

THE CLINICAL UPDATE

CALIFORNIA SOCIETY FOR CLINICAL SOCIAL WORK

FALL 2018



From the CSCSW September Board Meeting: Jennifer Kulka, Malena Ally, Tanya Moradians, Robbie Limary-Kenobi, Karen Moorehead-Jenkins, Roland Hsu, Monica Blaurer, Trish Yeh

President's Letter

Monica Blaurer, LCSW, CSCSW President



I am happy to report that we have had an infusion of new and younger members in the last year, and that we are welcoming six new board members who bring new skills, experience, energy and dedication to the board. We are offering new events, expanding member benefits, collaborating with other organizations and growing our Society.

This is an exciting time for us, as we will be increasing opportunities for leadership at both the state and local levels of the organization. The new board had its first meeting on September 16, and new action committees were formed. We hope all our members, new and old, will assume leadership positions. It's an opportunity to work with like-minded colleagues, enhance your leadership

skills, and actively participate in supporting our society's mission, "To advance and promote the profession and practice of clinical social work." Our members have a treasure trove of skills, experience and wisdom to share with each other and to pass on to new clinicians.

We have six districts (**Fresno, Greater LA, Mid-Peninsula, Sacramento/Davis, San Diego, San Fernando Valley**) that all provided interesting presentations last season and look forward to full agendas for the coming season. This past year our membership increased to 540 members, a quarter of whom were students and ASW's, achieving our goal to bring in new social workers. An event that attracted many students was "**The BBS Speaks**," a presentation on the licensing process given by Kim Madsen, Executive Officer of the Board of Behavioral Sciences (BBS). This was offered in both San Diego and Los Angeles, where we had a successful collaboration with USC. An **Emerging Professionals Symposium** has been held the last three years in Sacramento, and this

In This Issue

Page 1 | President's Letter

CSCSW's current activities and the goals and new initiatives that the Board is working on.

Page 5 | Board Committees

Find ways to be involved with CSCSW.

Page 6 | Is Your Practice Adapting to the Digital Age?

Page 7 | Mentorship Program-- Mentors NEEDED!

Page 8 | Telehealth Regulations from CA BBS

Have questions? Find answers here.

Page 9 | When a Client Threatens the Therapist: Guidelines for Mitigating Risk

Page 15 | Clinical Online Toolbox

The Online Clinical Toolbox is a new feature to share useful online resources for clients and clinicians.

Page 17 | Crossing Boundaries

Multiculturalism, the rise of intolerance, and what we can do to help.

Page 19 | Glimpse - A letter to parents of teens

Page 20 | History of CSCSW

Page 21 | Choosing Happiness with Purpose

Page 23 | Chet Villalba Receives CSCSW Award

Page 24 | Book Review: Mind Without a Home

Page 24 | Cartoon

Page 25 | Book Review: Missing Father: A Daughter's Search for Love, Self-acceptance, and a Parent Lost in the World of Mental Illness

Page 26 | Women's Wisdom Art

An art empowerment program for women.

Page 27 | CSCSW 2018 JAF Scholarship Winners

Page 28 | Member Spotlight: Ros Goldstein, LCSW

Page 30 | In Memoriam: Ellen Eichler

Page 31 | Photo Album

Page 32 | District Updates

year will also be held in Los Angeles. The symposium is an opportunity for new graduates to present on a topic they have delved into and are passionate about, as they join the professional community and build their resumes.

As a result of our outreach to social work schools we had a record number of applicants for the **Jannette Alexander Foundation (JAF)** scholarship. A \$1,000 scholarship is awarded to 3 candidates a year for clinical excellence. This year, so many outstanding candidates made it difficult for the committee to choose winners. (See page 26 and read about our winners in this newsletter.) The silent auction that was planned for September, has been postponed until the spring. We are starting to line up the items for the auction, if you have an item you would like to donate please contact Donna Dietz, CSCSW Administrator at info@clinicalsocialworkassociation.org. All donations to JAF are tax deductible.

The Greater Los Angeles District launched a **Social Justice Book Club**. They read *The Bully Society: School Shootings and the Crisis of Bullying in America's Schools* by Jessie Klein. The L.A. District presented a well-attended workshop on "**How to Find a Job or Internship as a Clinical Social Worker**" given by Dr. Chaz Austin, an expert in career training. The San Fernando Valley District collaborated with the San Fernando Valley Chapter of CAMFT to host "**Uncovering Implicit Bias: Cultural Competency 2018.**"

For licensed members, CSCSW has scheduled four **Law and Ethics Workshops** this year: The conference in San Diego was held on October 7, 2018 and then another was held in Greater Los Angeles on October 20, 2018. Two upcoming conferences will be coming to Mid-Peninsula on December 1, 2018 and the last one will be in Sacramento in March.

CSCSW now has pages on **Facebook**, **LinkedIn**, and will shortly have an **Instagram** page. A closed **Facebook Group** for members only was also created and is a great way to connect with members across the state, hear about upcoming events, and get access to free interviews and webinars (coming soon).

To join the Facebook Group, visit: <https://www.clinicalsocialworksociety.org/Facebook-Group>

Goals

Our goals for this year include increasing communication with our members in order to know your priorities and interests. You will receive a link to a **Member Survey** shortly. Please take a few minutes to complete the survey so we can better meet your professional needs.

This is an exciting time for us, as we will be increasing opportunities for leadership at both the state and local levels of the organization.

We plan to expand our **digital offerings**, including livestreaming District Meetings. In order to offer CEU's for filmed presentations a post-test must be completed. Anyone interested in serving on a CEU Committee to create post-tests should contact me at monica@monicablauner.com

Increasing diversity within our membership is an ongoing goal. In order to better meet the needs of all our members we have updated our **Member Profile** information to include certain demographics. This information will be used in the **Therapist Finder**, located on the CSCSW website, which is a member directory that can be used by professionals and the public to find referrals. The updated Member Profile will also help to make appropriate matches in the **Mentorship Program** for those seeking professional guidance.

Please take a few minutes to update your member profile. All requested information is optional. Follow the steps below:

To Update Your Profile

1. **Log on** to the website (www.clinicalsocialworksociety.org) using your username and password
2. **Click on your name** in the upper right
3. Once your name is clicked your profile will open
4. Click **EDIT PROFILE**
5. Complete the questions in the profile
6. **Hit SAVE** on the bottom of the page

To Choose Privacy Settings - What is shown to others

Members can determine which information is available to viewers by editing their privacy settings to **Anybody, Members (only), or No access.**

1. To change your privacy settings - from your profile **click the PRIVACY link**
2. Make your selections
3. Hit **SAVE** on the bottom of the page.

If you have any questions, **please email** Donna Dietz, CSCSW Administrator (info@clinicalsocialworksociety.org) and she will call you to walk you through the steps. In your email **please provide at least three time slots that you will be available and your contact phone number.**

The Board

In order to be more inclusive and encourage the involvement of the new generation of clinical social workers, the board voted to change the Bylaws to allow students and ASW's to serve on the board. Having younger board members will provide their important perspective in our outreach to new clinicians.

We had an outpouring of interest in serving on the board. There were many qualified candidates and it was difficult to choose among them. Consideration was given to skills, interests and diversity, as well as geographic location so all the districts would be represented. We want to thank all who applied, and encourage you to take advantage of other leadership positions.

I'm very happy to welcome six new members to the board: **Malena Ally** (San Fernando Valley), **Roland Hsu** (Mid-Peninsula), **Jennifer Kulka** (San Diego), **Amanda Lee** (San Diego), **Robbie Limary-Kenobi** (Sacramento), and **Trish Yeh** (Greater Los Angeles).

Thank you to the departing board members, **Geri Goldmann, Eleanor Speakes, Chet Villalba, Natasha Singer, Karen Moorehead-Jenkins** and **Leilani Buddenhagen** for your dedication and service to the society. I'd also like to acknowledge **Donna Dietz**, our administrator, without whom the Society would not function. She does a great job of managing the website and database, responding to members' questions, sending out announcements and much more. On a personal note, I'd like to give special thanks to **Leah Reider**, our Past President, who is the longest serving

board member. She successfully navigated CSCSW through difficult times to our current revitalization and has provided me with invaluable support.

Ethics and Legal Issues in Mental Health Care (Mid-Peninsula Conference)

REGISTER NOW!

at

WWW.CLINICALSOCIALWORKSOCIETY.ORG

Little training is usually offered to mental health professionals on ethical, legal, and professional issues during their graduate and post-graduate studies. Yet these issues become critical when they enter the working world. This workshop will highlight and update you about the contemporary ethical, legal, and professional issues encountered in mental health services. Topics will include: an overview of ethical principles and a way to make good ethical decisions; common ethical dilemmas and possible resolutions; important legal requirements with which all mental health professionals should be familiar; minimizing the risk of malpractice or other litigation troubles; and current and future trends in the field.

Thomas Plante, PhD is a Licensed Clinical Psychologist, scholar, clinician, Professor and former Chairman of the Department of Psychology at Santa Clara University. He is on the Adjunct Clinical Faculty of the Department of Psychiatry and Behavioral Sciences at Stanford University Medical School receiving the Clinical Faculty Service Award in 2015. In 2016, he was a visiting scholar at the Ethics Institute at Dartmouth College as well as a former Scholar in Residence at the Markkula Center for Applied Ethics at Santa Clara University. He is a dynamic speaker with a very strong background in the field of Ethics.

**Palo Alto Conference
Saturday, December 1, 2018**

9:00 AM - 4:00 PM

Palo Alto Medical Foundation
795 El Camino Real | Palo Alto

Board Committees

Please consider joining one of the statewide committees. If interested, email the committee chair.

Advocacy

Chair: Tanya Moradians | tmoradia@ucla.edu

Provides members an avenue to engage in social action and legislative advocacy including license protection and insurance parity.

- Legislative Advocacy
- BBS Updates
- Social Action

Communications

Chair: Roland Hsu | rohsu@icloud.com

Communicates with members and non-members about Society benefits.

- Marketing
- Member recruitment
- Website
- Social Media
- Clinical Update

District Steering Committees

Each district has a District Coordinator who works with the Steering Committee to plan and host District Meetings and other local events. Your involvement is welcome. If you are interested in joining your District Steering Committee please contact the appropriate District Coordinator listed below.

Fresno

Eleanor Speakes | espeakes41@gmail.com

Greater Los Angeles

Nadia Aquino | nadiaaquino89@gmail.com

Mid-Peninsula

Virginia Frederick | ginnyfred@aol.com

Joan Berman | berman.joan@gmail.com

Sacramento

Becky Melton | becky@lifecalibrations.com

San Fernando Valley

Tanya Moradians | tmoradia@ucla.edu

Gloria Gesas | gegesaslcs@gmail.com

San Diego

Ros Goldstein | goldsiegel@gmail.com

Education

Chair: Trish Yeh | trish.yeh@gmail.com

Creates educational opportunities and coordinates with other organizations to co-host events, and obtains workshop discounts for members.

- Clinical Workshops
- Webinars
- Coordinate with other organizations

Fundraising

Chair: Gabie Berliner | gberliner@comcast.net

Engages in special projects to create additional resources for the Society and the Jannette Alexander Foundation Scholarships.

Member Benefits

Chair: Jennifer Kulka | jvculka@gmail.com

Administers member benefits.

- Mentorship
- Listserv
- Therapist Directory
- Ethics Consultation
- BBS Liaison
- CEU approval
- Supervisor List



Is Your Practice Adapting to the Digital Age?

Rob Weiss

The late science fiction author Douglas Adams may have stated the natural reaction to new technologies better than anyone in his book, *The Salmon of Doubt*, when he wrote:

Anything that is in the world when you're born is normal and ordinary and is just a natural part of the way the world works. Anything that's invented between when you're 15 and 35 is new and exciting and revolutionary and you can probably get a career in it. Anything invented after you're 35 is against the natural order of things.

