

Developmental Lines

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Letter from the Editor



Dear Members,

Having recently returned from this year's Division 39 conference in NOLA, the relatively small number of Child panels was striking. Why was this, I wondered? A colleague who reviewed panel proposals said few child and adolescent clinicians submitted proposals.

"And yet, child issues are at the very foundation of psychoanalysis, said Larry Rosenberg, president of Section 2. He noted that, "Now, with empirically based findings on attachment and trauma, along with neuropsychological findings, the value of understanding child development has never been more evident."

The Division has and continues making efforts in accord with this sentiment. The choice of Norka Malberg, a distinguished child psychoanalyst, as the keynote speaker at next year's Philadelphia Div. 39 meeting is a clear step in that direction. For this year's Spring meeting in New Orleans, the conference program committee set time aside for a master workshop on clinical work designed to interrupt the influence of parental "ghosts" on their children. Larry Rosenberg and Laurel Silber presented and led a discussion that was framed in the context of the PDM-2. In this issue, Larry Rosenberg discusses the Child and Adolescence sections of the PDM--2.

And exciting news!! Laurel Silber reports on the creation of a relational child and adolescent analytic training institute in Philadelphia, set to open its doors fall of 2019.

Ginny Shiller reports on a workshop about application of attachment theory to strategies in schools, so teachers can serve as a secure base for students. This workshop was part of a day-long conference on application of attachment theory in a range of settings beyond the work with at-risk parents and their children. I hope we hear more about this, maybe at an upcoming division 39 conference!

On that note, The Handbook of Attachment -Based Interventions, edited by Miriam and Howard Steele, was published a few months ago. (A book review will follow in the next issue of Dev. Lines).

Developmental Lines is here to support our members' professional development. I invite you to contact me with your ideas, submissions and news at segoodman@optonline.net.

Be well!
Susan Goodman, LCSW

UPCOMING EVENTS

Mentalization-Based Treatment for Children (MBT-C)

July 20-22, 2018
10 AM - 4 PM

Location: City College NAC 1-211
Register at: norkamalberg.com

Division 39 Spring Meeting Call For Proposals

Submission Deadline:
Friday, September 7, 2018
division39springmeeting.com

Featuring



Children Should be Seen and Heard: Understanding PDM-2
Larry M. Rosenberg, Ph.D.
President, Section II; Division 39 of the APA



A Creation Story: The Child, Adolescent and Family Program at the Institute of Relational Psychoanalysis of Philadelphia (IRPP)
Laurel M. Silber



Applying Attachment Theory for Children in Schools
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Children Should be Seen and Heard: Understanding PDM-2

Larry M. Rosenberg, Ph.D.
President, Section II; Division 39 of the APA



When Norka Malberg, Joanna Malone, and I put the Child and Adolescent Section of the PDM-2 volume together, we wished to offer something that was empirically supported, would have clinical utility and best allow children to be heard.

The Symptom Axis (S Axis) of the Child Section of PDM-2 is crosswalked with DSM 5 and ICD 10, but departs from the

latter two manuals in its approach to Gender Incongruence, Asperger’s Disorder, and Complex/Developmental Trauma. For all three manuals, a preliminary diagnostic impression may be arrived at within a limited timeframe. But, PDM-2 emphasizes that the construction of a more meaningful profile of a child’s full scope of capacities, including his strengths, weaknesses, what he perceives as stressful, as well as his conscious and unconscious means of dealing with stressors, requires information gathered over time, across settings, and by way of the relationship established with that child and his caregivers.

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A Creation Story: The Child, Adolescent and Family Program at the Institute of Relational Psychoanalysis of Philadelphia (IRPP)

Laurel M. Silber



It took a while to envision it, to recognize the problem of its absence, to imagine the benefits of its presence for the project to crystallize in the minds of the ‘shareholders’. But, following considerable effort, the two- year child relational psychotherapy program of Philadelphia will begin September 2019.

Susan Goodman was good enough to ask me to tell the story of the evolution of a Child Relational Psychotherapy Training program at the Institute of Relational Psychoanalysis of Philadelphia. To contextualize this story, IRPP began training adult candidates in 2007, in connection with the Stephen Mitchell Center. The IRPP emerged out of the Philadelphia Center for Psychoanalytic Education (PCPE). My role as a board member and faculty over the years has been to create the child programming and teach child psychotherapy to adult candidates.

