

Developmental Lines

Table of Contents

When Protocol precedes Judgement....
Larry Rosenberg

Book Review. Virginia Shiller

Treatment of a 17 Year Old Trans Girl.
Sophie Fink

Coverage of Young Clinicians panel at
2019 Spring Meeting

Coverage of Section two panels at
IARPP Tel Aviv 2019

Speaking out for children separated
from their parents at the U. S.
Mexican border.
Ingi Soliman, Ph.D

Announcements

DIVISION 39 SECTION II BOARD MEMBERS

President

Laurel M. Silber, Psy.D.

Past Presidents

Larry Rosenberg, PhD
Thomas Barrett, PhD
Norka Malberg, PsyD
Jill Bellinson, PhD

Secretary

Salam Soliman, PsyD

Treasurer

Thomas Barrett, PhD

Representative to Division 39

Virginia Shiller, PhD

Members-at-Large

Seth Aronson, PsyD
Susan Goodman, LCSW
Jackie Gotthold, PhD
Ronald Naso, PhD
Cristiano Santostefano PsyD
Jessica Sharkey, PsyD
Sheryl Silverstein, PhD
Miriam Steele, PhD

Website Chair

Sheryl Silverstein, PhD

Communications Committee

Susan Goodman, LCSW
Virginia Shiller, PhD

Membership Committee

Jordan Bate

Progress in Psychoanalysis: Division Spring Meeting, Philadelphia (April, 2019).

Laurel M. Silber, Psy.D.

President



I had the pleasure of participating in a roundtable formed in connection with a recent published book, *Progress in Psychoanalysis*, by Steve Axelrod, Ron Naso and Larry Rosenberg (2018). Panel members, who represented multiple perspectives, included Bryant Welsh, Nancy McWilliams, Usha Tummala-Narra, Kerry Sulkowicz, and Paul Wachtel. Dennis Debiak and Steven Axelrod moderated. The first question the panel addressed: "What progress has the field of psychoanalysis made recently and what do you think would be the most important ways in which we can make progress as a field in the future?"

I began with a Native American proverb: We do not inherit the earth from our ancestors; we borrow it from our children. For progress in psychoanalysis it would do us well to incorporate the future in our time sense besides our good attention to the past, the past in the present and the present.

One signal of progress in psychoanalysis, I emphasized, is a need to incorporate thinking about a real psychotherapy of the people (Lewis Aron) that better includes thinking about children. Marking an important shift in this direction, Norka Malberg gave the plenary address at this year's Div. 39 spring meeting, honoring Elisabeth Young-Bruehl's work on childism.

Continued on Page 5

Editor's Note



This edition of Developmental lines brings together Ginny Shiller's review of the *Handbook of Attachment Interventions* by Miriam and Howard Steele, and coverage of Section two member talks at three recent conferences; IARPP in Tel Aviv, the Division 39 meeting in Philadelphia, where Norka Malberg gave the plenary address honoring Elisabeth Young-Bruehl's work on Childism. And the August APA meeting in Chicago.

We welcome Laurel Silber, Section 2's new president, who shares news of a child and adolescent relational training program, beginning September 2019 in Philadelphia. This kind of training marks a huge step, bringing parents into the overall structure of the clinical process and training curriculum. Dr. Silber describes progress in research and clinical process with "infants, children and adolescents, making inroads into psychoanalysis (reflective functioning, mentalization, regulation focused psychotherapy, to name a few). She shares with us her concern that children often experience intervention efforts aimed at external control to manage symptoms, as opposed to benefitting from an insight-oriented approach.

Larry Rosenberg's essay highlights when clinician's rely on protocol, or manualized procedures for guiding them thru stressful situations, and how that can compromise clinical judgement.

We share news of Ingi Soliman's talk to the Westport, Ct community on the traumatic impact for children of being separated from their parents at the border and what people can do about it. I include this to highlight that we have a vital role to play in helping others understand the impact of trauma on child development. We can help pave the way by using our analytic tools in a variety of other settings besides private practice and research.

