

Free Associations

A Newsletter for the PSP Community

...dedicated to excellence in learning, teaching and application of psychoanalytic knowledge

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NOTABLE QUOTE: “In order for the patient to get better, he must be able, eventually, to confront the toxic and nontoxic realities against which he has spent a lifetime defending himself.”

-Martha Stark, MD, in “*Working With Resistance*”

GREENSON ON TECHNIQUE (1967)

“My language is simple, clear, and direct. I use words that cannot be misunderstood, that are not vague or evasive. When I am trying to pin down the particular affect the patient might be struggling with, I try to be as specific and exact as possible. I select the word which seems to portray what is going on in the patient, the word which reflects the patient’s situation of the moment. If the patient seems to be experiencing an affect as though she were a child, for example, if the patient seems anxious like a child, I would say, “You seem scared” because that is the childhood word. I would never say, “You seem apprehensive” because that would not fit, that is a grown-up word. Furthermore, ‘scared’ is evocative,

it stirs up pictures and associations, while ‘apprehensive’ is drab.

THE THERAPIST’S THESAURUS

Remission. The arrest of the disease process and the disappearance of symptoms.

Agitation. Severe anxiety associated with motor restlessness.

Somatic delusion. Delusion pertaining to the functioning of one’s body.

COUNSELING CORNER – *Guiding* Develop
Principles in Treating Patients

Develop a Phased Approach to Treatment

Many clinicians view patients as progressing through phases. Generally, three to five phases are identified, including engagement, stabilization, treatment, and aftercare or continuing care. Use of these phases enables the clinician to develop and use effective, stage-appropriate treatment protocols



TECHNIQUE OF THE WEEK:

Family Sessions

When conducting a family session, it is most important that the therapist NOT divulge any clinical information that the patient has revealed to you. The patient should be the one to divulge such information. In the event the patient requests that the therapist present information in the session, you must have a written release for this. It is good practice, prior to the session, to meet with the

patient and determine what will be said. The patient should be made aware that your role is to facilitate the session and not to reveal any previously-unrevealed information.

Remember, even if the family is aware of or suspects certain information, it is still a breach of confidentiality for you to affirm (or deny) the information without a release to do so.

Join us for a very interesting and insightful presentation

50th Anniversary Lecture Series
Series Theme: *Modern Psychoanalysis: Adaptations & Advances*



ALL EVENTS ARE FREE!
INCLUDES CE'S
FOR SOCIAL WORKERS &
COUNSELORS!

March 15th, 2022 7:00-9:00 PM EST- ON ZOOM!
CHANDA GRIFFIN, LCSW:
Race & Ethnicity Within The Transference/Countertransference Matrix

Registration Link:

<https://events.eply.com/PSP50THAnniversarySeriesChandaGriffin3365064>