

Clinical Update

California Society for Clinical Social Work



Volume XLV Number 6 February, 2014

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The Recovery Model By Andrea Crook

As a mental health advocate for over a decade, I have heard many definitions of the Recovery Movement and Recovery Model. The beautiful thing about Recovery is that it is as individualized as you or I. Recovery is often called a process and a guiding principle. Although there is no single official definition of Recovery; a generally accepted working definition from the Substance Abuse Mental Health Services Administration (SAMHSA) is: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

In contrast, the medical model views recovery as a return to a former state of health. Central to the medical model are the use of medication and the goals of reduced symptoms and hospitalizations. Over the years, consumers have grown weary of the medical model's emphasis on medication compliance, treatment coercion and the view that people cannot recover without following prescribed protocols. In contrast, the Recovery Model's main message is that hope and restoration of meaning of life are possible, despite serious mental illness. Recovery is both a conceptual framework for understanding mental illness and a system of care to provide supports and opportunities for personal development. Recovery emphasizes that while individuals may not be able to have full control over their symptoms, they can have full control over their lives. Recovery asserts that persons with psychiatric disabilities can achieve not only affect stability and social rehabilitation, but transcend limits imposed by both mental illness and social barriers to achieve their highest goals and aspiration. Often, Recovery means engaging in peer support and self-help services beyond clinical and medical interventions. In my work with clients, I have seen these methods assist individuals in restoring a sense of self-determination to their lives.

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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, February 22, 2014
Time: 9:30 a.m. to 12 p.m.
Presenter: Bob Meade, MA, LMFT
Topic: **The Goodness of Anger**
Credits: 1.5 (1 CE credit per hour of instruction)
Location: Fresno Pacific University
Steinert Campus Center, Pioneer/Johanson
Conference Room 103

Anger gets a bad rap! Most folks feel anger is a negative emotion that leads to frustration, yelling, and break-ups of relationships. We all feel uncomfortable during confrontations. However, I have come to see anger as a very beneficial source of life-changing energy. I find that confrontation, if handled properly, is the very foundation of increased healthy intimacy and without it relationships break down to meaningless co-existence. This presentation involves sharing my own personal thoughts, client experiences, and object lessons used to give insight and coping skills to clients, and to ourselves as well.

Bob Meade has been in the therapy field for 17 years. His degrees are in liberal studies and counseling psychology. He has worked for seven years with the Marjaree Mason Center as a therapist and clinical supervisor. Domestic violence is his specialty. He is recognized as an expert in the field by the Fresno County Superior Court, has published a book on the subject of verbal and mental abuse entitled *Spin, Cycle, Stop*, and has had a private practice since 2002. He is also an adjunct faculty in the Masters level program at University of Phoenix in Fresno for the past five years.

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:

Coordinator: Virginia Frederick LCSW
Joan Berman LCSW
Phone: 650-324-8988
Email: ginnyfred@aol.com
Date: Friday, February 21, 2014
Time: 11:00 – 1:00
Presenter: Sharon Covington LCSW-C, BCD
Topic: **Reproductive Loss, Suffering and Resiliency**
Location: Jewish Family & Children Services, 913 Emerson Street
Palo Alto, CA 94301
RSVP: Preferred via website [Click here to be directed to website](#)

(Continued Next Page)

DISTRICT MEETINGS (Cont'd):

MID-PENINSULA (Cont'd)

Sharon Covington LCSW-C, BCD will present "Reproductive Loss, Suffering and Resiliency" – a presentation she made recently to the National Institutes of Health. Reproduction is one of the most basic human drives and yet can be one of the most misunderstood experiences if problems occur. Impaired fertility and reproductive loss create an emotional minefield of loss, grief and narcissistic injury. Clinicians need to understand the unique aspects of the suffering from reproductive loss as well as resiliency factors. This presentation will provide a framework of understanding the social context of reproductive loss, the profound suffering which results and the tools for promoting resiliency in healing.