As a person over the age of 35, I completely understand Adams' statement. The technologies available when I was a kid seemed (to me) indispensable to the world's very survival. The technologies that arrived in my early-adult years (DVDs, CDs, websites, and Internet chats, for instance) are, in my mind, logical developments that I easily grasped and learned to use. However, the technologies of the last few years occasionally freak me out. Virtual reality, for instance: headset that immerses me in a digital universe that feels as real as the real world is, to me, simultaneously creepy and cool.

Either way, as a social worker I know that I'd better understand how VR looks and feels and what it's used for, because sooner or later I'm going to encounter a client who's having a VR-centric issue. And before I know it, I'm going to have a client who would rather conduct his or her sessions using VR headsets than in-person.

If you don't believe me, consider a 2009 study finding that kids between the ages of 8 and 18 spend 11.5 hours per day engaging with and/or through digital technology. And that was almost a decade ago, before the rise of smartphones. Moreover, the kids in that long-ago study (who were using digital devices approximately 70% of their waking hours) are now young adults. And young adults are consumers. Of everything. Including our services.

Are we ready for that?

When I was studying to become a social worker, I learned that an essential element of helping clients is understanding and feeling comfortable in their culture. I was told that if I was working with an African American client, I should have at least a basic understanding of African-American culture. The same was true with Latino clients, Jewish clients, LGBT clients, and every other ethnic and cultural group. If I don't understand a client's culture and belief system, I can't adequately respond to his or her experience.



"... many of our clients feel as much if not more at home in the digital universe as in the real world."

So why are so many of us ignoring this standard when it comes to technology?

In our practices today, the most commonly encountered "foreign culture" is the online world. As social workers, we need to accept this and adapt to it. We need to understand—

in fact, we are obligated to understand—that many of our clients feel as much if not more at home in the digital universe as in the real world. We must further understand that the digital universe is comprised of hundreds of separate subcultures, each with a distinct purpose, code of conduct, and set of potential problems.

Of course, no therapist can or should expect to be conversant in all languages and cultures. That said, our work requires us to either become culturally competent or refer our clients to someone who is. And honestly, how many of us have even tried to fully understand the ways in which online life affects and guides our clients—especially our younger clients—in terms of romance, business, friendships, politics, socialization, entertainment, self-esteem, and other important aspects of life?

If you're fighting the idea that it's time to step into the digital age, think about what's happened to the taxicab industry since Lyft and Uber showed up. Today, the idea of phoning for or hailing a cab has fallen off the proverbial cliff. And this has happened because it's easier—and often more appealing, especially to people under a certain age—to catch a ride using an app.

Is this slow taxicab-style demise what you'd like to see in your practice? If not, then maybe it's time to recognize that more and more people are shopping digitally these days. Countless millions are already buying groceries, watching movies, playing games, shopping for furniture, and visiting medical doctors online. If we, as social workers, hope to remain relevant, then we need to adapt to this fact.

Robert Weiss LCSW, CSAT-S specializes in infidelity and addictions—most notably sex, porn, and love addiction. He has served as an expert on human sexuality for multiple media outlets including CNN, MSNBC, The New York Times, The Los Angeles Times, and NPR, among others. His latest book is *Prodependence: Moving beyond Codependency*. He has also authored: *Out of the Doghouse: A Step-by-Step Relationship-Saving Guide for Men Caught Cheating*, *Sex Addiction 101: A Basic Guide to Healing from Sex, Porn, and Love Addiction*, *Sex Addiction 101: The Workbook*, and *Cruise Control: Understanding Sex Addiction in Gay Men*. Currently, he is CEO of Seeking Integrity, LLC, being developed as an online and real-world resource for recovery from infidelity and sexual addiction. For more information or to reach Mr. Weiss, please visit his website, robertweissmsw.com, or follow him on Twitter, @RobWeissMSW.

Department of Consumer Affairs
Board of Behavioral Sciences

Board of Behavioral Sciences
1625 N Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830
<http://www.bbs.ca.gov/>

Mentorship Program

Mentors are needed in all locations. This is an opportunity for those of you who are licensed and have professional experience to volunteer and offer your training and guidance to newly graduated MSWs and newly licensed LCSWs to help guide them into their new profession. Retired and semi-retired social workers please note – you may have the time and you certainly have the experience to help younger social workers focus on clinical skills as well as those humanistic values that have served our clients and our profession so well for so long. Time commitment is decided by the mentor and mentee, providing flexibility to those with busy schedules.

We are implementing a new way of having mentors and mentees match. Please look for the email providing instructions for participating in this valued CSCSW program.

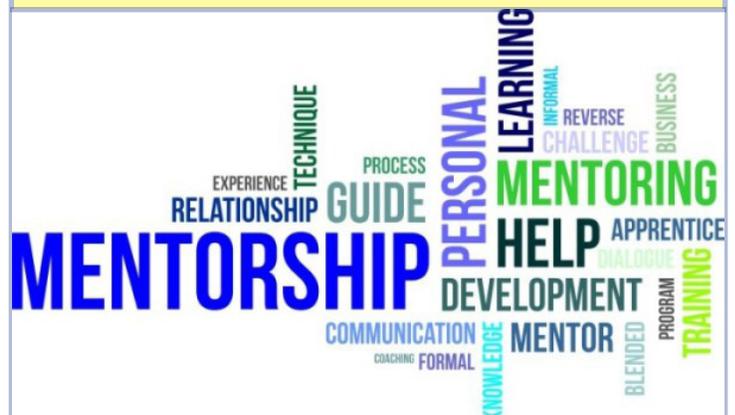
From CSCSW@googlegroups.com:

I've had 2 mentees through the society and they have both been great experiences. One was an LCSW who moved here from out of state, and the other was a second year MSW student (now graduated). I have really enjoyed sharing my many years of professional experience, and developing personal relationships with both of these young people. We'd meet for coffee or something once a month, or less – depending on what worked for them. It's not a huge time commitment and I've really enjoyed it.

~ Monica Blauner, LCSW

I currently am a mentor for two lovely women. It is a mutually satisfying experience to learn about their issues and to share my professional life.

~ Rama Weizman, LCSW



Telehealth Regulations from the California Board of Behavioral Sciences



(a) All persons engaging in the practice of marriage and family therapy, educational psychology, clinical social work, or professional clinical counseling via telehealth, as defined in Section 2290.5 of the Code, with a client who is physically located in this State must have a valid and current license or registration issued by the Board.

(b) All psychotherapy services offered by board licensees and registrants via telehealth fall within the jurisdiction of the board just as traditional face-to-face services do. Therefore, all psychotherapy services offered via telehealth are subject to the board's statutes and regulations.

(c) Upon initiation of telehealth services, a licensee or registrant shall do the following:

- (1) Obtain informed consent from the client consistent with Section 2290.5 of the Code.
- (2) Inform the client of the potential risks and limitations of receiving treatment via telehealth.
- (3) Provide the client with his or her license or registration number and the type of license or registration.
- (4) Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the patient's geographic area.

(d) Each time a licensee or registrant provides services via telehealth, he or she shall do the following:

- (1) Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.
- (2) Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation.
- (3) Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium.

(e) A licensee or registrant of this state may provide telehealth services to clients located in another jurisdiction only if the California licensee or registrant meets the requirements to lawfully provide services in that jurisdiction, and delivery of services via telehealth is allowed by that jurisdiction.

(f) Failure to comply with these provisions shall be considered unprofessional conduct.

NOTE: Authority cited: Sections 4980.60, and 4990.20, Business and Professions Code. Reference: Sections 2290.5, 4980, 4989.50, 4996, 4999.30, and 4999.82, Business and Professions Code.

Source: https://www.bbs.ca.gov/pdf/regulation/2016/1815_oaa.pdf

When a Client Threatens the Therapist

Guidelines for Mitigating Risk

written by: Renee Burns Lonner, MSW and Michele Licht, JD

Reprinted with permission from AAMFT (Family Therapy Magazine, May/June 2018)

It's not something that most of us would ever imagine having to deal with in our careers — a client makes or poses a threat of violence against you.

Therapists seem to be uniquely challenged in terms of knowing what to do to protect themselves, based on either their nature or education and training, or a combination of both. Therapists sometimes joke that theirs is one of the oddest professions: many spend their entire professional lives sitting in a room with clients listening to the most intimate thoughts and feelings — and pain — and their only curative tool is the spoken word. The therapy office is a most private world, and it must be so for the kind of work that is done there.

Individuals who enter the mental health field tend to be, by definition, other-oriented; people who want to improve the human condition and lessen the suffering of others. They are in the “people business” and people, not things, are their interest and field of study; they are “caretakers” of a particular sort, taking care of the hearts and minds of their clients, helping them to feel heard and understood, some for the first time in their lives.

It should not be a surprise that therapists often do not take good care of their professional selves; they are too busy taking care of the client. Usually, when supervisors tell them to pay attention to their own feelings, it is in the service of the client, or countertransference, feelings that the client often unconsciously provokes in the therapist that are a most useful kind of communication for the therapeutic process. But therapists often deny or minimize feelings of risk to themselves, anxiety or fear. The importance of observing and addressing risk to personal or professional well-being as it develops in the assessment or treatment process, in other words, the ability to identify “red flags” and intervene constructively, will be our main focus here.

In addition to direct risk posed by the client, threats to the therapist may develop from an indirect high-risk situation. The therapist may have met a legal obligation to warn a potential victim (Tarasoff) and inadvertently provoked the client's anger, or the therapist may be viewed by the client as “taking sides” in a highly contentious divorce or custody matter. In these situations, the therapist may become one of the objects of the client's anger.

Many therapists who have contacted the authors about a threatening client have observed, and then denied or ignored, weeks or months of warning signs and signals which are, notes Gavin de Becker, pre-incident indicators (1998). It is important to recognize, and, more importantly, pay attention to those signs and become appropriately concerned for one's safety, a psychological position that is unfamiliar and nearly always uncomfortable for mental health professionals. Therapists need to know when to consult, when to assess and not begin treatment with a client, when to refer and when to terminate. Though we are emphasizing the need for therapists to learn they have a basic right to safety and self-protection, the client's needs are served here, also — no therapist who is frightened for her or his own safety can provide effective treatment and clients who present such risks usually need to be seen in environments other than a sole practitioner's private practice office.

Red flags during assessment

There are potentially dozens of red flags that a therapist may observe in the first couple sessions with a client and many resources are devoted to that subject (see Professional Resources section). Most individuals who eventually make or pose a threat have a personality disorder (sociopathic, narcissistic) that renders them devoid of empathy, thus making it easier for them to justify harming another person physically or psychologically. However, having either a personality disorder or many of the traits thereof, in and of itself, does not make someone a risk of violence

— for that, one needs to add situational factors having to do with actual loss or narcissistic injury, often combined with the abuse of alcohol or drugs. Being able to observe these red flags at any point in the assessment or treatment phases requires the therapist’s intuition, as well as paying attention to the client’s words (and behavior), and then acting quickly and appropriately to address the risk. Following are statements reflecting incidents related to a client who presented a risk of violence:

- My practice specialty is personality disorders and I take pride in helping a lot of these clients make progress; I guess the fact that she had seen several therapists before me, and did not feel helped by any of them, I took as sort of a professional challenge and I wanted to demonstrate to her that she could get help.
- He pushed the boundaries of the therapeutic relationship from the beginning and did not respond positively when I set limits; however, it never occurred to me that I could or should terminate him for that behavior and I just became increasingly anxious.
- He was extremely depressed and suicidal when I started to see him and I was so concerned that he would kill himself that I entirely missed the violent part of his suicidal thinking. I never thought he could become homicidal until he made the actual threat. Now, I recall that he told me in the first couple sessions that he collected antique guns and had a fascination with them.
- The father in a high-conflict divorce and custody situation admitted that he had struck his child on a couple of occasions, but he said that he did not hit him hard and considered that it was appropriate discipline, and “it worked.” He added that if I told anyone, he would “make sure I was sorry.”
- I was uncomfortable with the way he looked at me during the initial session and he asked a couple of very personal questions. I felt shaky by the end of the hour, but I’m an intern and I didn’t think my supervisor would react well to my not wanting to see him.

