

Clinical Update

California Society for Clinical Social Work



Volume XLIV Number 6 January, 2013

INSIDE Update

The Meaning of Therapeutic Leaks:
Why Therapists Gossip About Their
Patients

By Lonnie Prince **Page 1**

District Meetings **Page 2**

When Will We Ever Learn? In the Wake
of the Sandy Hook Tragedy

By Shauna Smith, MSW, LMFT
Page 3

CSCSW Law & Ethics Workshop
Multi Location Flyer & Registration
Page 4

Book Review: *What It's Like To Go To
War* by Karl Marlantes; Reviewed by
Stephanie E. Williams, LCSW

Page 5

Cartoon **Page 9**

Inside the Institute **Page 10**

Malpractice Issues Clarified **Page 11**

Classifieds **Page 15**

***Wishing a
Happy & Safe Holiday
Season to All!***

**CSCSW Offices will be closed
December 23rd through
January 7th**



The Meaning of Therapeutic Leaks: Why Therapists Gossip About Their Patients By Lonnie Prince

Abstract

This article, based on my doctoral dissertation, explores the meanings and motivations of what I refer to as “casual anecdotal leaks.” Specifically, I am referring to the phenomenon of psychotherapists talking to someone other than a formal consultant about material that has occurred in the clinical hour. My intention has been to understand this behavior, without judgment, and to make therapists more aware of their leaks so that they can make better choices.

Introduction

As therapists, we are all led to believe that confidentiality is the cornerstone of our work—what happens in therapy stays in therapy! In reality though, therapists talk about their clients all the time—with partners, friends and colleagues, at dinner parties and at restaurants, while hiking or driving their cars.

According to the American Heritage Dictionary (1982), gossip is defined as “rumor or talk of a personal, sensational or intimate nature.” The root of gossip comes from god and sib which means kinsman. The derivation also relates to godparent or close friend or companion.

In using the term gossip, I am referring to the act of talking about or discussing clients outside of formal consultation. I will also use the terms “anecdotal therapeutic leaks” and “breach of confidentiality.” Since this phenomenon is very common despite ethical, legal and theoretical injunctions against it, my purpose is to understand its meaning and function.

(Continued on Page 7)



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District Meetings

FRESNO DISTRICT

Coordinators: Gabriele Case and Anne Petrovich
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Coordinator E-mail: gh.caselcsw@gmail.com

The Fresno District will not be meeting in January, but please mark your calendars for Saturday, February 9, when Myles Montgomery, JD, LCSW, presents a 6-hour (6 CEU) course in Law and Ethics at National University from 9 a.m. to 4 p.m. To register, contact Cindy Esco (916) 560-9238 or cesco@clinicalsocialworksociety.org. We'll resume our 4th Saturday of the month meetings at Denny's on Shaw near First, Saturday, February 23 from 9 a.m. to noon when Edgar Castillo-Armas, MD, presents on Transcranial Magnetic Stimulation, a non-invasive treatment for intractable depression.

MID-PENINSULA DISTRICT

Coordinator: Virginia Frederick LCSW
Coordinator Phone No: (650) 324-8988
Date: Friday, January 18, 2013
Time: 12:20-2:00PM
Presenter: Diane Di Grazia LMFT
Topic: **EMDR Approach to Psychotherapy: Trauma and Other Emerging Application**
Location: Stanford Department of Psychiatry, 401 Quarry Road, Room #1206

Diane DiGrazia LMFT will present an introduction to EMDR. She works with Andrew Leeds PhD at the Sonoma Psychotherapy Training Institute which specializes in EMDR. This presentation will provide an overview of EMDR as an approach to psychotherapy and as an empirically supported treatment for trauma and loss.

Meetings generally take place on the third Friday of the month with the exception of February which will be on the fourth Friday. Other programs this year will include: February – TBA, March 2 – Law and Ethics (6 CEUs) – Myles Montgomery, JD, LCSW – "Contemporary Issues and Emerging Legal/Ethical Developments in the Age of Cyberspace" given at the Palo Alto Medical Foundation, March 15 – Sharon Levin LCSW and Susan Yamaguchi LCSW – "Resilience in the Face of Trauma," April 19 TBA, May 17 – TBA

SAN DIEGO DISTRICT:

Coordinator: Ros Goldstein
Coordinator Number: 619-692-4038 Ext 3
Coordinator Email: goldsiegel@gmail.com
Date: Thursday, January 10, 2013
Time: 5:30 – 7:00 pm
Topic: **Practicing What We Preach: An Experiential Workshop Using Fun Tools to Enhance Wellbeing Through Mind-Body Connection.**
Presenter: Julie Kuck, PhD
Location: Jewish Family Services of San Diego, 8804 Balboa Ave, SD, CA

Members earn 1.5 CE credits at no cost. Credits for non-members are \$10.00 per unit. Non-members are welcome and may attend at no charge (no CEU certificate). MSW students are encouraged to attend. Course meets the qualifications for 1.5 hours of continuing education credit for MFTs, LPCCs, and/or LCSWs as required by the California Board of Behavioral Sciences

(See Page 15 for Sacramento Meeting Info)

When Will We Ever Learn? In the Wake of the Sandy Hook Tragedy **By Shauna Smith, MSW, LMFT**

I grew up poor in New York, so I am not a stranger to violence. And still....