We are interested to hear how your work is impacted by the myriad of changes in the current socio-political context. We welcome letters, essays, coverage of conferences and participation on our board and committees. You can contact goodmanlcsw@yahoo.com or co-editor, Virginia Shiller at virginia.shiller@yale.edu.

Warmly, Susan Goodman, LCSW

When Protocol precedes Judgement

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



There have been at least 288 school shootings in the United States since 2009. In 2018 alone 113 people were either killed or injured in school shootings. All of these events have led to excruciating grief, and remarkably heightened levels of anxiety for children, parents, and school personnel. Without sufficient political will to amend gun control laws, school systems have instituted policy and protocols - classroom lockdowns and trainings on the

potential warning signs of premeditated school violence. But fear can impact judgment and sometimes lead to an overreliance on protocol to render decisions for us and relieve us from the responsibility of having to make determinations that we might find too stressful to reach on our own. The following case is an illustration.

Walter is a high school junior at an urban high school. He's a Caucasian boy born to middle class professional and well-educated parents.

Continued on Page 3

Review: Handbook of Attachment-Based Interventions Edited by Howard Steele and Miriam Steele

Virginia Shiller, Ph.D



While we normally think of attachment-based interventions as aimed at relationships between parents and very young children, there are a growing number of programs aimed at children elementary school and older. Certainly, the abundance of programs are aimed at children 0-3 (which is the focus of 12 of 21 programs reviewed in this book.) However, four programs that address

the needs of elementary-aged children and adolescents are included in the book. This review will focus on these, given space limitations as well as the fact that programs for older children are less common.

The 21 programs reviewed in this book were chosen if they met three criteria: 1) the theory informing the intervention relied in some significant way upon attachment theory

Continued on Page 4

Treatment of a 17 Year Old Trans Girl: Sophie Fink, PsyD



It was my great honor at this year's Div. 39 meeting to be able to present a case to Dr. Avgi Saketopoulou and a wonderful group of clinicians in the newly launched discussion group format. Our discussion, which was moderated by Drs. Seth Aronson and Virginia Shiller, was rich, thought provoking, and included a range of voices and perspectives from graduate students, to those late in their career, and the voices of distinguished leaders and thinkers of our community. Perhaps most importantly, it provided unusual space for those who previously may not have had space to speak up at the conference - the voices of early career professionals, the voices of children and adolescent therapists, and those of queer and trans people and allies.

My case focused on my work with a trans teen, and brought to forefront the essential, and often overlooked, topic of working with queer and trans youth. It was also one of a small number of presentations that centered child and family work, the importance of which Dr. Malberg so eloquently described in her keynote address on Friday. Dr. Saketopoulou, who is an expert in this area and whose work has been formative in my own learning, was able to use the discussion group format to create a collaborative learning space. Through the case material we explored the complex interweavings of gender, attachment, trauma, and relational work. We challenged our questions that came up in relation to a trans individual, that perhaps may not have come up in discussing a cis person. We wondered about autism in the trans community and how to make sense of these increasingly cooccurring identities.

What I came away with most from the experience was a sense of awe at the realness and authenticity of the conversation. There was no table, podium, or paper between us, and we sat in a circle together as I shared what were very vulnerable details of my clinical work. The conversation was truly relational, and the constructs that I often find to feel divisive - presenter / listener, expert / novice, were removed to some extent.

Continued on Page 7

When Protocol precedes Judgment

Larry M. Rosenberg, Ph.D.

President, Section II; Division 39 of the APA

Rosenberg continued from page 2

His parents describe him as a nutty professor but one who has a love of nature and a heightened sensitivity to his environment. Walter has friends, but none that close. He appreciates his friends, and is recognized as the ringleader of a small group of same aged, self-described nerds whose conversation largely surrounds technology and academically related issues. His thinking is often linear, though at times he reveals the capacity for deep thought. But more often he is concrete, may fail to discern humor, and there is a blunted expression of affect. He has a strong moral compass, has never been violent or aggressive with peers or siblings and demonstrates a clear capacity for mentalization.