These situations developed over time into cases of stalking and homicidal threats, and consultation involved very sensitive and strategic interventions aimed at reducing the threat and protecting the therapist. De Becker (1998) makes the point in *The Gift*

of Fear, while referring to workplace situations, the range of interventions narrows and the risk increases if the threat is allowed to develop and increase over time. Though not involving the context of the usual “workplace,” the authors see this phenomenon regularly in consultations. Many therapists who seek consultation after weeks or months, or in rare cases, even years, of a client’s presenting a risk of harm learn that their options are far fewer than they would have been with early intervention. This phenomenon is created, on a most basic level, because the person who is making or posing the threat has become more and more empowered by the absence of consequences. The relatively simple setting of a limit or boundary usually does not work at advanced stages of risk. That timeline is the dynamic at play in some consultation cases where the situation is so dangerous that it is advisable to terminate the client by phone or in writing, but in no circumstances in the office, in person.

At a most basic level, the therapist’s concern about risk in general (therapist or other-directed) should be activated by clients who assume no responsibility for their behavior, have a level of anger or rage that is excessive for almost any situation, have a history of violence and/or make threatening statements (even if they are implied, conditional or indirect) and have substance abuse issues. Often in such situations, the therapist’s anxiety takes over and he or she seeks the client’s assurance or a verbal contract regarding safety. By expanding the conversation briefly at this point, the therapist can be in a position to take appropriate action, if that is indicated; such action might be to not see the client and refer him or her to a clinic or specialized practice setting. Such questions might be:

“You mentioned that you ‘got even’ on social media with your last girlfriend for breaking up with you — what did you post, how often and how do you know her response?”

“You said that you saw your last therapist for several years, but it turned out she was not helpful and you think she was not ethical on some occasions — would you be willing to sign a release so that I could speak with her?”

Generally, the authors only hear from therapists whose case situations have become very difficult, and those are the examples provided here. With that caveat, we have observed that some therapists seem averse either to not accept a client who arouses concerns during the assessment phase, or to terminate clients who are not following the key elements of the treatment plan. Often during these consultations, the view expressed by the authors that “responsibility is a two-way street” comes as a surprise to the consulting therapist, and he or she responds with 1) Isn’t that abandonment? 2) I have no colleagues to whom I can refer this client, or 3) I don’t want to reject him and repeat his early history with his parents.

Helpful forms

Informed consent. Younggren, Fisher, Foote, and Hjelt (2011) make the basic point of mutual responsibility in “A Legal and Ethical Review of Patient Responsibilities and Psychotherapist Duties”; however, this almost common-sense, legally and ethically sound position seems to be rarely communicated in education and training. Also, not emphasized before licensure is the potential depth and breadth of the informed consent process. Here, the therapist has the opportunity to discuss, among other things, the protection and limits of confidentiality, details of the treatment plan, the client’s responsibilities to cooperate and participate in order for effective treatment to be provided, and the conditions under which termination (and not always a mutually-desired termination) may be necessary.

Some therapists are uncomfortable with this process, rush through it and see it as simply the need to obtain a signature — not as a discussion of the content and an opportunity to determine if roadblocks to effective treatment posed by the client may be foreseen. An open discussion at the point of assessment may not only prevent serious issues from developing later in treatment, such a discussion also opens the door to these issues before a crisis arises. It communicates to the client that the therapist is in control of the treatment process; that is, the therapist sets and maintains the framework and boundaries for therapy. That responsibility includes ensuring that the treatment setting, for example, outpatient therapy on a regular basis, provides the correct level of care. If at any point in the treatment process outpatient treatment is not enough to ensure that treatment

goals can be met, the therapist needs to initiate a discussion with the client and recommend the correct level of care. The patient’s willingness, or not, to move to that level of care should not control the therapist’s next move; that move may need to be an appropriate termination and referral.

Authorization for disclosure of confidential information

The “release of information” form is another opportunity for the therapist to communicate boundaries and scope of the therapeutic relationship. In some cases, the client requests the therapist communicate with another healthcare professional or family member; in other situations, the therapist believes it is in the client’s best interests to communicate with another person in the client’s life and the client may or may not wish such communication to occur. Alternatively, the client may not object in concept to the sharing of information with a third party, but may prohibit the therapist from discussing certain issues or facts relative to his or her situation. The therapist must assess whether any limits imposed by the client could potentially cause the client harm or interfere with the treatment process, and if so, communicate that information to the client. If the client continues to refuse (for example, that the therapist discuss current drug or alcohol use with the psychiatrist prescribing medication), the therapist needs to determine if safe and effective treatment under those circumstances can be provided. Of course, these situations can become contentious and may be viewed by the client as a “power struggle” rather than the therapist acting in the client’s best interests. The therapist should explain the reason the communication with another professional or other third party is important for the treatment process; ultimately, the therapist must be the one to make the decision as to whether treatment can move forward under those circumstances.

When the threat to others turns toward the therapist

In the execution of legal or ethical duties, therapists may become an additional, or even the main, focus of anger for the client. Some of these case situations become quite complicated, from a risk management point of view. For example, when a client makes a credible threat of violence toward a third party and the

therapist warns and takes action intended to protect the intended victim (such as calling the police), the client may become infuriated with the therapist. In such cases, the client may deny intent or means, even though he or she may have communicated this clearly to the therapist in a session, and claim that the therapist misunderstood “expression of feelings.” The client may feel that the action by the police, for instance, caused embarrassment in the community or, if the threat was communicated to an employer, threatened employment standing. Clients with these feelings may threaten legal action (such as filing a complaint against the therapist) and/or harm to the therapist. Particularly risky are domestic violence situations and therapists are well advised to protect themselves with early consultation in these cases. A private practice office can be a difficult setting in which to treat either the perpetrator or the victim in a domestic violence situation; in many of these cases, a clinic setting in which there are other professionals present is a safer environment.

Also, child abuse situations may present risk if the parent client is also the suspected perpetrator of the abuse. In most of these situations, it is not appropriate for the therapist to continue to provide treatment (there are exceptions), and referrals are in order. There are similarities here to “duty to warn” situations in terms of the client’s feeling humiliated and embarrassed, as well as not in control, and the therapist may become a target of the ensuing anger or rage. In short, anytime the therapist moves to protect a third party (a child, spouse/partner, supervisor, or teacher) and gets “in between” the threatening client and third party, there may be risk in terms of physical or psychological violence. Therefore, almost at the same time as taking action to protect others, the therapist needs to assess the risk to self, and take appropriate security precautions. Consultation at this point can be very useful and can help the therapist feel, and actually be, more in control of a volatile situation.

The role of consultation

Connected with therapists’ commonly positive and expansive view of what kinds of issues may be dealt with in therapy and their occasional minimizing of their sound clinical intuition on the front-end, is their reluctance to obtain appropriate legal or clinical

consultation early in the treatment process. For the reasons previously mentioned, consultation is most effective when it is obtained early in the assessment or treatment process. Therapists should not hesitate to contact an attorney who specializes in mental health law if they believe that their treatment, referral or termination of a client may raise legal concerns. The fact that the therapist may feel as if he or she has already made an “error” with the client, or records are not pristine, should not deter one from seeking a legal consult — in fact, it should hasten one. Alternatively, when seeking a clinical consult, the therapist should seek a peer consultant (expert) who has extensive experience in assessing risk and the potential for violence. A qualified consultant should be able to quickly assess the situation and make clear recommendations to protect therapist safety, as well as assisting the therapist in identifying appropriate treatment resources for the client.

Therapists are encouraged to identify red flags in the assessment and treatment process and take the initiative to gather more information to assess the level of risk and make an informed decision as to the wisdom of accepting a client into practice and/or terminating the client. Clinical and/or legal consultation is encouraged in any case situation involving risk of violence and therapists are reminded that, in these cases, they need to pay attention to their basic need for safety, at the same time they are addressing the client’s treatment needs.

Renee Bums Lonner, MSW, LCSW, maintains a private practice in Sherman Oaks, California, providing individual, marital and family psychotherapy with children, adolescents and adults. She is a consultant for mental health clinicians and organizations in general practice areas, as well as the specific area of risk assessment. She is an AAMFT Clinical Fellow.

Michele Licht, JD, is an attorney specializing in the representation of mental health practitioners on a wide range of issues. Over the past 35 years, she has represented over 2,500 psychotherapists in legal and ethical consultations, before licensing boards, in disputes regarding hospital and medical staff privileges, and general practice issues. She represented psychology before the California Supreme Court in *CAPP v Rank*, setting a precedent for psychologists’ scope of practice in hospital settings.

Legal Guidelines When a Client Threatens the Therapist

A young mental health professional called to inquire about duty to warn requirements after his client, who has a serious history of violence, threatened to kill her boss. Although the threat was made two hours earlier, my client was still sitting at his desk with no thought that he might be in physical danger. What I told him is what every therapist should consider first in these situations: protect yourself before you do anything else, and safely get out of your office. Phone calls to police, victims and attorneys can be made from a safe location.

While it may seem like common sense that a therapist may be in danger after taking action when a client threatens others, an anxious therapist may overlook this danger. Remember, clients should be aware of reporting obligations. They sign consent to treatment forms at the beginning of the therapeutic relationship informing them about this limit of confidentiality. Unfortunately, while protecting potential victims, the obligation to warn and protect may put therapists at risk.

Therapists are not trained to protect their self-interest or safety, however they should have the knowledge and skills to take care of their clients and themselves without feeling that there is an inherent conflict between meeting their own and the clients' needs. We recommend that therapists immediately (after getting to a safe place), report serious threats of violence to local law enforcement. In most cases, therapists do not have sufficient contact information for identified victims, but if safe and possible to do so, and with attorney consultation, therapists should provide a warning.

Therapist checklist

1. Are therapist and those around therapist (family, peers) physically in a safe place?
2. Does therapist have an immediate mandatory duty to inform

- local law enforcement and protect identified victims?
3. Is there a permissive law that is applicable?
4. Review legal requirements to make sure therapist is compliant.
5. Consider appropriate termination of treatment issues.
6. Consult to assess risk of violence and develop a safety plan for office and home.
7. Prepare follow-up letters to law enforcement and identified victims.
8. Document to reflect therapist compliance with laws, clinical issues and standards of care.
9. Review the case to learn how therapist could have addressed issues better during the treatment (therapist tolerance for abusive behavior in therapy, boundary setting and early termination, if appropriate).
10. Review your state's laws regarding duty to warn: www.ncsl.org/research/health/mental-health-professionals-duty-to-warn.aspx

Follow-up letters, documentation and appropriate termination

Follow up letters to law enforcement and identified victims, as well as documentation, should be reviewed by the therapist's attorney to be sure there is a clear record of compliance with laws and standards of care. Too often, therapists are reluctant to terminate treatment until long after therapy becomes ineffective. This is especially true in cases where client threats are directed at the therapist. The therapist's tolerance for clients who are abusive and disrespectful can be quite high. As Lonner states previously, the longer a therapist delays discussing appropriate boundaries and treatment termination, the more explosive safety issues become down the road. The termination process should always follow all acceptable guidelines.