“Shocked, but not surprised,” I read somewhere. A feeling of profound helplessness and near debilitating sadness comes over me from that simple statement.

Some things in life are not preventable; certainly nature and humanity can be wild and destructive as well as gentle and creative.

And so we cannot eliminate but we *can* greatly reduce the sheer numbers of deaths, destruction and despair from bullets, bombs, and broken people.

We can and must insist on creating an infrastructure that works for all of us: a safety net for prevention, not just healing as an afterthought.

We can and must create a commons where everyone is given the basic right and ability to meet their basic needs, regardless of their beliefs or ethnicities.

We can and must have an expanded, empathic, mental health system and health care for all; intelligent gun controls; programs for true diplomacy and peace; non-toxic energy sources; and environmental restructuring for sustainability.

We can and must curtail our glorification of competition, violence and the shaming of those who are different from us and substitute a cooperative, caring and supportive society for ourselves and our children.

How sick of senseless mourning do we have to be to implement these changes? Every senseless loss is someone’s beloved child, parent, grandparent, sister, brother, or friend.

“When will we ever learn?” asks the song. How about now?

Shauna Smith, MSW, LMFT has a psychotherapy practice in Sacramento treating adults as individuals and couples. She is Coordinator of Therapists For Social Responsibility (www.therapistsforsocialresponsibility.org) and author of *Making Peace With Your Adult Children*. She can be reached at 916 447-5706

Reprinted from the blog www.occupyyourpositivefuture.wordpress.com

Woodland Hills (SFV)
National University
Saturday, February 9, 2013

Fresno, CA
National University
Saturday, February 9, 2013

Los Angeles/South Bay
National University
Saturday, Feb 23, 2013

Palo Alto, CA
Palo Alto Medical Center
March 2, 2013

Sacramento/Rancho Cordova
National University
Saturday, March 16, 2013

Tuition:

CSCSW Members \$100
Non-Members \$130

Drop in Registration – subject to availability \$110 mem/ \$140 non
Lunch provided to pre-registrants

To register

complete form below, contact Cindy Escó, 916-560-9238 or click here <http://clinicalsocialworksociety.org/law-and-ethics/> to view individual flyer for your area

This course meets the qualifications for 6 hours of continuing education credit in Law & Ethics for MFTs, LPCCs, and/or LCSWs as required by the California Board of Behavioral Sciences. CEU's provided by CSCSW - PCE #1
100% refund if notified within 48 hours of program, less than 48 hours notice, no refund.



Please return form with credit card information or check made payable to:

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Rancho Cordova, CA 95741

Or Call to reserve your space
Phone: (916) 560-9238
Toll Free: (855) 985-4044
Fax: (916) 851-1147
cesco@clinicalsocialworksociety.org

California Society for Clinical Social Work Presents Law & Ethics Workshops in the Age of Cyberspace

Presenters:

**Carole Bender, JD, LCSW (Southern California)
and Myles Montgomery, JD, LCSW (Northern California)**

This 6 hour CEU course in Law and Ethics focuses on contemporary issues important to most clinical social workers in private practice and in managed health care settings. Confidentiality, informed consent, the role of practitioner values, mandated reporting laws, and duties to warn are among the topics to be addressed. In addition, with digital technology and the world of social networking entering our treatment rooms in a variety of ways (e-mails and text messaging between clients and psychotherapists; internet psychotherapy sessions; and social network invitations from clients to be their friend) this course covers emerging legal and ethical issues in advertising, social media, e-therapy, managed care issues, and strategies to reduce negligence and malpractice.

Participants will be able to:

- Describe at least three principles related to client confidentiality;*
- Designate at least three issues involving e-therapy;*
- Define and understand at least three ethical aspects in advertising;*
- Express three principles related to informed consent;*
- Illustrate three strategies to reduce risk of negligence and malpractice;*
- Articulate mandatory reporting requirements for child abuse and elder abuse*

Carole Bender, a Licensed Clinical Social Worker and Attorney, is a former Director of the UCLA Department of Social Welfare's Center on Child Welfare and a member of the Field Faculty, and is Past President of the California Society for Clinical Social Work.

