

Section II

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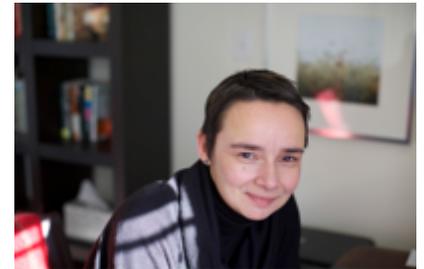
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Developmental Lines July 2015



President's Message

It has been a wonderful experience to serve as section 2's president both personally and professionally. When I moved to the United States after many years working and living abroad, I found in division 39 and specifically Section 2 a professional home. My main motivation as president of section 2 has been to further extend an invitation to current and potential division 39 members to join us in our efforts to establish a stronger presence for children and families in the division. I have been lucky to have a wonderful team of colleagues who have helped me to organize and propel new initiatives and also reactivate previously successful ones. As a board, but most importantly as active section 2 members, we have tried to address the question: Why join section 2?

First, we now have an active internet presence with our website, Facebook page, and a live list serve, where we can all keep in touch. Send us your news, bring your ideas and share your thoughts via the listserve on topics of interest to our community. To join the listserve, go to the Section II Website and email the listserve coordinator. There is currently a discussion going on digital life and treatment. Thanks to the efforts of Sheryl Silverstein and Patrick Safran, our content on the website can be updated often regarding upcoming events and membership news. So, please! Start using more of these resources as a way of communicating and sharing news.

In this newsletter, we focus on diversity, and we hear from Larry Zelnick on The "Ubiquity of Psycho-Electronics." This effort has been spearheaded under the leadership of Susan Goodman, and Virginia Schiller who are always looking out for new contributors and volunteers. Our membership committee works to find new effective ways to recruit members and get them involved. Thanks to Virginia Schiller and Jordan Bate who keep us all remembering that there is strength in numbers! And... numbers we got! Last December we co-sponsored a wonderful conference with JICAP in New York City which was attended by over 100 colleagues in a rather rainy day! Thanks to the efforts of an amazing organizing committee: Larry Rosenberg, Susan Warshaw, Laurel Silber, Ionas Sapountzis and Kirkland Vaughan, we assembled an impressive set of panels which kept people feeling like a "day of summer" inside the beautiful auditorium donated by the New School under the sponsorship of Miriam Steele, one of our illustrious panelists.

Finally, I am very happy to welcome our new president, Dr. Thomas Barret who lives and works in Chicago at the Professional School of Psychology and like myself, is an active member of the Association for Child Psychoanalysis. I trust that together, we will continue to move section 2's efforts forward and become a more visible presence in Division 39. Welcome Tom!

Warm Regards, **Norka Malberg, PsyD**

Thomas Barrett, PhD, New Section II President





Interview with David Ramirez, PhD: Working with Bi-Cultural Adolescents

Interviewer: Sheryl Silverstein, PhD

Dr. Ramirez has been the Director of the Counseling Center at Swarthmore College for the past twenty years. He and I were in graduate school together at the University of Texas at Austin many years ago. This interview was an opportunity for us to reconnect.

Dr. Silverstein: What are the common presenting problems of bicultural students?

Dr. Ramirez: Where do they fit in and where is home? Calling Swarthmore home is easier coming from a dominant culture than coming from a culture with little to no resemblance to Swarthmore. At Swarthmore, there is a culture of intellectualism.

Dr. Silverstein: What is the operational definition “bicultural”?

Dr. Ramirez: It can be about race and ethnicity, but it can also be about socioeconomic status. A student coming to Swarthmore from a lower socioeconomic status is coming to a new culture and it can be disorienting for that student. There are questions of identity and affiliation where poverty is a factor, regardless of racial or cultural makeup. In addition to the expected challenges that difference poses, there can also be the issue of shame in regard to constraints imposed by poverty.