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Applying Attachment Theory for Children in Schools

Virginia Shiller, Ph.D



A day-long conference, spear-headed by the Connecticut Society for Psychoanalytic Society, sought to introduce concepts derived from attachment theory to a range of individuals - clinicians as well as those in other professions. The intent was to go beyond the most common applications of attachment theory and practice – work with at-risk parents and their youngsters – and introduce ways in which attachment theory is relevant in a variety of settings.

I was intrigued by a workshop focusing on use of attachment concepts in schools. Several Connecticut pioneers have been working to change schools’ philosophies about dealing with the defiant, aggressive, and altogether challenging children who have meltdowns in classrooms, stress teachers, and who end up failing to progress academically. While no formal assessment has been made, it is assumed that these children have a disorganized attachment pattern, and that they act out of fear rather than of a desire to disrupt.

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Children Should be Seen and Heard: Understanding PDM-2

Larry M. Rosenberg, Ph.D.

President, Section II; Division 39 of the APA

Rosenberg continued from page 2

Said otherwise, it is unreasonable to expect that any clinician, irrespective of experience, knowledge or skill, can get to really know and understand a child in the course of an hour.

As cited by Lingardi and McWilliams (2017); "Westen, Novotny, and Thompson- Brenner (2004) found that treatments focusing on isolated symptoms or behaviors (rather than on personality, emotional themes, and interpersonal patterns) are not effective in sustaining even narrowly defined changes." Because the DSM is solely focused on mental disorders, and because it rightfully cautions clinicians about diagnosing personality disorders in those under 18, it does not, to any meaningful degree, discuss personality for children and adolescents. The approach taken in PDM-2 is different. It does not see diagnoses as binary. It views personality as dimensional in nature. Specifically, the Child Section of the manual (ages 4-11) does not advise the diagnosis of personality disorders, but it does not ignore the obvious; children have personalities.

PDM-2 assists clinicians in formulating a child's overall emerging personality pattern in the context of epigenetics, temperament, defensive style, attachment style, cultural influences and neuropsychology. As previously stated, it is a dimensional rather than a categorical model for the description of personality, with rating scales provided which allow for the ranking of the child's level of personality functioning, from healthy down through neurotic, borderline and psychotic (Kernberg, 1984; McWilliams, 2011).

There are prototypes provided of children that fall into each of these categories. The level of a child's personality functioning is derived from the assessment of twelve mental functions which together underlie and influence personality. Those twelve mental functions (for children it's only 11), are subsumed under four categories; Cognitive and Affective Processes, Identity and Relationships, Defense and Coping, Self-Awareness and Self-Direction. Case illustrations are offered to bring constructs to life.

If we refer again to the findings of Westen et al, focus on personality, emotional themes and interpersonal patterns are essential determinants of treatment outcome. The same must be true for work with children. But there is an added element in working with children, that being the need to work with parents. It was our hope that the PDM-2 would be not just a valuable aid to clinicians, but it would likewise provide them with a structure and language for describing the child's capacities and inner life to parents and other professionals involved in the child's care and education.

Helping a child understand what those underlying issues might be, is obviously central to a psychodynamic approach, and of potentially great benefit. But, a goal of the Child Section editors was that clinicians also be afforded a structure and language for conveying their understanding of the internal life of a child to other professionals involved with the care of that child, and most importantly, that child's parents. The attempt was to assist in the communication and collaboration that must transpire between a child's clinician and parents, to foster a deeper understanding of the child's symptoms, and maximize possibilities for treatment success. We prioritized assisting parents in developing a clearer sense of who their child is and how he or she sees herself and others, over attempting to fit the constantly evolving child into a diagnostic category that is not fully accurate and has implications for future functioning that may not prove warranted.

Experience also has it that, particularly for early career clinicians, it is easier to empathize with a child who is struggling for what we believe to be environmentally determined reasons than it is to empathize with the parent we believe to be mistreating, or misattuned to their child. It is a phenomenon that partly owes itself to the reasonable perception of the child as a victimized party, as the weaker half of the dyad, as the less knowing, less in control, and the more vulnerable of the two. Yet, with this, we may lose sight of the environment from which that parent emerged, and its influence on attachment state of mind, internal conflicts, impulse control, sense of self, or reflective capacity, etc.



"I just feel like we shouldn't have to play Truth or Dare in order to be truthful with one another."