Myles Montgomery, a Licensed Clinical Social Worker and Attorney, currently has a private practice in Sacramento, CA. He is a CSCSW Board Director and chairs the committee that is currently re-writing the CSCSW Code of Ethics.

Name: _____

Address: _____

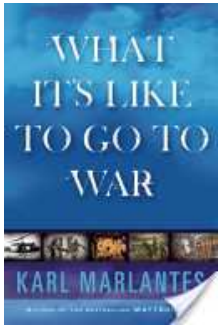
Phone: _____ Email: _____

Date & Location of Workshop: _____

Credit Card: Visa/MasterCard/Discover Number _____

CVC: _____ Exp Date _____

CSCSW Member? Yes/No Interested in Becoming a Member? Yes/No (Circle One)



Book Review
What It's Like To Go To War
by Karl Marlantes
Grove Press, NY, 2011
Reviewed by Stephanie E. Williams, LCSW

This book greatly increases the reader's understanding of what happens to soldiers in combat and the challenges they face upon returning home. The author, Karl Marlantes, weaves together his own stark and personal experiences serving in Vietnam with a blend of mythology, psychology, history and philosophy. He has clearly spent years scrutinizing and analyzing his own behavior as well as seeking a context in which to gain meaning and healing for himself and others. Marlantes mentions the current-day data analysts and drone operators who kill others remotely. However, the book is primarily about those who serve in direct combat and the implications of the warrior role for the individual, his family, the community and society.

Marlantes provides a realistic picture of war, pointing out how winning the battle is celebrated in American culture whereas reconciling the brutal acts of war with our codes of moral conduct and value systems is a

challenge not sufficiently addressed. The warrior accepts violence as a tool and the risk of death or disability as consequences. How is he/she to reintegrate into society afterwards? Using Jungian psychology, Marlantes challenges all of us to be more aware of our shadow side. He is candid in revealing the excitement and feelings of transcendence that flow from destruction and violence. This is not an easy book to read.

This book has received excellent reviews from combat veterans as well as the literary market. It would be useful to therapists treating combat veterans or their families, or working with young people considering the military. It could also be a jumping off point for a veteran and his/her family to read the book and subsequently discuss it with each other, helping break through the code of silence under which many veterans try to survive.

Stephanie E Williams, LCSW has been in private practice since 1992 in Foresthill, offering treatment to a wide range of adults and families. She can be reached at 530-367-4746, caresource@sebastiancorp.net

Did You Know

The BBS has revised the processing times for licensure. The following chart represents the time an applicant waiting for approval to take the exam or have an intern application processed can expect to wait as of November 28th, 2013.

License Type	Current Processing Times	Previous Processing Times Reported
ASW	64 days	40 days
LCSW Exam	114 days	98 days
MFT Intern	30 days	25 days
LMFT Exam	135 days	126 days
LEP Intern	91 days	81 days
LPCC Exam	71 days	n/a
CE Provider	25 days	48 days

For those who are waiting to take the GAP exam for the LPCC license, the BBS reports that they have been able to add 1.5 staff positions and have cut down the expected processing time from 24 months to 12. The BBS expects to see these time frames drop as the new staff person becomes fully trained.

UCLA Extension

UCLA Extension and Lifespan Learning Institute Present

How People Change

Relationships & Neuroplasticity in Psychotherapy



Presenters include:

- Jessica Benjamin, PhD
- Peter Levine, PhD
- John Norcross, PhD, ABPP
- Bruce Perry, MD, PhD
- Mary Pipher, PhD
- Allan Schore, PhD
- Stan Tatkin, PsyD, MFT
- Irvin Yalom, MD

Fri, Sat & Sun, Mar 8-10, 2013 at UCLA

Visit uclaextension.edu/attachcsc for complete information, including CE hours, brochure, learning objectives, and full speaker list

For more information: **Call** (310) 825-7093 or

Email mentalhealth@uclaextension.edu

UCLA Extension is approved by the California Board of Behavioral Sciences (BBS) to provide continuing education for MFTs and LCSWs (provider #PCE 533). This conference meets the qualifications for up to 21 hours of continuing education credit for MFTs and/or LCSWs as required by BBS. This course meets the qualifications for up to 21 hours of CE credits required by the National Board of Certified Counselors (Lifespan Learning Institute provider #5981).

CE credit available for Social Workers, MFTs, LCSWs, Psychologists, Physicians, Registered Nurses, and other allied health professionals.

13740-12

The Meaning of Therapeutic Leaks: *Why Therapists Gossip About Their Patients*

(Cont'd from Page 1)

There's a great deal of literature on the topic of gossip from a literary, anthropological and sociological perspective, but in terms of psychological motivation, very few sources exist. By understanding the reasons for these leaks, it might help all of us to be more conscious, and consequently more careful.

