webinars/online trainings for telehealth (102; 63.35%)
- Town Halls with featured speakers and community discussion (84; 52.17%)
- Cross-regional virtual peer consultation/support group (46; 28.57%)
- Self-care topics for practitioners (59; 36.65%)

3. Are you providing teletherapy to any frontline workers?

Answered: 174 | Skipped: 2

- Yes (65; 37.36%)
- No (109; 62.64%)

4. Are you familiar with any services being made available in your community for pro bono or reduced-fee teletherapy for frontline workers?

Answered: 173 | Skipped: 3

- Yes (54; 31.21%)
- No (119; 68.79%)

5. What other professional organizations/communities have you been accessing during this crisis? (Select all that apply)

Answered: 156 | Skipped: 20

- American Psychoanalytic Association (APsaA) (51; 32.69%)
- APA Division 39 (15; 9.62%)
- International Psychoanalytical Association (IPA) (25; 16.03%)
- International Association for Relational Psychoanalysis and Psychotherapy (IARPP) (24; 15.38%)
- International Association for Psychoanalytic Self Psychology (IAPSP) (8; 5.13%)
- Local psychoanalytic training institute (76; 48.72%)
- Local/state clinical social work organization (68; 43.59%)
- Center for Clinical Social Work (CCSW) (5; 3.21%)
- Clinical Social Work Association (CSWA) (39; 25.00%)
- National Association of Social Workers (NASW) (58; 37.18%)

Please note that the full survey, with bar graph results in color and with the additional anonymous commentary shared, will be posted online at www.aapcsw.org for members to review at their convenience. Thank you to all who participated!

Online forms and links at www.aapcsw.org/membership/benefits/journals.html

book & journal discounts

arearepresentatives'corner

New York

Penny Rosen, MSW, BCD-P, *Chair*

Submitted by Joshua Ryan Dolman (MSW student)

Campus Visit on Gender Development and Clinical Practice

It was a brisk November afternoon when Dr. Cathy Siebold entered the halls of Columbia University School of Social Work in New York City to deliver a lecture on gender development through a psychoanalytic framework. Over a dozen students from various disciplines within the social work field filled the classroom as they waited eagerly to learn from Dr. Siebold's knowledge as a practitioner. "A Contemporary Understanding of Gender Development in Psychoanalytic Clinical Practice" was a collaborative event hosted by the school's Jewish and Mental Health Caucuses under the careful guidance of Penny Rosen, AAPCSW-New York Area Co-Chair, who recommended Dr. Siebold, AAPCSW Past President, for an exploration of this topic. This effort was coordinated in line with the initiative of the AAPCSW Student Outreach Committee to organize campus visits. Hence, the two organizations sought to create a safe space where students could inquire about the role of clinical theory in a postmodern period that emphasizes social justice. Leaders from both Columbia groups felt that it was necessary to explore the historical relevance of a more traditional modality, which has been at the forefront of movements to destigmatize the treatment of mental illness. The Jewish Caucus wanted an opportunity to celebrate its cultural contribution to a theoretical perspective that has brought the importance of psychotherapy into mainstream awareness, while the Mental Health Caucus sought to expand knowledge about the diversity of practice options that were available to future clinicians.

Overall, the lecture was an immense success at spreading awareness and building excitement about the practice of psychoanalysis in clinical social work. Students were offered an opportunity to challenge some of their preconceived notions about the theo-

retical orientation and gain insight about the role analysts play in creating safe spaces for participants who are questioning their personal experiences with gender norms. Dr. Siebold successfully demonstrated that analysts can be some of the strongest allies in the pursuit of justice for members of the LGBTQ+ community and taught that therapy can be immensely beneficial at challenging painful gender role norms. Through meaningful anecdotes from her own practice, she helped students identify ways that social workers can reinforce feelings of vulnerability for cis-gender male clients and assertiveness for cis-gender female clients. In the end, students left the lecture with a sense that their passion for social justice and psychoanalytic therapy did not have to be a zero-sum game.