Sara Lautman, cartoonist and illustrator, is a regular contributor to *The New Yorker* and a faculty member at the Maryland Institute College of Art. Her latest collection is called *I Love You*, published by Retrofit/Big Planet Comics.

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While it would seem inappropriate to think of the parent of a child patient as though they were themselves a child, it is not improper to consider and respond to that parent in the same way that one would a patient (Siskind, 1997). Moreover, one's clinical experience with a child should alert the therapist not only to the parent's impact on the child, but to the child's impact on that parent.

There is then the intention, in the PDM-2, of providing a greater opportunity for the child feeling listened to and understood. But, there is also the implied need for the parent to have that same opportunity with the clinician who works with their child. The Child section of the manual was constructed with sensitivity to the idea that all relationships are bi-directional including those between parent and child. Without authentic appreciation for this, it is implied that a child therapist is limited in the strength of alliance that can be formed with a parent (cf. Siskind, 1997; Novick & Novick, 2005) and thereby limiting the potential effectiveness of treatment. One might say that if parents do not feel heard by their child's therapist, it is unlikely that that the therapist will affect the parents' ability to hear their child.

In sum, PDM-2, in lending meaning to behavior, along with its focus on the inner life of the child, allows one to consider that difficulty in attention is not solely neuropsychological based, that transitions represent both gain and loss, that anger can be founded in anxiety, and that manic-like behavior can mask sadness. It offers clinicians a chance to make sense of what a child is trying to say through their behavior and provides a language of conveying that understanding to that child and the important players in that his life. It provides reasons for a child to be listened to, and formulations by which they can be understood.

At the recent celebration of what was a milestone birthday for me, my adult son offered a moving toast in which, among other things said, he thanked me for always listening. Whether consciously or otherwise understood by him, it is hard for me to imagine that anything else he might have said could have warmed me more.

References

The Psychodynamic Diagnostic Manual-2. (2017). Eds. Lingiardi, Vittorio & McWilliams, Nancy. New York: Guilford Press.

Novick, Kerry Kelly & Novick, Jack. (2005). Working with Parents Makes Therapy Work. New York: Jason Aronson.

Siskind, Diana. (1997). Working with Parents. New Jersey: Jason Aronson.

Westen, D., Novotny, C. M., & Thompson- Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. Psychological Bulletin, 130, 631-663.

Silber continued from page 2

The idea for a Relational Child and Adolescent Institute paralleled the changes in thinking about constructing models of work with children. Work with parents, as has been recognized by many, is seen as increasingly critical to the work with children, which links to the relational shift in contemporary psychoanalysis. At odds with the revolutionary theoretical shift was my experience within the field of child psychoanalysis. For example, the Child faculty of PCOP -which has strong roots in the tradition of classical psychoanalytic theory—invited me to present my paper, *Ghostbusting Transgenerational Processes* (2012, PD) which addressed the necessity of grounding psychoanalytic work with children in the attachment system. The paper argued for the value of opening up the paradoxes and complexities living in the intersubjective space with parents on behalf of children and parents. As you will see in the following paragraph, I eventually experienced a backlash to the relational approach I argued for.

After I presented this work I was invited to continue on with the faculty to discuss work with parents in an on-going seminar. I accepted the invitation, though I had not been trained there, but I knew members, some of whom had been supervisors. In the on-going parent work seminar, the direction taken was to discuss development, with a re-reading of Humberto Nagera's (1970) *Basic Psychoanalytic Conception of the Theory of Instincts*.

Oddly enough, following the discussion of the critical value of parents to the clinical work with children, the group centered on a classical one-person view of drive theory. It might have been presented as historically interesting but it wasn't seen that way. In fact, it was being revered. I was confused about what was happening. However, it occurred to me that the seminar served as a backlash to what I had presented about working relationally with parents in doing child work. I felt that my conceptualization was being marginalized, enacting the problem in real time.

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A Creation Story: The Child, Adolescent and Family Program at the Institute of Relational Psychoanalysis of Philadelphia (IRPP)

Laurel M. Silber

Over time I believe my own consciousness had been raised inadvertently regarding the problems in constructing models of training for children. My clinical reflections on parent work, as has been recognized by many, is seen as increasingly critical to the work with children, which links to the relational shift in contemporary psychoanalysis. Subsequent to this experience, I wrote about the prejudicial resistance to seeing the child in a two-person context. The need to bust the ghosts haunting the halls of child psychoanalytic training institutes felt important, for the purposes of opening up the space for privileging parental subjectivity in the context of work with children. I wrote, *"A View from the Margins: Children in Relational Psychoanalysis"* (JICAP 2015). When Aron & Starr (2013) published their book on *Psychotherapy Of the People: Toward a Progressive Psychoanalysis*, which conceptualized the inherent prejudices within psychoanalytic training, leaving out the problem of childism, I moved into the subject with new purpose. I thought children needed to be included in a forward thinking psychotherapy of the people.