Sharon has given two previous exceptional programs for the Mid-Peninsula District. She is a leader in the infertility field and nationally recognized. She is the Director of the Psychological Support Services of the Shady Grove Fertility Reproductive Science Center in Rockville, Maryland. This is the largest reproductive program in the country. She also has a private practice in Maryland – "Covington and Hafkin and Associates." Sharon is a Clinical Assistant Professor, Department of Obstetrics and Gynecology at Georgetown University School of Medicine in Washington, DC as well as an Associate Investigator for the National Institutes of Child Health and Human Development, NIH in Bethesda, Maryland. She has written numerous publications including Infertility Counseling: A Comprehensive Handbook for Clinicians – Second Edition. More information on her extensive background can be found on our Society Website.

Future Meeting Dates:

| | | |
|----------|--------------------------------------|--|
| March 21 | Clara Kwun LCSW | Clinical Sensibilities as Seen by A Social Work Analyst |
| 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.

NAPA SONOMA SOLANO DISTRICT:

Coordinator: Kathy Frishberg, LCSW
Coordinator Phone: 707-321-3147
Coordinator Email: kfrish1@hotmail.com
Date: 02/21/14
Time: 12:00-1:30pm
Topic: **Treatment of Substance Use Disorder**
Presenter: Alice Petty-Hannum, MFT, RAS
Location: Kaiser Department of Psychiatry 3554 Round Barn Blvd, Santa Rosa.
Call Kathy Frishberg to RSVP. See contact information above.

Alice Petty-Hannum, MFT, RAS, will present on the treatment of substance use disorders with the focus on assessment, the spectrum of the disorder (i.e.; mild to severe) and how to work with clients to help them gain the motivation and skills needed to establish early abstinence and gain sustained remission. Examples and approaches for managing denial, relapse prevention, and recovery maintenance will be addressed. Working with family members and partners of those who suffer from substance use disorder will also be addressed.

Alice Petty-Hannum, MFT, RAS, is a Licensed Marriage and Family Therapist who has been working with substance use/abuse issues for more than 12 years and is currently in private practice in Santa Rosa where she works with individuals, couples and family members. Alice is a Registered Addiction Specialist and is EMDR Certified in Eye Movement Desensitization and Reprocessing. She received her Master's in Marriage and Family Counseling from Sonoma State University.

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. 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.

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SACRAMENTO DISTRICT:

Coordinator: Nathan Stuckey, ASW
Email: Nstuckey13@gmail.com
Date: Saturday, February 15, 2014
Time: 9:30 am till 12:00 pm
Presenter: Andrew Bein, PhD, LCSW
Topic: **Applying DBT for Client Wellness and Recovery**
Credits: 2.0
Location: Friends Meeting House, 890 57th Street, Sacramento, CA

Dialectical behavior therapy offers highly effective strategies and skills for clients with emotion regulation challenges. As clinicians attempt to apply these technologies, however, we often struggle to cobble together exercises and approaches that connect with the realities of our clients and service settings.

This presentation presents a dynamic, evidence-supported DBT informed approach that fits the realities of our clientele and the need to incorporate recovery-oriented principles. Participants will understand and learn how to utilize *Wise Mind* as a central, memorable concept that guides client efforts in moment-to-moment emotion regulation and resilience and that incorporates DBT skill areas. Attendees will gain understanding for implementing *improve the moment strategies, mindfulness interventions* and powerful DBT approaches with trans-diagnostic clients

Andrew Bein, PhD, LCSW has nearly 30 years of experience as a clinician, consultant, trainer, and researcher. His current book, **Dialectical Behavior Therapy for Wellness and Recovery: Interventions and Activities for Diverse Client Needs**, reflects his DBT and mindfulness training as well as his DBT-informed group and individual practice conducted in the following settings: dual diagnosis, women with substance abuse, private practice, community mental health, high school, and crisis-residential. See www.andrewbein.org for more information and book reviews.

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.

SAN DIEGO DISTRICT

Coordinator: Ros Goldstein
Phone: 619-692-4038 Ext 3
Email: goldsiegel@gmail.com
Date: February 6, 2014
Time: 5:30 – 7:00 pm
Topic: **Play Therapy—Answering Children’s Cries for Help**
Presenter: Catherine Dickerson, LCSW, Registered Play Therapist
Location: Jewish Family Services of San Diego, 8804 Balboa Ave, San Diego, CA

Children “misbehave” all the time, and adults are constantly challenged to redirect or correct them. But that “misbehavior” is often the way children tell adults that they have a problem, and need help. It’s as if they are speaking to us in code. In the rush to teach children how to behave properly, adults frequently miss important information from the children in their care.