Joshua Ryan Dolman, a 2020 MSW student and co-president of the Jewish Caucus at Columbia School of Social Work (CSSW), was a volunteer at the 2019 AAPCSW conference "Intrigue, Insight, Inquiry" in Durham, NC. Ashley Rayne Leeds, a 2020 MSW student, is the president of the Mental Health Caucus at CSSW.

North Carolina

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

Sonia Hsieh, MSW, *Co-Chair*

Submitted by Hannah Robinson, second-year social work intern, North Carolina State University



On September 12, 2019, the North Carolina chapter of the American Association for Psychoanalysis in Clinical Social Workers (NC AAPCSW) invited Andrea Celenza, PhD, of Lexington, Massachusetts, to speak on eroticism. Andrea, who presented "The Erotic in our Being and Work," was already known to some members of the audience because she got to know them the night before at a reception dinner hosted by William Meyer, MSW, LCSW, past president of AAPCSW. At that dinner, Andrea had a conversation with a

colleague in which they acknowledged that the topic of erotic transference is a sensitive one, such that even colleagues, women clinicians in particular, may speak on this topic only in hushed tones. There is the feeling that the “erotic” is something to be hidden.

At her talk, Andrea stepped into that uncomfortable space and decided to break the ice: “There is ice that covers the word ‘erotic’ and it needs to be broken.” What did Andrea mean by this? She encouraged other therapists within the room to not shy away from conversations when patients bring up their erotic fantasies and dreams. Many times patients are more than ready to engage in those difficult conversations. Other times, patients come to therapy and discover that certain issues are more challenging in that they stem from deeper, often painful roots. The more that we show our patients that we are willing to go with them to uncomfortable places, the more trusting a relationship we will be able to create with our patients. Exploring sensitive areas, of course, requires the maintenance of professional boundaries as well.

Andrea has immersed herself studying the boundaries accentuated in the psychoanalytic literature of the mid 1980s that female therapists rarely identify the development of erotic transferences with their male patients. It was more acceptable for male therapists to engage with the development of erotic transference in their female patients.

So why is it that women have a more difficult time acknowledging erotic transferences with their male patients? Culturally, women are to remain pure and quiet. An erotic transference challenges this depiction in which women therapists have considered the transference of male patients to be exclusively maternal. Andrea advocated for women therapists to be empowered. As such, a woman therapist would say to her male patient, “I can take it,” as in, “I can handle hearing about the feelings and fantasies that you experience.” She stated, “The power that the analyst embodies can become an erotic icon

that symbolizes both the old templates and the hoped-for potential of a new form of erotic desire.”

Everything has meaning and as therapists or analysts, it is our responsibility to help patients discover the meaning behind their thoughts and behaviors. To what degree is what they are experiencing in their adult life attributable to a memory from childhood? Can we therapists imagine ourselves in the scene of what happened to that child? If we were there, what could we have provided to that child? While we cannot turn back time and change events, we can identify what the child lost back then and what they may still need.

Andrea discussed the case of Thomas, a man who grew up feeling isolated within the walls of his own home. Thomas recalled that there were multiple times growing up when he would run to his room to escape the chaos of his home. He would go to his bedroom and curl up in the fetal position, feeling helpless. Andrea imagined herself with Thomas in those moments. Instead of seeing Thomas as laying hopeless in bed, she saw him hugging himself in that fetal position. At a young age, Thomas did have someone. He had himself, but only himself.

Sonia Hsieh, LCSW, concluded the event by summarizing one of Dr. Celenza’s articles. Sonia found Dr. Celenza’s article applicable to her own work and life, including dance, which had become Sonia’s way of expressing herself outside of work. Dancing, Sonia said, relies heavily on a dancing partner who leads. Partners work on all sorts of moves but the true finale, is having your partner lift you into the air off their shoulder. Sonia would get excited for that one special moment, when she felt like she was on top of the world, instead of someone’s shoulders—the moment for which she worked so hard. It correlates to the athlete who scores the game-winning touchdown, or therapists who lead their patients to growth. We find meaning and an exhilaration in those therapeutic moments of success even though therapy sessions won’t always be

continued on page 17

AAPCSW Area Chapters • Northern California • Southern California: Los Angeles • Southern California: Orange County • Colorado • Connecticut • District of Columbia • Florida • Illinois • Indiana • Maryland • Massachusetts • Michigan / Ohio • Minnesota • Missouri • Nebraska • New Jersey • New York • North Carolina • Pennsylvania • See page 18

membernews...