One thing I realized early on from my review of the literature is that gossip has gotten a really bad rap. Sociologists and anthropologists believe that gossip provides an important function in all societies and that it is a key to understanding culture because it opens a window into the structure and hierarchy of group dynamics. Gossip is a means of maintaining group cohesion and moral action. When gossip is analyzed, it can teach us a great deal about the society in which we live. Furthermore, gossip can enhance friendships and convey information about how other people live. People who gossip together are part of an exclusive club which leads to feelings of intimacy and kinship. Some have suggested that gossip is necessary for the human collective to function. While everyone agrees that there is a malicious and potentially destructive aspect to gossip, it can also have beneficial effects.

Psychoanalytic literature on gossiping

Freud (1905) considered the general phenomenon of gossip and believed that there are two instinctual sources behind it. The first has to do with unresolved aggression that stems from the Oedipal Complex—the unconscious wish to murder the father. The second results from sibling rivalry—a wish to destroy one's competitor. The stories of Oedipus Rex and Cain and Abel are the archetypal examples of these ideas. Both of these stories involve triangular situations in which a third party must be destroyed in order to fulfill aggressive and sexual wishes. To put it succinctly, Freud believed sex and aggression are the forces that give rise to gossip, which in turn are an attempt to satisfy these instinctual needs.

Contemporary psychoanalytic authors regard gossip as a longing for intimacy, an expression of aggressive and sexual impulses, power, curiosity, voyeurism, envy and transitional phenomena. They also add isolation as a potential motive, since the context in which therapists work can feel lonely. From an analytic perspective, these categories would, for the most part, fall under the rubric of transference and counter-transference phenomena, referring to the feelings that are stimulated in the therapist and the patient during the course of the therapy. These transference and counter-transference concepts are very important for understanding the motivation behind the phenomenon of therapists' gossiping.

About confidentiality

Freud, the original architect of psychoanalysis, encouraged therapists to treat any material that occurred in the sessions as confidential. Yet according to Lynn and Valliant (1998),

Freud admitted that he had a hard time keeping confidences. Ellman (1991), stated that "Freud was a highly variable analyst who frequently disregarded (or violated) his own suggestions" (p.285). Nevertheless, Freud advised not only that the analyst refrain from talking about the work, but that the patient refrain from doing so as well. Freud believed that revealing information was disruptive and potentially harmful to the treatment.

Codes of ethics governing the professional practice of psychotherapy address the importance of maintaining confidentiality. The National Association of Social Workers Ethics Code, for example, states that the right to privacy must be respected unless otherwise stipulated. In one section, it specifically states that a social worker must not discuss confidential information in public or semi-public places such as restaurants or hallways.

The Society for Clinical Social Work states in its ethical standards, "Clinical Social Workers shall keep confidential all information received as part of the professional service.

Two opposing views

There are two views when it comes to talking about clients. Robert Langs and Christopher Bollas represent one perspective, believing that it is never appropriate to discuss one's clients, ever. Langs suggests that therapists who discuss their clients do so as a result of their own neurotic needs.

Christopher Bollas (1995) is of the opinion that analysis cannot be effective if the patient does not have the right to absolute confidentiality. In a deep analysis, clients are encouraged to speak about their most private fantasies and associations, which would be highly inappropriate in almost any other context.

The opposing view is that confidentiality cannot be seen as an absolute. O'Neil (2006) is one of several authors who gives voice to this perspective. She suggests that it is ethical for therapists to discuss patients within certain parameters as long as the patient's identity is not revealed. O'Neil warns, however, casual consultation with colleagues or that which takes place in public setting, verges on gossip. O'Neil suggests more room for debate and that the issue should be "expanded with a cogently worded and detailed ethics code . . . with guidelines and procedures" (O'Neil, 2006, p. 704).

About the research

The main research questions addressed in my dissertation were: How do therapists describe the experience of discussing patients outside of formal consultation? What are

the specific contexts in which therapists gossip? What feelings come up in the aftermath of gossiping? Are there particular types of patients who evoke gossiping behavior? Does the therapist feel this helps and/or hinders the work and, if so, how?

The sample for this study included 9 participants. Of these nine, six were women and three were men. Ages ranged from mid-40's to mid-70's. All participants described themselves as psychodynamic psychotherapists. Four participants had doctorates, four had MFTs and one was an LCSW.

Since this was a qualitative research project, the interviews were somewhat open-ended. I was interested in allowing each participant to reflect on his/her own personal experiences of anecdotal leaks, asking questions only when I needed to clarify or go more deeply into the experience being described.

