

Expanded Edition in Honor of:
National Professional Social Work Month

Clinical Update

California Society for Clinical Social Work



Volume XLV Number 6, February, 2014

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This article may whet your interest in taking the CEU presentation (6 credits) on the DSM 5 by Anne Petrovich online at our website: www.clinicalsocialworksociety.org or to enroll for our new DSM 5 workshops advertised in this issue on page 11.

DSM 5: Overview, Innovations, Controversies and Criticisms

By Anne Petrovich, LCSW, Ph.D.

Regardless of how we might feel about diagnostic systems in general or the DSM-5 in particular, we, as LCSW's are stuck with it! It is the official classification of the American Psychiatric Association, and, as such, is central to the process of labeling that leads to research grants and reimbursement for mental health providers. It is also fast becoming the global system for mental health diagnosis. It is my hope that this article will not only give you a summary of important changes from DSM-IV-T-R to the current DSM-5, but will help you understand the controversies that continue to swirl around it's adoption.

Describing the DSM-5

The authors set forth in the Preface to the DSM-5 their intent to provide a guide for organizing information that is practical, functional, and flexible; useful for clinicians, educators, and researchers; and applicable in many contexts. The compatibility of DSM codes with the ICD-9 (in use now) and 10 (due in October, 2014) and 11 (planned for 2015) is explicitly demonstrated throughout the manual. The DSM-5 is organized in three main sections, which are preceded by the listing of diagnostic classifications and a preface. Section I contains basic considerations, an introduction to the use of the manual, and a cautionary statement about its limitations for use in forensic settings. Section II, the main section, includes the diagnoses of mental illnesses, their criteria, and codes, and related information about incidence, prevalence, and differential diagnostic considerations. This section will be most easily

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DISTRICT MEETINGS:

FRESNO DISTRICT:

Coordinators: Gabriele Case and Anne Petrovich
Phone: 559-237-9631
E-mail: gh.caselcsw@gmail.com
Date: Saturday, March 22, 2014
Time: 9:30 a.m. to 12 p.m.
Presenter: Leslie Bullock, LCSW
Topic: **Mindfulness Theory and Practice in Clinical Social Work**
Credits: 1.5 (1 CE credit per hour of instruction)
Location: Fresno Pacific University
Steinert Campus Center, Pioneer/Johanson
Conference Room 122 **PLEASE NOTE ROOM CHANGE**

This presentation will focus on providing a conceptual understanding of what mindfulness means and how it can be developed. Emphasis will be on mindfulness as a clinical skill and the benefits of developing mindfulness for both clinician and client. The presentation will include an experiential component in which participants will engage in a first person experience of mindfulness practice.

Leslie Bullock, LCSW is in private practice with individuals experiencing anxiety, depression, grief and loss, end of life issues, trauma and stress related conditions, relationship difficulties, gender identity issues and life transitions. She also works with those interested in spiritual exploration, mindfulness practice and personal growth. She currently leads several women's therapy groups.

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

MID PENINSULA DISTRICT:

Coordinators: Virginia Frederick LCSW
Joan Berman LCSW
Phone: 650-324-8988
Email: ginnyfred@aol.com
Date: March 21, 2014
Time: 11-1PM
Location: Jewish Family and Children's Service
200 Channing Street, Palo Alto (corner of Channing and Emerson) Parking available – 913 Emerson in underground parking (press button to be admitted) as well as parking on 200 Channing and street.
Topic: **Clinical Sensibilities as Seen Through the Eyes of a Social Work Analyst**
Presenter: Clara Kwun LCSW
Credits: 1.5 CE Credit
RSVP: Register via website preferred (Continued on Next Page)

DISTRICT MEETINGS (Cont'd):

MID-PENINSULA (Cont'd)

This is Social Work Month and we will celebrate by having Clara Kwun LCSW present "Clinical Sensibilities as Seen Through the Eyes of a Social Work Analyst." This presentation is designed for clinicians of all levels. It will focus on the importance of explicitly knowing one's clinical sensibility. The difference between a theory, a code of ethics and what the speaker calls a "clinical sensibility" will be explored. There will be an examination of the multiple external and internal pressures that social workers feel in their work and discussion of the ways that a theory and a clinical sensibility can help protect a space to think and be creative. The work of Roy Schafer, Nancy McWilliams and Tom Ogden will provide some of the theoretical base. Clinical Examples will be used to illustrate these ideas.

Clara Kwun is an analyst trained by the San Francisco Center for Psychoanalysis. She has a private psychotherapy and psychoanalytic practice in San Francisco. She is the Dean of the Psychoanalytic Psychotherapy Training Program at The San Francisco Center for Psychoanalysis as well as on the Faculty of the Coalition for Clinical Social Work in the extension course. She has been on the faculty and supervising staff at Smith College School of Social Work for several years in addition to being a Clinical Supervisor at the Department of Psychiatry, Langley Porter Psychiatric Institute, UCSF.

Future Programs:

April 18 – Laura Gomez LCSW and Team from the Palo Alto VA – **Returning Veterans and Their Issues**

May 16 – Greg Bellow PhD and Elise Miller PhD – **Clinical Challenges of Writing for Publication**. Greg Bellow's new book is *Saul Bellow's Heart*.

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 CE certificate). MSW students are encouraged to attend. Our meeting begins at 11:00 with informal networking then at 11:15 our formal meeting starts with CSCSW business then our speaker Bring your flyers and business cards. 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.

NAPA SONOMA SOLANO DISTRICT:

Coordinator: Laurel Marlink Quast, LCSW, BCD
Phone: 707-696-3148
Email: Laurelmq@yahoo.com
Date: March 21, 2014
Time: 12:00-1:30pm
Topic: **Introduction to the Enneagram**
Presenter: Laurel Marlink Quast, LCSW, BCD
Location: Kaiser Department of Psychiatry 3554 Round Bard Blvd, Santa Rosa.

The ancient symbol of the Enneagram has become one of today's most popular systems for self-understanding. The Enneagram is a modern synthesis of ancient and modern psychological and spiritual teachings. This presentation will present the historical context of the development of the Enneagram and give an overview of the nine personality types utilized and their interrelationships. The Enneagram is a powerful tool for personal transformation and development and shows how one can overcome inner barriers, unconscious childhood messages, and cultivate awareness in daily life.

Laurel is currently in private practice where she works primarily with individual adults and couples. She is trained in EMDR and has been utilizing this approach with clients since 2008. Most of her adult clients have experienced significant early childhood trauma. Prior to beginning her private practice over ten years ago, Laurel worked in the child welfare system, primarily in the area of adoption for fifteen years. Laurel describes this experience as being crucial in her

(Continued Next Page)

learning about loss and being with clients in primal emotional settings. Using these and other lessons learned from clients, Laurel later developed a training program for adoptive parents, which is used in a large international adoption agency across the United States. Laurel worked with all members of the adoption triad (birthparents, children, and adoptive parents) in private, public, and international agency settings. As a result, Laurel has a strong attachment orientation which informs her work. Laurel became interested in the Enneagram several years ago and has studied and utilized it's framework both personally and professionally. Laurel is a Board Member of the Clinical Society and serves the Napa/Sonoma District as its Co-Coordinator.

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. Feel free to bring your lunch to the meeting.

Future meetings:

April 18, 2014: **TBD** Due to a schedule conflict the scheduled presentation will be rescheduled. Watch for an email regarding the new topic and presentation details.

May 16, 2014: **Planning meeting for 2014-2015.** Please join us for planning next years' program. Lunch will be provided for those who indicate they are participating.

SACRAMENTO DISTRICT:

Coordinator: Nathan Stuckey, ASW
Email: Nstuckey13@gmail.com
Date: Saturday, March 15, 2014
Time: 9:30 am till 12:00 pm
Presenter: Peter Cole, LCSW
Topic: **Gestalt Group Therapy: A Relational Approach to Healing, Integration and Change**
Credits: 2.0
Location: Friends Meeting House, 890 57th Street, Sacramento, CA

In this experiential presentation Peter will explore a relational approach that uses the group process to promote self-activation, intimate connection, and the integration of opposites or polarities that exist within each of us. Teaching of key concepts in Gestalt Group therapy will flow from our experiences together. For more information on this approach, [please click this link for a full article](#).