I began discussing and confronting IRPP directors and Board members, friends of mine, with the limitations of the IRPP training. I said things like, 'the Institute should state in the title, for the relational training of adult analysts' (only). It is not comprehensively relational psychoanalysis (of Philadelphia). No children – 'how can you have a relational institute and not be developing training for work with children?' They remained my friends despite my provocations and somehow we came to understand each other.

In fact, they suggested the whole IRPP Board read the 'View from the Margins' paper and discuss the implications of it with me at a Board meeting. In addition, the PCPE Board offered concrete support by creating a mission statement that included a core objective of advancing the mental health of children and families.

The next steps included setting up a child relational study group to gather child professionals who wanted to study together – thinking this would be important to seed the ground for the local child training program effort. The study group has met for three years and continues. The other initiative was to reach out to Robert Gaines of the child and adolescent psychotherapy program of the William Alanson White Institute to discuss the operating ins and outs of child psychoanalytic training. WAW was generous, supportive and informative for the planning stages of our project. Robert Gaines rounded up faculty of WAW and a meeting was set for June of 2015. The date arrived and my local group of directors of IRPP, and interested child psychologists, got on the Amtrak train together for our journey to explore our mission. I believe our hosts were surprised to see that we had adult analysts in combination with child therapists to think through this project together. It was mutual at the start.

A couple of major things happened as a result of the meeting. My group saw that my thesis about childism in psychoanalytic institutes was not something I concocted. We could experience together the way it was embedded in the history and process. The child faculty basically referenced the hierarchical nature of the child and adult programs, with adult programs having more dominance. In response to our question, if you were able to create a training program now (as opposed to twenty five years ago) what would you wish to implement differently? The answer was unanimously to integrate the programs. They should not be kept separate, essentially stating that it interferes in the creative process of training. Clara Thompson, whose picture we sat below in the conference room, had marched down the street to demonstrate for necessary changes to training conditions, and once again psychoanalysis needed to confront change.

It had been a radical paradigm shift to relational thought within psychoanalysis, privileged in IRPP. Now the structure of the training within IRPP was recognized as needing to adapt and expand to catch up with the model – of multiplicity, mutuality, and bi-directional developmental process. We would create training conditions by having child and adult programs in tandem. Radical. Candidates would take courses together, case seminars together and separately. We are experimenting with this as we go.

The program is planned to begin in September of 2019 and will begin as a two-year program with the option for additional electives and case seminars within IRPP for continued individualized training needs. IRPP is open to suggestions and will be reaching out to members of the section for support and input as we go.

Applying Attachment Theory for Children in Schools

Virginia Shiller, Ph.D



So, how can schools, and more specifically teachers, serve as a “secure base” for students? I spoke with several of the presenters to learn more about how attachment concepts can be put into practice. Tina Mannarino, Ph.D., a school administrator with the LEARN Regional Educational Service Center, who endorses an attachment-based philosophy, notes that her orientation is unusual

since “most people latch onto cognitive-behavioral approaches that are quick and seem easier to understand.” Barbara Stern, a former elementary school principal, commented that one of the most commonly used behavioral methods, “time out,” is illogical developmentally because children don’t have the capacity to organize their feelings alone

Attachment theory would argue for “time in,” i.e. ways to help disorganized children connect with teachers and rely on them for help with self-regulation. Teachers are taught a variety of ways to maintain connection with at-risk children. Ideally, the teacher can be supported by other adults in the classroom, such as an assistant teacher, college student or intern, grandparent, para professional, or special ed teacher.

Connecting with children at the beginning of the day may lay the groundwork for a smoother day. As children file in, teachers may be organizing the work for the day. In the long run, it may be more effective to use this time to “meet and greet” children – i.e. to make a personal connection, such as: “I’m so happy to see you today.” Or, “Here is your schedule.”