Everyone at that age is working on his or her identity. Paradoxically, students coming from a dominant culture are freer to have a divergent identity than students coming from a non-dominant culture. Disloyalty from students of a dominant culture is more accepted, almost expected. However, if kids from a non-dominant culture find something better (at Swarthmore), their disloyalty is viewed as a renunciation of their culture and it is deemed unacceptable.

Dr. Silverstein: What about your bicultural identity? What were core issues for you to master?

Dr. Ramirez: My culture is Mexican American. I grew up in San Antonio, Texas. I had to find a way to integrate my cultural identity with other identities that were not part of my culture. My cultural identity did not include an enterprise like psychoanalysis. Becoming an intellectual was a shift out of my sense of my culture. It was a challenge how to integrate. Also, I had an affinity for wilderness. I was an Outward Bound instructor. That was non traditional for my culture. It was a challenge for me to integrate these disparate things with my culture. In 2006, I did a presentation on this exact topic in San Antonio. It was a very emotional talk. I rejected my cultural identity when I was younger. One of my core issues included my renunciation of my culture. I had to reconcile with my culture, value it and integrate it with other parts of my identity.

Dr. Silverstein: How has our field progressed with respect to understanding and treatment?

Dr. Ramirez: Psychoanalysis has become more sensitive to the idea of the person in context. It is still exclusively a theory of mind with a claim of universality. The progress is that there is recognition of the person in context- the cultural and social context and the importance of that. Harry Stack Sullivan recognized this. He started an inpatient unit for schizophrenic gay men and staffed it with men who were sensitive to being gay. The patients’ psychotic symptoms abated. (Here was evidence that) the context can make such a huge difference in mental states.

Dr. Silverstein: That makes sense. If one is walking around hiding and or denying a part of themselves and feeling awful about that part, symptoms might emerge. And they very well may feel crazy. And, conversely, when that person feels understood and accepted for who they are, in whatever context that is, their symptoms will probably abate.

Dr. Ramirez: Didactic training, readings, discussion groups, outside speakers, case presentations -all emphasizing cultural factors.

Dr. Silverstein: How is a sense of belonging influenced by bicultural issues?

Dr. Ramirez: There’s a continuum of experience. Students can feel an affinity with their peers as they are all attending the same college. The belonging is the point of contact. At Swarthmore, it’s so diverse that what’s in common is that everyone is different. It’s organized around a shared student endeavor. A shared fate of being different is helpful. The challenge is finding a sense of personal agency- e.g.how to do it my way.

The sense of belonging is influenced by the extent that it feels familiar. Can students identify with it? When there isn’t a sense of belonging, it feels alien and this creates a challenge. If you have a different cultural background, it can be a challenge to feel a sense of belonging. We put mechanisms in place to name the differences and create a sense of connection.

We have staff offer programs to students -different cultural programs or intercultural programs. In this way, we give students an affinity group, which helps them develop a sense of belonging. The determining variable is the availability of a recognizable point of contact by the people doing the programming.

(Continued on next page)

The Undeniable Ubiquity of Psycho-Electronics: The Current State of the eLife in Child Psychotherapy

Larry Zelnick, Psy.D.

At the time of writing this, Apple recently launched its newest electronic device, the Apple Watch. It's a risky venture; other wrist-born mini computers have been tried and failed. Is there no end to the presence of electronic devices in our daily lives?

One can now answer that question as it applies to the presence of electronic devices and internet options, including computer games, smart phones, YouTube, texting, selfies, Facebook, Instagram, and Twitter in the lives of the children we treat in our offices ----

THEY'RE HERE TO STAY!

