

# 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** “The major advantage of illness is that it provides relief from responsibility.”

-Gordon Livingston MD

### OUTSIDE NEWS & VIEWS

Heavy smoking in midlife increases an individual's risk of developing Alzheimer's disease by more than 157 percent. A review of records of more than 21,000 men and women found that compared with nonsmokers, those who smoked more than two packs of cigarettes a day had a more than 157 percent greater risk of developing Alzheimer's and a 172 percent greater risk of developing vascular dementia. “This is another good reason not to smoke,” said William Thies, chief medical and scientific officer at the Alzheimer's Association. Brenda Plassman, at Duke University Medical Center, said that the study showed no differences in dementia risk based on subjects' race.

### THE THERAPIST'S THESAURUS

*Aerophagia.* Excessive swallowing of air. Seen in anxiety disorder.

*Impaired insight.* Diminished ability to understand the objective reality of a situation.

*Inhalants.* A chemically diverse group of volatile drugs that produce short-lived psychoactive effects when inhaled.

*Thought broadcasting.* Feeling that one's thoughts are being broadcast or projected into the environment.

**BE SURE TO SEE PAGE 2 BELOW**

### ABAP CORE COMPETENCIES

*Evaluate and incorporate research on psychoanalysis and ancillary fields.*

Includes both qualitative and quantitative research. Ancillary fields include health research, neuro- and cognitive sciences, and studies in sociology, anthropology, religion, philosophy, literature and the other humanities.



### POLICY OF THE MONTH:

#### Clinical Documentation

When documenting clinical impressions/information in the patient's record, be absolutely sure the terminology you use is standard and understood by members of our profession. For instance, stating “the patient continues to have an attitude,” or “the patient passed his urine test” would be clinically insufficient. Instead of using the word ‘attitude,’ describe the patient's behavior. When documenting results

of a urine drug screen, you must identify the drugs that are in the panel and the results. For instance, state “a urine drug screen for opiates, cocaine, THC, barbiturates and PCP was used and the patient's urine was negative for all drugs.” It's possible that the urine is positive for another drug, but it was not included in the panel used. You must be specific when documenting results. Another problem frequently encountered when reviewing clinical documentation is the use of ‘unofficial’ abbreviations. Be sure any abbreviation(s) you use are on a list of standard abbreviations.

### Eissler's view of 'What is Psychoanalysis'

Eissler defined psychoanalytic method in terms of its goal; vis-a-vis the technical modalities, including the handling of transference. He favored a great degree of openness and goal-oriented flexibility. He stated that any technique can be termed

psychoanalytic therapy as long as it strives for or achieves structural personality changes using psychotherapeutic means, regardless of whether sessions are daily or irregular and whether the couch is used or not.

-Eissler, KR (1950). The Chicago institute of psychoanalysis and the sixth period of the development of psychoanalytic technique. *Journal of General Psychology* 42:103-157.

### CLINICAL CORNER – Screening + Assessment → Treatment Plan

Screening is a process for evaluating the possible presence of a particular problem. Assessment is a process for defining the nature of that problem and developing specific treatment recommendations for addressing the problem. A comprehensive assessment serves as

the basis for an individualized treatment plan. The treatment plan must be matched to individual needs according to multiple considerations. There is no single, correct intervention or program for individuals.

## *An Open Letter to the PSP Community*

Hello PSP/PCC Community!

My name is Joe Ebbinger and I am the intake coordinator at the Philadelphia Consultation Center. I am also a student at PSP. Back in December, we at PCC hosted a happy hour for clinicians in our network, which was really nice, and I thought it would be a good idea if we could get together as a wider PSP/PCC community. I hope this will be a great opportunity for faculty, students, clinicians, and staff to connect. I know some folks Zoom in each week from far away, but everyone is invited to attend. (If you have any ideas about how to join from afar, please include that in the survey.)

The get-together would be at a restaurant or bar in Center City. If you are interested in attending, please fill out the following form by Friday, March 3rd. I want to try to get a sense of which dates/times work best for the maximum number of people. I will follow up with additional details once we get a head-count. If you have any questions or concerns, feel free to email me at [joe.ebbinger@gmail.com](mailto:joe.ebbinger@gmail.com) or call/text me at 856-761-7901.

<https://forms.gle/d1M5MxKFf9w5cc3X7>

Thanks so much! Looking forward to it!

Joe