Children very much want to tell adults when they have a problem; they want our understanding and our help in solving it. Play therapy offers children a place to speak in the code of play as loudly and boldly as they need to. Trained play therapists understand that children are not “just playing,” but communicating their experiences, thoughts, emotions and needs. In play therapy, therapists can help children to solve their problems and regain a sense of personal power, well-being and self-control.

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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. 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

Future meetings:

March 6, 5:30 pm, Paula Ketulla, PhD, **Sensory Motor Assessment**

GREATER LOS ANGELES DISTRICT:

Coordinator: Lynette Sim
Phone: 310.394.7484
Email: simlcsw@verizon.net
Date: Saturday Feb. 1, 2014
Time: 10.30AM to 1:00PM
Topic: **Sleep: Elusive for Some an Escape for Many-Best Practices for Treating Sleep Disorders**
Presenter: Patrick Bezdek, M.D.

Dr. Bezdek, a psychiatrist and psychopharmacologist, will present an overview of research into the function and importance of sleep, the assessment and diagnosis of sleep disorders and the current best practices for treating sleep problems. After a brief summary of recent advances in sleep research he will discuss clinical examples of the different DSM-V sleep disorder diagnoses. He will also present clinical cases illustrating the assessment and treatment of common sleep problems that present co-morbidity with major mental disorders. Besides discussing sleep hygiene techniques and cognitive behavioral therapy for sleep problems, he will review the benefits and risks of current pharmacological treatment. Finally he will discuss new medications that are in development to help with sleep problems.

Dr. Bezdek is a board certified General and Child and Adolescent Psychiatrist, in clinical practice for 34 years. He practices in West Los Angeles, and as most clinicians, deals in his clinical practice every day with sleep problems.

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. We have time before and after our presentation for chatting, networking and mingling so bring your business cards etc. to share.

Location: 3267 Corinth Ave., L.A. 90066, 2 and Y2 blocks south of National Bl., 1 block west of Sawtelle Bl., within a mile of the junction of the 10 and 405.

RSVP to: Judy Messinger 310.478.0560 or messingerlcsw@yahoo.com Please remember to RSVP to Judy to ensure enough seating and handouts.

Future meetings:

April 5 – Lisa Blum, PhD: **Emotionally Focused Therapy**
June 7 – Ave Stanton, LCSW: **Mindfulness**
Sept 6 – James Long, MD: **Psychotherapy and Religion**
Nov 15 – Andrew Susskind, LCSW: **Coaching Recovering Addicts**

SAN FERNANDO VALLEY DISTRICT:

Coordinator: William Noack, LCSW
Coordinator Phone: (818) 990-7391
Coordinator Email: bnocaklcsw@aol.com
Date: Sunday, February 9, 2014
Time: 9:30 am to 12:00 pm
Presenter: Marsha Spike, LCSW, Nickie Godfrey, MFT, Charles Lerman, PhD, Yolanda Noack, LCSW
Topic: **Parenting Adult Children: Identifying and Treating Issues Between Parents and Adult Children**
Location: Sherman Oaks Galleria Community Room (parking will be validated)

The members of this panel---experienced therapists practicing in the San Fernando Valley---have collaborated for many years on developing strategies for parents aged 50 or older to understand and improve their relationships with their adult children.

Just as therapists have focused on the issue of separation as a developmental task for young adults, this presentation will focus on the parents's own task of separating and transitioning as their children grow older.

Here are examples of material to be covered in the presentation: *Accepting* their children's major decisions---career, marriage, etc.; *Differentiating* between financial support and enabling; and *Understanding* their children's need to define their own lives. The talk will explore the dilemma of imagining that parenting would end when the kids are chronologically adult, versus the reality that nowadays parents often end up with a more complicated situation that requires analysis and careful thinking.