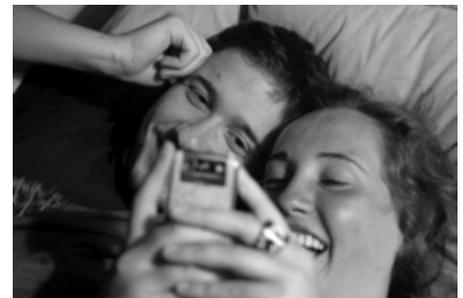
In the decade or more since those of us who have been acknowledging and embracing the undeniable ubiquity of electronics in children's lives and in the therapy they co-construct with their therapists, it is no longer at all relevant to ask "is the embracing of electronics in child therapy legitimately therapeutic?" We're absolutely *way* past that question. Therapists talk with their patients – sometimes knowingly sometimes clueless, but most often curious - about the latest games and devices that decorate the terrain of popular culture. Many of us still need tutoring and enlightening from our patients because that terrain shifts so rapidly. Therapists and patients text each other, in and out of sessions; email is often an acceptable extra-session tool of communication. Some therapists, myself included, try to limit the use of email and texting between sessions to non-emotional uses like scheduling, but it's hard to hold to that boundary when a heartfelt email comes over the 'net.

So, it's too late to try to separate electronics and the internet from treatment! Facebook, texting and other digital social media are organically charged extensions of our child patients' bodies, are seamlessly woven into the fabric of their speech, and are welcome inhabitants of their unconscious. "He's all thumbs" and "Keep your head down" are expressions that once had meanings with which we were familiar; but now those same expressions likely conjure up the posture and abilities of modern day social media-ites. "☺" "tldr" (too long didn't read) "lol" and "#" may still prompt your earlier generations of spellcheck to recommend a correction; but these are now among the thousands of new language innovations that therapists either employ themselves or at least acknowledge as ripe for curiosity and usage with their kid patients.

So what now? This writer sees this wholesale invasion by modern technological culture as a natural and inevitable development, not as a catastrophic threat to the more traditional tools of child therapists. Of course, we continue to value and encourage the use of the more familiar accoutrement of symbolic play (Barbie might choose to use her cell phone while dressing up in the doll house, lol.) But we eschew and exclude things digital at the risk of rejecting and discouraging the parts of the selves of many of our patients.

Actually, the path is now clear to return better equipped to our therapeutic tasks to see and seek meaning in all aspects of our patients' minds, their play, and their verbal communications. The undeniable ubiquity of the eLife for many kids opens up the therapeutic exchange in richer ways. As our patient's cell phone pings or rings in our office, we now may feel free to inquire and welcome discussion of who's calling and to ask questions such as: Does she usually call rather than text? Why? You? Do you answer calls even if you don't recognize the number? Do you "friend" only certain friends for different social media? Will she know you're sending her right to voice mail? Do you do think the caller measures your feelings for her when you do that? How could moments like this affect your relationship? **OMG, so much to explore!**

My young adolescent patient has a new APP that shows the arrival times of the subways near my office. He's excited, eager to share the geeky kind of fun he can have, even out of awareness of other kids who might tease him. I share his excitement and recall a similar geeky thrill of riding in the first subway car when my son was old enough to see out the window at the tracks winding into the distance. I ask for the name of the APP and I add it to my own embarrassingly large collection of APPs on my phone. We stand up and allow some moments of shared, unspoken pleasure in close physical proximity. Implicit intimacy. Transference. Self-disclosure. Therapy? U bet. *Larry Zelnick, PhD is on the faculty at NYU Post Doc and is in private practice in New York City*



Interview with Dr. Ramirez (continued)

Dr. Silverstein: Do you have certain models of working? Are you open about yourself?

Dr. Ramirez: I am pretty open. If patients ask me where I am from, I tell them.

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Dr. Silverstein: How do you deal with parents? Do you work with parents given that you are in a college setting?

Dr. Ramirez: We do- on a consulting basis. If a parents calls, I name and identify the differences and help them understand what their children are being challenged with here. I speak in generalities (because of confidentiality). I tell them about how college works and what a kid in this situation is faced with.