Learning Goals:

- Apply the concept of rupture and repair of the self-object tie in group work
- Discuss polarities
- Discuss the Paradoxical Theory of Change
- Apply three levels of group intervention: Individual, Dyadic, Group as a Whole
-

Peter Cole has been in private practice for 25 years. He serves as the co-director of the Sierra Institute of Contemporary Gestalt Therapy with his wife Daisy Reese. He also serves as an Assistant Clinical Professor of Psychiatry with the UC Davis School of Medicine and is an adjunct professor of Marriage and Family Therapy with the Wright Institute in Berkeley. Peter is the author of numerous articles about gestalt and group therapy and is the co-author of two books about investing and financial planning for therapists. Peter also is the director of Insight Financial Group, an investment firm specializing in financial planning for mental health professionals. Peter has offices in mid-town Sacramento and in North Oakland

This course meets the qualifications for 2.0 hours of continuing education credit for MFTs, LPCCs, and LCSWs as required by the California Board of Behavioral Sciences. Members earn credits at no cost. Credits for non-members are \$10.00 per unit. All are welcome to attend at no charge (no CEU certificate). MSW students are especially encouraged to attend.

SAN DIEGO DISTRICT

Coordinator Name: Ros Goldstein
Phone: Number: (619) 692-4038
Email: goldsiegel@gmail.com
Date: Thursday, March 6, 2014
Time of Meeting: 5:30-7:30 PM
Presenter: Paula Kettula, LCSW
Topic: **Integrating Neurosensory Activities in Treatment with Traumatized Children & Adults: The Practical Use of Sensory Checklist & Sensory Profile**
Location: Jewish Family Service, 8804 Balboa Ave., San Diego, CA 92123

Experiencing some form of trauma, whether big or small, is part of human experience. The experiences of trauma, especially when repeated and unprocessed lead to changes in thinking, feeling, behavior, and the body. When unprocessed, trauma results in a survival orientation, however engaging in soothing neurosensory activities can help the body calm down from perceived threats (triggers). The sensory checklist and sensory profile (Biel & Peske, 2005) are excellent practical tools to assist traumatized children and adults to return to a natural state of regulation

Ms. Kettula received her undergraduate education in Finland, & her graduate training (as part of her master's program) at UCSD Neuropsychiatry & Behavioral Medicine Unit. She is now in private practice specializing in PTSD, emotional & behavioral issues in childhood & adolescence including but not limited to abused & traumatized children & sexually reactive children. She also specializes in play therapy & EMDR.

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. Feel free to bring your lunch to the meeting.

Future Meetings April 3: **Adlerian Psychology**



Administrative Office and Tustin Campus: 250 W. Main Street, Suite 202, Tustin, CA 92780 • (714) 505-9080 • Fax (714) 505-9465
Pasadena Campus: 911 E. Colorado Blvd., Suite 200, Pasadena, CA 91106 • (626) 796-2776
admin@npi.edu • www.npi.edu

Newport Psychoanalytic Institute, PASADENA campus,

is pleased to announce our

2014 Open House Reception

Friday, April 25, 2014, 3:00 pm – 5:30 pm

At the office of Gale Rapallo, 1543 N. Garfield Avenue, Pasadena CA 91104

Please join us at any time, and stay as long as you wish.

Find out who we are, what we do, and the psychoanalytic training and CEU programs we offer.

Wine and cheese will be served.

There will be a short presentation at 4:00 pm on:

Diving Into the Depths of the Psyche:

What might be found?

How to reach it?

Where does it lead?

For further information:

Call NPI (626) 796-2776 or e-mail Penny @ admin@npi.edu www.npi.edu

California Society for Clinical Social Work

Law and Ethics: 7 Fundamental Principles of Practice



Presented by

Myles Montgomery, JD, LCSW

(6 CE Hours)

IRVINE CALIFORNIA

April 19, 2014

8:30 Registration-Workshop begins at 9 a.m. to 4:30 p.m.

In Conjunction with the USC School of Social Work

Orange County Academic Center

School of Social Work

2300 Michelson Drive, **Room B**

Irvine, CA 92612

\$65 Students*

\$120 Members

\$150 Non-Members

While there are many aspects of Law and Ethics for psychotherapists, this presentation highlights seven, which are fundamental to those practicing in the field of psychotherapy. Included in this comprehensive presentation are a review of concepts related to confidentiality, risk-management, advertising, and documentation in plain English. Relevant developments in the area of case law will also be discussed. To register online go to

<http://www.clinicalsocialworksociety.org/Default.aspx?pageId=1631911&eventId=844392&EventViewMode=EventRegistration>.

**Student price is for students currently enrolled in a program of a mental health discipline.*

Objectives:

- Participants will be able to identify at least three practices related to protecting client confidentiality.
- Participants will be able to explain the holding of the *Tarasoff* decision and know at least three recent cases related to it.
- Participants will be able to explain at least three requirements related to advertising their services.
- Participants will be able to explain the role of informed consent.
- Participants will be able to explain how psychotherapists may use testing as part of their practice.
- Participants will be able to explain the elements of a malpractice law suit and the disciplinary procedure under the BBS.

This course meets the qualifications for 6.0 hrs of CE credit for LCSWs, LMFTs, and LPCCs as required by the CA BBS. PCE #1.

A boxed lunch will be provided for participants that pre-register. Lunch cannot be guaranteed for at-the-door registration.

Refund Policy: A full refund may be issued up until 7 days prior to the presentation date. No refunds will be issued after 4/12.



Myles Montgomery is a practicing social worker and attorney in Sacramento, California. Myles has worked with individuals and families, in a number of capacities, for the past ten years. Myles was a civil litigator, with a focus on fraud and predatory lending suits in the mortgage industry. Currently he has a full time private practice. In addition, he teaches Law and Ethics at Alliant International University and holds similar classes throughout California. When not working, Myles enjoys reading across disciplines, spending time with his family, and long-distance running.



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or check made payable to:

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Or Call to reserve your space

Phone: (916) 560-9238

Toll Free: (855) 985-4044

Fax: (916) 851-1147

cesco@clinicalsocialworksociety.org

Course Title/Date: **Law & Ethics – April 19, 2014**

Credit Card: Visa/Mastercard/Discover Number _____

CVC: ___ Exp Date _____

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



Honoring and Celebrating Jean Sanville 1918-2013

By Karen K Redding, LCSW, Ph.D.

The social work and psychoanalytic community lost the beloved presence of Jean Bovard Sanville, who died peacefully in the early morning of November 4, 2013 at her home in the Brentwood Hills of Los Angeles. She was just shy of 95. Jean was a gifted teacher, an astute and wise clinician, a prolific and gifted writer, and a creative and gracious mentor to hundreds of social workers and clinicians in the U.S. and around the world. For Jean, psychoanalysis did not stop at the walls of the consultation room. She knew how culture influenced and was influenced by personal development. Her community was the whole world. She served as a consultant in Peru, Dominican Republic, India, Sri Lanka, Mexico, Indonesia, Singapore, and Japan. Her capacity for empathy was boundless. One of her favorite sayings was 'Life begins in dialogue, and psychopathology can be seen as a derailment of dialogue.' This dialogue was a living emotional reality that Jean embodied, not only with patients, but students, colleagues, friends, fellow writers, and others. Judy Kaplan, one of the former Presidents of the AAPCSW (American Association for Psychoanalysis in Clinical Social Work), in speaking of Jean's influence, remarked, "Much like Freud, Jean goes beyond the psychoanalytic realm, into the culture at large. Reading her work, one is reminded of those elite renaissance women who were able to grasp and integrate diverse fields of knowledge within a coherent, elegant, and sophisticated narrative and art, all which stimulates our thinking and awakens our senses."

Jean was born in Tionesta, Pennsylvania on December 6, 1918 to a physician father and a school principal mother. She became interested in psychoanalysis at a young age, when she discovered Karl Menninger's book, *The Human Mind*. Jean disclosed, "being a bit worried about my own mind at the time, I read it cover to cover and was really turned on by psychoanalysis as Menninger portrayed it...I was transfixed by some paragraphs that described a budding new profession, psychiatric social work." Wishing to study psychoanalysis, Jean earned a Bachelor of Arts degree from the University of Colorado in Boulder in 1940; a Master of Sciences from Smith College in 1942; and her

Ph.D. from the International College in Los Angeles in 1943. Her refusal to sign the required 'loyalty' oath, like her friend and colleague Erik Erikson, cost her position as Associate Professor at the UCLA School of Social Welfare; but she accepted Erikson's invitation to come to Harvard. Jean was a prominent figure in the anti-trust lawsuit in 1985 against the American Psychoanalytic and the International Psychoanalytical Associations for restraint of trade in the exclusion of non-medical mental health professionals from psychoanalytic training in the U.S. The settlement in 1987 represented a monumental shift in the entire culture of psychoanalysis, as practiced in this country. Jean went on to be one of the founders of the coalition of Independent Psychoanalytic Societies of the U.S. (IPS), now known as the Confederation of Independent Psychoanalytic Societies of the U.S. (CIPS). In 2009 she was recognized for being one of the pioneers of CIPS and appointed Life Member.