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OPEN HOUSE

SUNDAY, MARCH 30, 2014

11:00 AM - 2:00 PM

BRUNCH: 11:00 AM—12:00 PM

PRESENTATION: 12:00 PM

Speaker: Chris Minnick, MD

"On Becoming a Psychoanalyst: Why One Needs Klein, Bion and British Object Relations"

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SATURDAY, FEBRUARY 22, 2014 Time: 8:30 am - 4:00 pm

Featuring

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Tavistock Clinic, London

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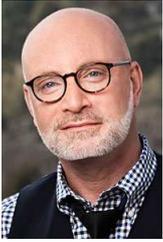
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When Meth and Sex Collide: Managing Co-Addictive Disorders

By Robert Weiss LCSW, CSAT-S

Tim, a 26-year-old gay man, went out to his local bar hoping to find a guy to date. One of them took him home and offered him a line of what he thought was cocaine. Unfortunately for Tim, the drug was meth, not cocaine. He was up for three days, having sex and getting high. Within six months Tim was hooked on the combination of meth and sex, spending almost all of his time on Grindr (a gay hookup app) or in sex clubs, always looking for other men interested in PNP (party and play, meaning meth and sex).

As any clinician who works with drug addicts knows, methamphetamine abuse is a huge problem for a whole lot of troubled people. Unfortunately, a lot of social workers don't know all that much about meth—what it is, how it works in the body, and how its usage can sometimes become fused with intensity-based sexual activity (anonymous sex, prostitution, porn use, etc.), thereby creating a co-addictive pattern that is incredibly difficult to eliminate. Given that, a few basics may be in order:

- Methamphetamine is a synthetic version of adrenaline, a naturally occurring hormone the body produces in small amounts when reacting to immediate stress. Adrenaline increases energy and alertness when we need a short burst to escape immediate danger. The primary difference between adrenaline and methamphetamine is adrenaline clears out of the body rather quickly, whereas meth sticks around for six to eight hours.
- Methamphetamine is legal with a prescription, sold in tablet form as Desoxyn, an approved treatment for ADHD and obesity. This is not the meth that most of us see in our clients, though some clients may crush and then snort or smoke legally or illegally obtained Desoxyn tablets. Mostly, though, street meth is cooked in makeshift labs (see: *Breaking Bad*) and sold

illegally as a powder or rock that is snorted, smoked, or dissolved and injected.

- Meth binges are known as tweaking. When tweaked, users stay awake for days or even weeks at a time. Typically, binges don't end until the user is arrested or hospitalized for antisocial behavior, or the user's body is no longer able to function and "crashes" of its own accord. Meth-induced psychosis is relatively common in binge users.

Like all stimulant drugs, meth evokes feelings of euphoria, intensity, and power in the user, along with the drive to obsessively do whatever activity the user desires—including having sex. As such, meth is often used to enhance and extend sexual encounters. Some meth users are sexual for days at a time. Clients of mine have stated: "When I do meth, the sex just goes on forever," and, "When I'm using meth, I don't care who the other people are. I just want sex, sex, and more sex."

Unfortunately, meth is an incredibly destructive drug in every way—physically, emotionally, mentally, and in terms of negative life consequences. It is also among the most difficult drugs to quit, especially when usage is consistently fused with the intensity of sex. Sadly, the dangers of meth paired with sex extend beyond the usual problems associated with drug abuse. For starters, safer sex practices typically fall by the wayside, and the risk of contracting or transmitting HIV, hepatitis, and other STDs increases significantly. Moreover, other drugs are often abused in conjunction with meth. For instance, to counteract "crystal dick" (meth induced impotence) many men will simultaneously abuse Viagra, Cialis, Levitra, and other erectile dysfunction drugs. And meth users of both genders often rely on sleeping pills, nighttime cold medicines, alcohol, pot, and other depressants as a way to "come down" when the sex finally ends.