Findings:

Types of Patients: The findings revealed that certain types of clients were more apt to stir up conflictual feelings within the therapist. These conflictual feelings, in turn, evoked the therapist's own needs. In seeking to gratify these needs, the therapist was more likely to breach confidentiality as a way to cope with his/her internal experience.

The clients most frequently mentioned in the interviews were generally the ones who evoked feelings of anger, helplessness, anxiety and inadequacy in the treating therapist. These clients were more likely to have characterological issues such as borderline or narcissistic personality disorders. Other categories that emerged in terms of stirring up strong counter-transference reactions were: working with children and adolescents, having a particularly deep connection with a patient, and having a famous patient.

Therapists' counter-transference feelings and needs: These findings focused on the therapists' counter-transference experiences. Participants revealed specific feelings that were associated with vulnerabilities within themselves, which provoked the impulse to gossip. The feelings can be described within six themes: Need for soothing, Dilution of intimacy, Exhibitionism, Bonding, Isolation, and Competition and envy.

Almost every participant mentioned the need to be soothed as a reason for talking about a client. Usually, when the need to be soothed prompted the gossip, it occurred with a colleague, partner, or close friend. The two variations on this theme were venting and discharging, and feelings of inadequacy and helplessness.

The second most popular reason given for breaches had to do with "showing off." Participants sometimes felt a need to

exhibit their "talents" to an audience. The wish to be admired is a basic human need that therapists are as likely to feel as anyone else.

Contexts of leaks: All the participants felt that the context of the leaks was extremely important. Talking to friends or colleagues at a restaurant or a party was generally considered inappropriate and several of them felt it was not only harmful to the patient but to the profession as a whole. Overhearing comments about patients in elevators, bathrooms, restaurants and the like were harshly judged and condemned.

What the data revealed

In reviewing the sub-categories, the most common need that participants were trying to address through gossiping was for participants' uncomfortable feelings to be understood and soothed. With the exception of exhibitionism, the five remaining sub-categories all stem from the therapist's internal agitation brought on by intense counter-transference feelings.

Exhibitionism differed somewhat in that the underlying need was more about being seen and admired. Thus, reasons for therapeutic leaks can be consolidated into two themes—soothing and exhibitionism.

Distilling the findings down to these two themes, I began to consider how Heinz Kohut's theories offered a framework in which to understand these underlying needs.

The self-object and self-object transference are at the heart of Kohut's (1971) theory. Kohut states that the self/object is neither a self nor an object but rather a relationship that refers to an intra-psychic experience. The infant experiences the primary caretaker not as a separate entity, but as a part of himself.

Through the primary caretaker's attunement to the infant's needs, both parties experience themselves as part of a unit that imparts strength through merging (Kohut & Wolf, 1978). Stolerow and Atwood (1984) believe that the self-object concept provides a psychological framework from which to understand the development of self-structures. The mother's responsiveness and approval of the infant's experience is a precursor to its ability to internalize a sense of expansiveness and enthusiasm about itself. Kohut (1971) uses the term mirroring to describe this process. Kohut has referred to this as the "gleam in the eye" of the proud parent who sees the child as unique and special. The mother who coos and smiles at her baby is actually performing a very important function which helps in the development of self-esteem later on.

Based on the responses from the interviews, almost all the participants expressed the need for soothing because of the feelings stirred up from a difficult clinical hour. To whom do they most turn? The majority turn to either a partner or a

trusted friend or colleague. These significant others are used as self-objects to calm anxiety, provide reassurance and offer empathic understanding. Much as a mother provides a soothing presence, so do partners and colleagues. Self-object needs are life-long and do not end with childhood. They continue throughout the life cycle. Grandiosity is also a part of normal childhood development. A problem occurs in this phase when there is a failure in mirroring. Kohut (1977) believed that all children go through a period of healthy exhibitionism in the maturational process. If the primary caretaker cannot respond empathically to the child's sense of omnipotency, and if the secondary caretaker also fails in providing an idealized object with whom the child can identify, then the child cannot fully resolve the issues and internalize the more adult version, which is a feeling of self-esteem.

As with self-object needs, which continue throughout the life cycle, the wish to be seen and admired is something that never disappears. Therapists are no exception. As human beings, we all need a certain amount of recognition. This is not necessarily pathological. If the need to be admired is excessive, then there might be a problem in terms of managing narcissistic needs. In the normal course of events, however, this is not the case.

It's important to reiterate that unlike the extreme cases that Kohut refers to in his descriptions of narcissistic personality disorders, the need for mirroring and empathy, are basic to human nature and should not be considered pathological. Only when carried to extreme, these narcissistic needs become pathological.