At age 7, Walter was seen for psychological testing because of difficulties with concentration and attention. Diagnosed with ADD, he remains a highly distractible boy who continues to complain of difficulty in focusing.

Because of his recent struggles with homework and preparing for tests, his parents brought Walter to see me. It is impressive that he has agreed to participate in treatment both because he believes asking for help to be a sign of weakness and because of his discomfort in talking about himself. Nevertheless, he has found things to talk about and shown curiosity about the workings of his mind.

When I had only known Walter and his family for 2 months, I received a call from his mother. Her voice reflected both anxiety and irritation as she told me that Walter's school had insisted that he undergo a structured risk assessment to determine the likelihood of his committing an act of premeditated school violence. The action was initiated by a teacher who overheard Walter ask another student, during a fire drill, if that student had heard about how kids at another high school lured people had out of their school building by sounding a fire alarm and then shooting them as they walked outside. The teacher became worried and, following established policy, relayed what she had overheard to the school's in-house crisis team who immediately deemed it best to implement the school's protocol for any suspicion of potential violence of this sort. And so, despite objections by one member of that team, Walter underwent a formal, instrument-driven assessment.

What was unbeknownst to me until the time of the call from Walter's mother was that this was the 3rd time that the school had subjected Walter to the exact same assessment over the course of the past 7 months. The first assessment followed Walter having written, in response to a prompt about regrets, an essay in which he said he had done something "evil" to a 7-year-old boy.

His "evil" deed, it turned out, was his having mocked an 8-year-old developmentally delayed child when Walter was himself 7 years old. The teacher who read Walter's essay did not then either bother to question the boy about what he had written before reporting her anxious concern to the "crisis" team, nor did anyone on that team question Walter before subjecting him to an assessment. Perhaps the guidelines dictated they not do that?

The second, assessment followed Walter having pointed his index finger and raised thumb at a friend, while pulling back his middle finger in a motion that would replicate the pulling of a trigger. The same teacher who read the previously referenced essay, witnessed the mock shooting gesture and again, believing she was following protocol, reported the incident. The team, apparently concerned that they might have missed something the first time, re-administered the same instrument to assess Walter once more. Walter's mother's call to me followed the 3rd examination with that same instrument. That is, the identical procedure was adhered to 3 successive times, despite each testing producing no clinically significant findings.

In response to that call I suggested that there be a meeting between the crisis team, the teacher involved, Walter's parents and myself. That meeting was held 3 days later with one of the school's assistant principal's joining the discussion. In the end, school personnel were contrite, fittingly embarrassed and responsive to suggestions made for handling this and similar circumstances going forward. The meeting was collaborative, with the parties involved remaining open and non-defensive throughout.

Perhaps what happened to Walter was an aberrant event that has never and could never occur anywhere else, but I doubt that's the case. It's easy to appreciate the anxiety that people have come to feel around premeditated school violence. The frequency of these events has become far too commonplace with too many innocent children and teachers either murdered, injured or left as traumatized survivors. That we struggle to find ways to make schools the safe havens they are intended to be should be a priority. That protocols are developed to insure an appropriate response when warning signs appear, makes obvious good sense, just as it is wise to develop diagnostic tools to help assess level of risk and serve to validate clinical findings and reassure all connected with a school that things are safe, or that a genuine threat has been responded to appropriately.

Continued on next page

Rosenberg continued from page 3

But Walter's situation is illustrative of another risk that we might do well to keep in mind; people, even professionally trained, well intended smart people, can become so reliant on protocols, or manualized procedures for guiding them through the stressful decisions of their work, that clinical judgment is forsaken. Indeed, manuals and protocols may be well informed by research and allows for research to be conducted in more rigorous ways, and for findings to be replicated. They also provide technical tools that make for easier means of training by way of the "how to" nature of their construction. The required fidelity to those procedural guides, however, may have the unintended consequence of minimizing the experience one has with the critical thinking that might otherwise be employed in response to a difficult clinical situation.