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UCLA Extension and Lifespan Learning Institute Present

Affect Regulation & Healing of the Self

Annual Interpersonal Neurobiology Conference



**Fri, Sat & Sun, Mar 14-16, 2014
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For complete information about CE credit, speakers, learning objectives and to review the brochure:

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Email mentalhealth@uclaextension.edu

Presenters include:

- Daniel Siegel, MD
- Allan Schore, PhD
- Drew Pinsky, MD
- Christopher Kennedy Lawford, JD
- Sir Richard Bowlby
- Darcia Narvaez, PhD
- Jennifer McIntosh, PhD
- Stan Tatkin, PsyD, MFT
- Lou Cozolino, PhD
- Judith Schore, PhD
- Margaret Wilkinson
- Alex Katehakis, MFT
- Phillip Bromberg, PhD (*video*)
- Pat Ogden, PhD
- Gay Bradshaw, PhD
- Ruth Lanius, MD, PhD (*video*)

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

Lifespan Learning Institute is approved by the American Psychological Association to sponsor continuing education for psychologists. Lifespan Learning Institute maintains responsibility for this course and its content. This course offers up to 20 hours of CE credit.

Journey to Recovery

By Andrea Crook

Sixteen years ago my life changed in an instant. I went from being a carefree twenty-four year old girl living in Los Angeles to a mental health patient. I did not have a background in mental health, nor was I aware that I even knew anyone living with a mental illness. My knowledge of the mentally ill was limited to what I saw in the media and the homeless people living in Santa Monica, in our other beach towns, and on the streets of Hollywood. None of this was good. To say I had negative prejudices would be an understatement.

I guess you could have called me a Park Brat. As my dad worked for the California State Parks, I categorize the chapters of my life by the towns I lived in, none for more than five years. In talking with my friends and family about my childhood, pre-teens, teens, they never saw signs or symptoms that would have led them to believe that I would one day be locked up in an inpatient ward. When I turned 19 I moved to Santa Monica, then Westwood Village, then West Los Angeles and then Venice and onto Hollywood. I was soaking in all the Los Angeles communities, and of course over-indulging in all that LA culture had to offer. Like a moth to a flame, after growing up in rural communities my entire life, I felt like a kid in a candy store.

I now have a new way to track my life - life before mental illness and life after. When I was 24 my cousin called me and asked if I would be one of her bridesmaids. I was honored and excited to travel to Amherst Massachusetts to partake in the wedding festivities and spend time with my extended family, whom I love and admire. However, my life as I knew it began to change in an instant when I arrived. In the course of a few days I went from having a wonderful time reuniting with my family to becoming paranoid that the phones in the hotel were tapped. I went from my usual eight to nine hours of sleep to three hours, and still had plenty of energy. My brother, who lives in Portland OR, had plans to travel home with me and stay for a week of brother-sister bonding. All I can say is, "Thank God he was there."

By the time we made it to Los Angeles I had spiraled even further out of control. I went from three hours of sleep to no sleep at all for three nights. I was terrified. I knew there was something extremely wrong with me,

but because mental illness was the furthest thing from my mind, I had no idea where to go for help. And then I imploded. Believing my father was going to kill my mother I called 911, and in a panic I called my mom who lives in Sacramento and told her to "Get out of the house because dad is going to kill you." Alarmed, she hopped in her car and was at my doorstep in a matter of hours. I agreed to make the drive with her and my brother to Sacramento, but by the time we made it to the 405 freeway I was gripped with fear. My brother managed to hold me back from an almost successful attempt to crawl out the car window, while my mother quickly maneuvered us off the freeway to safety. Shortly after I was taken to Olive View, a UCLA inpatient mental hospital where I was immediately diagnosed with bipolar disorder.

My lack of knowledge and internal stigma about mental illness dominated my thinking. Believing it was the medication that was making everyone sick, I refused to take it for two weeks. Then I received a life changing phone call from my grandfather. He asked me to please start taking my medication and told me that I was not alone. He confided in me that he had been there too and told me I was going to be okay. He gave me that glimmer of hope I so needed. At that moment I decided to take personal responsibility for my health and wellness. I began taking my medication religiously and spent two more weeks in the hospital immersed in all the support groups I could attend. I was released to my parents.

I learned more about my grandfather's recovery journey after that phone call. My family is originally from Los Angeles, and after World War II my grandfather was institutionalized for almost a year, catatonic "they" say. He was given a long course of electroconvulsive therapy (ECT) and some feared he would never "snap" back or out of it. What is inspirational to me is that he did "snap" back, and with a vengeance. He went on to get his Ph.D. in chemistry, and was a beloved chemistry professor for almost 40 years. He was known for his accomplishments, not his mental illness, and built a rewarding life with a wonderful family who adored him. He will always be my pillar of hope; hope that there is life after mental illness and a life that can be much richer and fuller than ever imagined.