An undisputed leader and pioneer in the field, she was co-founder and first President of the California Society for Clinical Social Work; Founding Dean of the California Institute for Clinical Social Work (CICSW); and co-founder of the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS). As the first social worker at LAISPS, her scholarship and writing was so recognized that a writing award, the Jean Sanville Award, was named in her honor. In 2005, CICSW was renamed the Jean Sanville Institute. Jean was also editor of the Clinical Social Work Journal for many years.

Jean published many papers, and wrote 5 books. She was the coauthor with Joel Shor (her husband) of *Illusion in Loving, A Psychoanalytic Approach to the Evolution of Intimacy and Autonomy* (1978); and co-editor, with Joyce Edward of *Fostering Healing and Growth: A Psychoanalytic Social Work Approach* (1996), as well as with Ellen Ruderman in *Therapies with*

(Continued on Page 14)

Jean Sanville Day – North

Co-Sponsored by

THE SANVILLE INSTITUTE FOR CLINICAL SOCIAL WORK AND PSYCHOTHERAPY
and California Society for Clinical Social Work

A MODEL FOR THE FUTURE: PRACTICING BETWEEN THE MARGINS OF SOCIAL WORK AND PSYCHOANALYSIS

A TRIBUTE TO JEAN SANVILLE (1918-2013)

Saturday, March 15, 2014 9:00 AM–1:30 PM

Jewish Community Center of San Francisco, 3200 California Street, San Francisco

"As in her writing, teaching and in her mind itself, where ideas comingled freely – psychoanalytic, artistic, cultural, political and social -- so in Jean's house too did countless groups, colleagues and friends find a welcoming space where they came regularly to 'multilogue,' to find and provide intellectual sustenance, where the play of ideas could be engaged freely and take root." (from Joseph Bobrow's obituary of Jean Sanville)

The Jean Sanville Day aspires to create this kind of playground, as we pay tribute to Jean's ideas and her writing. **Presenters and panelists include Jill Horowitz, LCSW; Billie Violette, PsyD, LCSW; Greg Bellow, PhD, LCSW, and Claire Alphin, PhD, LCSW.**

Jean was a prolific writer, best known for her 1991 book *The Playground of Psychoanalytic Therapy*. She also wrote on psychoanalysis and clinical social work; gender and feminist theory; creativity, play, and illusion; childhood and adolescence; love and intimacy; the aging and dying therapist; and the intersection of Latin American cultures, gender and psychoanalytic theory.

Jean Sanville was a founder of The California Institute for Clinical Social Work (renamed The Sanville Institute in 2005), the California Society for Clinical Social Work, and the Los Angeles Institute and Society for Psychoanalytic Studies, as well as an active alumna and faculty member of the Smith College School for Social work. She opened doors of psychoanalytic training to social workers and other non-medical clinicians, and gave clinical social workers a voice in psychoanalytic teaching and literature, anticipating current attempts to bring psychoanalytic therapy to our multi-cultural society

Fees before 3/10: \$65** Group rate for agencies \$60 person (3 or more registering at the same time) ** Student rate \$45

Add \$10 to fees if postmarked after 3/10 4 CE hours for LCSWs, MFTs, and Psychologist

BBS CE Provider # PCE 272 CPA PAS Provider #SAN 150*

Registration Form

Print Name: _____ LCSW/MFT /PSY Lic _____

Address _____ City/ State _____ Zip _____ Email _____

Enclosed is my check for \$ _____ made payable to The Sanville Institute Daytime phone _____

Please charge my MasterCard/Visa # _____ Amount: \$ _____ Expiration Date: _____

Name/Address as appear on credit card _____

MAIL to: The Sanville Institute, 2198 Sixth Street, Berkeley, CA 94710, (510) 848.8420, admin@sanville.edu www.sanville.edu

*The Sanville Institute is approved by the California Psychological Association to provide continuing professional education for psychologist. The Sanville Institute maintains responsibility for this program and its content.



Editor's Note: Please help us make Internet Resources a continuing feature of this newsletter by sending us a web site, blog, youtube, etc. that you find helpful to yourself as a therapist or that you use with clients. Include a brief description of the resource and how you use it. rosenfeld@clinicalsocialworksociety.org



Internet Resources for the Treatment of Abuse
George Rosenfeld, Ph.D.

I would like to share some recently posted Web resources for psychotherapy for treating victims of abuse. The videos are short and can be shown in sessions leaving time for discussion and processing. In addition to providing high impact psycho-education, these videos stimulate disclosure in clients that are able to discuss other's situations, although they are reticent or not able to talk about themselves. Eliciting the client's thoughts and feelings about the people and situations in the videos may be a helpful place to start. Depending on the client's motivation and strengths we might discuss similarities and differences to their situation. Many clients continue to use the Internet as a resource for self-help outside of treatment and share their discoveries in sessions.

Resources for Physical Abuse and Domestic Violence:

"My abuse story" Rachael tells her poignant story of physical and verbal abuse by her father from age six to 12. <http://youtu.be/B10NVzRJsue> (4 minutes)

"A photo a day" Very dramatic stories told in daily face pictures over a year of being physically abused. <http://www.youtube.com/watch?v=nNXbMMjzbe4> (1 minute 20 seconds.)
<http://www.youtube.com/watch?v=06ceWHqQfIM> (One minute.)

"Why domestic violence victims don't leave," Leslie Morgan Steiner's TED talk, was posted January 2013. This video can be helpful in normalizing the client's situation and beginning a conversation about this major question. http://www.ted.com/talks/leslie_morgan_steiner_why_domestic_violence_victims_don_t_leave.html (16 minutes)

This video describes some signs of Domestic Violence abuse and ideas about how to safely leave. It is important to keep in mind that leaving is not a way to assure safety and, in fact, may increase danger. <http://www.youtube.com/watch?v=lwNrOeQmmul> (5 minutes).

Teen Dating Resources:

Several female teens tell their story of being physically abused. The video states that one out of three teen girls gets abused in dating relationships, and the warning signs are discussed. <http://youtu.be/kxoDEns7wlg> (4 ½ minutes)

A website devoted to teen dating violence. Teens can be referred to explore this website that offers videos, tests, safety planning, how to help a friend, and informs teens to call 1-866-331-9474 or text "loveis" to 22522 to speak with a trained peer advocate at any time about dating abuse. <http://www.loveisrespect.org/>

Male and female teens talking about emotional abuse and cyber bullying and control. The video encourages victims to talk to their parents and friends. <http://youtu.be/al3IPSFkIYU> (5 Minutes)

The story of an abusive relationship in written cards held by the victim. <http://www.youtube.com/watch?v=WvRGwmU4Qtg> (12 minutes)

Warning signs of an abusive relationship are discussed in this video that helps clients who may be minimizing or denying their abuse. Financial control, isolation, jealousy, criticism of victim and others, blame shifting, demanding the abuser's needs be met, and substance abuse are explored. http://youtu.be/kGN_tzmM6Fk (6 minutes)

Sexual Abuse Resources:

The following are stories of abuse to use with clients to help them correct the misconception that they are the only one, and that may encourage them to begin talking about their own experience.

A 14 year old girl tells her story of sexual abuse at age 8. Bril Vasquez deals with stigmatization from peers and her father who told her she asked for it; thoughts of suicide; why she didn't tell ("He said he would kill me if I told."); her fears, anger and pain; and her revictimization. She coped with family domestic violence and moved from victim to pursuing a survivor mission.

<http://www.youtube.com/watch?v=loJDyz2aGzU>
(28 minutes)

A 30 year old female tells her story of childhood sexual abuse by father and her subsequent depression.

<http://www.youtube.com/watch?v=IPmC1OVPqKM>
(20 minutes)

A female victim tells her story and subsequent suicidal thoughts.