Dr. Silverstein: Do parents get it? Dr. Ramirez: Yes

Dr. Silverstein: Can you speak to working with depression and different cultural/familial understandings of depression? How does this influence how you approach depression?

Dr. Ramirez: There are different cultural understandings of depression. My starting point is to try to be as non pathological as possible in explaining depression. I understand depression on an experiential level involving a person in context. I try to understand how does this fit with their culture? For example, if a person's depression is grief, I will inquire how the family deals with grief. What does it mean to have a loss? The answers you get might be culturally determined. For instance, in my family when a big loss occurred, our motto was to not cry over spilled milk. Move ahead. I ask the person what does he/she expect from oneself after a significant loss.

Dr. Silverstein: Do you sometimes conduct therapy in Spanish?

Dr. Ramirez: No. I don't conduct treatment in Spanish. Maybe a word here and there, but I'm not proficient enough.

Dr. Silverstein: Thank you so much for your time. I appreciate your thoughtfulness and sensitivity to these issues. (And I enjoyed catching up on our lives.)

Identities in Transition: The Growth and Development of a Multicultural Therapist - Reviewed by Ingi Soliman, PhD

"Identities in Transition: The Growth and Development of a Multicultural Therapist," edited by Monisha Nayar-Akhtar, Ph.d., is a collection of stories by multicultural therapists, describing their journey towards integration of identity, to better support the developmental needs of their patients. The therapists address the experiences of "otherness" thru a multicultural lens. Each narrative, although unique, has in common the shared experience of otherness, the plight of reconciling worlds, be it host vs. native culture, internal vs. external reality, or simply, the fundamental human need for connection vs. individuation. With each chapter comes a window into the theme of displacement from all that is familiar. Each writer describes their] experience of immigration or migration, which heightened their sensitivities and vulnerabilities, and triggered the most innate reflexes of the need for survival in a foreign land. With passion and eloquence, each of the authors describes how they have taken this vulnerability and utilized self-reflection and analysis to integrate these very raw emotions into a core self that not only survives, but thrives.

One common thread is that by being bicultural, you become very adept at fitting into whichever culture you are presented with and leaving the "other" identity at the door. However, as the individual develops and begins to realize that one may embrace differences, or identify with different aspects of one's cultural identities, it becomes less of an individual plight of "otherness." Rather, there is a common experience of identity formation and individuation. This is a particularly unique experience with individuals as resilient as the authors in this book, given that many individuals who are less reflective may not be able to tolerate this "difference," and instead need to either completely assimilate to, or completely separate from, the host culture.

Amar Ghorpade, MD, J from India illustrates some of the ways that cross-cultural differences may challenge individuals. He describes how the same "behavior" of infatuation in India can be construed as stalking in a western world. The level of "tolerance" of perusal of another that is tolerated in the context of courting in the Far East is truly foreign and simply overwhelming in the mainstream US context. Dr. Ghorpade poignantly paints a picture of pathology in one culture that is simply romance in another, and additionally opens our eyes to differences in attachment across cultures that one may otherwise overlook.

Norka Malberg, PsyD, originally from Puerto Rico, describes her journey across many lands, and the need of wanting to "pass" and be accepted, while maintaining a core identity of her own as she time and again learned to gracefully maneuver in each new environment. The end result is truly multicultural; taking pieces of each land and integrating it into an individual that utilizes difference to allow clients to find a commonality with which to connect.

Dr. Malberg's account of her own journey may explain, at least in part, why concepts such as "biculturalism" or "integration of home and host cultures" have been thought of as the most "healthy" form of acculturation. However it may be that those individuals who are most resilient and able to integrate multiple aspects of themselves are those who are capable of being truly bicultural, while those who are less resilient and unable to tolerate contradiction have a great deal of difficulty negotiating two very different parts of an identity, and therefore must identify with one or the other. (Continued on next page)

Book Review: Identities in Transition continued



Fatima Al-Jamil, Ph.D., a woman who is of Lebanese-Iraqi descent, describes her growth and conflict as a therapist, addressing issues of same and/or other as seen through a patient's eyes. She illustrates how complicated issues of multiculturalism can become in the greater social/political context and how identifications between therapist and patient can become muddled when two "others" are in the land of sameness. She describes her encounter with a Middle Eastern client, who assumes she as the therapist holds the same ideals as the patient regarding the Iraqi war, and how she grapples with issues of transference and counter-transference in the context of cultural identity.