Mandatory duty to warn and/or protect: Examples from California



California Civil Code section 43.92, enacted in 1986, defines psychotherapists' mandatory duty to protect and clarifies that there is no liability for failure to predict a client's violent behavior. It specifies that there is no duty unless each of the following has occurred: "the [client] has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims." The statute also provides immunity to therapists "who make a reasonable effort to communicate the threat to a law enforcement agency and the victim or victims." In a 2004 California appellate court case, *Ewing v Goldstein* interpreted the language of section 43.92 to include communication of the serious threat from a close family member to the therapist, even where the client did not communicate a threat to his therapist. While greatly complicating therapists' mandatory reporting obligation, the Court clarified that the therapist must "actually believe," the client poses a risk of violence. Therapists are therefore advised to carefully document all the reasons they believe their client poses a serious risk of physical violence. In 2016, in response to the violent killing of six young people in Santa Barbara, the California Legislature enacted the Gun Violence Restraining Order Law (Welfare and Institutions section 8100). The law gives law enforcement the authority to confiscate all weapons from individuals who are alleged to have made a threat and provides a due process hearing within 21 days. The law also mandates that therapists warn local enforcement within 24 hours when clients make a serious threat of physical violence against an identifiable victim(s). Since the statute specifies reporting to local law enforcement, therapists are advised to report to local law enforcement where the client resides, where the victim resides and where the therapist works.

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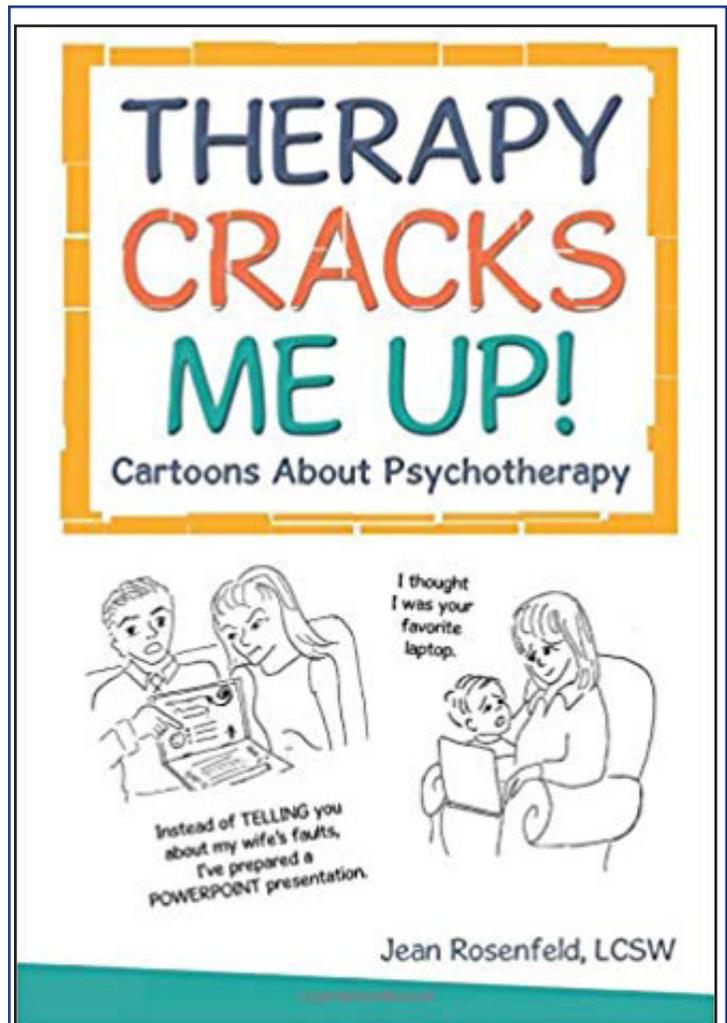
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Therapy Cracks Me Up!
Cartoons about Psychotherapy
is a fun, easy gift for yourself – and your colleagues, friends and anyone interested in psychotherapy. It was created by our own cartoonist, Jean Rosenfeld. It's a wry, light-hearted look at many of the topics we deal with in our work. The book costs less than many greeting cards – \$5.95 on Amazon

Check it out!

[https://www.amazon.com/
Therapy-Cracks-Me-Up-Psychotherapy/
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Clinical Toolbox Online

Alessandra Rizzotti, ACSW

The Online Clinical Toolbox is a new feature for the CSCSW community to share useful online resources for clients and clinicians. Please send descriptions of your favorite applications, websites, podcasts, or blogs along with a short explanation of how you or your clients have used/benefited from them to Rizzotti.alessandra@gmail.com.



The suggestions made here are for you to check out and determine their usefulness for you or your clients.

A wealth of research supports the benefits of meditation for both clients and therapists. The following free or low-priced apps provide mindfulness tools that both clients and clinicians can use that may facilitate change in how they relate to cognitions and emotions.

Stop, Breathe, and Think App: This app recommends guided meditations, video sessions of yoga, gratitude practices, and grounding techniques based on how one is feeling physically, mentally, and emotionally. Starting with 10 seconds of closing the eyes, the app will then ask how the client is doing physically, mentally, and emotionally. It will then provide a meditation or yoga routine of 5-9 minutes and if the client purchases a membership, other tools such as mindful eating and breathing techniques can be unlocked. After the mindfulness practice is used, the app checks in with the clients' physical, mental, and emotional wellness and creates a visual graph of the progress of the client daily. With a gaming feature that aims to encourage a daily mindfulness practice through "badges" and "trophies," this tool is fairly easy to use and has the potential to change clients' relationship to mindfulness if hesitancy is expressed initially. Find it at stopbreathethink.com.

5 MINUTES TO PEACE

STOP

Stop what you are doing. Check in with what you are thinking, and how you are feeling.

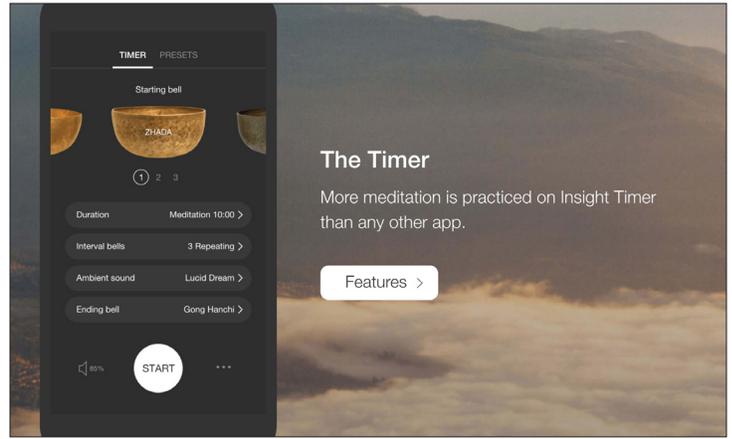
BREATHE

Practice mindful breathing to create space between your thoughts, emotions and reactions.

THINK

Broaden your perspective and strengthen your force field of peace with

Insight Timer: This app provides music, interval bells, ambient sound, as well as guided meditations and movement exercises that may help clients increase self-compassion, gratitude, and improve mood. By typing in key words such as anxiety, depression, focus, or mood, clients can find meditations that may help them with current issues they're facing. Although it is not as customizable as Stop, Breathe, and Think, it provides 11,000+ meditations of varying lengths from 2 minutes to an hour from many meditation teachers and has a feature in which clients can journal their feelings and thoughts after the meditation is over. In addition, there is a community feature in which clients can see other people who are meditating with them at the same time. While some clients may find it overwhelming due to the amount of choices provided, exposure to the app during a session can be helpful. In addition, there are some Spanish meditations provided on the app. Find it at insighttimer.com.

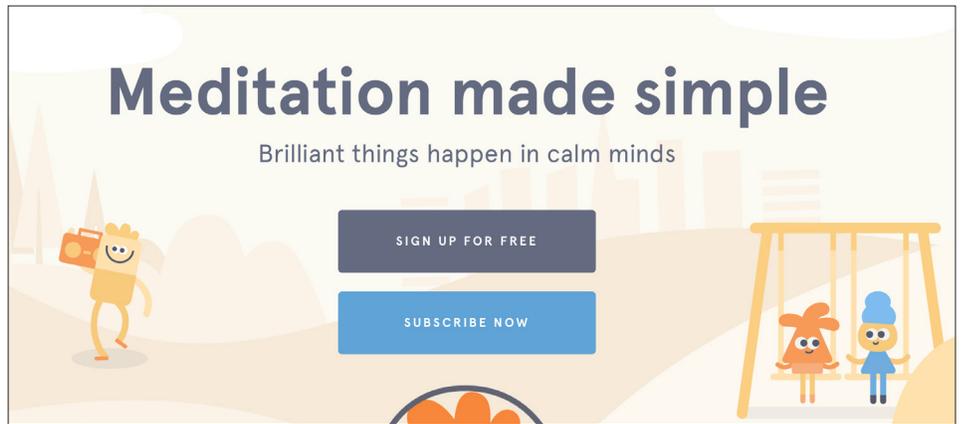


The Timer

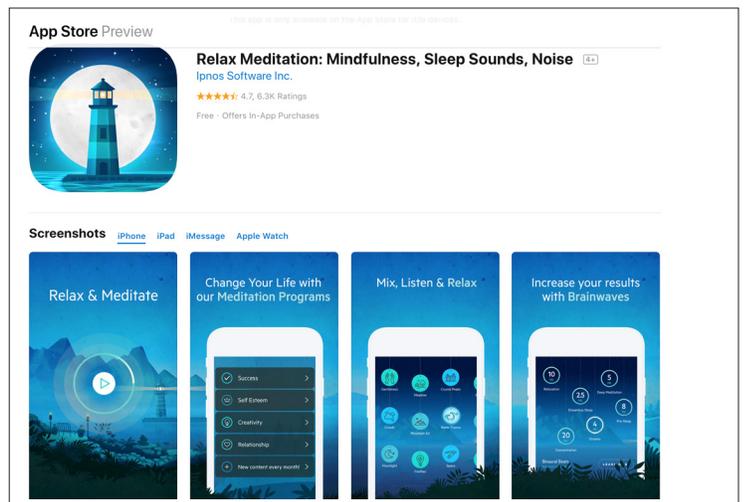
More meditation is practiced on Insight Timer than any other app.

[Features >](#)

Headspace: For those who find meditation “too feel good” or “cheesy,” a more irreverent humorous approach may be found in the app Headspace. Guided by a UK meditation teacher, it has a playful upbeat approach to meditation that may resonate with some clients who doubt the benefits of meditation. Find it at headspace.com.



Relax Meditation: For the clients who are struggling to fall asleep, are creative, and have a desire to customize their meditations, the app Relax Meditation provides an opportunity to create a looped soundtrack with soothing nature sounds, instrumentation, white noise, and more. The app also provides meditations specific for sleep, dreaming, recharging, and reducing anxiety, but this is for an extra membership charge. Overall, this app's free features may be more useful for clients who resonate more with sound versus guided meditations. Find it at the [iTunes store](https://itunes.apple.com).



Whether clients and clinicians use meditation in or out of session, it can provide benefits to some. Try one of these apps and let us know what you think, or comment with an app you don't see listed.

Alessandra Rizzotti (ACSW 83520, MSW, RYT-200) is a Psychiatric Social Worker 1 who will be based at DMH's American Indian Counseling Center this fall. She has experience with a variety of modalities including DBT, CBT, ACT, PE, grief support, and yoga. As a current volunteer at The Trevor Project, she has provided suicide prevention and crisis intervention, and was formerly the full-time Communications Manager there. She has a 10-year career in media working for the social impact media company GOOD, as well as various TV and film studios. You can contact her at Rizzotti.alessandra@gmail.com and alessandrarizzotti.com.

Crossing Boundaries

Elaine Leader, Ph.D.

The Challenge of Multiculturalism and the Rise of Intolerance:

In his inaugural speech of 1997, President Clinton questioned, "Are we coming together or coming apart?" Previous concepts that defined American society as a melting pot have long been discarded in favor of multiculturalism. Instead of defining oneself with pride as being an American, one is expected to precede this with a hyphenated acknowledgment to one's origins or forebears, no matter how distantly they emigrated to these shores. But following the tragic events of September 11th despite an apparent unity amongst Americans in face of a common enemy – terrorism, a wave of intolerance has again arisen. This has been continually accelerated by our current President, Donald Trump. Those with Islamic names, even those not known to be associated with acts of terror, are being targeted with epithets and acts of hate. People of color, and particularly immigrants of color, are demeaned. This intolerance, although arising from fear, cannot be allowed to flourish.