<http://www.youtube.com/watch?v=khc7r2PST8c>
(8 minutes)

Project Unbreakable - the art of healing, by Grace Brown. This offers an online platform that strives to "increase awareness of the issues surrounding sexual assault." Female survivors hold brief written posters and file cards telling what the perpetrator said to them during and after they sexually abused them. Exploring this site typically helps clients talk about their abuse in therapy. Understanding these statements and threats can reduce self-blame by helping victims understand why they kept the secret and complied.

<http://projectunbreakable.tumblr.com/>

"25 male survivors of sexual assault" provides quotes from the people who attacked them, highlighting the emotionally abusive and manipulative context of their abuse. This may help to reduce self-blame and help clients to understand their own reactions and behaviors.

<http://www.buzzfeed.com/spenceralthouse/male-survivors-of-sexual-assault-quoting-the-people-who-a>

Dozens of written stories by males molested as children.

<http://www.experienceproject.com/groups/Was-Molested-As-A-Teenage-Boy/108895>

"Hide No More – A Documentary on Sexual Abuse" is a video of two women telling their stories of being abused as children by their father. A mother denies the abuse and the family blames the victim. The victims turn to sex and drugs and struggle with suicide and feeling broken. They end up mastering the experience.

<http://www.youtube.com/watch?v=T0bVvNcfREw>
(10 minutes)

Rape Victim Resources:

"My Story with Depression, Rape, and Suicide." A female tells her story in flash cards about her rape and its sequel. She explains that she tried to make a video of her talking, but she just broke down crying. "I'm EXTREMELY insecure so you probably don't want to hear my voice anyways."

<http://www.youtube.com/watch?v=VySXapZi7o8>
(13 ½ minutes)

A 15 year old girl tells her story about rape by her boyfriend. Her boyfriend denied it and peers laughed at her. She regrets not telling her family.

<http://www.youtube.com/watch?v=4ttVDXFISwc>
(10 minutes)

George Rosenfeld, Ph.D. is a psychologist practicing in Sacramento. He is author of *Beyond Evidence-Based Psychotherapy: Fostering the Eight Sources of Change in Child and Adolescent Treatment* published by Routledge. He teaches at Sacramento State University and the University of San Francisco. He can be reached at geo.rosenfeld@gmail.com

California Society for Clinical Social Work

The DSM 5: Transitions



Presented by: Stan Taubman, PhD, LCSW

(6 CE Hours)

April 25, 2014

Oakland, CA

8:30 Registration-Workshop begins at 9 a.m. to 4:30 p.m.

Trans Pacific Centre

1000 Broadway, Room 2

Oakland, CA 94067

\$65 Students*

\$120 Members/ Faculty

\$150 Non-Members

This workshop is designed for the clinical practitioner who has some familiarity and experience with DSM differential diagnosis using the DSM-IV. The workshop will familiarize participants with major changes from the DSM-IV to the DSM 5 including changes in the classification system, definition of mental disorder, loss of the 5 axis system, new diagnoses, deleted diagnoses, unchanged diagnoses, and criteria changes. The presentation will also identify common diagnostic errors and introduce participants to the new Assessment Measures which are included in the DSM-5 Manual.

To register online go to

<http://www.clinicalsocialworksociety.org/Default.aspx?pageId=1631911&eventId=844392&EventViewMode=EventRegistration>.

***Student price is for students currently enrolled in a program of a mental health discipline.**

A boxed lunch will be provided for participants that pre-register. Lunch cannot be guaranteed for at the door registration.

Refund Policy: A full refund may be issued up until 7 days prior to the presentation date. No refunds will be issued after 5/9/14.



Stan Taubman, PhD, LCSW has been in clinical practice since 1968. He currently is the Program Director of Berkeley Training Associates and teaches on the faculty of the University of California, Berkeley, graduate program in Social Work. He is the former Director of the Alameda County Medi-Cal Behavioral Health Plan, as well a Director of Management Services for the Alameda County Behavioral Health Care Services Department. His clinical experience includes private practice, mental health inpatient, outpatient and day treatment programs, child welfare and medical social work. Dr. Taubman is the author of *Ending the Struggle Against Yourself* (Tarcher/Putnam Publishing), as well as numerous journal articles addressing both clinical and administrative issues.



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Registering as an ASW with the Board of Behavioral Sciences By Cesar Mardones, ASW

Many employers require an ASW (Associate Clinical Social Work) number from the Board of Behavioral Sciences before accepting a resume. For new graduates this may be a source of stress, along with impending student loan repayments and other financial burdens. As graduation approaches it can be difficult to balance the demands of completing courses, thesis projects, and in some cases employment. If you haven't begun to think about registering with the BBS, now is the time to plan ahead. Please be aware that the BBS will allow up to **60 days** to process applications and any deficiencies will delay the process significantly.

FEES AND EXPENSES

There are some costs associated with registration. Each applicant is required to be fingerprinted at an approved Live Scan site. A list of approved sites can be found on the DOJ website at

<http://ag.ca.gov/fingerprints/publications/contact.php>.

- DOJ Fingerprint processing fee: \$32.00 or FBI Fingerprint processing fee: \$17.00
- \$75 check made out to Behavioral Sciences Fund (this is non-refundable)
- Passport photo 2 x 2 (cost varies by location). A list of locations to get a passport photo can be found at <http://voices.yahoo.com/5-places-passport-photos-taken-8699333.html>
- Official transcripts in a sealed envelope from your education institution (cost varies by location)

COMPLETING THE APPLICATION

When completing the application, please note that all documentation is mandatory. Applications can be found on the BBS website at

<http://www.bbs.ca.gov/serp.shtml?q=application+to+register+as+an+ASW&cx=001779225245372747843%3Anbdg0-eyfu&cof=FORID%3A10&ie=UTF-8>. Something to consider is the address you want on file. Addresses for

Board of Behavioral Sciences registrants are **public**

information. As social workers this is of special concern. Please consider using your work address, PO Box, or alternate address.

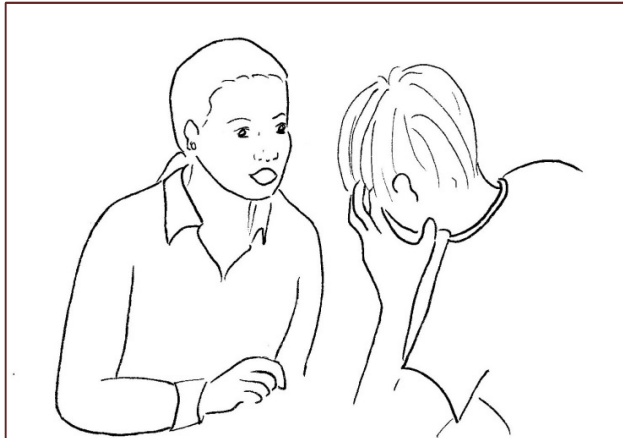
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If you have any prior convictions (misdemeanors or felonies) now is the time to report them. Delaying this may result in a disciplinary action from the Board down the road. If you have any convictions you will need to include the following when submitting your application:

- A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
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 - Proof of completion of probation if it was required.
 - Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

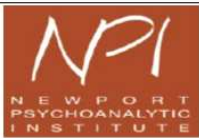
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No - There's no app for navigating your life.
But you did come fully loaded
with a brain and a heart to
help you find your way.

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Obstructing and Welcoming Connections

**Presenter:
Jeffrey Eaton, M.A., FIPA**

Saturday, March 22, 2014

**9:00 AM - 4:00 PM , 6 Continuing Education Hours
Hilton Pasadena
168 South Los Robles Avenue, Pasadena, CA 91101**

Childhood traumas can lay the groundwork for powerful defenses against emotional contact with others and often block people's capacity to engage fully and freely in subsequent relationships. The contemporary dynamic therapist must be able to discern and work with these early structures as they transfer into the therapeutic setting.

Mr. Eaton will present his very moving work demonstrating how the therapist can become a "projective identification welcoming object."

**For more information and to register: www.npi.edu
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Clinical Social Work in 6 Words!

Taking a cue from the NPR Race Card Project that challenges people to write about race in 6 words, we asked our Board Members to write about Clinical Social Work in 6 words.