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INSIDE THE INSTITUTE
A Message from Whitney van Nouhuys, PhD
Academic Dean

The educational focus of The Sanville Institute for Clinical Social Work and Psychotherapy is and always has been the integration of theory and practice in cultural context. Although many of our students and alumni are in private practice, that's not all they do. Our alumni apply their knowledge, skills, and values in a wide variety of settings: they train and supervise social workers in agencies who counsel vulnerable and at-risk individuals, they consult with public officials on mental health issues, they are part of aid missions providing counseling in the aftermath of disasters worldwide, they educate parents, families, politicians and the general public – always remaining true to the core values of clinical social work and The Sanville Institute.

The life and career of Jean Sanville was a testament to these educational and social values, and we will be honoring her legacy in two programs in March. Please join us in recognizing Jean's contributions:

A TRIBUTE TO JEAN SANVILLE (1918-2013): HER TEACHING AND WRITING
4CE credits

SOUTHERN CA: MARCH 8
The Galleria, Sherman Oaks

NORTHERN CA: MARCH 15
Jewish Community Center of San Francisco

Saturday 8:30am – 1:00 pm

Co-Sponsored by:
The Sanville Institute for Clinical Social Work and Psychotherapy
and
California Society for Clinical Social Work

We welcome inquiries about our PhD and two-year certificate programs.
Information is on our website www.sanville.edu or call 510-848-8420.

The Sanville Institute is a private, non-profit, unaccredited school that is approved by the State of California's Bureau for Private Postsecondary Education (www.bppe.ca.gov). "Approved" means compliance with state standards as set forth in the California Private Postsecondary Education Act of 2009 [California Education Code, Title 3, Division 10, Part 59, Chapter 8, §94897(l)].

Do You Know

How to Use the Member Directory on California Society for Clinical Social Work's Website

The link to access your Member Directory, is located on the left side menu bar on the Home page of the website. Click on "Member Directory" and it will take you to the directory. There are two ways to utilize the member directory. The first way is a "Simple Search". This is a search by first or last name only. Type the name into the search window and the list of matches will appear beneath your request.

Then there is the "Advanced Search". To get to the advanced search click on the blue underlined "Advanced Search" above the simple search box. From here you can search by name, phone number, website, city and by the therapy practice focus. Each search selection box has a drop down menu with a variety of search parameters. For most searches I recommend using the "Contains" parameter. (i.e. First Name) For a website, I would recommend the search be done with a "Not Empty" parameter. This will pull up all members who have a website listed on their profile. You can also search by the focus of the therapy practiced. You can choose "Any of Selected," "All of Selected" or "None of Selected" from the drop down menu and then select the therapy practice from the list to the right. You may select as many practices as you like. Once your selections have been made, scroll to the bottom of the page and click "Submit." This will pull up all the members that match your advanced search selections.

Journey to Recovery

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This led to the next chapter of my life, life after diagnosis of a mental health condition. It wasn't easy by any means; it took years for my body to recover and for me to become independent. For over a decade now I have been a mental health advocate for public mental health clients. My goal is to give clients that glimmer of hope as my grandfather once did for me, and to give them a voice in the services they receive and in the manner in which those services are provided.

There is a lot of talk now in the mental health movement about Recovery, The Recovery Model, and the Recovery Movement. The beautiful thing about Recovery is there is no right or wrong answer. It is an individualized as you or I. Recovery is often called a process, and a guiding principle. However, the main message is that hope and a meaningful life are possible despite serious mental illness.

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The Recovery Model

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SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health** : overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home**: a stable and safe place to live;
- **Purpose**: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community** : relationships and social networks that provide support, friendship, love and hope.

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is possible provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma experiences, that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process

is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery.

Recovery is supported by addressing trauma: Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. Peer support services can be essential for helping people achieve recovery. Unlike strictly clinical interventions, peer services are provided on an equal footing to clients and do not maintain the same power structure that exists between doctor/patient, therapist/client; they are focused on the personal experiences of the peer support person and the client/consumer. Sharing experiences, providing self-help supports and helping individuals create natural supports in their lives are as beneficial to the recovery process as medication and psychiatric interventions.