Janice Berry Edwards would like to share the following press announcement regarding her recent book release: *Empowering Clinical Social Work Practice in a Time of Global Economic Distress*. Please refer to www.naswpress.org or the direct link, www.naswpress.org/publications/profession/empowering-clinical-social-work-practice-time-global-economic-distress.html# for additional information. [Includes corrected content]



Heather Craige, MSW, a clinical social worker and psychoanalyst in Raleigh, NC, has been appointed to serve as a training and supervising analyst by the Psychoanalytic Center of the Carolinas (PCC). Heather received one of the Lifetime Achievement Awards from the AAPCSW at our conference last year. She graduated in adult psychoanalysis from the UNC-Duke Psychoanalytic Education Program after having completed the child and adolescent psychotherapy program at the Washington School of Psychiatry in Washington, DC. Heather was a co-founder of the Psychoanalytic Psychotherapy Study Center of NC and served as board chair of the NC Psychoanalytic Foundation. (Both programs are now components of the PCC). She was a founding member of the board of the Lucy Daniels Foundation, where she coordinated a psychoanalytic treatment and research program for creative writers. As a member of the PCC's Community Service Committee, Heather leads the team that brings Circle of Security Parenting facilitator



training to North Carolina each year. She is an active member of the PCC faculty, teaching courses on attachment theory, relational perspectives, object relations theory, trauma and the body, deepening treatment, and the fee in psychotherapy. She has published articles grounded in her research on the post-termination phase of treatment in the *Journal of the American Psychoanalytic Association*, *Psychoanalytic Dialogues*, and *Psychoanalytic Inquiry*. A new article, "At Home in Oneself: Self-States and the Treatment of Trauma," is forthcoming in *Psychoanalytic Inquiry*.

John Epsy, PhD, would like to announce the publication of his novel *The Sugar Maple Grove*. From the publisher's synopsis: "In early twentieth century Van Lear, Kentucky, miners in a conscripted coal town go down to work in the shaft only to come back up in pieces. Company-hired detectives and preachers terrorize the workforce, their women and widows, and children into submission with threats of violence and eternal damnation while the Knights subjugate blacks to acts of unspeakable violence. Slavery is a way of life. Murder is a daily occurrence. Then one day in the Sugar Maple Grove, Moses Kitchen takes a stand against the members of the Ku Klux Klan sparking a small but enduring revolt against corporate, religious, and racial tyranny that finds its way throughout the generations from the son of a shoe salesman to a feisty, young female lawyer and beyond in this epic Southern Gothic about race, poverty, religion, and barbarism, and those brave enough to dare to see a different society." See www.open-bks.com/library/moderns/the-sugar-maple-grove/order.html.



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 christiemhunnicut@gmail.com.

Michelle Kwintner delivered the paper “Blood, Trauma, and Tears: The Dynamic Meaning of the Telephone in an Analysis” at the International Psychotherapy Institute’s (theipi.org) weekend conference “Technology and Ethics in Training and Treatment: Best Practices,” October 2019, in Rockville, Maryland. A previous version of this paper was delivered at the IPA Procongress International Teleanalysis Working Group in July 2019 in London, England.

Cecilia McKay, MSW, graduated this spring from the two-year Psychoanalytic Studies Program at the Washington Baltimore Center for Psychoanalysis and has been accepted as a third-year candidate in the institute. She has a private practice in Rockville, Maryland.

New to AAPCSW?

Introduce yourself in this column.

We look forward to meeting you!