- Relationship creating interpersonal and intrapersonal change
- Attuned connection engenders earned secure attachment
- Clinical services to underserved marginalized populations
- Personal and social empowerment through relationships
- Feeling cared about, creating alternative narratives
- Sitting, sitting, sitting, sitting, sitting, sitting
- Wordless traumas held in healing relationship
- Addressing social issues by being change agents
- Psychosocial advocacy for families and society
- Service provision that addresses social ills
- Mirror, soothe, appreciate, enjoy, model, confront
- Laugh, don't laugh; cry, don't cry

What are your 6 words? Please submit them to rosenfeld@clinicalsocialworksociety.org

Honoring and Celebrating Jean Sanville 1918-2013

(Continued from page 7)

Women in Transition ((2003). Her book *The Playground of Psychoanalytic Therapy* (1991) was an original and creative synthesis of contemporary object relations theory and infant observation research, including the significance of play and playfulness in the clinical setting. She was certainly before her time in suggesting “in the playing of the child and in the words and dream images of the adult are clues not only about what has gone wrong but about what I believe to be the ubiquitous reparative intent – the wish to make things better...Intepretations are, in my view, best conjointly made by patient and analyst, not pronounced by the analyst in ways that connote authority or finality, since that would discourage using the interpretations as playthings.”

On a personal note, I met Jean 20 years ago, when I began my psychoanalytic studies at LAISPS. Jean was a beacon light, a clinical social worker and psychoanalyst extraordinaire, who engaged my mind and nurtured my interest in psychoanalytic studies. But mostly, what I felt from her, right from the start, was her warmth; the softness of

her face; the twinkle in her eye; and a readiness to engage people. Often she would say how thankful she was to have chosen the clinical social work profession and emphasized what a wise choice it had been for her. And over the years and in the final months, our foundation carried us into the experience of being together and creating space to play together as Jean’s world began to fade. We would play with some of the images of my photography of tribal peoples from remote places in the world. In the beginning, she would ask many questions and hold such curiosity about their customs and way of life. When words became not as abundant, she would simply look, really LOOK at the images with a sense of wonder and smile. Knowing how much Jean loved poetry, I would often bring poems to read to her. On an earlier occasion, being fluent in Spanish, Jean translated a poem, “The Explosion” by Nobel Prize winning Spanish poet Vicente Alexandre. It is a long poem, but one of the stanzas that stand out, especially now is: “...all the light suddenly gathers, suddenly in a whole lifetime...unrolls and unfolds, like a huge wave, like a huge light that lets us look on each other at last.” Indeed, Jean Sanville and her life were just such a light.

This article is drawn from the contributions of a variety of people who knew and loved Jean, both as a colleague and a dear friend, including: Samoan Barish, Joe Bobrow, Terry McBride, Ellen Ruderman, Joyce Edward, Judy Ann Kaplan, Mark D. Smaller, Chet Villalba, Elsie Wesley. Karen K Redding, LCSW, Ph.D. is a clinical social worker and psychoanalyst with a private practice in Laguna Beach. She completed her psychoanalytic training and Ph.D. at LAISPS, where Jean Sanville was a founding Member. She is also the Orange County Area Chair for the AAPCSW and can be reached at kredding@mac.com or www.karenkreddingphd.com

California Society for Clinical Social Work

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CONGRATULATIONS TO OUR JANNETTE ALEXANDER FOUNDATION SCHOLARSHIP WINNERS

The Jannette Alexander Foundation for Clinical Social Work Education is a subsidiary non-profit education foundation of the California Society for Clinical Social Work. Each year the Jannette Alexander Foundation scholarship fund awards scholarships to graduating MSW students from any California accredited graduate program for excellence in clinical studies.



Melissa Chen

California State University, Long Beach

I am 34 years-old, married with a 5 year-old daughter. My passion in Social Work developed in 2001 when I had an encounter with a homeless individual at Skid Row in Downtown Los Angeles. I was then completing a research presentation for one of my Social Work classes during my undergraduate studies. Experiencing a very close look at how the homeless lived and survived on the streets touched my heart significantly. Since then my personal tradition has been to revisit Skid Row on my birthday and distribute brown bags of sandwich, snacks, water and fruit, to give back my gift of life. I share this tradition with my husband and look forward to sharing it with my daughter as she gets older.



Laura Jean Carroll

California State University, Stanislaus

I am currently in my last semester in the Master of Social Work program at California State University Stanislaus. Originally a pre-med student, I found clinical social work to be exactly what I was looking for. It combined my passion for psychology and my strong desire to work with individuals and families to assist them in their path toward wellness. I am currently completing my field practicum hours in a brief therapy clinic where I provide individual therapy for adult clients.



John Lee Duncan

California State University, Sacramento

I am an individual who continues to grow more passionate about the collaborative efforts in mental health. I want to learn new things and broaden my horizons in order to help others help themselves. Because of my life experiences, I am better able to connect with the consumer and more determined to help them achieve self-determination. I am not afraid to step up to be a leader; I am not afraid to learn from my mistakes. I will grow from every experience and do my best as a candidate for the Jannette Alexander Foundation for Clinical Social Work Education Scholarship



Sara Fillmore

San Diego State University

It is my sensitivity and ability to empathize that have helped shaped my future path. Early on I was interested in learning about human behavior through love of reading and psychology. I continued in the field, double majoring in Psychology and English. I interned in a girls' group home where I flourished, continuing my experience in residential facilities, therapeutic behavioral services, and family visitation for the next 9 years. I gained extensive experience working alongside licensed clinicians. I knew I wanted to continue with a master's program in order to deepen my knowledge at a more individual level.



Sandra N Jackson
California State University, Sacramento

My experience in social work has spanned over 11 years. I began working as a driver for Meals on Wheels and recognized the need to work with the elderly population. After volunteering, I became passionate about serving the elderly. In 2007, I interned at St. Francis House where I provided case management, emergency housing and counseling services to homeless families in the Sacramento area. I graduated from American River College with my AA degree in Human Services and an AA degree in Liberal Arts in 2007. In 2010, I transferred to California State University to major in Social Work. I became an ally for student representation and recognized a need for more mental health courses for social work students. In my undergraduate degree, I interned for RISE of Sacramento City College (SCC) in 2011-2012, providing case management and one to one counseling for students on academic dismissals or failing classes. I created workshops for SCC students in the topic areas of: financial aid, resources on and off campus, and balancing home life with school life.



Giselle Jones
University of California, Los Angeles

A second generation Jamaican Canadian from Toronto, I have a BA in Psychology from The University of Western Ontario, and an Associates Degree from The American Academy of Dramatic Arts, NYC. I am currently in my final year towards achieving my MSW at UCLA Luskin School of Public Affairs, and practice psychotherapy at my internship at Kaiser Permanente Department of Outpatient Psychiatry. I formerly served as Director of Education for the non-profit youth literacy organization, Get Lit-Words Ignite, and headed the first national Classic Slam program, a historical and progressively integrative experience for over 16 regions throughout the Los Angeles area, reaching over 2,500 teens.



Zenaida Lopez-Cid
California State University, Sacramento

I came to the Social Work profession after pursuing a career in arts administration and arts education. I hold a BA in Art History from the University of California, Davis and have completed all coursework for an MA in Liberal Arts from California State University, Sacramento as well as pursuing my MSW. I have used my academic education, and years as a meditation teacher and birth coach to deepen my understanding of the impact of culture and class on social context and interpersonal communication. Currently, I am interested in the effects of intergenerational trauma on present day issues, as well as helping individuals and couples to develop healthy relationships. An avid learner, I have taken every opportunity to learn modalities outside of the traditional graduate school curriculum, including somatic therapies such as Brainspotting and Somatic Archaeology, that are both focused on healing emotional trauma. Utilizing an integrated therapy approach, my goal is to “walk with” my clients as they rediscover their deepest truths and create positive change.



Ashley Love
California State University, Northridge

I am currently an MSW graduate student at California State University, Northridge and will be graduating in May of 2014. I received my Bachelor in Sociology in 2005, from California State University, Long Beach. A member of NAMI, I often speak at wellness events in an effort to raise awareness about Mental Health. In addition to working for Turning Point Inc., as a psychosocial rehabilitation specialist, I volunteers at Roze Room Hospice and Camp Comfort Zone providing grief counseling.



Allison Stanfield
California State University, Sacramento

I became a social worker because it was a calling for me. I believe this profession is unique - It takes a certain type of person. I am interested in learning as much as I can about what it takes to be an amazing clinician. In the field of social work, I understand how important it is to continue to learn about the new theories and practices being used in order to stay current. I have already seen my impact on many individuals that I have worked with, and that is what I love about this career. I am a client-centered social worker whose priority, above all other things, is to help my clients and to meet them where they are at.