The findings suggest that talking about patients fulfills some needs that are not completely satisfied in formal

consultation. Almost all the participants felt that as long as the patient's name and other identifying information were withheld, then no harm was done. Formal consultation usually occurs on a weekly or biweekly basis. The expectation that therapists can always contain their uncomfortable feelings until speaking with a consultant seems unrealistic. In addition, there is a difference in the relationship one has with a consultant in contrast to that of a close colleague or partner. People who serve as self-objects have greater familiarity with our particular vulnerabilities and can therefore provide a different perspective than a formal consultant.

Conclusion

In conclusion, the findings of this study indicate that casual anecdotal leaks are very common among therapists and do serve a purpose. Because the work of psychotherapy can be very intense, therapists must absorb and contain difficult emotional content that inevitably stirs up their own feelings. These feelings, often thought of as counter-transference, are extremely important and help us to understand our clients' conflicts better. At the same time, they can also throw us off balance. Often, we turn to others for understanding and relief.

The more the subject of casual anecdotal leaks comes out of the closet, the more therapists will be able to reflect on their own behavior, be more accepting of their own needs and more circumspect about how they discuss clients outside of formal consultation. Being able to talk about leaks in an open and thoughtful way can lead to awareness that has been hidden under a shroud of shame and secrecy. As psychotherapists, our work is about uncovering and bringing new awareness to our patients. This is a standard we must hold for ourselves as well.

Lonnie Prince LCSW, Ph.D. received her BA from Brandeis University, her MSW from Hunter College School of Social Work, and her PhD from the Sanville Institute. She has been in private practice in Berkeley Ca. for over 30 years working with adults and couples. She also is on the faculty of the Women's Therapy Center where she supervises graduate students. References are available from the author. You can reach her at 510 845-8179.

When I have an idea
I can't tell if I'm the only
person who's ever thought
of it - or maybe -
everyone's thought of it.



(c) Jean Rosenfeld 2012



Inside the Institute

News from the Sanville Institute for Clinical Social Work and Psychotherapy

A Message from Whitney van Nouhuys, PhD Academic Dean

The Sanville Institute for Clinical Social Work and Psychotherapy (formerly California Institute for Clinical Social Work) has offered its flexible and individualized PhD program in northern and southern California since 1974. Now, to augment this self-paced doctoral program, the Institute is pleased to introduce a pilot project based on the cohort educational model.

The Cross-Cultural Cohort PhD Program Scheduled to start in September 2013 in southern California

We are also pleased to announce two Jean Sanville Days in 2013 – one in the north and one in the south. The Jean Sanville Days allow us to honor our founding dean by providing high quality, clinically relevant presentations and workshops and through the annual Jean Sanville Award.

Judith Kay Nelson, MSW, PhD will present “What Made Freud Laugh? and Seeing Through Tears: An Attachment Perspective on Laughter and Crying, Developmentally and in the Clinical Hour” on Saturday, February 2, 2013 at the Jewish Community Center in San Francisco, 9:00-1:30.

Pat Ogden, PhD will present “Beyond Words: a Sensorimotor Psychotherapy Perspective on Treating Unresolved Trauma and Attachment Failure” on Sunday, April 21, 2013 at California State University Los Angeles, 9:30-5:00. The second annual Jean Sanville award will be given that day to Katy Kolodziejki, LCSW, PhD for her long career of service and many clinical and scholarly contributions.

Winter convocation “Getting to Know You: Beginning Therapy with a New Client” will be in Studio City on Saturday January 26th. Our Saturday convocation programs are always open to the larger professional community (we give CE hours) and are a great way for you to get a feel for what The Sanville Institute is all about.

You will find out more about all these programs and presenters, including registration and fee information at www.sanville.edu

We are a state-approved educational institution with centers in Berkeley and Los Angeles offering PhD and certificate programs in clinical social work, open to social workers, MFTs, and psychiatric nurses with a master’s degree in their field. Contact The Sanville Institute office at 510-848-8420 or at admin@sanville.edu

PSYCHOANALYTIC TRAINING AT PCC

focuses on the unconscious core of the personality and explores the infantile anxieties and defenses that shape behavior and relations with the self and others. The elemental contributions of Freud, Klein and Bion structure the foundation of PCC’s British Object Relations approach. Emphasis on analysis of primitive mental states is supported by year-long intensive courses in the Tavistock method of Infant Observation, in the original work of Freud, Klein’s major papers and in the contemporary Kleinian and Object Relations developments. Bion’s theories of thinking form a focal center of study.