The authors who have written chapters in this book have bridged two worlds of psychotherapy, that of cross-cultural awareness, and of psychoanalysis. Both of these areas are very distinct, but yet have a multitude of similarities. For instance, in the stories of immigration, there is an undercurrent of fundamental psychoanalytic concepts, such as attachment, individuation, and superego integration. Similarly, when looking at psychoanalytic psychotherapeutic concepts such as transference, counter-transference, and empathy through the lens of cross-cultural integration, these concepts become much more meaningful in the cultural context. They truly integrate two seemingly different aspects of a therapist's identity into an interwoven whole, much greater than the sum of its parts.

From my perspective, that of a dynamically oriented multicultural therapist on a journey of solidifying many aspects of identity, including multicultural (Egyptian, Arab, Muslim, American), liberal, mother, suburbanite, psychologist, therapist, and psychoanalyst, this book has helped foster the budding of seeds that have been planted over the years. The book does what one would imagine a great analyst can do, bringing to the surface and reifying thoughts, ideas and, most importantly, feelings that ring true and are related to a personal quest for coherence as an individual attempting to make a meaningful impact on the world. This is a quest that is uniquely mine, although also surprisingly commonplace. This quest is one to which many may relate.

Any reader, regardless of culture or immigration status, will likely similarly be moved by the journeys of these authors, and will relate on many levels to their quest for integrating the self, whether for themselves or for their patients.

Ingi Soliman, Ph.D. is a bicultural therapist who moved to the United States when she was a young child from Cairo, Egypt. She received her Ph.D. in clinical psychology from the New School for Social Research, and her postdoctoral fellowship in child and adolescent psychotherapy at New York-Presbyterian/Cornell in White Plains, NY. I

Dr. Soliman is currently in private practice in Westport, CT and White Plains, NY. She specializes in working with children, adolescents, adults and families coping with eating disorders, anxiety disorders, difficulties of transition into adulthood, and issues of acculturation. She also serves on the voluntary faculty at New York-Presbyterian/Cornell in White Plains, NY.

Conference Review by Sheryl Silverstein, Ph.D

Wondering and Imagining- Mentalization in Clinical Practice with Children and Adolescents.

December 6, 2014 NYC.

Joint Conference sponsored by Section II of Division 39 and the Journal of Infant, Child and Adolescent Psychotherapy.

The meanings and usefulness in clinical formulations and interventions of the construct of mentalization were explored in this conference. Arietta Slade, Ph.D gave the keynote introduction. She defined mentalization as the ability to envision mental states in ourselves and others and to reason/wonder about those states. She explained that the concept of mentalization originated from the attachment research and discussed its developmental trajectory. Slade emphasized the relevance of mentalization in parent work and eloquently described how using mentalization in parent work creates profound change through:

Therapist re-presenting the child's mind to him/ her
Therapist re-presenting the parent's mind to him/her
Therapist re-presenting the child's mind to the parent
Therapist re-presenting the relationship to the parent
Therapist re-presenting the parent's mind to the child

-all the while holding complexity in mind. Slade uses this approach in the Minding the Baby Project, an intervention program with high-risk mothers she developed with colleagues at the Yale Child Study Center.