Bren Wallace
California State University, Fullerton

Four years ago I could not fathom that I would ever escape the grim reality that was statistically supported and expected for me, oblivious that I would metamorphose into one of the Foster Care Systems successes. I have identified and experienced breeches within the social service field that I can advocate to correct. I have personal experience along with objective experience through my undergraduate education. I can offer perspective from both sides of the spectrum and greatly improve the agenda of Social Service agencies. I endeavor to enhance my objective knowledge so that I can provide efficient unbiased social services not based solely on personal experience.



Houston Wyllie
California State University, Sacramento

Through my life I have always had a desire to help others. As a young child I was taught to treat other people as I would like to be treated. This often became difficult when social norms and members of our society scoff at the importance of caring for all people. At the age of nineteen I had the opportunity to serve a two year mission for my church. This sacrifice of time and money gave me an in-depth look at many individuals and their needs. The areas I served in my mission varied both socio-economically and culturally. I feel that during my mission I learned more of who I am. This growth came mostly from my contact with people and learning more about the world we live in. I was able to see the very best and very worst of people. The time I spent in Colorado and Wyoming helped me see the importance and strengths of a wide variety of people and gave me the desire to continue helping throughout my life. These experiences make it difficult for me to pass another individual who appears to be having difficulty and not think of what I could possibly do to help. These feelings of love and care for my fellow person led me to look for a profession in which I could help individuals better their lives.

DSM 5: Overview, Innovations, Controversies and Criticisms

(Continued from Page 1)

recognizable to social workers familiar with DSM- IV- T- R. Section III contains emerging measures and models for diagnosis and assessment, with special emphasis on a recommended alternative model of personality disorders. Here is where personality theorists from the field of psychology have made major contributions to the DSM-5 which were ultimately too controversial to be adopted, but are given respect and suggested as a potentially valid way to reconfigure the description of personality disorders based on trait research. Issues of culture, including an expanded description of the Cultural Formulation are also included here, along with assessment tools for cross cutting symptoms, addressing problems in daily functioning which cut across diagnostic categories. The clinician is also encouraged to consult and use assessment tools posted on the DSM website, which promises to provide new research findings on a continual basis. The intent to respond flexibly to new research findings as they occur is the basis for the use of the Arabic 5, instead of the Roman numeral V. The authors envision many small updates posted on the web, which will be numbered, for example, 5.1, 5.2, 5.3.

Innovations in the DSM-5: A General Summary

Developmental issues: The chapter organization of the DSM-5 represents a lifespan developmental approach from younger to older. Disorders apparent or emerging in childhood are placed first; disorders emerging in old age are placed last. Descriptions are added as to how each disorder may change across a person's lifespan. Age-related factors specific to each diagnosis are also added and are sometimes a part of the diagnosis' name. Culture and gender issues are integrated with these descriptions when applicable. The grouping of diagnoses is also influenced by whether they are considered externalizing (for example, conduct disorder) vs. internalizing disorders (for example, anxiety disorders).

Emphasis on integration of research findings: Changes in the DSM-5 are more than ever informed by neuroscience and emerging genetic linkages between diagnostic groups. Genetic and physiological risk factors, prognostic indicators, and diagnostic markers are highlighted. The enhanced clinical ability to identify diagnoses in terms of a spectrum of disorders based on

neurocircuitry, genetic vulnerability, and environmental exposures is noted.

Autism Spectrum Disorder consolidates what was formerly Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder in the DSM-IV-T-R. The rationale for this change was that the symptoms of these specific disorders are thought to represent a single continuum of mild to severe impairments in the two domains of social communication and restrictive repetitive behaviors/interests and are thus not distinct disorders. The goal of the change was to improve sensitivity and specificity of the criteria and to work to identify more focused treatment targets based on the degree to which the two domains of symptom categories are present. This change has been widely criticized, especially by persons with Asperger's Disorder and their family members, who fear less recognition for the uniqueness of their strengths and special abilities and less funding for research and treatment.

Streamlined Classification of Bipolar and Depressive Disorders: Former diagnoses of episodes are now contained in the criteria for disorders. Explanatory notes are added to assist the clinician to differentiate bereavement from major depressive disorders. And new specifiers of anxious distress and mixed features are fully described in accompanying narratives in the DSM-5 text in order to acknowledge the reality of comorbidity (anxious people are often depressed and vice versa, as we clinicians all know) and the limitations of exclusive categories.

Restructuring of Substance Abuse Disorders: The former categories of substance abuse and dependence are replaced in the DSM-5 with the overarching term, substance use disorders. The rationale for this change is that dependence is easily confused with addiction but is not the same thing. Tolerance and withdrawal, previously defined as

New disorders and features, emerging measures and models: The DSM-5 emphasizes, wherever relevant, a dimensional (graduated) over a categorical (yes or no) model of mental illness that encourages more realistic attention to the complexity and variability of disorders

as they occur in real life. To this end, Section III offers dimensional measures of symptom severity across diagnostic groups and highlights disorders, such as Attenuated Psychosis Syndrome (psychotic-like syndromes below the threshold for a full disorder, and Internet Gaming Disorder (indulging in Internet gaming to the point of impairment), that remain too controversial or are not sufficiently established to require official classification and routine clinical use. Several useful cross-cutting symptoms assessment measures are offered here for clinical use, and the GAF scale, formerly Axis V in the DSM-IV-T-R is replaced by the Who Disability Assessment Schedule (WHODAS) which is used in all of medicine globally to assess day to day functioning. It is thought that the WHODAS will ultimately become a required part of DSM assessment. Social workers are encouraged to familiarize themselves with the assessment measures in Section III, as they address areas of functioning routinely attended to by social workers.

On-line enhancements: New in the DSM-5 are active ongoing links to on-line supplemental information at www.psychiatry.org/dsm5. In addition to purchasing the manual, readers can, for a price, subscribe to ongoing research updates related to diagnostic categories. In addition, more cross-cutting and diagnostic severity measures are available on-line. The Cultural Formulation guidelines are placed in Section III of the manual, in an Appendix similar to their placement in the DSM-IV-T-R, and on-line enhancements, in the form of supplementary modules and a Cultural Formulation Interview-Informant Version are available on-line. These are important features, I believe, for social workers to review and use, as our profession is often the one most sensitive and attentive to cultural diversity issues in treatment.

Removal of the former Axis system: In the DSM-5, there is no Axis system, only codes for mental disorder diagnoses. All codes are consistent with the ICD-9, and will change to ICD-10 and 11 codes when these international codes are adopted. Social workers using the DSM-5 enter codes for the presenting mental disorder. Issues of environmental stressors and cultural factors affecting the medical disorder are addressed in the form of V Codes (to become Z codes in the ICD-10). All of these codes are listed at the front of the manual. The elimination of the axis system occurred because studies have shown that very few medical professionals ever used it; they predominantly used Axis I, and

insurance companies never required it for reimbursement. In addition, no other medical specialty used the Axis system. Wanting respect and legitimacy from other medical specialties, psychiatrists were motivated to use a diagnostic system more closely aligned with the rest of medicine and one which thus appears to be more scientific. In eliminating the Axis system, however, the writers of the DSM further guaranteed that the diagnostic process is firmly based in pathology located, for the most part, inside the client.

Emerging Measures and Models

Section III contains diagnoses under review and consideration for future diagnostic manuals, the alternative formulation for personality disorders also described above, and a variety of assessment models clinicians can use to assess their clients along several dimensions. Several specific tools are described, along with scoring instructions, for the measurement of **cross-cutting symptoms** that occur across many diagnoses, including dimensional ratings of somatic symptoms, sleep problems, inattention, depression, anger, irritability, mania, anxiety, psychosis, repetitive thoughts or behavior, substance use, and suicidal ideation. The assessment tools are variously completed by clients, family members, or clinicians, and some are already in use worldwide. These assessment tools address the known limitations of categorical models of mental disorder, of which the DSM is an example. Categorical models fail to delineate mental disorders from one another by natural boundaries (defined as *zones of rarity*). There is a need for intermediate categories to be more reflective of clinical reality, such as schizoaffective disorder. High rates of comorbidity confound a simple categorical approach to diagnosis. There is a lack of utility noted in continuing to develop ever more unique antecedent validators for most diagnoses – this is considered an increasing waste of energy. Finally, and possibly most disturbing, the categorical diagnoses that exist do not lead the clinician to specific best treatment strategies.