In the days when I was responsible for hiring clinicians and interviewing interns and postdocs, important to me was assessing a candidate's ability to think on their feet, to consider something that had not been previously considered, or be challenged to reconsider something that they had already accomplished. I did this knowing that however sensitively done, it placed the candidate under stress. But I felt these parts of the interview were most revealing about a candidate's potential, the nature of their thinking, their openness to alternative ideas, and their ability to work collaboratively in supervision. I continue to believe that this exercise most closely replicates what clinical work, and particularly clinical work with children requires in that these moments in interviews were not something that could be precisely prepared for. Coming to independently arrived at judgments, based on one's fund of knowledge and prior experience is required of clinicians in their work. I remain concerned that the over-reliance on manuals and procedural guidelines that are prescriptive, however helpful they may otherwise be, obviate the potential for developing that aptitude in providers and preclude making difficult to arrive at judgments informed by clinical material coming from the patient as well as other sources. I imagine that Walter, his family and the crisis team at his high school might agree.

Shiller continued from page 2

2) the evidence base for the effectiveness of the intervention included reliable and previously validated attachment measures, and 3) a robust scientific inquiry (e.g. a randomly controlled trial) was underway or planned.

In the Handbook, the four programs for older children vary as to whether the program is aimed at school personnel, parents, families, or youngsters themselves. The broad range of types of interventions is impressive, and the book chapters demonstrate that a variety of approaches to treatment may be helpful.

The school-based program for children from Kindergarten through fifth-grade, Creating a Peaceful School Learning Environment (CAPSLE), is described as helping "to create an institutional climate in which the student is better able to deal with bullying aggression and other critical psychodynamic climate factors." (p. 360) A unique component of this program is the Gentle Warriors Program, a nine-session program combining role playing, relaxation techniques, and defensive martial arts – a program aiming to teach children skills in self-regulation and control of emotions, mind and behavior, while also providing skills in how to handle victimization and the behavior of bystander.

A very different approach was used with Connect: An Attachment-Based Program for Parents of Teens. This program targeted parents of adolescents who had significant mental health problems, including serious delinquent and aggressive behavior, substance use, suicidality, depression, anxiety, and PTSD. Remarkably, ten 90-minute group sessions including only parents resulted in significant reductions in externalizing behavior.

In Connect, co-leaders use role-play to enhance caregiver sensitivity, reflective function, dyadic regulation, and shared partnership and mutuality. During the first few sessions, the leaders themselves enact the parent-child interaction. Then, parents begin to act the adolescent role. Connect leaders introduce the idea of "cracking the code" of the attachment meaning of their teens' behavior, and come to understand how teens may mislead their parents with challenging and confusing behavior, simultaneously showing the need for comfort and the need for autonomy. Parents also reflect on their own experiences of attachment, and the ways their parents did, and did not, meet their attachment needs.

A third program for older children, Attachment-based Family Therapy for Adolescent Depression and Suicide (ABFT) combined individual sessions with youngsters and parents, as well as family sessions. The individual sessions are aimed at preparing teens and parents to engage in "attachment repair." Adolescents are coached to talk openly and directly about interpersonal injuries and barriers in their relationships with their parents. Parents, in turn, are coached to use emotional-focused approaches, nonjudgmental curiosity, comfort, support, and validation.

The fourth attachment-informed adolescent treatment, which was developed for self-harming adolescents with suicidal states of mind, is termed "Mentalization-Based Therapy for Adolescents."

The therapist is an active participant in this therapy, prioritizing learning about the adolescents' feelings and aiming to understand mental states that underlie behavior. While the treatment mainly occurs in individual sessions, family sessions focused at helping improve family members' ability to mentalize are included.

This Handbook provides a wide array of empirically validated programs that offer choices for providers and agencies to intervene with different groups, and in different ways. And, if implementation of a program in full is not feasible, clinicians can learn ideas about strategies that might be introduced into therapy. For example, the Attachment-based Family Therapy program's approach of first working individually with teens and parents before bringing them together in a family session seems a useful model for some at-risk teens. Overall, this Handbook richly demonstrates how attachment theory can lead to many interventions that increase security in young people.