CORE PROGRAM IN ADULT PSYCHOANALYSIS

- Certification with Psy.D. Degree
- Optional Ph.D. with Dissertation
- Accents Work in the Transference

INFANT, CHILD, ADOLESCENT PSYCHOANALYSIS

- Additional Certification Program
- Second Year of Infant Observation
- Origins of Primitive Mental States

PSYCHOANALYTIC PSYCHOTHERAPY PROGRAMS

- One year Adult or Child Focus
- Didactic Courses and Case Conferences
- Certificate of Completion Provided

OPEN HOUSE

SUNDAY, MARCH 10, 2013
11:00 AM - 2:00 PM
BRUNCH: 11:00 AM—12:00 PM
PRESENTATION: 12:00 PM

SPEAKER:

Albert Mason, M.B., B.S., Psy.D.
Supervising and Training Analyst

“THE SEARCH FOR THE PURE”

Dr. Mason will discuss his view of Psychoanalysis as the treatment of choice that brings about a true modification of psychic structure.

CONTACT PCC OFFICE FOR INFORMATION

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A Component Society of the International Psychoanalytical Association

Malpractice Issues Clarified

Although social workers rarely attract attention-grabbing lawsuits, the risk of financial and professional ruin still exists. The best protection may be to purchase malpractice coverage. "Virtually all social workers should consider coverage, including those who might not think they need it," says Frederic G. Reamer, PhD, a professor at Rhode Island College School of Social Work. "Strange things happen. Lightning can strike."

There are two types of Professional Liability Coverage, Claims Made Coverage and Occurrence Coverage. The following is a brief description of each and the benefits of each:

CLAIMS MADE COVERAGE

Claims Made Policy Summary — The claims made policy protects you against incidents that arise from treatment provided after your policy's retroactive date and are reported while your policy is in force. Your retroactive date usually reflects the date your policy started. As long as you continuously renew your claims made policy, you may report claims for incidents that occurred in previous policy years, back to the beginning of your claims made coverage.

Example of Claims Made Policy Coverage — You became a Claims Made policyholder in 1995 and have renewed your policy continuously since then, with no lapse in coverage. A patient you treated in 1997 files a claim against you now. Because you have renewed your policy continuously since 1995 and it is currently in force, you are still protected for that 1997 incident.

Benefits

1. With a Claims Made policy, the only insurance carrier you need to be concerned with is your current carrier. When you are sued, you will not need to figure out which former occurrence policy was covering you the year the incident occurred and if that carrier is still financially viable to defend your claim. Instead, all claims brought are handled by your existing Claims Made policy regardless of when the incident occurred, pursuant to your retroactive date.
2. The premiums in the initial years of a Claims Made policy are generally less than those of an Occurrence policy offering similar coverage. In general, a Claims Made policy will save you money over an Occurrence policy after just three years.

Limits of Liability — With a Claims Made policy, the limits of liability in effect when the claim is made are the limits that apply toward any settlement or judgment.

Example of Limits of Liability — In 1995 your Claims Made policy had limits of liability of \$100,000/\$300,000. Then, in 1998, you increased your limits to \$1 million/\$3 million. In 1998, a patient you treated in 1997 files a malpractice claim against you. Which limits of liability apply? The \$1 million/\$3 million limits of the current policy year apply because those are the limits in place when you reported the claim.

Tail Coverage — If you discontinue a Claims Made policy you should consider Tail Coverage. A claims-made liability policy covers claims made prior to the policy's expiration or cancellation that arise from covered occurrences, acts, or omissions committed during the policy period. Most claims-made policies contain an extended reporting period (ERP) provision allowing the insured to elect to purchase coverage for claims made following the expiration of the policy as long as the covered occurrence, act, or omission is committed during the policy period. Since this coverage applies at the end of the policy period, it is called tail coverage.

OCCURENCE COVERAGE

Occurrence Policy Summary — The Occurrence policy protects you against incidents that occur while the policy is in force, regardless of when the claim is reported.

Example of Occurrence Policy — You became an Occurrence policyholder in 1994, and discontinued the policy in 1996. A patient you treated in 1995 files a malpractice claim against you now. Because the patient was treated while the policy was in force, you're able to report the claim in 1998 for that 1995 incident.

Benefits — This policy automatically protects you both now and in the future for any incidents that occurred while you were a policyholder. This means that you can report claims:

1. During the current policy year, and
2. After your policy has ended.

Limits of Liability — With an Occurrence policy, the limits of liability in effect when the treatment (prompting the claim) occurred are the limits that apply toward any settlement or judgment costs.

Example of Limits of Liability — In 1993 your Occurrence policy had limits of liability of \$100,000/\$300,000. Then, in 1998, you increased your limits to \$1 million/\$3 million. Also in 1998, a patient you treated in 1994 files a malpractice claim against you. Which limits of liability apply? The \$100,000/\$300,000 limits of the 1994 policy year apply—because those were the limits in place when the treatment prompting the claim occurred.