The presenters suggested that preventing full-scale meltdowns is an important goal. If a teacher notices a child becoming agitated, offering them a place where they can opt-out of social demands, such as a table for one, may be helpful. Teachers need to walk a delicate line to communicate that children’s emotions are understood and accepted, but also that they need to be safe.

If problems escalate, Barbara Stern suggests using a mundane, repetitive activity such as stringing beads, sorting objects, or coloring to help the child move out of the flight/fight mode. When all is calmer, teachers can talk quietly about what’s just happened. Teachers can make it clear that while the behavior was not okay, the relationship is still intact. Then, the teacher can offer a reparation activity, such as cleaning up a mess, repairing something broken, making a card, or speaking with or writing a letter to someone who was involved in the problem. Simple saying “I’m sorry” may not help the child learn to be a better friend.

Dr. Mannarino notes that school personnel are afraid of touching children, but giving people permission to make physical contact such as putting a hand on a child’s shoulder, can give children the emotional support they need to become more regulated. Additionally, providing centers where children can use guided relaxation tapes, do yoga poses, or listen with headphones to music can be helpful.

Grete Laine, M.S., NCPsychA, a psychoanalyst in private practice in Riverside, CT, has worked part-time in a public charter K-8 school in CT for two years, volunteering her services to a school with a challenging population. She has held weekly meetings with teachers as well as given presentations to the school community. Ms. Laine notes how excited teachers have been to have someone come in and listen to them, be taught about attachment, discuss possible interventions, and invite them to bring in examples from their classrooms. Here, we see the importance of teachers themselves finding a secure base that supports them in doing challenging work. Ms. Laine notes that that teachers must learn not to be afraid of child’s intense feelings.

Making teachers aware of what trauma does to the developing brain and becoming acquainted with the learning profiles of these traumatized students helps them be more empathic to behavioral and intellectual challenges. It seemed that for teachers, understanding more about their students helped them regulate their own anxiety, and to be able to address students’ problems with less anxiety.

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Ms. Laine was generous in working with teachers pro bono over the summer to help them make connections between past traumatic experiences and their own difficulty handling student problems. This suggests another route to help teachers become more effective educators, with benefits for themselves and as well as their students.

I was impressed by the dedication and creativity of these pioneers. Certainly, teachers need a school administration that supports teachers in using non-traditional methods of conflict resolution. I am not aware of any research that has yet been done in applying these methods, but it does seem that the all-too-common cognitive-behavioral methods used with children “miss the mark” in helping with their emotional challenges.

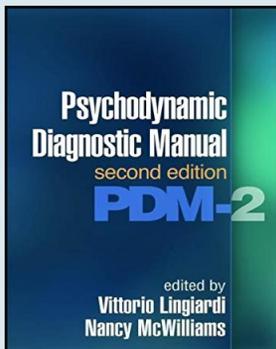


Ghostbusting in Parent-Child Work: Framed with Mentalization and the PDM-2

Speaker: Larry Rosenberg, PhD and Laurel Silber, PsyD

Co led a workshop describing clinical work aimed at interrupting the intergenerational transmission of traumatic experience on developing children.

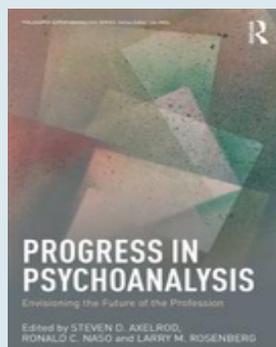
Announcements



Several members contributed to PDM 2: Norka Malberg, Larry Rosenberg, Joanna Malone, Nakia Hamlett, Ron Naso and Steven Spitz

The Psychodynamic Diagnostic Manual, Second Edition: PDM-2 (Second Edition) was published. The PDM-2 looks at the full range of development from infancy to late life. It has tools to help with diagnosis and case formulations that can be used for informing approaches to treatment, communicating with other providers, teaching, and research.

Vittorio Lingiardi (Editor), Nancy McWilliams (Editor)



Progress in Psychoanalysis: Envisioning the Future of the Profession, published by Routledge, has just been released. The book was co-edited by Steven Axelrod, Ron Naso and Larry Rosenberg as part of the Jon Mills Philosophy and Psychoanalysis series. Ron Naso (*Fictionalism and the Future of Psychoanalysis*), Larry Rosenberg (*Remaining Relevant: The Application of Psychoanalytic Principles to the Mental Health Workforce*) and Norka Malberg (*Looking Back While Moving Forward: Integrating Developmental Psychoanalysis and Contemporary Clinical Practice*) all have chapters in the book.