Next was a panel presentation on the generational impact of relational trauma. Miriam Steele, Ph.D cited notable research on the intergenerational patterns of attachment, which indicates that within each attachment classification there is a corresponding parent classification. For instance, the avoidant attachment classification tends to be associated with parents with a dismissive "state of mind with respect to attachment" and the resistant attachment classification with preoccupied parents. Even more striking was research cited that prenatal attachment classifications of mothers and fathers significantly predicted the eventual attachment classifications of the unborn babies. This led into a discussion of reflective functioning, which is the operational definition of mentalization. Steele noted that it is not deprivation (e.g. low SES, unemployment, severe illness, prolonged separations) per se that predicts secure vs. insecure attachment, but the capacity for reflective functioning. So, in order to break the cycle of trauma repetition, i.e. "ghosts in the nursery," across generations, the parents need to have improved reflective functioning. Steele discussed the necessity of bringing a mentalization approach to work with families and described her research project in the Bronx with families and children, birth through three. (Continued on next page)

Conference Review Continued

Leon Hoffman, MD discussed mentalization and countertransference in his clinical work with children. He cited case examples where mentalizing the child's state of mind was helpful to understanding his countertransference and intervening with an interpretation the child could hear. Hoffman then distinguished between Mentalization Based Treatment and Regulation Focused Treatment. MBT's focus is on the child's sense of self and the other whereas RFT is more of a defense interpretation technique promoting awareness that painful feelings don't have to be warded off. Affect regulation is explicit in the former approach and implicit in the latter approach.

Ashley Golub, PsyD, an early career psychologist, followed with a poignant case presentation of a dyadic mentalization treatment with a psychotic mother and her 8-month-old son. This was a mother whose two older children were removed from her care. Holding the mother's historical experiences in mind, Golub was able to reflect on the mother's pain and challenges in parenting her baby. Mentalizing the mother was a precursor to reflective functioning developing in the mother. Golub described how difficult it was for her to witness the mother's neglect and insensitivity to her baby, but her focus on mentalizing the mother was moving and ultimately effective in developing the mother's own mentalizing abilities.

The second panel discussion was on the use of mentalization with special needs children. Francine Conway, Ph.D, presented on ADHD and mentalization. She raised the question whether empathy was the missing link in children with ADHD. She discussed the psychodynamic research on ADHD from the USA, UK, and Germany. Conway cited compelling brain research that indicated that there are empathy circuits in the brain and ADHD children have deficits in those areas in the brain. Those areas also have to do with inattention and self-regulation. Studies indicated that fostering empathy by mirroring and reflecting the children's feelings led to a decrease in violent behavior in ADHD children and improved children's self regulatory capacities.

Steve Tuber, Ph.D voiced his "hatred" of the word mentalization, preferring "psychological mindedness". He emphasized respecting the internal life of patients and making sense of their experiences through a holding environment. Both therapist and patient are thinking about thinking. He presented a session from a bright, 6 year old girl with difficulties in spelling and writing. His interpretations reflected sensitivity and thought about the little girl's inner world. More compelling was his sidebar vignette about a camper he had consulted about one summer. The boy had been suffering from a number of important losses and was reportedly killing animals in the woods by the camp. Tuber advised that someone should shadow the boy to see what exactly he was doing. They found him locating dead animals and giving each of them a funeral. Tuber suggested a staff member accompany the boy and help with each funeral. By using psychological mindedness, Tuber avoided having the child sent home (another loss) and possibly diagnosed with sociopathy.

Mark Sossin, Ph.D advocated a mentalization lens to working with autistic children. Asperger children lack intrasubjectivity, intersubjectivity, empathy and trust. The implications for mentalization are numerous given the characteristics of autism, e.g. lack of mirror neuron functioning, heightened need for contingencies, and lack of cross modal processing. These children aren't able to perceive the object as constant when represented in different modes, e.g. mommy's feet walking, mommy's smell. Autistic children do not know or sense the world in the ways we do. Their preoccupations and stereotypy are their means for creating sameness and predictability. Parents feel rejected by their children's inability to give back to them. Slossin suggested using mentalization and intersubjectivity to help repair their deficits in mentalization. By understanding the stepping-stones of the developmental process of mentalization, namely psychic equivalence and the pretend mode, perhaps autistic children could be taken through the steps. This is different than targeting the parent/child relational trauma as discussed in the first panel.