Tail Coverage — Tail coverage is unnecessary if you discontinue this policy because the cost of extending your claims reporting period is built into the annual premium.

We hope that this helps with any confusion regarding the recent insurance changes. We will provide you with links to get your own CSCSW Insurance as soon as it's finalized. If you have any questions, please do not hesitate to contact us at 916-560-9238 or email to info@clinicalsocialworksociety.org

CSCSW Clinical Update Advertising:

Deadline: 5th of the month for the following month's issue (e.g., January 5 for the February issue).

Classified Ads: Are charged according to 30-word groupings (30 words = \$30.00, 31-60 words \$50.00, 61-90 words \$70.00).

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- Full page (7-1/2" x 10") \$225.00

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*Through June 30, 2013, full-time employees' monthly pay will be reduced by 4.62% in exchange for eight (8) hours of leave. Part-time employees shall be subject to the pay reduction on a pro-rated basis consistent with their time base. The salary above does not reflect this reduction.

EOE

STARTING A PRIVATE PRACTICE?



Inger Acking LCSW, LCS 12559
Licensed Clinical Social Worker



Anita Barnes, LCSW, LCS 16518
Licensed Clinical Social Worker

JOIN A TIME LIMITED CONSULTATION GROUP TO EXPLORE IN DEPTH THE REWARDS AND CHALLENGES OF CREATING AND OPERATING A SUCCESSFUL PRIVATE PRACTICE

The group will include:

- Setting up your practice
- Benefits and limitations of insurance panels
- Clinical knowledge through sharing experiences in a supportive setting
- Benefits of therapy
- New and additional treatment approaches and ideas
- Potential for increased sensitivity and appreciation of clients and the client therapist relationship

10 Saturdays 1– 3 p.m.

March 2 — May 4, 2013

1305 Franklin Street, Oakland, California

Fee: \$500.00 (\$25 per hour)

Call 510-528-9865 or 510-452-0991 to register

Combined we have 40+ years of experience in operating successful private practices, as well as work experiences in public and private sectors in various settings, including psychiatric in and outpatient, group homes for children and adolescents, Children and Family Services, chemical dependency/recovery and Employee Assistance Programs.

District Meetings (Cont'd)

GREATER SACRAMENTO:

Coordinator: Stephanie Brodsky
Coordinator Phone: (916) 384-7458
Coordinator Email: stephaniebrodsky@msn.com
Date: January 19, 2013
Time: 1:30 to 4:00 pm
Topic: **Remedies for Practitioner Well-Being**
Presenter: Andrew Bein, PhD, LCSW
Location: Friends Meeting House, between H & J St, 890 57th Street, Sacramento, CA
RSVP: To Stephanie Brodsky @ (916) 384-7458 or stephaniebroskey@msn.com

This workshop discusses ways in which social workers become emotionally exhausted and susceptible to secondary or vicarious trauma. We introduce the concept, **empathic over-arousal** and discuss use-of-self strategies to protect us. The workshop offers three social worker approaches or skills that positively affect social worker mental health and reduce vulnerability: strong back/soft front, radical acceptance, and mindfulness.

Andrew Bein, Ph.D., LCSW has nearly 30 years of practice in diverse clinical areas. He is a Professor in Social Work at California State University, Sacramento, a clinical consultant at Communicare Health, and maintains a small private practice. He has written: *The Zen of Helping: Spiritual Principles for Mindful and Open-Hearted Practice* and is working on a book with the tentative title: *Dialectical Behavior Therapy for Wellness and Recovery*.

Members earn 1.5 CE credits at no cost. Credits for non-members are \$10.00 per unit. Non-members are welcome and may attend at no charge (no CEU certificate). MSW students are encouraged to attend. Course meets the qualifications for 1.5 or 2 hours of continuing education credit for MFTs, LPCCs, and/or LCSWs as required by the California Board of Behavioral Sciences.

Classifieds

OOOOOOOOOOOOOOOOO**WESTSIDE PSYCHOTHERAPY SUITE AVAILABLE**OOOOOOOOOOOOOOOO

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OOOOOOOOOOOOOOOOO**WESTWOOD FURNISHED OFFICE AVAILABLE**OOOOOOOOOOOOOOOO

Furnished office in Class A Medical Building (Westwood) available nights & weekends with opportunities for daytime use. Monthly rate for 1 night a week- \$250.00. Includes Wifi. contact: cindy@cindyfriedman.com

OOOOOOOOOOOOOOOOO**PART-TIME OFFICE SPACE IN ROSEVILLE AVAILABLE**OOOOOOOOOOOOOOOO

Beautiful office space available Mondays and Fridays in Roseville. If interested, please contact Wendy Lewis, LCSW [916-202-5557](tel:916-202-5557) for additional information.



The Clinical Update

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