Virginia Shiller, Ph.D. author The Attachment Bond: Affectional Ties across the Lifespan

Progress in Psychoanalysis... from Page 1

Laurel M. Silber, Psy.D.

President

Progress in research and clinical process with infants, children and adolescents has made inroads into psychoanalysis (reflective functioning, mentalization, regulation focused psychotherapy, to name a few). However, children often experience intervention efforts aimed at external control to manage symptoms, as opposed to benefitting from an insight-oriented approach.

Research on attachment is still not adequately incorporated into the theory psychoanalysis. I believe we have been attempting to fix an "attachment disorder" within psychoanalysis – that is we have had a history in child analysis of being dismissive of parents in work with children and we have separated them. Fraiberg's landmark *Ghosts in the Nursery*, Lieberman's *Child-Parent-Psychotherapy* and the Novicks' work have challenged this notion of child work being a one-person frame like adult work. Currently we are witness to an ironic truth, although child work is always and more obviously relational – when the paradigm shift to relational psychoanalysis occurred, it was not the child analysts who led the charge.

To flesh that irony, I refer to important history. In 1964 the American Psychoanalytic Association (APA) voted against having the newly forming American Association for Child Psychoanalysis create a section within its' organizational framework. After being voted out, the organization was formed independently in 1965; the Association for Child Psychoanalysis (ACP).

Anna Freud (1972) expressed her surprise that adult analysts were not interested in the analysis of children. "The analysts of adults remained more or less aloof from child-analysis, almost as if it were an inferior type of professional occupation (p.153)". And, "For those of us who are committed to child-analysis and concerned for it's future, there was no alternative but to go it alone"...she maintained. "There was always the hope that, at some future date, the result of our efforts might be recognized and incorporated belatedly into the organizational framework".

Is this that future date? Is this a time when we might address the attachment disorder within psychoanalysis?

The second question the panel addressed was what is the role psychoanalytic organizations should play in bringing about progress?

I responded that structurally Division 39 is a psychoanalytic society of Adults with a Section on Children & Adolescents, which isn't fully integrated into Division life. I believe that the organization needs to address the imbalance by offering support with programs about clinical work with children and adolescents. I would suggest inviting 'back' colleagues, researchers in child development and attachment to present their current findings, along side clinicians who can help extrapolate the findings into clinical work. This is in keeping with the -Boston Change Process Study –group, who gathered clinicians, researchers, and child developmental thinkers and infused the literature with the outcomes and process. I think we should be less afraid of systems thinking and collaborate with other organizations on conferences/training so that we join more of a consortium with these organizations.

The Division needs to support the professional development of people working with children. I believe that absence of support undermines the field and there are fewer child analytic practitioners at a time when the mental health needs of children and adolescents are great. Their inner life and their attachment needs are being ignored.

Now, more than ever, we must pay attention to creating this balance. I find that when the patient is a child, in reference to the field's important work on diversity/cultural competence – we forget that the child therapist is always speaking across difference – there is another language, play being a different medium, developmental level, kinds of concerns. I see a relative absence utilizing the perspective of the child clinician in mainstream discourse within the Division. To this end, I have also been involved with creating an integrative model for child training: (*Child Relational Psychotherapy*, starting September, 2019) which will be affiliated with the Institute for Relational Psychoanalysis of Philadelphia. Including training with children and families is a necessary change for a more complete paradigm shift to Relational Psychoanalysis.

Aron, L & Starr, K. (2013) *A Psychotherapy for the People, Toward a Progressive Psychoanalysis*, New York, NY: Routledge.

Freud, A. (1972), *Child-Analysis as a Subspecialty of Psychoanalysis*. *International Journal of Psychoanalysis*, 53, 151-156.

Harris, N.B. (2018) *Deepest Well: Healing the Long-Term Effects of Childhood Adversity*, New York: Houghton Mifflin Harcourt

Silber, L. M. (2015) *A View from the Margins: Children in Relational Psychoanalysis*, *JICAP*, 14 (4) 345-362.