The racial and ethnic intermarriage rate in Los Angeles County is five times higher than the national average. In fact, 15% of babies being born in the state are of mixed race or mixed ethnicity, according to an analysis of birth records by the Public Policy Institute of California.

The idealism and hopes of the civil rights movement of the 1960s to combat racism, prejudice and bigotry have almost been forgotten. True, many of the legal impediments to equal rights have been eliminated, but our concern now is that these may be threatened by our current administration in Washington. Also, what our young people are facing today is, for the most part, a subtler form of stereotyping and prejudice.

California's Complex Racial and Ethnic Diversity

In Los Angeles and throughout Southern California, the sheer number and variety of racial and ethnic groups

is remarkable. There are Samoans, Iranians, Armenians, Cambodians, Lithuanians, Ethiopians, Romanians, Ukrainians, Peruvians and countless other Spanish-speaking groups. The gradations of color on the faces of the people here undercut the traditional black-white dichotomy so prevalent in other parts of the country. UC Santa Barbara sociology professor Reginald Daniel, a scholar of racial identities, says, "the visual factor in racism is so critical. What you see is going to affect how you treat a person, and as it becomes more difficult to code what you see, your behavior is going to be influenced by the fact that you're not absolutely certain of whom you're dealing with at any given time."



The racial and ethnic intermarriage rate in Los Angeles County is five times higher than the national average. In fact, 15% of babies being born in the state are of mixed race or mixed ethnicity, according to an analysis of birth records by the Public Policy Institute of California. Of course, the blurring of racial and ethnic lines does not automatically eliminate social and economic hierarchies based on skin tone.

Resources

As helping professionals I believe we have the responsibility to assist people in dealing with the fears and prejudices that arise from this ever changing diversity. Resources are available. For instance, The Southern Poverty Law Center provides free teaching materials, posters and videos for use with elementary and secondary school students. Other organizations such as the Anti-Defamation League have excellent programs, videotapes and speakers.

Peer mediation or conflict resolution strategies are examples of approaches to resolve difficulties that occur between diverse and divisive sectors of a school

population. Schools that include these approaches in their curriculum are to be applauded. Another avenue to understanding has been the teen Drug Courts that use peers to address misdemeanor drug infractions. However, one phenomenon that must be explored if a program is to succeed, is the ways that cross-cultural differences affect communication. It is necessary for mediators to deal with their own prejudices and biases so that these do not adversely affect the mediation process.

Teen Line*

Much has been written about the need for social programs to reflect the multiculturalism of their community by including staff who are representative of their target population. The goal is to incorporate principles of cultural and ethnic diversity to enrich the quality of service to the community. Teen Line, a well-established teen hotline in Los Angeles, deals with these issues of diversity with their front-line staff who are teenagers. Issues faced include appropriate training

that encompasses cultural sensitivity, recognition of prejudice and stereotyping (both conscious and unconscious) and the development of suitable outreach strategies. Mandatory training includes experiential exercises to further insight into prejudicial thinking and stereotyping and all volunteers are required to visit the Museum of Tolerance. Many of our teen volunteers complain that at school students tend to congregate and socialize according to ethnicity. For most of them, the Teen Line training is the first experience they have of dealing with these issues in an open and frank manner. And for some it is the first time that they have formed relationships across the usual boundaries.

We all need to feel that sense of belonging that comes with identification with others like ourselves. We strive at Teen Line to promote equality, justice and humanness in a society where prejudice and discrimination are still evident. The challenge is to help our teen volunteers to recognize, understand, and confront the many types of prejudice and discrimination present in their world at the same time as we encourage cultural pluralism as an opportunity for growth.



Dr. Elaine Leader co-founded Teen Line in 1981 and was the Executive Director until 2015. She is now entitled Founder and is establishing a Legacy Line for supporters to contribute to Teen Line long term. She received her MSW from UCLA in 1970 and Ph.D. from the Sanville Institute in 1981. She has been in private practice since 1970. She can be reached at drleader3@gmail.com.

*Teen Line is staffed by trained teen volunteers and is accessed by teens worldwide through calls, texts and emails. In 2017 73% heard about it as a resource via the internet site www.teenlineonline.org. In addition to the hotline Teen Line has an extensive community outreach service that includes the Youth Yellow Pages which is also now available on an App, presentations at schools and adolescent serving agencies as well as an educational component for parents, training in suicide prevention for law enforcement and consultation to the media.

Glimpse – A letter to parents of teens

Leah M. Niehaus, LCSW

I write these words without judgment, as I too am a South Bay parent and struggle to do my daily best by my own family. Parenting adolescents is not for the faint of heart, but it can be done with awareness, acceptance, empathy, and a sense of teamwork. I witness in my office how meaningful these shifts are and how life-saving they can be for struggling teenagers.

My hardest days at work are the ones where I am sitting with a suicidal teenager. Unfortunately, it is far more common in the South Bay than many people would guess. Sometimes teens have a biological depression that is extremely difficult to shake...and sometimes teens have been through a trauma of some sort -- abuse, harassment, bullying, divorce, a parent's alcoholism or addiction, sudden loss, academic failure, or social isolation. Their despair is understandable to me. Due to my training and experience, I understand how to work with these types of challenges and how to help the adolescent stay safe and stable. We make a plan, enlist more support from home and school, identify new coping tools, and keep reminding them that the black cloud of depression will eventually lift if we all work hard enough. Usually the cloud does lift, the teen navigates the rough patch with extra support, and we work toward prevention and increased coping.

There are other situations where adolescents are highly anxious, depressed, overwhelmed, and suicidal without a clear reason that we can identify. In general, there is a feeling that these adolescents feel misunderstood, isolated, and that no one "gets them." They are lonely, overwhelmed, and highly stressed by school and parental expectations. They feel as if they don't belong—at school with their peers...and, even worse, at home in their families. Their suffering feels as real to them as for the kids that have experienced a trauma, though it is harder for them to articulate their suffering or gather much empathy in the community (as often their suffering is silent and unnoticed). This type of

kid ends up in my office far too often—for reasons that are entirely preventable. If you have a sensitive child like this or know someone that does, I am going to give you a generalized glimpse into their thinking...in the hopes that this will promote healing.



There are other situations where adolescents are highly anxious, depressed, overwhelmed, and suicidal without a clear reason that we can identify.

In general, these teens are working hard at school and home and rarely get into trouble. These teenagers desperately want their parents to accept them for who they are—not just lip service, but actual unconditional love. They want to feel heard and acknowledged. They want less criticism. They want their parents to help them manage their school and extra-curriculars in a balanced way and help them to say "no" to commitments that no longer serve them. They want their parents to understand that harsh words hurt their hearts because they actually do want to please them. They want their parents to pay attention to them, smile, and give them far more hugs than they are getting. They want their parents to be less invested in their successes and failures—it puts tremendous pressure on them. They want their parents to take away their devices so that they can get a break and some sleep—and they have trouble self-regulating this themselves. They want less comparison with their siblings. They want their parents to care less about them being popular and be less critical of their physical appearance. They want to feel understood and not judged—no matter their sexual identity or whether they are college bound or not. They want their parents to understand that it's difficult to be a teenager today—no matter how privileged their lives are. They want their parents to trust them. They want their parents to slow down and spend time with them. Often the adolescent's perception is accurate and there is room for improvement within the family system.

Of course, I have ideas about how our schools, communities, and society at large can do better by our adolescents. I also think that teenagers need to own their feelings and actions—and despite hurts from family, peers, and schools—they have to make a conscious choice to prioritize their own health and make good decisions. This is all important work. However, this article is written for parents. As parents, you have an incredible role in the shaping of a young person's life—don't underestimate your power in their lives. Use the power as a good influence and an example of the kind of parent they may want to emulate someday.

Leah M. Niehaus, LCSW is a psychotherapist in private practice in Hermosa Beach. She specializes in working with adolescents and their families, individually and as families. She also runs a High School Girls' Group and a Middle School Girls' Group for typical teens that are struggling with anxiety, depression, stress, and friendship difficulties. Leah can be reached at (310) 546-4111 or leahniehaus@me.com. Check out her website at www.leahmniehaus.com.



Are you a member of the Clinical Social Work Association?

CSWA is the National Voice for Clinical Social Work. CSWA strengthens clinical social work as a profession and provides a place for members to be informed about advocacy priorities, new technologies, and guidance for clinical practice. **We encourage all members to join the national association.**

CSCSW Members can join the CSWA at the STATE AFFILIATE MEMBER RATE OF \$100.00. Visit the CSWA website to become a member!

www.clinicalsocialworkassociation.org

History of CSCSW

Members of the California Society for Clinical Social Work have a great deal to be proud of! Their history includes amazing milestones beginning with the most important achievement.

CSCSW Milestones

1965	California license established	1975	CSCSW wins parity for LCSWs
1969	California Society for Clinical Social Work formed	1970	Institute for Clinical Social Work established

Before there was a society, our founders were instrumental in establishing of our license, the LCSW, in 1965. It is noteworthy that California was the first State in the U.S. to obtain a license for clinical social workers. It gave social workers a recognized profession with a mission statement and a code of ethics. Today, the California Society for Clinical Social Work continues to protect and uphold the values and ethics of our license.

Establishing the Society

After this groundbreaking achievement, The California Society for Clinical Social Work was formed in 1969 by the same small group of experienced and dedicated social workers who had testified and obtained our license. By then, these key group of clinical social workers had gathered a large group of Licensed Clinical Social Workers to form the statewide organization of the California Society for Clinical Social Work.

Legislating for Parity

Another landmark was accomplished in 1975, when a small group of experienced and passionate social workers, accompanied by our part-time social worker lobbyist, Bill Grimm, flew to Sacramento to testify and to win parity for our services. Parity meant that Licensed Clinical Social Workers could now bill insurance companies for our services just like psychiatrists and psychologists. This gave clinical social workers the choice to become independent practitioners.

Establishing Society Educational Efforts

The educational arm of the Society was the first institute in CA to offer a clinical doctorate for social workers. It was in the 1970s when another small group of members of the California Society for Clinical Social Work introduced instructional initiatives and in the mid 1970s, the Institute for Clinical Social Work (now known as the Sanville Insitute) was established.

Choosing Happiness with Purpose

This article is reprinted from the blog Smartliving360.com By Ryan Frederick

Finding Purpose for the Long Haul

Charlotte Seigel is a tour de force. She is passionate about social work, psychiatric work in particular. She also believes in actively collaborating with colleagues to improve the field.

In fact, she has been passionate about this work for over seventy years! Charlotte is 97 years old.

Last year, Charlotte was the recipient of an award for honorary recognition for contributions in the field of clinical social work from the California Society of Clinical Social Work. For years, she worked at Stanford before starting her own practice in midlife. She continued to see patients until just a few years ago, well into her 90s. Patients would come to her retirement community for her services. She remained active in the Mid-Peninsula district California Society for Clinical Social Work and had been instrumental in bringing high-profile speakers, including Dr. Carol Dweck who has gained attention for articulating the value of the growth mindset as compared to the fixed mindset. Charlotte is a lifelong case study of the growth mindset.

In Charlotte's words, "My social work self, my clinical self, my total being self, they are all wrapped together. There isn't a separate clinician and separate Charlotte Siegel. It's all a part of the definition and a part of what I am able to give to clients who come to see me – a sense of life moving for me and for them."

Charlotte has had an integrated sense of purpose for a long time and it turns out that purpose matters a lot. It's not happenstance that she has lived such a long and vital life.