The use of dimensional models of mental disorder is gaining in ascendancy. Dimensional models incorporate variations of features within an individual (intensity, duration, number of symptoms, types, severity) versus a yes/no approach to diagnosis. They allow for different combinations of criteria that could identify homogenous groups. Although dimensional models currently depend too heavily on subjective reports, with

an increased understanding of pathophysiology, neurocircuitry, gene-environment interaction, lab tests, both objective and subjective data will be developed, and it is hoped that diagnoses will become more individualized and more relevant to treatment choices.

The Cultural Formulation: Also in the corresponding section in DSM-IV-T-R, the cultural formulation is included in DSM-5, and should be utilized by social workers on a routine basis. Like the other axes in DSM-T-R, although potentially very useful, it was rarely used by clinicians in the past. The DSM-5 provides definitions for culture, race, and ethnicity, acknowledges the relationship of these factors to economic inequalities, racism and discrimination, and the disparities that result. The DSM-5, however, makes no mention of intersectionalities between class, race, and gender, nor does it recognize the impact of occupational cultures. The DSM-5 remains pathology based and ignores the growing literature on resilience, strengths, and positive psychology. It behooves us, as social workers to add these factors to the diagnostic process, and the use of the cultural formulation is one way to start. The DSM-5 suggests an outline for the cultural formulation, which includes the cultural identity of the individual, the client's cultural conceptualizations of distress, psychosocial stressors and cultural features of vulnerability and resilience, cultural features of the relationship between the client and the clinician and an overall cultural assessment. This is to be included by the clinician in paragraph form after the coded mental disorder diagnosis is given. Since cultural competence is a core value of social work professionals, I recommend the use of the cultural formulation with every diagnosis as it calls attention to the uniqueness of the client as a whole person with sources of strength and resiliency as well as pathology.

Conditions for Future Study are described in Section III of DSM-5 and include Attenuated Psychosis Syndrome, Depressive Episodes with Short Duration Hypomania, Persistent Bereavement Disorders, Caffeine Use Disorder, Internet Gaming Disorder, Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure, Suicidal Behavioral Disorder, and Nonsuicidal Self-injury. How can we as social work clinicians relate to these? We can offer to be a part of a research study, suggest areas for future research, conduct our own research and submit our results to professional journals, share our clinical experiences with persons suffering from

these syndromes, and, in general, join the ongoing discussion!

Problems, Issues, Current Controversies, Criticisms Regarding the DSM and Diagnosis in General

The following concerns have been eloquently described by Frances (2013) and many others.

- 1. Cutting Nature at Its Joints:** This is a term frequently used to describe the desire to separate mental disorders with biological bases, truly caused by neurobiology, heredity, or other measurable etiologies, as opposed to problems caused by social, interpersonal, and other environmental stressors. The latter, in this view, are considered not to be "real" mental disorders. The exclusive quest for biological causation influences which diagnoses in the DSM are preferred, researched, and responded to with an allotment of societal resources. The ability to be precise about the etiology of mental illness is devoutly wished for but currently impossible to achieve (Frances, 2013). Mental illness is too complex and multi-determined to be defined in a reductionistic manner. The exclusive focus on biological psychiatry feeds the pharmaceutical industry and is motivated by the need for psychiatry to court respect for its specialty in the field of medicine. A diagnostic system needs to address both inner and contextual factors to accurately address the whole person in context.
- 2. Reliability** (two clinicians independently arriving at the same diagnosis) **and validity** (diagnostic criteria actually reflecting an underlying psychopathological disorder) continue to be problematic in the diagnosis of mental disorder.
- 3. The DSM pathologizes normal human suffering and in so doing wields much too much power over the fate of ordinary citizens.** Of special concern here are the new diagnoses of temper dysregulation in children, bereavement, the introduction of gambling disorder and future probability of the addition of other behavioral addictions, and the addition of mild cognitive disorder.
- 4. The undue influence of Big Pharma created by the above.** As more and more mental diagnoses proliferate, the market for psychotropic drugs expands exponentially.

There is the real danger that medication will be and already is utilized too readily in the treatment of ADHD, and that the drug industry will exploit the fears of parents by aggressively marketing new drugs for temper dysregulation. The fears of older folks can be fanned to sell new drugs for mild cognitive disorders, rather than creating compassionate communities that address the social and psychological needs of elders without the use of drugs. The realities of the collusion of pharmaceutical companies with the practice of psychiatry have been documented, and physicians must now disclose income earned from pharmaceutical companies, but the power of these companies continues to grow despite these efforts to restrain them. Many critics are calling for laws forbidding the direct advertising of psychotropic drugs to the public.

5. The DSM basically ignores the role of culture and sources of resiliency and support in the lives of clients despite research that demonstrates the importance of these factors.

With the elimination of the Axis system, time-pressured physicians may be even less inclined to address the domains of patient functioning that lie outside of the client. The emphasis in DSM-5 is even more pronounced on pathology located inside the client, and this conceptualization runs the risk of reinforcing stigma and disempowering the client in the real world.

In the face of these realities and worries, what can or should the clinical social worker do?

The following suggestions combine recommendations by Frances (2013), Torrey (2014), and the writer.

1. Attend first and foremost to the quality of the relationship, which, along with qualities the client brings to the table, is the best predictor of clinical outcome. Without the relationship, information essential to an accurate diagnosis is unlikely to emerge.
2. Remember that diagnosis is always a team effort and not your responsibility alone. Take your time, be patient, question your own assumptions, and consult the client, family members and colleagues.
3. Don't rely too much on symptom checklists or assessment measures. Use open-ended questions first, and then hone in on diagnosis using follow up screening questions.
4. Remember the need for clinical significance. Symptoms must cluster in meaningful ways and cause distress or impairment to warrant a diagnostic label.
5. Conduct a risk-benefit analysis when giving a client a label. Will this diagnostic label likely help or hurt?
6. The presence of comorbidity does not imply the need for separate causes or separate treatments. In this sense, diagnosis is only a part of an overall assessment of the whole person, with strengths as well as problems, in his or her cultural and spiritual and community contexts. It is the completeness of this assessment, rather than the diagnostic label per se, that leads to a relevant treatment plan.
7. Be patient. Accurate diagnosis can take from 5 minutes to 5 years. Diagnostic impressions are useful hypotheses, not blinders. Don't be ashamed to say you don't know or to use the unspecified categories available in each DSM-5 diagnosis. Constantly test out your own assumptions.
8. Remember that the stakes are high for your client. Inaccurate diagnosis can hurt clients, lead to harmful treatments and unnecessary stigma, reduced expectations, and negative self-fulfilling prophecies. Diagnoses cannot be avoided, and one cannot be a satisfactory clinician without good diagnostic skills. As social workers, we cannot leave this process to physicians; we must make our own clinical judgments and assert them in multidisciplinary settings.
9. Do a cultural formulation and assert your knowledge in interdisciplinary case conferences. Define culture broadly to include social class, economic status, and occupational cultures. Bring these client contexts to the table.

10. Attend to client strengths and resources, both internal and external, and insert them into the conversation about diagnosis and treatment.
11. Make it a habit to use the V/Z codes when you use DSM-5.