Announcements

Developmental Perspectives in
Child Psychoanalysis and Psychotherapy

Edited by Christopher Bonovitz
and Andrew Harlem



Seth Aronson has a chapter, "Is this chair alive? Interpersonal relating and the beginnings of the self," in *Developmental Perspectives in Child Psychoanalysis and Psychotherapy*, edited by C. Bonovitz and A. Harlem, Routledge, 2018.

Section V (the Section for Applied Clinical Psychoanalysis) is bringing psychodynamically oriented consultation to clinicians in the public sector. The second site in an ongoing research project will be a child guidance center in San Antonio. Steven Spitz and Larry Rosenberg have served as workshop developers and presenters, while Ellen Nasper, Sheryl Silverstein, Cristiano Santostefano, Salam Soliman, Jessica Sharkey, Jackie Gottholdt and Larry Rosenberg are Section II members who have volunteered to be consultants for the project.



Doomed to Walk the Night? Putting the Adolescent's Ghosts to Rest

This panel explored the unique circumstances of adolescence and its mandate to refigure the ties to childhood.

PANELISTS

Seth M Aronson, PsyD

Are You My Mother? Are You My Father?
William Alanson White Institute, New York, NY

Susan Goodman, LCSW

The Presence of Absence
Connecticut Society for Psychoanalytic Psychology, Westport, CT

Francesca Schwartz, PhD

Night of the Living Dead
IPTAR, New York, NY

Olga Pozansky, PhD

New York, NY

Why Join Section II?

1. Free electronic version of JICAP (Journal of Infant, Child and Adolescent Mental Health) and option to receive the paper copy for only \$40. (The usual price of this package is \$105.)
2. Access to our website www.sectionii.wildapricot.org in which you will be able to find our new electronic newsletter: "Developmental Lines" with sections on book reviews, announcements for conferences and job opportunities. Our website also has a section for topical discussions on technique of child psychotherapy and innovative integrative perspectives, a section for early career professionals, and an open invitation to contribute with articles and editorials to all our membership.
3. Access to a new list-serve which can provide opportunities for finding referrals across country as well as discussing professional issues and learning about regional conferences and ways to join your regional committee.



Section II Childhood & Adolescence

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Section II Childhood & Adolescence



*Membership
Brochure
And
Application*

Section II— Childhood & Adolescence

Who are we?

The main priorities of section II are to foster a sense of community between like-minded professionals by creating opportunities for networking, and to promote the dissemination and awareness of psychoanalytic models of development and treatment with children and adolescents. In general, we seek to promote further integration of such ideas into the larger clinical dialogue and discourse of division 39.

We explore connections between theory, research and practice through regional and national conferences, study and online discussion groups, and our online website and newsletter. Our interests range from a focus on promoting classical and contemporary child psychoanalytic ideas to exploring new child psychotherapy modalities with children and adolescents. In addition, we encourage our membership to join us in exploring and sharing integration of psychodynamic ideas within ancillary treatments such as parent and school consultation, family and group therapy and other models of primary prevention and intervention programs in the community (such as therapeutic

nurseries and schools and home based early intervention and parenting programs).

Who should join us?

Membership is open to licensed mental health professionals, professionals in allied fields, and graduate students who are members of division 39. Section II seeks to promote opportunities for dialogue, collaboration and networking among psychodynamically informed mental health professionals working with infants, children, adolescents, and their families. We seek members who work as clinicians and/or who research, teach or write from diverse psychodynamically informed theoretical and intervention lenses. We seek to create a multicultural and multidisciplinary atmosphere which promotes the development of a professional community focused on promoting the presence of the “Voice of the Child” within the larger psychoanalytic dialogue.

There are many ways in which members can take an active role within the Section. Please check the box at the bottom of the application page in the next column.



Dues: Full Member \$40
Associate/Early Career \$20
Student Free

Membership Application

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Phone: () _____

Groups you see: Infants Parents

Preschoolers Couples Families

School age Adolescents

Check up to 5 areas of specialization:

Trauma Eating Disorders

Learning/Developmental Disabilities

Parent/Infant Psychotherapy

Physical/Sexual Abuse Psych Testing

Gender/Sexuality Family/Group

GLBT children & Parents

Other: _____

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Please contact me regarding ways I might participate! _____