The 2019 IARPP conference (Tel Aviv) June 20-23

Several panels focused on clinical process with children, adolescents and parents.

Members of Section 2 presented two panels.



The Invited Child and Adolescent Panel: **How Do We Imagine The Future for Children in Times of Conflict and Crisis? New Challenges in the Clinical Exchange with Children, Adolescents and Parent.**

Jackie Gotthold, Ph.D (Moderator)

This year's invited child and adolescent panel continues to set the tone for the exploration of contemporary, relational clinical work with children and adolescents. We heard clinical material from 3 different countries, Marco Bernabei (Italy), Carmen Domingo (Spain) and Yael Lapidot- Druyan (Israel), 3 different sets of psychological and developmental challenges faced by our young patients and 3 different ways of working with children, adolescent and their parents. For all of these 'differents' – we heard empathic, sensitive, and exquisitely attuned clinical work, finding commonality in our relational community.

The panel and audience were struck by common threads in many areas – developmental concerns, struggles with parents, and engagement with culture. However, a singular theme emerged:



therapeutic action in the child and adolescent consultation room. All of the presentations told of transformation of experience for patient and therapist.

I found myself noting how each therapist demonstrated thinking/ feeling/ being- "out of the box" as they engaged, attuned and came to deeply 'know' their patients. "Thinking out of the box": stretching the frame, moving beyond set limits, being creative or in keeping with this conference: the therapists along with their young patients engaged in a daring but disciplined process of imaginings. They co created worlds; worlds of freedom (the freedom to play, to imagine and to share the dark side.) AND worlds of the transformation of experience such that new possibilities emerged.

Arrival in The Promised Land: Helping Children and Adolescents Integrate the Strangers Within. Speakers: Seth Aronson(USA), Susan Goodman(USA), Moderator: Anit Nir (Israel).

Presenting treatments along the developmental ladder, this panel took up the experience of otherness and integration. Dr. Aronson described work with a young girl, who discovered her animalistic, unladylike self through her identification with creatures. Ms. Goodman described concurrent work with a young adolescent and her parents and some of the technical challenges working with the parents while maintaining the teen's confidentiality. Clinical material highlighted how everyone experienced the shift into puberty, where the teen felt her existential aloneness for the first time as her parents became de-idealized. In both cases, they "stood in the spaces" between the child/adolescent patient and parents, helping them imagine in a space of safety. Audience members wondered what allowed imagining technically? Dr. Aronson said seeing the child as an autonomous person with a rich internal world. Psychic change took place in the day to day work, he said. Ms. Goodman thought "holding the parents in mind was comforting to them, and that dynamically, as they shifted their understanding and responses to their daughter, more space was created within their daughter to imagine and empathize."



Attachment-Based Interventions for High Risk Children: Enhancing Parental Responsiveness

APA Conference in Chicago. August 8-10

Virginia Shiller, Ph.D



This panel of psychoanalytically oriented clinicians presented to a diverse group of attendees, including a number who self-identified as cognitive behavioral. Working to interest Division 39 attendees as well as those unfamiliar with psychoanalytic ideas, the feedback was that we succeeded in engaging interest in psychoanalytically-informed interventions designed to increase reflective function and attunement in parents. Salam Soliman, Psy.D. (ChildFirst) discussed the mentalization-based intervention, based on Child Parent Psychotherapy, which is conducted by clinicians in the home. Jordan Bate, Ph.D. (Yeshiva University) presented on the GABI (Group Attachment-Based Intervention), an intervention which includes groups of families and is held in community settings. Dr. Bate placed particular emphasis on how to train, and to evaluate the training, of new clinicians working with this model. Molly Witten, Ph.D. of the Chicago Psychoanalytic Institute and Society led a lively discussion, and Virginia Shiller, Ph.D. (Yale University Child Study Center) served as Chair. Given the unfamiliarity of so many Clinicians with current

psychoanalytic thinking, it is important to use conference opportunities to do outreach with our colleagues.

Larry Rosenberg and Seth Aronson led a round table where graduate students presented on their experiences treating children and adolescents in the public sector.