Choosing Happiness with Purpose

Our culture is obsessed with happiness. Nearly 50% of people in the US set New Year's resolutions, many with the aim of leading a happier life. In surveys, most people list happiness as their top value, and self-help



books and life coaches are part of a multibillion-dollar industry of happiness. It seems to work well with book titles, too: *The Happiness Curve* is one of the latest examples. Part of the challenge is that we often don't understand or fully appreciate the different definitions of happiness or life satisfaction. Going back to the days of Greek philosophers, much thought has been directed in this important area. There are two forms of well-being — hedonia, or the ancient Greek word for what behavioral scientists often call happiness, and eudaimonia, or what they call meaningfulness. The happy life is defined by seeking pleasure and enjoyment, whereas the meaningful life is bigger.

In her TED talk and recent book, *The Power of Meaning*, Emily Esfahani Smith presents the case for choosing happiness with meaning. She points to the research that shows that the pursuit of happiness – hedonia — negatively affects our well-being and such pursuits tend to have only a brief boost in mood that soon fades. One of the most powerful examples comes from research around lottery winners. Six months after you hit the lottery the average lottery winner has permanent baseline levels that are slightly lower than they were the day before they bought the ticket. In contrast, while life with meaning can be associated with stress, effort and struggle, it can also be more deeply satisfying and sustaining. As one example, in a recent study, researchers from the University of Ottawa followed college students and found that they behaved very differently depending on whether they emphasized meaning or self-focused

happiness. Those that focused on meaning, such as helping friends, did not feel as happy right after the experiment but, over a longer period of time, reported fewer negative moods and expressed a prolonged sense of inspiration and enrichment than those focused on self-oriented happiness.

It turns out that happiness with meaning is a mindset – a choice we make – that is more valuable and sustainable than hedonistic happiness.

A Movement for Choosing Happiness with Meaning and Purpose in the Age of Longevity

Of course, living a life of satisfaction has been important since the beginning of man. What's different now is that we are living a lot longer; thirty years longer than our contemporaries from a century ago. Charlotte Seigel is a living example of purpose sustained over the long haul.

Marc Freedman and his colleagues at Encore.org are helping create a movement of purpose. Marc is the founder and CEO of Encore.org, a not-for-profit with global influence that serves as an innovation hub tapping the talent of older people as a force for good, and one of the leading voices embracing the opportunities for greater purpose in the age of longevity.

Earlier this year, Encore.org and Stanford, led by William Damon, Director of the Stanford Center on Adolescence and author of *The Path to Purpose*, released a research report on purpose sponsored by the John Templeton Foundation. This report, "Purpose in the Encore Years: Shaping Lives of Meaning and Contribution," defined purpose as "sustained commitment to goals that are meaningful to the self and that also contribute in some way to the common good, to something larger than or beyond the self."

In this report, they found that approximately one third of older adults they surveyed currently exhibit such purpose, representing approximately 34 million people if extrapolated to the population at large. Among other findings, they also learned that purpose was not a zero-sum game. People who place a high priority on beyond-the-self goals simultaneously endorse views of later life that embrace self-oriented

activities such as continued learning and leisure, even more so than people who aren't engaged with purpose.

Where You Live Matters with Purpose

We can't expect where we live to automatically give our lives purpose. However, it can make a difference. As a previous Smart Living 360 blog ("On Personal Connection") pointed out, our networks influence our well-being. If our friends' friends are happy, we are more likely to be happy. Being around others that value purpose will naturally impact our priority on purpose.

Also, our living environments can help us up to focus on things that matter most. Living spaces that free us up from home maintenance – things that can take time and resources – allows us to allocate more time and energy towards purpose. Further, built environments that minimize risks of falls and make it easier to be physically active can help us stay healthy longer to actively pursue our passions.

Finding Your Purpose at Any Age

Finding your purpose is not easy but it's vitally important. In the context of a long life, our purpose may change and our "encore" chapter of life may create new opportunities to choose happiness with meaning. Or, for the lucky among us like Charlotte Seigel, our extra years may create additional avenues to amplify and extend our lifelong purpose and inspire younger generations along the way.

Ryan Frederick is the founder of Smart Living 360, a platform to help people and institutions thrive in the Age of Longevity. Smart Living 360 publishes a monthly blog on health & well-being in the context of longevity. Interested parties can sign up for the blog at www.smartliving360.com. Ryan is currently working on his first book, tentatively titled *Thriving in the Age of Longevity: A Practical Guide to Smart Living over the Long Term*. Ryan is a graduate of Princeton University and Stanford Business School. He can be reached at ryan@smartliving360.com.

Chet Villalba Receives CSCSW Award

Leah Reider, LCSW, CSCSW Board Vice President & Treasurer

Every two years CSCSW may present two honorary awards. One is for outstanding contributions to the field of social work, and the other is for extraordinary service to CSCSW. It is unusual that one individual could meet the criteria for both awards, but Chet Villalba has done just that.

Chet is a graduate of Smith College School for Social Work and a distinguished social work professional with forty-plus years of experience as a clinician, scholar, educator, and leader in the field of clinical social work. He was a founding member of CSCSW and served as a board member until the spring of 2018. He served as president of the Board of Directors of the California Institute for Social Work, now known as the Sanville Institute, and was awarded an honorary doctorate by Sanville. In addition, he served as part of the core faculty of Sanville. He also was a clinical assistant professor and faculty field advisor at Smith College School for Social Work.



Chet has been a leader in the field of social work in the San Francisco Bay Area, where he dedicated himself to serving children and families. He worked for two decades as the CEO of Family Service Mid-Peninsula (now Family and Children Services of Silicon Valley). Over those twenty years, he expanded Family Service's programs to include group therapy, counseling for older adults, crisis hotlines for parents and teens, and public education workshops, while maintaining a private practice.

Chet served as chairman of the board of directors of Acknowledge Alliance (formerly Cleo Eulau Center). At Acknowledge Alliance, he promoted the well-being and education of children by helping to promote, support, and provide validation for teachers and their good work. His work with the agency has helped to build more resilient and connected youth, educators, and school communities. In addition, he co-founded Adolescent Counseling Services in Palo Alto. ACS provides services to adolescents in the public schools in two counties.

For more than thirty years, Chet participated as a peer reviewer for the Council on Accreditation of Children and Family Services. He was an interim executive director of Family Service Centers of Clearwater, Florida and Josselyn Mental Health Center in Northfield, Illinois. From 1985-2013 he was an organizational consultant to social services, mental health agencies, and museums. His role included program planning and development, board training, fund development, and personnel issues. He also was a consultant to agencies seeking accreditation, staff training, and supervision.

In 2014, Smith College School for Social Work awarded Chet the very prestigious Day-Garrett Award for distinguished service to the school and the social work profession.

On November 10, Chet was presented with a plaque, which reads:

***"CSCSW presents this award to Chet Villalba in recognition of his extraordinary contributions to the field of social work and as a founder and board member of CSCSW.
With love and admiration, your friends at CSCSW."***

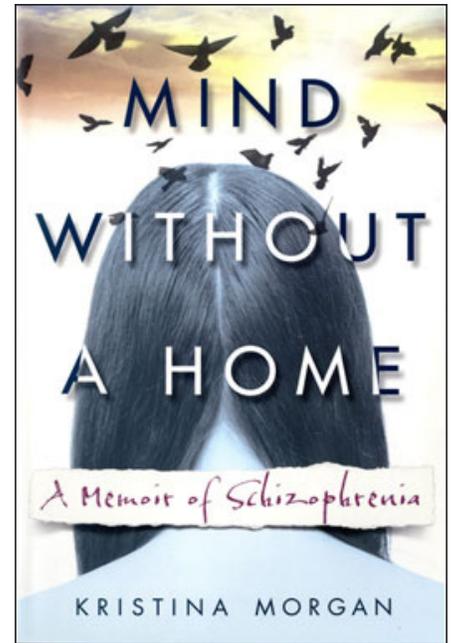
BOOK REVIEW

Mind Without a Home: A Memoir of Schizophrenia

by Kristina Morgan

Review by Renee Burns Lonner, LCSW

My advice to graduate – and even undergraduate – instructors who teach courses that include the subject of severe mental illness is to toss most of the textbooks on schizophrenia and assign *Mind Without a Home* as required reading. Kristina Morgan did an exquisite job of detailing her experience as someone with this diagnosis; the tour she provides through a part of her way-too-often terrifying world is riveting. It is clear that she has the illness and that managing it takes a huge part of her time and energy, but it is not her identity. She may have schizophrenia but she is not A Schizophrenic. Ms. Morgan is an incredibly talented, gifted writer and artist and the entire mental health community should be absolutely grateful that she took the time to let us have a glimpse into her world.



Paperback: 260 pages

Publisher: Hazelden Publishing (August 6, 2013)

\$12.45 on Amazon

https://www.amazon.com/s/ref=nb_sb_noss_2?url=search-alias%3Daps&field-keywords=Mind+without+a+home

Renee Burns Lonner, MSW, LCSW is in private practice in Sherman Oaks, CA, providing individual, marital and family psychotherapy. She is a consultant for mental health clinicians and organizations in general practice areas, as well as the specific areas of risk assessment. She can be reached at renee.lonner@yahoo.com

Are you on the CSCSW listserv?

Make sure you are connected to your peers. This online forum is a members-only benefit that allows members to communicate with each other statewide. This is a great place for community, information and resources.

If you are not on the listserv or if you wish to change your settings for your listserv delivery, please send an email to info@clinicalsocialworksociety.org.

Listserv Delivery Settings include:

1. No email: web-only participation
2. Abridged Email: one summary email of new activity per day
3. Digest Email: up to 25 full new messages in a single email
4. All Email: send each message as it arrives



© 2018 Jean Rosenfeld
Author of *Therapy Cracks Me Up!*

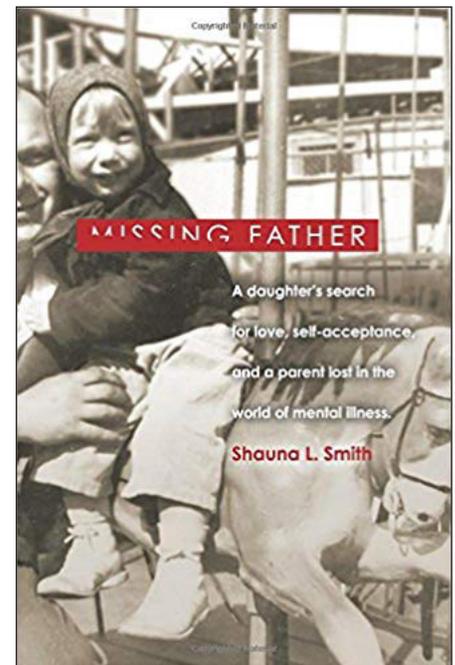
BOOK REVIEW

Missing Father: A Daughter's Search for Love, Self-acceptance, and a Parent Lost in the World of Mental Illness

by Shauna L. Smith, MSW, LMFT

Review by Lisa Bertaccini, LCSW

I was a believer in Shauna Smith's exquisite and resonant narrator's voice as a reader for drafts of *Missing Father*, and re-reading it now I fell in love with it all over again. *Missing Father* is a deeply moving and insightful memoir that draws the reader into the unnerving world of mental health system realities. It shows the tumultuous and heart-filled journey of a daughter growing up with a father who is bipolar and a family coping with the mental health challenges of a loved one in an often dehumanizing, uncoordinated and ill-informed mental health system. It follows the daughter's journey from confused child to loving parent and competent family therapist.



Authentic, strong, vulnerable and nuanced, *Missing Father* is riveting in its believability and poetry. The lyrical prose is exquisite while the content powerfully insists on the reader's engagement. If you want to sink into a beautifully told powerful personal narrative, read this. It won't disappoint!

I am always looking for books on mental health with content that is honest, non-pathologizing and accurate for my students in Abnormal Psychology. I will be offering extra credit to students for reading *Missing Father* and will discuss the myriad ways it has influenced them.