...& new members

North Carolina Area Reepport, cont. from page 15

transformative and healing. If we look for that one moment during every therapy session where we think, “This is it, they are healed,” then we are going to miss all of the other moments. Every moment, word, and thought in therapy matter because they all add up to someone’s single story. A stage performance is the summation of all moments on stage.

As a social work student and someone who does not have a background in psychoanalysis, I would say that this talk was not easy for me. Psychoanalytic concepts and even the topic of eroticism were tough to wrap my head around. Anyone who attended this talk without prior knowledge of psychoanalysis or erotic transference may have had a hard time grasping some of the nuances conveyed by the speakers and there were moments that I didn’t understand how psychoanalysts inferred meaning from what their clients expressed. I did, however, come to understand that psychoanalysis is not just a therapy but rather a way of understanding the complexity of the human condition.

The Newsletter regrets the accidental omission of this report from a previous issue. Our apologies to Hannah Robinson, William Meyer, and Sonia Hsieh.

Clinical Journeys

A one-year certificate program

available in person in New York City and by Zoom wherever you practice

Want to work more efficiently?
Feel overwhelmed by your patients?
Curious about the deeper layers of your sessions?

In Clinical Journeys seminars, you’ll learn to apply useful and varied psychoanalytic concepts to situations you encounter every day. This engaging “taster” of psychoanalytic models will enhance and deepen your clinical relationships while helping you develop your own confident and personalized style.

3 Trimesters - 8 Classes Each:

Trimester 1: Thinking and Being Psychoanalytically

Trimester 2: The Therapeutic Relationship

Trimester 3: Clinical Pictures

Deadline for Applications is September 10

Three 8-week trimesters from September 2020 to June 2021

Wednesday evenings, 6:30-9pm (ET)

60 CEUs for social workers.

\$600 tuition, per trimester (\$1800 total)

To register, please download the application at ppsc.org/one-year-program

Board of Directors

Executive Committee

Co-Presidents

Daniel Buccino, MSW, LCSW-C, BCD
danbuccino@aol.com • 410.881.5425
Teresa Méndez, MSW, LCSW-C
tmendez@baltimorepsychotherapy.org
202.810.2038

Past Co-Presidents

Jerry Floersch, PhD, MSW
jerry.floersch@gmail.com • 216.346.3469
Jeffery Longhofer, PhD, MSW
jeff.longhofer@gmail.com • 732.932.9758

President Elect

Brian Ngo-Smith, MSW, LCSW, BCD
brian@ngosmiththerapy.com • 303.886.8926

Secretary

Wendy Winograd, LCSW, BCD-P, DSW
wendywinograd@gmail.com • 201.919.0108

Treasurer

Louis Straker, MSW, LCSW-C
loustraker@gmail.com • 443.478.3670

Member-at-Large, Small Areas

Joan Berzoff, MSW, BCD, EdD
jberzoff@smith.edu • 413.575.0239

Member-at-Large, Legislative Matters

Rebecca Mahayag, MSW, LCSW-C
rebeccamahayag@gmail.com • 301.651.8711

Member-at-Large, Large States

Penny Rosen, MSW, LCSW, BCD-P
rosenpmsw@aol.com • 212.721.7010

Member-at-Large, Liaison

to Professional Organizations
Barbara Berger, PhD, LCSW, BCD
b.bergerphd@me.com • 312.346.7757

Member-at-Large, New Professionals

Jennifer Kurland, LMSW
jakurland@gmail.com • 908.507.6472

Advisory Board

Committees

2021 National Conference

Penny Rosen, MSW, BCD-P, Co-Chair
rosenpmsw@aol.com • 212.721.7010
Brian Ngo-Smith, MSW, LCSW, BCD, Co-Chair
brian@ngosmiththerapy.com • 303.886.8926
Rebecca Mahayag, MSW, LCSW-C, Co-Chair
rebeccamahayag@gmail.com • 301.651.8711

Board Listserv

Joel Kanter, MSW, Moderator
joel.kanter@gmail.com • 301.585.6126

Child & Adolescent

Karen E. Baker, MSW, Co-Chair
kembaker1@comcast.net • 734.996.8185

Wendy Winograd, LCSW, BCD-P, DSW, Co-Chair
wendywinograd@gmail.com • 201.919.0108