Finally, there was a panel discussion with all the presenters raising thought-provoking questions. How does one integrate the construct of mentalization into psychoanalytic work? Does MBT stand alone as an approach? Or is a mentalization approach a scaffold to measure where the patient is and where they are going? In other words, is a mentalization approach preparatory for deeper, more traditional psychoanalytic work in the ways DBT operates? Or is it woven into standard psychoanalytic methods and just given a different name? The answers are less important than the dialogue. The conference offered a wellspring of information and an impetus for further discussion.

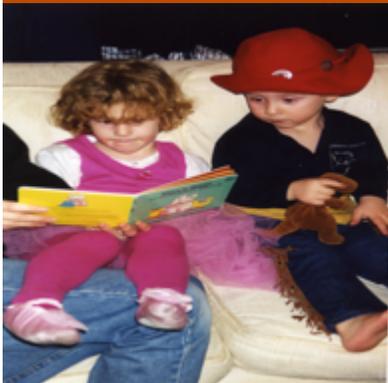
Please note: all of the authors' papers will be published in full in the next Journal of Infant, Child and Adolescent Psychotherapy.

Check out the Section II Website!

www.sectionII.wildapricot.org

Member News

Alan Sugarman, Ph.D. will be the discussant at the two day child and adolescent workshop at the annual meeting of the American Psychoanalytic Situation in June in San Francisco. He will also be one of the plenary discussants at the meetings of the Association for Child



CALL FOR A GROUP -IT'S IN THE AIR AGAIN.

Babies should be able to soothe themselves as early as possible. Pediatricians tout the virtue of sleeping through the night as early as eight weeks of age, recommending sleep training or Cry It Out. My patients with babies, who have guilty feelings about the pull of their babies' cries, have been my informants on this, and the New York Times recently confirmed the trend:

<http://parenting.blogs.nytimes.com/2015/03/26/sleep-training-at-8-weeks-do-you-have-the-guts/?smid=nytcore-ipad-share&smprod=nytcore-ipad>

Missing is the understanding of how joint regulation leads to self regulation.

Missing is the lifetime value of tender loving care.

There needs to be a professional counterforce, one based on research about attachment and emotional development, that offers a counterweight to this push toward not needing. I have done writing, treatment, and consulting about the early years myself. However, I think it would be helpful to grow a group to gather the research, hone the message, and make an impact. If you would like to join me in this effort, let me know!

JoAnn Ponder, PhD completed her training in adult psychoanalysis at the Center for Psychoanalytic Studies (CFPS) in Houston/Austin. She joined the CFPS faculty and taught a family therapy class at the psychoanalytic psychotherapy program in Austin. She authored a book chapter, "Walking in Their Shoes: Therapeutic Journeys with Young Girls Who Lost Mothers," published in *Healing After Parent Loss in Childhood and Adolescence*, edited by Cohen, Sossin and Ruth (2014). Currently, JoAnn is participating in the Infant-Parent MH Intervention fellowship program at the University of Massachusetts in Boston. She is Past-President of Section III (Women and Gender) and recently was elected as Member-at-Large of Section I. In addition, she is serving her third term as President of Austin Society for Psychoanalytic Psychology.

Upcoming Events

October 6-11 -
Association for Play Therapy
2015 Annual Conference
Renaissance Waverly Hotel
Atlanta, GA

October 21-26 -
American Academy of Child and Adolescent Psychiatry
62nd Annual Meeting
Grand Hyatt San Antonio
San Antonio, TX

Section II Reception



Thomas Barrett, PhD and David Ramirez, PhD



Norka Malberg, PsyD and Kirkland Vaughns, PhD



Larry Rosenberg, PhD and Monisha-Nayar Akhtar, PhD