Paperback: \$14.95

280 pages

Kindle: \$5.99

https://www.amazon.com/Missing-Father-Daughters-Self-Acceptance-Illness/dp/0996545700/ref=sr_1_1?ie=UTF8&qid=1535577186&sr=8-1&keywords=missing+father

Lisa Bertaccini, LCSW is the former Chief of Child and Family Mental Health, Sacramento County. She is currently an Adjunct Professor of Psychology and Human Services at American River College and a member of the Board of Directors and Senior Trainer for Restorative Schools Vision Project. She can be reached at lisabertaccini@gmail.com.

Join the CSCSW Closed Facebook Group

Members are encouraged to join the closed Facebook Group to have a social "place" to meet other members.



JOIN OUR GROUP ON
Facebook

To join the Facebook group, visit: <https://www.clinicalsocialworksociety.org/Facebook-Group> to request to join this page.

Women's Wisdom Art

By Ali Tucker Lichtenstein, Ph.D., Chair, Board of Director | li@womenswisdomart.org

Women's Wisdom ART's mission is: To transform the lives of women from all backgrounds by inviting them to engage in a diverse community dedicated to participating in the arts. The images and words women create to express their lives empower themselves, their families, and our entire community.



The program was designed as an art empowerment program for women overcoming poverty, homelessness, violence and abuse. The organization's artist members now include a diverse range of women from across broad economic and geographical spectrums with two things in common: They are all women and artists. Women gather in Wisdom's supportive community to write and create art as they forge new friendships. They are recovering from or managing physical illness, mental illness, loss, loneliness, and/or isolation. By participating in the supportive Wisdom community, women become empowered to transform their own lives and the lives of others in their families and in our communities.

Professionals and experienced artists teach six to nine classes three to four days a week. Classes throughout the year include drawing, collage, watercolor, mosaics, ceramics, acrylic, fiber arts, visual journaling, writing, poetry, paper-making, and Tombow pen. More information, including the calendar, is available on the website at www.womenswisdomart.org.

These poems are reprinted from *Bites of Time: New Work by Wisdom Writers and Artists*

Harvest

I want to
Harvest some light
From a faraway place
Buried in a hard
To reach cave
A sliver of essence
Essential to be whole
Lost in the vortex
of self doubt limbo
Spelunking
Harvest Light
From a faraway place

~ Steff Echeverria



Anaphors for Our Silver Anniversary

I don't tell you of my fears -
of the nightmares,
the catch in my breath,
hot shivers in my belly.

I don't tell you of my fears -
keep them from the arc of my spine,
the set of my mouth,
the touch of my hand.

I don't tell you of my fears -
your gratitude shows in
the tilt of your head
the feel of your lips on mine
your hands in the dark.

I don't tell you of my fears -
yet I do not feel alone.
I know you know.
How could you not?

You don't tell me of your fears -
My heart aches for you,
for I know.
How could I not?

~ Patricia Wenzel

Your Sixth Birthday

Today is your birthday.
Ms. Reed, your teacher is
holding you as well as trying
to hold several of your class
buddies. It is "active shooter
lockdown practice day" at
your school. Bewildered,
you watch a man burst into
your classroom, masked and
armed with a plastic rifle.
However, all looks too real
to you as the video games
of your childhood come to
life. Your stomach hurts
and you cry with terror and
confusion.

You're 6 years old today!
You were thinking about
spaghetti with tiny meatballs
and the funfetti cake Mom
promised to make. You were
daydreaming about playing
Minecraft with your best
buddy Justin after school
today.

Instead, you huddle in your
teacher's arms, a bit of refuge
from the insanity.

~ Jen McCandless

CSCSW Proudly Announces 2018 Winners of the Jannette Alexander Foundation Scholarships

We are thrilled to highlight the 2018 winners of the Jannette Alexander Foundation Scholarships. The Jannette Alexander Foundation for Clinical Social Work Education is a subsidiary non-profit educational foundation of the California Society for Clinical Social Work. This year we received a record 25 applications for the three scholarships. The committee had a very difficult time selecting the scholarship winners because there were so many outstanding candidates. The recipients were chosen for excellence in their clinical work. Congratulations to these inspiring and hard-working 2018 winners, who have already made wonderful contributions to the field of social work! We are so excited to follow your continued success and contributions.

Roland Hsu received his MSW at San Jose State University. Hsu earned a PhD at the University of Chicago and was a professor of European history at Stanford University. He has published books, articles, and policy white papers on historically informed approaches and best practice responses to vulnerable populations, including immigrants and refugees. Hsu serves as a CASA (Child Advocates of San Mateo) volunteer, an intern therapist at the Stanford Faculty and Staff Help Center, and as a member of the Advisory and Governance Board of Adolescent Counseling Services. Hsu is also Director of Research of the Chinese Railroad Workers in North America Project at Stanford University.



Jacqueline Ruddy will be awarded her Master of Social Work by the USC Suzanne Dworak-Peck School of Social Work. She earned her Bachelor of Arts in Psychology and Social Behavior from the University of California, Irvine. Jacqueline has



been an outspoken advocate for equal access to breast health care and the early detection of breast cancer since 2011. As a two-time breast cancer survivor, Jacqueline understands the fear and uncertainty that goes with a breast cancer diagnosis. She is committed to being a voice for the uninsured and underinsured, to make sure they receive the services they deserve. Jacqueline seeks to empower the clients she serves so they, in turn, can be a source of strength to others. Jacqueline has been a full-time student, including summers, for seven years. During these years she battled breast cancer, poverty, domestic violence, homelessness, and underwent ten major surgeries.

Daisy Vargas gives credit to her mother for planting seeds of resilience and pursuit of higher education in social work. As a first-generation graduate student, she is very proud of her Mexican-American roots and uses herself to bridge connections with others individually and in groups. Currently, Daisy serves children and families at La Familia



in Hayward, CA, providing individual therapy, family therapy, and support groups for mothers impacted by trauma. She has also served as an AmeriCorps member in the Fair Oaks Community Center in Redwood City. Community experiences include interning at Glide Memorial Church, participating in the Family, Youth and Childcare Center program in the Tenderloin District of San Francisco, and working for an international non-profit organization, Banderas de Esperanza, where she led a summer enrichment program for children of impoverished backgrounds in Nayarit, Mexico.

Daisy is proud of her upbringing and hard work culminating in her MSW degree at Cal State University, East Bay. She graduated in June, 2018, with a focus on community mental health and with clinical work in Latino mental health. Daisy looks forward to becoming licensed and continuing family and group work in communities in the Bay Area.

Member Spotlight

Member Spotlight: Conversation with Ros Goldstein, LCSW

By Trish Yeh, ASW

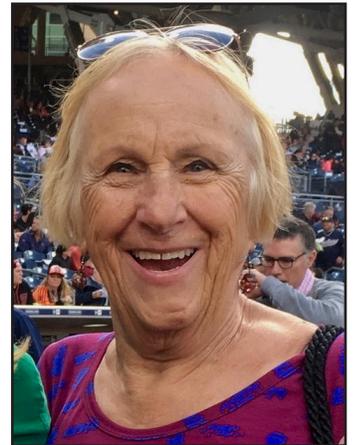
Trish: Hi Ros, thank you very much for your willingness to share your experience and knowledge as a clinical social worker with CSCSW members. Could you please tell me more about your experience in the social work field?

Ros: I worked as an RN for 20 years before changing to social work. I received my MSW from the University of Illinois at Urbana-Champaign in 1980. I returned to Davis, CA and practiced as a nurse and social worker at an intensive day treatment program for children for a couple of years while obtaining hours toward my LCSW license. Afterwards, I moved to San Diego due to my husband's employment and started working at Family Service Association, where I provided outpatient individual and group work. In the meantime, I had several children and then moved to work with Jewish Family Service, where I stayed for 29 and a half years. I provided a range of services, including individual, couple, and family therapy, family enrichment courses, and supervision of social work interns from San Diego State and USC. I also had a small private practice. I retired two-and-a-half years ago and have continued to remain involved with CSCSW, which I have been working with since 1984. I was a long-term editor of the San Diego District's local newsletter Connections between 1984 and the early 2000s. I have also been the Coordinator of the San Diego District for about twenty years.

Trish: Thank you very much for your long-term involvement and leadership in the Society. You have such extensive experience in the social work field. Would you mind sharing what led you to decide to transition into the social work field after working as a nurse for 20 years.

Ros: As a nurse, I worked mostly in hospitals. I did a three-year hospital nursing program after high school in the 1960s. After about twelve years, I decided I did not want to do hospital nursing anymore. When public health nursing became popular, I decided to go back for a four-year Bachelor of Science in Nursing degree

at the California State University, Sacramento while continuing to work. After I graduated in 1975 I worked in public health nursing in several places, including a migrant tuberculosis program in Sacramento and a home health nursing program in Illinois. Although nursing is more focused on crisis work now, I really loved providing education and working with families. When I noticed that I preferred counseling families to working in a strictly medical arena, I decided to return to school to obtain my MSW degree at the University of Illinois. I had also considered the psychology program, but it was more focused on research, instead of clinical work, which was my interest. After graduating I worked for a short time with California Youth Authority in Sacramento; then as both a nurse and social worker at a day treatment program I led groups for children and their siblings and provided play therapy. My clients were between 5 and 12 years old and were severely disturbed with conditions such as autism, ADHD, and others. In the mid-80s, treatment approaches primarily involved play therapy and have evolved since then.



Trish: How do you think your professional backgrounds in the social work and nursing fields have informed your work?

Ros: My background has helped me in my clinical work. I greatly enjoyed running a group for mothers with multiple sclerosis (MS) to help them better cope with their MS. I also ran a cognitive behavioral program for adults with eating disorders to help clients address body issues and develop coping skills. Furthermore, many social workers work alongside physicians and nurses as team members in healthcare settings to address mental health and physical health issues. I think it is important for social workers to become familiar with medications to better support our clients.

Trish: It is interesting to learn about your early roles in the social work field. Which client populations and clinical issues have you focused on in your work?

Ros: I have worked with individuals, couples, and families. I ran groups, mostly support groups, for adults with severe mood disorders. In terms of clinical issues that I have focused on in my career, I have run groups for couples with communication issues by utilizing a nationwide program named Couple's Communication. I was certified to facilitate pre-marital couples in the Enrich Program, also a nationwide program, and I ran a twelve-week CBT course for clients with depression, bi-polar disorder, and anxiety disorder.

Trish: Do you have any advice in professional development for other social workers?

Ros: Well, as I have mentioned, I think it would be a great benefit for social workers to become familiar with medications and side effects in order to be more comfortable in working with clients and monitoring their conditions. Especially for social workers in the healthcare field, it is important to learn more about common medical conditions in their client populations through readings and trainings. Some organizations, such as the MS Society, Relationship Institute, CSCSW, and NASW, offer great trainings.

Trish: Thank you for your suggestions! Do you have any additional advice for social workers in their career planning and growth?

Ros: I think experience, such as working across various settings as many social workers do, would be very helpful. It is also very important for clinical social workers to identify their strengths and pursue fields that suit their strengths. For example, one of my students worked in the LGBTQ military service field for a while before he became a social worker. Through his personal experience and awareness of his communication strength, he developed a program to help the military increase awareness of LGBT issues, worked for the military as a social worker, and became a leader in the area. In another example, a number of students whom I have worked with were able to develop rapport with clients very rapidly. Part of it had come from their seeking therapy, gaining awareness of counter-transference issues, and then making sure they worked with clients in a non-judgmental way. I believe that it is important for social workers to seek their own therapy.

Trish: Since many social work students have recently graduated from their programs and are searching for jobs, do you have any advice for early-career social workers who are seeking jobs?

Ros: I would say that it is really important to do your homework. Learn about the organization and find out what the job that you are applying for entails. It would be helpful to find out as much information as you can about the position and organization, such as the approach of interventions, client population, et cetera. A good way would be to ask someone whom you might already know at the organization. You could also learn by preparing and asking questions in the interview. It is important to be confident and find out whether the position is a good fit for you. Salary and benefits might also be important information to find out in the interview process. If you learn in an interview that the position is very different from what you are hoping to do, it is important to consider that.