Diversity & Social Action

Golnar Simpson, PhD, LCSW, Chair
golsimpson@verizon.net • 703.356.3033

Graduate Education

Mario Starc, PhD, LCSW, BCD, Co-Chair
mariostarc@pacbell.net • 510.883.0156
Margaret Arnd-Caddigan, PhD, LCSW, Co-Chair
arndcaddiganm@gmail.com • 252.258.2636

Hospitality

Carol Thea, LCSW, BCD, Chair
csthea1@aol.com • 212.861.3308

Membership

Lance Stern, LCSW, Chair
lancestern@ymail.com • 551.486.2522

New Professionals / Student Outreach

Jennifer Kurland, LMSW
jakurland@gmail.com • 908.507.6472
Angela Rae English, MSW
rae.english@gmail.com • 314.361.7075
Scott Graybow, PhD, LCSW, Student Outreach
scottgraybow@yahoo.com • 917.715.5489

Newsletter

Christie Hunnicutt, MSW, LCSW, Editor
christiehunnicut@gmail.com
203.562.0142, ext. 0

Wendy Winograd, LCSW, BCD-P, DSW,
Book & Film Review Editor
wendywinograd@gmail.com • 201.919.0108

Online CE

Benjamin Lang, MSc, Chair
blang@chicagoanalysis.org • 608.797.4227

Online Monograph

Debra Kuppersmith, MSW, LCSW,
Editor-in-Chief
debrakuppersmith@gmail.com

Public Relations

Penny Rosen, MSW, BCD-P, Chair
rosenpmsw@aol.com • 212.721.7010
Debra Kuppersmith, LCSW, MS
debrakuppersmith@gmail.com
914.693.8631

Adriana Passini, MS, LCSW
adrianapassini@aol.com • 212.505.3588

Richard Karpe, LCSW, BCD-P
rjkarpe@att.net • 212.777.0035

Scott Graybow, PhD, LCSW
scottgraybow@yahoo.com • 917.715.5489

Michael De Simone, PhD, LCSW
michael.w.desimone@gmail.com
718.650.9000

Scholarship

Jerry Floersch, PhD, LCSW, Chair
jerry.floersch@gmail.com • 216.346.3469

Social Media

Benjamin Lang, MSc, Chair
blang@chicagoanalysis.org • 608.797.4227

Administrator

Barbara L. Matos, MS
barbara.matos@aapcsw.org • 301.799.5120

Area Representatives

Northern California

Velia Frost, LCSW, Co-Chair
vkf1@mac.com • 415.387.9991
Saralie Pennington, MSW, LCSW, Co-Chair
saraliep@sbcglobal.net • 415.550.2413

Southern California

Los Angeles Chapter
Samoan Barish, PhD, DSW, MSW, Co-Chair
samoanb7@gmail.com • 410.881.5425
Lynn Rosenfield, PhD, LCSW, Co-Chair
lynnrosenfield@yahoo.com
310.392.9144

Orange County Chapter
Karen K. Redding, PhD, LCSW, Chair
kredding@mac.com • 949.715.7007

Graciela Rodriguez, LCSW, Memb. Liaison
graciela6@aol.com • 949.363.9185

Colorado

Brian Ngo-Smith, MSW, LCSW, BCD, Chair
brian@ngosmiththerapy.com • 303.886.8926

Connecticut

George Hagman, LCSW, Chair
gahagman@optonline.net • 203.253.3033

District of Columbia

Joel Kanter, MSW, Co-Chair
joel.kanter@gmail.com • 301.585.6126
Rebecca Mahayag, MSW, LCSW-C, Co-Chair
rebeccamahayag@gmail.com
301.651.8711