Along with peer support, there is an emphasis on self-management. A self-management tool that is used world-wide by people who are dealing with mental health and other kinds of health challenges is The Wellness Recovery Action Plan®, or WRAP®. It was developed by a group of people who have a lived experience of mental health difficulties and involves listing Personal Resources and Wellness Tools, and then using those resources to develop Action Plans to use in specific situations.

(Continued Next Page)

The Recovery Model

The take away message I hope clinicians will share with their clients is: Recovering wellness means regaining control over one's life. It means leading a satisfying life even if challenges occur or reoccur. Recovery is a

process and a vision, a vision of wellness. The vision is unique to the individual. It is guided by what each person wants! Although people can't do everything at once, recovering wellness is the ability to envision growing beyond limitations and challenges.

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**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

When Meth and Sex Collide: Managing Co-Addictive Disorders

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Admittedly, the intersection of meth use and sexual compulsion is painfully under-researched. Nevertheless, it has become increasingly clear to me, as I work to evolve both substance abuse and intimacy disorders treatment, that a whole lot of people are consistently abusing meth paired with sex. What I have found with this “paired addiction” is that the dual issues must be treated in concert, rather than assuming chemical sobriety will also clear up the sexual compulsion (or, conversely, that treating the sexual compulsion with automatically fix the substance abuse). For lasting behavioral change on either front, a dually addicted client’s complex, interwoven behavior patterns must be dealt with concurrently. Without treatment for both issues, the client probably won’t heal from either.

Typically, meth/sex addicted clients have extensive histories of substance abuse relapse; and nearly always these relapses are directly related to their sexual behaviors. Many have been treated, often more than once, for their drug addiction, but the ways in which their sexual behavior plays into their drug abuse was not addressed. The concept of healthy sex in sobriety was never even broached with them. Then, back in the real world post-treatment, these individuals looked for the sexual intensity they were used to, and before they knew it they were using drugs again because that was the only way to achieve it.

Robert Weiss LCSW, CSAT-S is Senior Vice President of Clinical Development with Elements Behavioral Health. He has developed clinical programs for The Ranch outside Nashville, Tennessee, Promises Treatment Centers in Malibu, and The Sexual Recovery Institute in Los Angeles. A licensed UCLA MSW graduate and personal trainee of Dr. Patrick Carnes, Mr. Weiss is author of *Cruise Control: Understanding Sex Addiction in Gay Men* and *Sex Addiction 101: A Basic Guide to Healing from Sex, Porn, and Love Addiction*, and co-author with Dr. Jennifer Schneider of both *Untangling the Web: Sex, Porn, and Fantasy Obsession in the Internet Age* and the upcoming 2013 release, *Closer Together, Further Apart: The Effect of Technology and the Internet on Parenting, Work, and Relationships*.

Typically, meth/sex addicted clients have extensive histories of substance abuse relapse; and nearly always these relapses are directly related to their sexual behaviors

For the most part, effective treatment of meth/sex addicts parallels that of effective addiction treatment in general. As always, the process begins with a thorough bio/psycho/social evaluation, with the added element here of a deeper than usual examination of the client’s sexual and relationship history. After that, clients receive a steady diet of cognitive behavioral therapy, group therapy, 12-step work, and social learning. At all stages of treatment it is imperative that these individuals recognize and fully understand the interrelatedness of meth use and non-intimate sexual activity for them. Additionally, ways in which they might be able to have healthy sex in sobriety must be addressed as an integral part of the relapse prevention focus.

Simply put, it is only through recognizing the totality of an addict’s impulsive, compulsive, and addictive activities—not just drug use but also sexual behaviors—that clinical social workers can construct and implement treatment plans that totally rather than partially meet the needs of meth addicts who fuse their drug use with sex. Addressing meth use and sexual activity simultaneously is the best hope for helping these clients gain insight into the full nature of their addictive behavior patterns, identifying triggers for relapse and developing the comprehensive range of healthy coping mechanisms needed for long-term chemical and sexual sanity.

Classifieds

PAID INTERNSHIP – SANTA ROSA, CA

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