From left to right: Seth Aronson, Soo Hyun Cho, Amira Hanna, Karen Matouk, Felicia Sitrin, Noelle Wilson, Larry Rosenberg



On the Shoulders of Activist Scholars: Building Healthy Environments for Refugees and Immigrants

Larry Rosenberg, Ph.D

This symposium examined the conditions of civil immigration detention for immigrants, refugees, and asylum and the inhumanity of such conditions as well as interventions that would disrupt spaces in which detained persons are held. Panelists included, Erin Thrift, Usha Tammala-Narra, Thomas Teo, and Larry M. Rosenberg, of Section II, whose talk was entitled: "Reflecting on Reunification: A Process and Bi-Directional Perspective." Mary Beth Morrissey and Alexis Halkovic were co-chairs; and Michelle Fine (The Graduate Center, CUNY), the discussant.

Fink continued from Page 2

I believe it is spaces such as these that are the antidote to the systemic issues of identity that we grappled with as a community throughout so much of our conference this year. It is my hope, as a new generation of professionals join Division 39, and we as a community continue to explore our mutuality and difference, we can create more of this type of space where we can be vulnerable, dig deeply into a topic or case, and listen to a range of voices that have such important ideas to offer.

Dr. Fink is a clinical psychologist in private practice in Philadelphia where she works with children, adolescents and adults. She has completed coursework at the Institute for Relational Psychoanalysis of Philadelphia (IRPP). Her academic and clinical work focuses on gender, sexuality, and trauma from a relational and feminist lens. She is particularly interested in exploring the interaction between one's internal psychic landscape and external sociopolitical contexts.

Speaking out for children separated from their parents at the U. S. Mexican border.

Ingi Soliman, Ph.D

Ingi Soliman, PhD. spoke to the Westport, CT community on the town green at a Lights for Liberty gathering July 12th, while hecklers across the street, attempted to yell thru megaphones. Dr. Soliman was born in Cairo and immigrated to the U.S. when she was four. She said the most powerful moment of the speech was when "one heckler yelled, "Go Home!"

"The crowd surrounded me, to put a wall between me and the hecklers," she said.

"I really felt like I was home. I could give a voice to these migrants not being heard."



Announcements

**Bryn Mawr Graduate School School of Social Work and Social Research,
The Institute for Relational Psychoanalysis of Philadelphia,
Journal of Infant, Child, and Adolescent Psychotherapy,
APA Division 39's Section on Children and Adolescents, and
The Philadelphia Center for Psychoanalytic Education**

Proudly Present:

Play for a Change: Therapeutic Action in Contemporary Child Psychotherapy

Children learn to think, regulate emotions, have fun, heal from trauma, and find self-agency through play. However, children play less, and parents and professionals have lost sight of both the value of play in healthy development as well as play's role in helping children work through conflicts and symptoms. Providing clinical and research evidence that reasserts that value is the goal of our conference.

When: Friday, November 8th and Saturday, November 9th, 2019

Where: Thomas Great Hall, Bryn Mawr College, 101 N Merion Ave, Bryn Mawr, PA 19010

Fees:

Friday & Saturday Package: Professionals \$195, Students/Candidates \$90

OR

Friday Only: Professionals \$75, Students/Candidates \$35

Saturday Only: Professionals \$125, Students/Candidates \$55

6 CEs for Saturday workshop

Registration: Go to the [IRPP website](#)

Accommodations: 3 miles from Bryn Mawr College is the Radnor Hotel

610-688-5800; www.radnorhotel.com; 591 E Lancaster Avenue, Wayne, PA 19087



41st International Scientific Colloquium of the Anna Freud Centre *'Psychoanalytic Perspectives on Assessment'*

November 1-2 2019

Location: The Kantor Centre of Excellence, 4 - 8 Rodney Street,
London, N1 9JH Times: 09:00 - 17:00

Organized by the Anna Freud National Centre for Children, with theoretical and clinical papers, small and large group discussions.

Dr. Leon Hoffman will open the Colloquium with his paper: 'Can the assessment process in child analysis and therapy make it possible to develop a therapeutic decision?'