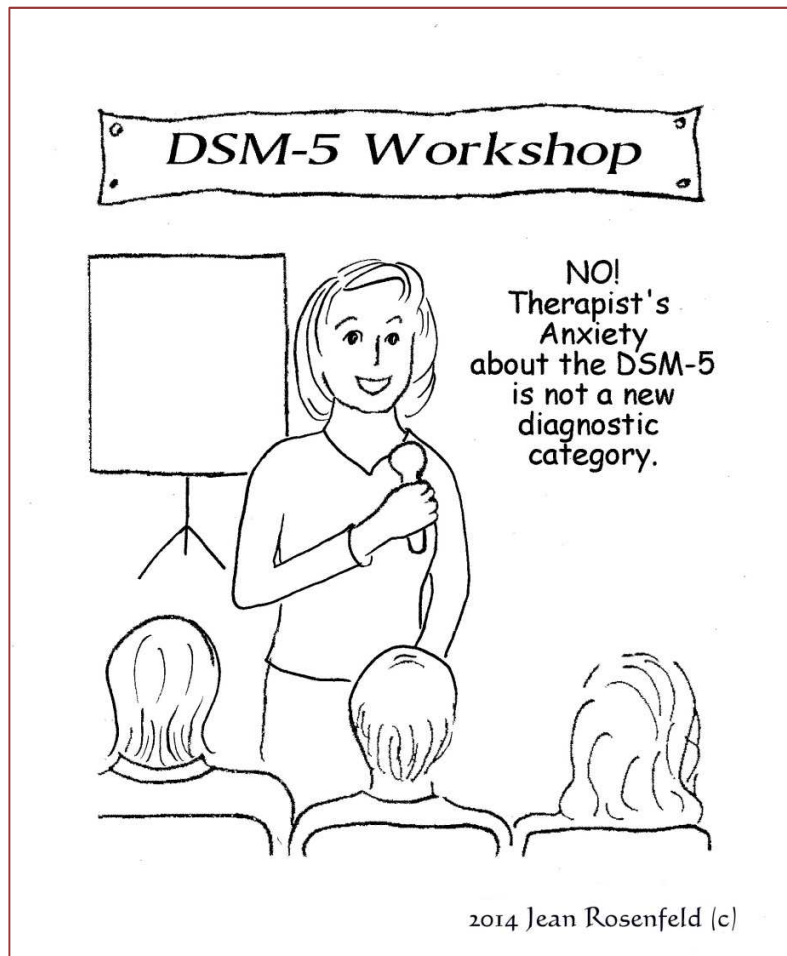
Summary and Conclusions

We need the DSM-5 or something similar. We need a common language that goes beyond theoretical differences and professional viewpoints to enable us to communicate about our clients. We also need diagnostic categories as a way to frame research questions, seek funding, teach what we know, and deepen our own and our clients' understanding. But diagnosis is limited in that it often fails to differentiate

the individual from the label. It ignores client strengths and sources of resiliency. It fails to differentiate normal human suffering from pathology. The DSM is vulnerable to undue influence from the marketplace and to the insecurities of the psychiatric profession. Diagnosis alone, exemplified in the "Bible of Psychiatry," now the DSM-5, cannot provide the compassionate value-laden soil for engagement and treatment. A larger challenge goes beyond a diagnostic system. Can a civil, humane society respond to human suffering without having to label that suffering as a mental disorder in order to fund an effective response?

Please contact author for references.

Anne Petrovich, LCSW, PhD, is a professor emerita at California State University Fresno in the Department of Social Work Education. She has worked in various hospital, community, and school settings as an administrator, clinician, and supervisor since 1965. Currently, while partially retired from her university position, she maintains a small private practice. She can be reached at apetrovi@csufresno.edu.





The AAPCSW (American Association for Psychoanalysis in Clinical Social Work)
AAPCSW.org
Northern California Chapter:
CE's sponsored by California Society for Clinical Social Work

Co-Chairs: Velia Frost, LCSW & Rita Karuna Cahn, LCSW

Program: A Therapist's Experience of Blankness in the Countertransference.
Presenter: Sharon Karp-Lewis, PsyD, LCSW
Date: March 22, 2014
Time: 10 a.m. to 12:30 p.m.

Dr. Karp-Lewis will present her ideas on working with patients who appear to be connected to us yet leave the therapist with a sense of blankness, "creating a foggy state in the consultation room dulling the mind of the therapist." Through describing her work with a particular patient, Dr. Karp-Lewis reveals how she came to understand the "complex non-symbolic defenses the patient enacted to avoid psychic pain." She addresses the centrality of the countertransference as the vehicle for hearing the patient's "inaudible screams." We are invited into Dr. Karp's disturbing experience, as she and her patient enter a world that challenges them profoundly, ultimately generating psychological growth in the patient, and widening the therapist's lens of understanding. We are privileged to participate in this presentation, which offers us the opportunity for examining our own work. We encourage participants to share related case material on the topic and we look forward to a lively group discussion.

Sharon Karp-Lewis, PsyD, LCSW has been in clinical practice for 30+ years. She is a personal and supervising analyst at the Psychoanalytic Institute of Northern California. She runs a consultation group for A Home Within and is on the Faculty of the Berkeley-based Women's Therapy Center. Dr. Karp-Lewis works with adults and children in psychotherapy and psychoanalysis, supervision and consultation. She has a special interest in working with people struggling with adoption and identity/gender issues.

*****Please note new Location*****

Location: 120 Commonwealth Ave., (Between Euclid & Geary) S.F., CA. 94118
Home office of Gabie Berliner, PhD, LCSW
(call for directions) 415-751-3766

Seating is limited: please RSVP by E-mail to: ritakaruna@mac.com

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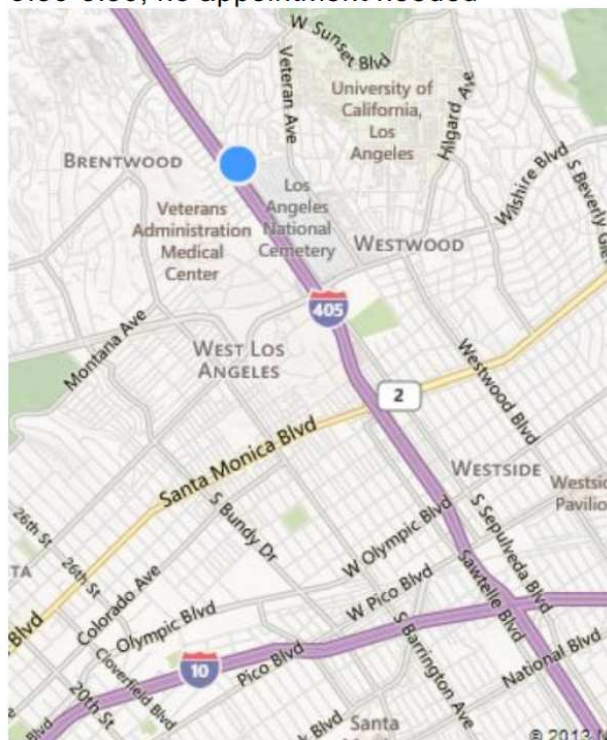
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We would like to make *Rhymes and Reasons* a frequent feature of this newsletter.

Please share original poems that relate to our profession by submitting them to
jrosenfeld@clinicalsocialworksociety.org.



Rhymes and Reasons

The Survivor's Twenty-Third Psalm

By Sue Daly

My therapist is my friend,
I shall not despair.
She encourages me to lie down
on her couch for hypnosis
and leads me out of the Land of Denial.
She teaches me how to restore my soul
with healthy thinking and affirmations.
She leads me in the paths of recovery,
for my own sake.
Even though I walk through the
Valley of Flashbacks;
I know I will live through my feelings
and body memories,
for she and my sister survivors
are with me.
Their support and their love
comfort me.
My therapist prepares a table of healing
before me, in the absence of my abusers.
She anoints my heart with acceptance,
my life overflows.
Surely inner peace and empowerment
shall follow me all the days of my life
and self-esteem and self-love
will dwell in my mind,
forever.

Jean Sanville Day—South

A TRIBUTE TO JEAN SANVILLE (1918-2013)

Saturday, March 8, 2014 9:30 AM—Noon
Westwood United Methodist Church, 10497 Wilshire Blvd, Los Angeles

Co-Sponsored by
THE SANVILLE INSTITUTE
FOR CLINICAL SOCIAL WORK AND PSYCHOTHERAPY
and
California Society for Clinical Social Work

As in her writing, teaching and in her mind itself, where ideas comingled freely – psychoanalytic, artistic, cultural, political and social -- so in Jean's house too did countless groups, colleagues and friends find a welcoming space where they came regularly to 'multilogue,' to find and provide intellectual sustenance, where the play of ideas could be engaged freely and take root." (from Joseph Bobrow's obituary of Jean Sanville)

The Jean Sanville Day aspires to create this kind of playground, as we pay tribute to Jean's ideas and her writing.

Jean was a prolific writer, best known for her 1991 book *The Playground of Psychoanalytic Therapy*. She also wrote on psychoanalysis and clinical social work; gender and feminist theory; creativity, play, and illusion; childhood and adolescence; love and intimacy; the aging and dying therapist; and the intersection of Latin American cultures, gender and psychoanalytic theory.

Jean Sanville was a founder of The California Institute for Clinical Social Work (renamed The Sanville Institute in 2005), the California Society for Clinical Social Work, and the Los Angeles Institute and Society for Psychoanalytic Studies, as well as an active alumna and faculty member of the Smith College School for Social work. She opened doors of psychoanalytic training to social workers and other non-medical clinicians, and gave clinical social workers a voice in psychoanalytic teaching and literature, anticipating current attempts to bring psychoanalytic therapy to our multi-cultural society.

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The Clinical Update

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