Florida

Mark L. Ruffalo, LCSW, Memb. Liaison
mlruffalo@gmail.com • 727.266.0270

Illinois

Theresa Albini, MSW, LCSW, BCD, Chair
tkalbini@aol.com • 312.222.0575

Indiana

Andrea Barbour, MA, LMFT, Memb. Liaison
andreabarbourmft@gmail.com
812.764.4931

Maryland

Daniel Buccino, MSW, LCSW-C, BCD, Co-Chair
danbuccino@aol.com • 410.881.5425
Teresa Méndez, MSW, LCSW-C, Co-Chair
tmendez@baltimorepsychotherapy.org
202.810.2038

Massachusetts

Joan Berzoff, MSW, BCD, EdD, Chair
jberzoff@smith.com • 413.575.0239

Michigan / Ohio

Karen E. Baker, MSW, Co-Chair
kembaker1@comcast.net • 734.996.8185
Lisa Larson, LMSW, Co-Chair
lrlarson@gmail.com • 734.635.9365

Minnesota

Beverly Caruso, MSW, Chair
bevcaruso@gmail.com • 612.374.2618

Missouri

Angela Rae English, MSW, Memb. Liaison
rae.english@gmail.com • 314.361.7075

Nebraska

Lynn Anderson DeMott, LICSW, Memb. Liaison
lynnndemott@hotmail.com • 402.330.1537x14

New Jersey

Wendy Winograd, LCSW, BCD-P, DSW, Co-Chair
wendywinograd@gmail.com • 201.919.0108
Deborah Bunim, PhD, MSW, Co-Chair
dbunim4@gmail.com • 201.569.7575

New York

Penny Rosen, MSW, BCD-P, Co-Chair
rosenpmsw@aol.com • 212.721.7010
Scott Graybow, PhD, LCSW, Co-Chair
scottgraybow@yahoo.com • 917.715.5489
Janet Burak, MSW, LCSW, Co-Memb. Liaison
jburak3@nyc.rr.com • 212.362.1866
Danita Hall, MSW, LCSW, Co-Memb. Liaison
danitahall@me.com • 212.866.0320

North Carolina

William S. Meyer, MSW, BCD, Co-Chair
william.meyer@duke.edu • 919.681.6840
Natalie Peacock-Corral, LCSW, CGP, Co-Chair
nataliepeacockcorral@gmail.com
919.280.5210

Liz Liepold, LCSW, Co-Chair
liz.louise.liepold@gmail.com • 808.896.5364

Pennsylvania

Jane Abrams, DSW, LCSW, Chair
jabramsdsw@gmail.com • 215.564.5188

American Association for Psychoanalysis in Clinical Social Work

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

Want to Join AAPCSW?

You have two options

Online: At www.aapcsw.org, go to **Membership / Join**, where you can complete the membership form and pay with a credit card or PayPal; you may also send a check (see address below).

By Mail: At www.aapcsw.org, go to **Membership / Join by Mail** and download and print the membership form. Return the completed form with your payment (check payable to AAPCSW or credit card information) to AAPCSW; Attn: Barbara Matos, MS, AAPCSW Administrator; PO Box 67; Boonsboro, MD 21713.

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.*

Member Profile: You can edit your **Member Profile** at any time by going to www.aapcsw.org. After logging in, click on **Member Center**, then **My Profile**, then **Edit Profile**. If you make any changes, please remember to click **Save** when you are done.

Email: AAPCSW is an email-driven membership organization. If your email has changed, please log in and update your **Member Profile**. Otherwise, you will miss important AAPCSW notifications.

Need to Renew Your Membership?

You have three options, none of which takes long!

Online: Log in at www.aapcsw.org and go to **Membership / Renew Online**, where you can renew quickly with a credit card or PayPal; you may also send a check (see address below).

By Mail: Send a check payable to AAPCSW to AAPCSW; Attn: Barbara Matos, MS, AAPCSW Administrator; PO Box 67; Boonsboro, MD 21713.

By Phone: Contact Barbara Matos, Administrator, at 301.799.5120.

membership questions?

Barbara Matos, MS • AAPCSW Administrator • barbara.matos@aapcsw.org, 301.799.5120

aapcsw

American Association for
Psychoanalysis in Clinical Social Work

PO Box 67, Boonsboro, MD 21713

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.