Toby Etterley will present a clinical paper: 'The Beginning is the End is the Beginning': The assessment and treatment of a teenage boy in foster care. Anna Freud's Revised Diagnostic Profile (Davids et al, 2017) will be retrospectively applied to the clinical material to examine key themes and issues during the assessment phase.

'You don't know what it's like for me...' The Child Psychotherapist's Quest to Understand a Child's Predicament, An Exploration of Psychotherapy Assessment From an Independent Perspective. Deirdre Dowling.

'Therapeutic Consultations in a Not- so- Facilitating Environment.' Jennifer Davids

Dr. Norka Malberg and Dr. Leon Hoffman will present a closing plenary on the importance of a dimensional diagnostic framework to the process of teaching, supervising and practicing child and adolescent psychotherapy and psychoanalysis. Systemic implications will be discussed in the context of current political and financial realities. The importance of a dimensional diagnostic process in relation to working with parents, teachers and other allied professionals will be discussed and illustrated with small clinical vignettes.

Announcements

SAVE THE DATE

*November 2nd, 2019, 8:30am - 3pm
New Haven Lawn Club*

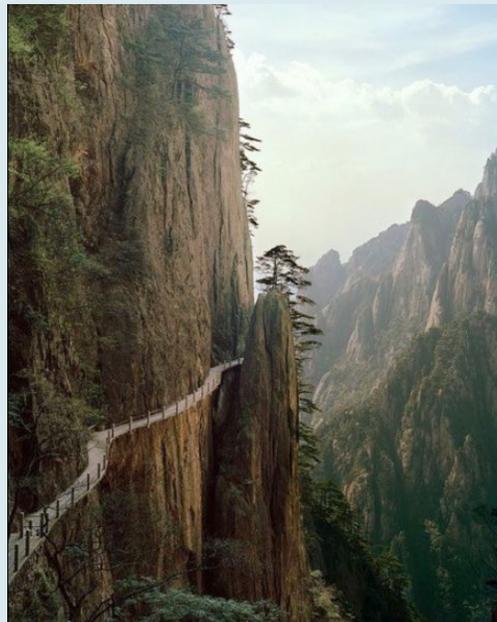
We are pleased to announce a Conference co-sponsored by The Western New England
Psychoanalytic Society and
The Connecticut Society for Psychoanalytic Psychology

**NARCISSISTIC PERSONALITIES:
THE LONG ROAD TO THE
CAPACITY TO LOVE**

**Keynote Speaker:
Otto Kernberg, MD**

**Panelists:
Diana Diamond, PhD
Frank Yeomans, MD, PhD**

**For more information contact:
Barbara Marcus (barbaramarcus@yale.edu) or
Angelica Kaner (angelicakaner@cox.net)**



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

2615 Amesbury Road
Winston-Salem, NC 27103

www.sectionii.wildapricot.org

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.

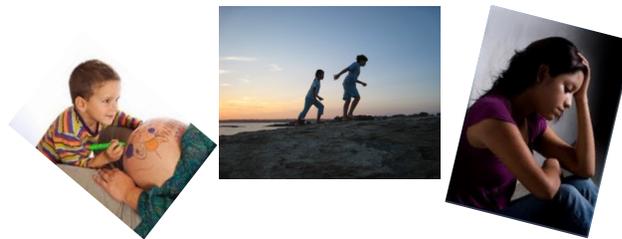
We explore connections between theory, research and practice through regional and national conferences, study and online discussion groups, and our online website and newsletter. Our interests range from a focus on promoting classical and contemporary child psychoanalytic ideas to exploring new child 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

Name _____

Address _____

City/State/Zip _____

Degree _____

Email _____

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: _____

Send this page with your payment

My check, made out to Section II, Div 39 for \$___ is enclosed.

You may join online at
www.sectionii.wildapricot.org

Or mail your payment to:

**Section 2, 2615 Amesbury Road,
Winston-Salem, NC 27103**

Please contact me regarding ways I might participate! _____