Trish: Thank you for your encouragement to applicants to learn as much as possible about a prospective position and employer. It has been such a pleasure to talk with you and hear about your experience. Is there anything else that you would like to share with CSCSW members?

Ros: I would like to encourage people to become a mentor in your area and help other social workers, particularly those early in their careers. Programming in the San Diego District will resume in September. Thank you very much for sharing your writing skills with the CSCSW.

Trish Yeh, ASW graduated from the MSW program at the University of California, Berkeley in 2016 with a concentration in Community Mental Health. She worked as a mental health clinician in the Specialty Mental Health Division of Asian Health Services in Oakland, CA and recently relocated to Los Angeles, CA. She has greatly enjoyed her involvements as a member of the CSCSW's Los Angeles Steering Committee and has started a Social Justice Book Club in Los Angeles.

In Memoriam - Ellen Eichler, LCSW

It is with profound sadness that we mourn the loss of Ellen Eichler, LCSW who recently passed away after a long illness. Ellen was a very active board member, serving on the CSCSW board from 2010 to 2014, who strongly advocated for higher standards for clinical supervision. She served on the mentorship and membership committees as well as taking on the role of secretary. Ellen was a committed member of the San Diego District Steering committee from 2006 until 2016 when she became ill. She was honored as "Clinical Social Worker of the Year" by the local CSCSW District in 2007.

Her vivacious personality and dedication to clinical social work earned her love and respect in the wider professional community. Ellen's specialty was working with clients dealing with domestic violence, relationship and women's issues. She founded and delivered the program for the local Girl Scouts, called "Reviving the Girl Within." Most recently she supervised many ASW's & MFT interns who benefitted from her interactive, informative, reflective, supportive and lively style.



Ellen will be sorely missed. She is survived by her husband, Jack Heinowitz, PhD, with whom she shared their clinical practice, The Relationship Counseling Center; and by her son, Jesse Heinowitz; daughter, Eden Eichler; her grandson, Ethan Eichler; and stepdaughter, Becky Heinowitz. She is also missed by her brother Victor (Ruth) Eichler, sisters Ann (Stewart) Teal and Linda (Lou) Cantor and many nieces and nephews. She is remembered with love by all who knew her.

-Ros Goldstein, LCSW

Upcoming Events

Thursday, December 6, 2018 | Annual Holiday Meet and Greet (San Diego District)

Saturday, December 8, 2018 | How to Start Your Private Practice (Fresno District)

Sunday, December 9, 2018 | Geriatric Psychiatry Practice in the 21st Century (SFV District)

LOOK FOR THESE AND MORE IN 2019: Schema Therapy: Deep Healing for Troubled Clients (San Diego District) | Intersectionality in Mental Health Practice (SFV District) | Closeness and Distance in Adult Relationships Based on Early Infant Studies (Mid-Peninsula District)



**SAVE THE DATE: LAW & ETHICS CONFERENCE (SAC/DAVIS DISTRICT)
SATURDAY, MARCH 30**

VISIT THE WEBSITE FOR UPDATED CALENDAR INFORMATION
WWW.CLINICALSOCIALWORKSOCIETY.ORG

PHOTO ALBUM



FALL 2017 BOARD MEETING



Joan Haller and Jennifer Lezin, steering committee members (Mid-Peninsula District)



Robbie Limary-Kenoby, Joua Yang, Jackie Nelson presented at the *Emerging Professionals Symposium* (Sac/Davis District)



Becky Melton, new coordinator and Jean Rosenfeld, out-going coordinator (Sac/Davis District)



Kim Madsen presenting on *Everything You Need to Know About Becoming an LCSW* April 5, 2018 (San Diego District)



Nancy Fernbach, Steering Committee (Mid-Peninsula District)

District Updates

Fresno District

District Coordinator:

Eleanor Speakes, LCSW, PPSC

espeakes41@gmail.com



The Fresno District CSCSW will resume meetings for the academic year on December 7, 2018 "The 411 of Starting Your Private Practice." We will again meet in February, March, and April 2019. Meeting are held on the campus of California State University, Fresno in PHS 129/ PHS 122 at 9:30am, and generally last 1 1/2-2 hours. Licensed/unlicensed mental health professionals, students, and anyone interested is welcome! We will again have meetings in February, March and April 2019. This is a great time to network, gain specialized training, and to learn about benefits available locally. If you have a particular interest or would like to present, feel free to let us know. We have such a wealth of knowledge in our community. We can be reached at espeakes41@gmail.com or (559) 313-1837.

Greater Los Angeles District

District Coordinators:

Nadia Aquino, MSW

nadiaaquino89@gmail.com

Lizabeth Thompson

lizabeth.thompson.msw@gmail.com



During the last cycle of events, the Greater Los Angeles District was excited to host five dynamic speakers that presented on a diverse set of topics. The year kicked off with a presentation by Maureen S. Baum, Ph.D., Psy.D., who covered contemporary views on countertransference. In November 2017, we heard from Lynne Jacobs, Ph.D., as she dove into a discussion of the clinical implications surrounding white-centeredness. Sasha Ginsburg, LCSW and Erin Lotz, LCSW from Westside DBT presented on March 2018 and provided useful DBT strategies and tools to use with challenging client behaviors. We also had a lively discussion surrounding disabilities studies, culture and psychotherapy presented by Christina Emanuel, Psy.D. Our last district meeting was presented by Dr. Ellen Ruderman, Ph.D., Psy.D., LCSW, who explored the very relevant topic of encountering politics in the clinical hour. The events continued as the school year

drew to a close and the Greater Los Angeles District was proud partner with the University of Southern California (USC) to host its second workshop on the licensing process in California, presented by the BBS Executive Officer, Kim Madsen. To continue assisting newly graduated MSW students, Dr. Chaz Austin, Ed.D. held a three-hour workshop that covered strategies for finding a job or internship in the field of social work. This year, we have an exciting list of events lined up and look forward to seeing you throughout the year!

Mid-Peninsula District

District Coordinators:

Virginia Frederick, LCSW

GinnyFred@aol.com

Joan Berman, LCSW

berman.joan@gmail.com



The Mid-Peninsula Steering Committee (Ginny Frederick, Joan Berman, Leah Reider, Roland Hu, Jennifer Lezin, Nancy Fernbach) has been busy planning the 2018-19 Program of CEU presentations. Our district meets seven times a year including a social networking meeting. Our programs will start on Friday, October 19 at noon (12-2PM) at Palo Alto Medical Foundation with a presentation — "Update on the Pharmacology of Cannabis" given by Gordon Wong MD. Other programs include one on "Mindfulness" and another on "Care Giver Challenges." The whole schedule will be available on the District website as soon as it is confirmed. Last year we had a Social/Networking Evening and due to the popularity we will have another one at Jennifer Lezin's home on January 23 at 6PM. This is a good time for new members to mix with long term members. We will also have a 6 hour Law and Ethics Training on December 1, 2018 at the Palo Alto Medical Foundation. We have an average of 25 people who attend the meetings and are eager to welcome new members and new professionals to the area and Society.



Sacramento/Davis District

District Coordinator:

Becky Melton, LCSW

becky@lifecalibrations.com

Our last season was busy with seven presentations on a wide variety of topics, including Symptom Management, Therapist's Role Regarding Medication, Treating Young Adults, Caring for Caretakers, Anxiety in Children and Teens, and Suicidality. We ended with our 3rd Annual Emerging Professionals Symposium and Brunch. This is our time to gather in a more relaxed setting and learn from three new therapists. Jousa Yang addressed the Challenges of Engaging with Hmong Clients; Robbie Limary-Kenoby spoke about Residential Treatment for Teens; and Jackie Nelson discussed Native American Mental Health Issues. We were delighted to welcome our new coordinator, Becky Melton; and she presented our outgoing coordinator, Jean Rosenfeld, with a plaque and a potted rose bush in appreciation of her service.



We have a full program planned for this season

(Our dates for 2019 are tentative pending the room availability of St. Mark's Church.)

January – Lyla Tyler will present on Play Therapy for Grief and Loss in Children

February – Ann Lieber will head up a panel discussion of Clinical School Integration and Advocacy.

March – Myles Montgomery will offer a 6 credit Law and Ethics Workshop

June – 4th Annual Emerging Professionals Symposium and Brunch

San Diego District

District Coordinator:

Ros Goldstein, LCSW

goldsiegel@gmail.com



The San Diego District is very active, holding CEU programs every month, as well as offering opportunities for networking and professional development. Our programs usually attract approximately 20-25 LCSWs, ASWs, MFT's and MSW students from San Diego State University, California State University San Marcos, and University of Southern California. This past year our programs have included compelling, diverse topics, including Co-parenting High Conflict Couples; Assessment & Intervention of Violent Youth; Evidence-based Treatment for Insomnia - Without Medication; Everything You Need to Know About Becoming an LCSW by Kim Madsen, BBS Executive Officer; and more. Again this year we participated in the Padres Social Work Annual event at Petco Park.

Upcoming programs include Assessment and Treatment of High Functioning Autism Spectrum, possibly, Assessing the Mental Health Needs of Latino Clientele. We are also planning a 6-hour Law & Ethics Workshop in October. Again this December we are organizing our annual "Meet and Greet" event with attendees benefitting from networking, learning about job announcements, and hearing a report by our representative to the CSCSW board, Jennifer Kulka on the various new programs and activities offered by CSCSW. Please go to the CSCSW website for upcoming 2019 programs in San Diego.

CSCSW districts hold informative presentations and workshops, which are advertised on our website and through email. If you have ideas for presentations or workshops or are interested in speaking on a topic on which you have expertise, we would love to hear from you.

San Fernando Valley District

District Coordinators:

Gloria Gesas, LCSW

gegaslcsw@gmail.com

Tanya Moradians, PhD, LCSW

tmoradia@ucla.edu



The San Fernando Valley District (a suburb of Los Angeles) has continued as a very active group. Gloria Gesas, LCSW (gegaslcsw@gmail.com) and Tanya Moradians, PhD, LCSW (tmoradia@ucla.edu) have served as co-coordinators since the district was revitalized seven years ago.

Our meetings are held on Sunday mornings, every other month at The Sherman Oaks Galleria, 15301 Ventura Blvd. (intersection of 405 and 101 freeways) that is centrally located between West LA and the San Fernando Valley. Our attendance includes professors, LCSWs, MSW students, ASWs and LMFTs; and ranges from 35 to 80 people.



In our last season we offered a broad range of provocative and timely clinical presentations. These included: Understanding and Treating Black Male Grief Reactions to Loss; Adolescent Group Therapy, and The Art and Practice of Group Psychotherapy.

Coming up - 2018-2019 Season:

We are looking forward to hearing Robyn Altmann, LCSW from Jewish Family Service, Hope (formerly know as The Family Violence Project) discuss updates on Working with Victims of Intimate Partner Violence. She has presented twice before and her talks were very powerful and well received.

On February 10, 2019, Wendy Ashley, PsD, LCSW, will address Intersectionality in Clinical Practice (training to Raise Awareness And Effectiveness in Working with Clients). Case examples and discussion will be provided to better understand the concepts. Dr. Ashley has had 20 years experience as a clinician, author and professor in the Social Work Department at CSUN.

We are also planning additional speakers for 2019 who will address: Mindfulness Practice and Scientific Research, Cognitive Behavior Therapy; Mental Health Treatment of post 911 Veterans; and a very prominent speaker from 2018 has agreed to speak to our District again.



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The next issue of the **Clinical Update** will be published in the Spring. We look forward to publishing relevant, educational, and compelling content from clinicians on topics important to our members. We welcome your contributions. Please email jeanrosenfeld@gmail.com if you are interested in publishing your writing -- please write "Newsletter" in the subject line.